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## COVID-19 and the Emergence of a New Illness Narrative

Thomas M. Allison

*Clemson University*, [tmooreallison@gmail.com](mailto:tmooreallison@gmail.com)

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COVID-19 AND THE EMERGENCE OF A NEW ILLNESS NARRATIVE

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A Thesis  
Presented to  
the Graduate School of  
Clemson University

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
English

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by  
Thomas Moore Allison  
May 2021

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Accepted by:  
Walt Hunter, Committee Chair  
Clare Mullaney  
Jordan Frith

## ABSTRACT

Arranging the experiences of our lives in some kind of order gives us a way to make sense of ourselves, others, and the things that happen to us. The singular chaos of being in a body, being of a body, becomes a little easier to articulate when channeled through a narrative form. Perhaps this is why scholars of literature and medicine have become increasingly interested in diaristic, autobiographical accounts of illness, or illness narratives. Texts of this variety, emerging in print around the mid-twentieth century and proliferating online through the present, contain the experience of illness in a manageable framework. Now, in the midst of the COVID-19 pandemic, we might turn to accounts of illness shared by those who've contracted the SARS-CoV-2 virus to help us make sense of these "unprecedented times." If we attend to this emergent new form, the COVID-19 illness narrative, and learn from what it shows us about ourselves, we might have a meaningful story to tell when inevitably one day we are asked, "What happened?"

## DEDICATION

To those who have lost or hurt and shared still. And to those who care to ask.

## ACKNOWLEDGMENTS

There would be nothing here to read without my loving family and my generous committee. Thank you, all.

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## COVID-19 AND THE EMERGENCE OF A NEW ILLNESS NARRATIVE

Picturing life after COVID-19 is a tempting daydream. Imagining the pandemic as a chapter in a not-yet-written book, as an extraordinary story relegated to the past, creates a moment to take a breath and, for those of us getting stuck “doomscrolling” through nightmarish news feeds, to take a break. But day by day the story continues to unfold—in the experiences of the dedicated essential workers, the sequestered work-from-homers and remote learners, the heroic medical professionals, and most especially, the ill whose bodies are actively fending off the virus. The limitations of the one-dimensional personae I’ve just called to mind are obvious, but their familiarity, already, is evidence of our rapid adjustment to a new framework of roles and relationships imposed by daily life under COVID. For each of us, our relationship to the virus and our position within the emergent narrative context of the current pandemic can now be used to describe who we are. The natural, almost thoughtless, ease with which we adapt to and acknowledge a general sequence of events through new language, references, roles, and relationships points to the innately human inclination to make meaning through storytelling. Personal, autobiographical accounts of the pandemic both rely on and contribute to a more collective narrative taking shape. They require and further establish common terms, themes, and points of reference. And no matter how unique your experience of the pandemic may be, its retelling in a narrative form will undoubtedly bear traces of stories already told. The concern of this study is the presentation of common traits, both old and new, in first-person, diaristic accounts of illness from COVID-19—which I call COVID-19 illness narratives. These narratives internalize and react to the expectations of the

cultural forces shaping the current pandemic response, but they do so with narrative tools developed over centuries of illness writing. In this largely unprecedented moment, I ask, what patterns and commonalities can we observe in COVID-19 illness narratives, in these accounts of infection and illness from a novel virus? I contend that careful examination of those shared traits is integral to the discussion of how writing, illness writing most especially, makes meaning of lived experience during a pandemic.

This study accepts as its central premise two key points: First, within the genre of illness and disability narratives, there is a budding category of first-person illness narratives<sup>1</sup> about COVID-19, written or spoken by those who have had it. Second, these COVID-19 illness narratives share common features which, taken together, promise unique insights into this pandemic's effect on our lives, the power of shared narratives, and the role of illness writing in documenting this extraordinary moment for future generations. COVID-19 illness narratives, for now at least, predominantly inhabit digital spaces. In this article, I focus on written works published online, taking a sample of the first-person accounts most readily available in online newspapers, magazines, and social media. Existing literary criticism has not fully attended to the many contemporary illness narratives published online. Literature scholarship lags behind that of disciplines like media studies or nursing in acknowledging the significance of such contributions to our understanding of illness. Now, our socially distanced circumstances highlight the

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<sup>1</sup> When using the term "illness narrative," a classification recognized most prominently in the medical humanities, I intend to refer to a genre of autobiographical accounts of illness written or spoken by someone who is sick. Illness narratives do not necessarily exclude first-person accounts from caregivers and loved ones, but for the purposes of this study, I will focus largely on the words of individuals discussing their own illness.

ubiquity of the Internet, showcase the efficacy of digitally mediated communication, and raise our reliance on virtual connectedness to a heightened degree. It seems only fitting that to undertake a serious study of COVID-19 illness narratives in this moment means to collect first-person accounts from what is immediately available online.

I'll support this examination of COVID-19 illness narratives by placing them in context with writing from similar historical moments of global health crisis. Moreover, I'll locate the emergence of these narratives within the greater proliferation of first-person stories of disease and illness beginning in the latter half of the twentieth century. I'll draw from foundational texts on illness and narrative, such as Arthur Frank's *The Wounded Storyteller* and Anne Hawkins' *Reconstructing Illness* while keeping in mind oft-cited critical works like Susan Sontag's "Illness as Metaphor" and Virginia Woolf's "On Being Ill." I'll build on writing from influential scholars in literary studies, the medical humanities, and disability studies, bringing concepts from Priscilla Wald, Rita Charon, and G. Thomas Couser together with Ann Jurecic's work on illness narratives. By placing these voices in conversation with the illness narratives of infected individuals whose writing is contextualizing the pandemic as it unfolds, we might bypass the ongoing discourse on the nature of healthcare and instead explore a deeply personal, very public variant of first-person illness writing. These narratives are being published online as essays, magazine and journal articles, op-eds, and social media posts. I contend that now more than ever these texts warrant serious examination.

"Unprecedented" has become a popular word for describing the present moment of global pain, as we face a pandemic and an unrelenting public health crisis. And yet, the

scenario in which a novel, contagious virus delivers catastrophic results on this scale or greater<sup>2</sup> is not without relatively recent precedent. The 1918-1919 influenza pandemic and the HIV/AIDS epidemic (which is not yet behind us, with 1.7 million new cases in 2019 according to UNAIDS) bear some similarities to our current situation. Some personal accounts of these events hold exemplary value as illness narratives, though there are relatively few published autobiographical accounts of illness from the influenza pandemic. Though perhaps more significantly, these illness narratives demonstrate how the peculiarities of a historical moment are reflected in the predominant social response to widespread disease and how that response permeates illness writing or, in the case of the 1918-1919 influenza pandemic, contributes to the lack of it. More than one of the factors attributed to the dearth of autobiographical accounts of the influenza pandemic point to the first World War. The pandemic was “overshadowed” by the war and viewed by many as an extension of it, but there was also a deliberate effort on the part of governments on both sides of the conflict to censor newspapers and minimize coverage of the pandemic (Outka 23-5). The “tacit agreement” between the governments of the Western powers and the newspaper editors meant that reports of influenza were “generally small and often relegated to the back pages.” Spain, a neutral country in the war, broke the story on what would become known as “Spanish Flu” (Brown).

The situation with illness writing looks much different seventy years later when “a flood of texts appears in response to the emergence of HIV/AIDS” (Jurecic, *Illness*

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<sup>2</sup> Despite its rapid spread, the impact of COVID-19 is fractional to that of HIV/AIDS and the 1918-1919 influenza pandemic when using number of deaths as an organizing statistic. UNAIDS calculates roughly 33 million people have died from AIDS-related illnesses since the start of the epidemic. The range of global deaths from the 1918-1919 influenza pandemic is estimated to have been as many as 100 million (Outka 5).

*Narratives 2*). Ann Jurecic offers a reason other than World War I for why the quantity of writing about HIV/AIDS in the 1980s and 1990s “exceed[ed] that of any previous disease”: the literature about HIV/AIDS “was preceded and accompanied by the emergence of a narrative form not available during the 1918 flu pandemic that has at its center personal accounts of illness and dying” (*Illness Narratives 2*). There are different ideas for how exactly this new narrative form came about, but there seems to be scholarly consensus on the timeline of its greater emergence. Anne Hawkins claims that the genre of pathography—“autobiography or biography that describes personal experiences of illness, treatment, and sometimes death”—seems to have remarkably “emerged *ex nihilo*” in the mid-twentieth century (3). She traces the successive arrival of “Testimonial,” “Angry,” and “Alternative Modes” categories of pathography through the 1960s, 70s, and 80s (4-9). While John Donne’s *Devotions upon Emergent Occasions* (1624) and the essays of Michel de Montaigne are among the earliest examples of illness narratives in the Western tradition, G. Thomas Couser points out, “Such texts are rare—few and chronologically far between—until well after the birth of the clinic in the eighteenth century.” Illness narratives would remain “quite uncommon” until the second half of the twentieth century when they “flourished concurrently with successive civil rights movements” (3). The ascendance of autobiographical illness writing established illness and disability narratives<sup>3</sup> as literary genres by the late twentieth century (Jurecic, *Illness Narratives 2*).

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<sup>3</sup> While illness and disability narratives occupy a similar literary space, we should be wary of confusing or conflating the two. Illness and disability “often coexist in the same individuals” and “in practice have a reciprocal relation” wherein each may cause the other, but they are “distinct in concept” (Couser 5).

The history of the emergence of HIV/AIDS and the writing from those on the front lines is vital to the study of illness writing in the current pandemic, but it would be a mistake to link these public health crises too closely and overlook the vastly different social landscape for those who tested positive. In the words of long-term HIV survivor Jesus Guillen, “We got the social distancing through discrimination, through a stigma, through homophobia, through all those things; we got the real social distancing” (McClurg). A 1985 poll by the *Los Angeles Times* found that more than half of Americans supported “quarantining AIDS patients” (Balzar). Patients and advocates protested for years to elicit legislative action, increase access to drugs and treatment, and generate funding for more medical research. In stark contrast to the rapid response to COVID-19—scientists mapped its entire genome within months of the initial infections occurring in China—it took four years from the time HIV was recognized as a new infectious agent for a blood test to be developed (McClurg, Marhoefer). In a 1988 cover story for the *New York Times Magazine*, author and playwright George Whitmore writes that he took part in an experiment testing the antiviral drug AZT in AIDS patients with Kaposi’s sarcoma because “testing has been completed on so few other drugs in this country.” Whitmore’s cover story follows up a previous article “on the human cost of AIDS,” which he’d penned for the magazine three years prior in 1985. The piece from 1988 chronicles those three years, during which he’d begun working on a book of reportage on the HIV/AIDS epidemic and had also been diagnosed with Kaposi’s sarcoma, “a rare skin cancer that is one of the primary indicators of acquired immune deficiency syndrome.” He had just agreed to write the “documentary-style” book on the

epidemic when he himself was diagnosed. Whitmore's narrative of "transformation," through self-reflection but also due to the physical effects of his illness, is woven together with the stories of those he's profiling. In illness, Whitmore breaches "the chasm" separating him from the other men with AIDS he's interviewed. Interestingly, as the narrative progresses Whitmore pulls in more material from the lives of those around him, focusing less and less on his situation alone. With its closing section devoted to his hospital visits with a child born HIV-positive, Whitmore's heartbreaking article evinces the "Catherine wheel of death and mourning" he calls his life in 1980s New York.

Whitmore's illness narrative, "Bearing Witness," is particularly striking in two ways. First, in the way he so seamlessly threads his narrative with the lives of others, with their stories of illness that he, as a survivor, is left to share. There is a sense he views his own experience of illness as just one version of a greater, collective wrestling with "the fear and loathing, the black paranoia, the everlasting, excruciating uncertainty of AIDS." Also noteworthy in Whitmore's article is its particular application of militaristic metaphor, common not only in writing about the HIV/AIDS epidemic but in the framing of communicable disease in general. Sontag, citing the "long prescientific genealogy" of imagining the body as a fortress, claims that "the gross militaristic metaphor" of invasion "took on new credibility and precision" when it became understood that "illnesses were caused by specific, identifiable, visible (with the aid of a microscope) organisms." Disease then comes to be seen as "an invasion of alien organisms, to which the body responds by its own military operations, such as the mobilizing of immunological 'defenses'" (96-7). This metaphor resonates on the cellular level in the medicine we give

our bodies to help them “combat” viruses, but also at a global scale in the “wars” we fight against the spread of disease. Whitmore’s reasons for writing about AIDS included his belief in a need to “strike back” against the disease that had turned him “and others like [him] into walking time bombs.” And yet, in his illness narrative, this fight doesn’t quite seem to materialize, and instead the author reflects on life’s fragility and the “gnawing terror” he has had “to learn to accommodate.”

Following the recognition of HIV/AIDS in the 1980s, accounts of new diseases appeared with increasing frequency in scientific publications and the mainstream media, which “put the vocabulary of disease outbreaks into circulation and introduced the concept of ‘emerging infections’” (Wald 2). Thus, taking shape alongside illness narratives was the “outbreak narrative,” Priscilla Wald’s concept of the “paradigmatic story about newly emerging infections” that “begins with the identification of an emerging infection, includes discussion of the global networks throughout which it travels, and chronicles the epidemiological work that ends with its containment” (2). Evolving through “scientific, journalistic, and fictional incarnations,” the outbreak narrative builds with each successive incident, registering “the influence of earlier accounts of plagues and theories of contagion” as well as “contemporary scientific explanations and social concerns” (2, 10). One need only consider the lexicon of the current pandemic to catch the outbreak narrative at work: “community spread,” “droplet transmission,” “super-spreader,” “social distancing,” etc. Just like epidemiologists seeking to contain an outbreak, the language and narrativization of disease emergence strive toward containment. The natural phenomenon of communicable disease,

domesticated in key terms, phrases, and concepts, is transposed onto a formulaic sequence of events that suggests predictability and promises future prevention. The aspiration of illness narratives is much the same, to contain the individual experience of illness so as to share it with others in a way they will understand. COVID-19 illness narratives hold a story within a story, framing the retelling of an individual illness experience within the evolving narrative of the pandemic. Stories require an occasion from which to take shape, a disruption to an assumed continuity that marks their beginning. In illness narratives the disruption often occurs with the onset of symptoms, but we'll observe in COVID-19 illness narratives that identifying a singular point of disruption is more complicated when the disease causing the illness is also the cause of a pandemic.

The COVID-19 pandemic has been exhaustively covered in news media, on social media platforms, in medical journals, and just about anywhere you can visit on the Web. And in time, no doubt, we will have an abundance of works addressing COVID-19 published by literary presses. The *New York Times*' Alexandra Alter, reporting on the "coming wave of coronavirus books," writes that "authors and publishers are racing to produce timely accounts of the coronavirus outbreak," including "narratives about the science of pandemics and autobiographical accounts of being quarantined ... to a book about the ethical and philosophical quandaries raised by the pandemic." It's worth noting here that literary magazines are publishing work from established authors that addresses the pandemic, quarantine, even illness. Two such texts, both essays, I'll attend to later. But the explosion of COVID-19 illness narratives—by journalists but also by doctors and

many others who don't write for a living—circulating online and gaining traction in the news indicates a substantial public appetite. Much like the popular “quarantine narratives” appearing in American newspapers and magazines during the cholera outbreaks of the nineteenth century, COVID-19 narratives take a variety of forms in service of sharing an unfamiliar experience of illness. Like travelers writing home with their accounts of quarantine in foreign *lazarettos*, many with COVID-19 write from isolation to share online what's happening on the inside, within the walls of their homes and within the walls of their bodies (Bezio 63-4). In this pandemic, in these “unprecedented” days so unfamiliar that our language sometimes seems insufficiently descriptive, the act of writing can feel like a momentous undertaking. It's clear we are recording history when we endeavor to write, and the impulse to capture this strange and terrifying moment is surely one of the factors fueling the publishing industry's COVID-19 fervor.

There is perhaps another reason behind the growing appeal of COVID-related writing, something much more instinctive, which is the assurance seeking we humans are wont to do when faced with risk, particularly the risk of injury, illness, or death. When it comes to a new and potentially deadly virus, the medical researcher and the evening news watcher alike want to know more. All the graphs, charts, safety guidelines, and statistics published do not entirely account for the human element, the experience of the individual. According to Jurecic, “There is a fundamental incompatibility between personal memoir and statistics: while general populations can be described with probabilities, the life of an individual cannot” (*Illness Narratives* 21). The question so

many of us have—*what will happen to me if I get this virus?*—remains unanswered until we become infected. But an individual’s account of being ill tells a personal story that promises something the numbers cannot. Learning the common symptoms, risk factors, and mortality rate of a disease doesn’t measure up to the imaginative experience of illness we get by identifying ourselves in others’ stories of illness. There are those who will balk at this practice and call it unhelpful, and those who distrust personal narrative to provide access to someone else’s experience in the first place. This critical position grounded, according to Jurecic, in hermeneutics of suspicion skillfully recognizes the influence of “medical discourse and political, economic, and cultural forces” in illness writing. Consequently, the theoretical projects of literature scholars “[have] not, by and large, recognized the significance of the work performed by such texts” (*Illness Narratives* 3). Similarly, Sarah Pett claims, “While some valuable exceptions exist, on the whole it looks increasingly as if a substantial and growing body of work is simply passing the discipline by” (57).

Fortunately, it seems change is underway as more literature scholars, bolstered by flourishing medical humanities programs, are beginning to push back against the suspicious critical position and are arriving at intriguing new ways of reading. The “medical humanists teaching literature in medical schools and centers,” writes Jurecic, draw attention to how autobiographical narratives construct illness in ways that can sustain individuals and communities who are suffering, empower the voices of patients, and educate medical professionals (*Illness Narratives* 3). In her own approach to criticism, Jurecic espouses “reparative reading,” “an interested and affectively rich

criticism that is not governed by trust or suspicion,” and instead imagines itself performing repair (*Illness Narratives* 114). It’s in the spirit of this practice of reading that I hope to draw the attention of open and interested scholars to COVID-19 illness narratives. The critical question of authenticity or veracity in COVID-19 illness narratives (or autobiographical narrative, more generally) is undeniably relevant to the discourse, but an issue of this kind should not disqualify illness narratives from critical consideration. What is the role of the critic if not to ponder the thorniness of truth in the first place, to uncover and interpret the complexities through which writing and reality actively construct one another? If truth is at question in the illness narrative, this question itself is its own truth, which reveals the difficulty of navigating expectations, issues of representation, and the limits of language in conveying the simultaneously unique and universal experience of being in a sick body. Arthur Frank may say it best: “If calling stories true requires some category of stories called false, I confess to being unsure what a ‘false’ personal account would be” (22).

This study of COVID-19 illness narratives requires the willingness to receive a personal account of illness as source of knowledge in two ways: first, in its reformulation<sup>4</sup> of individual experience, and second, in its constructedness as a narrative. This may seem contradictory, but I find inspiration in Rita Felski, who in *Uses of Literature* endorses a more phenomenological criticism in which “everyday attitudes ... become worthy of investigation in all their many-sidedness” and “are neither invalidated ... nor are they taken as self-explanatory” (17). We must be able to honor narrative’s

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<sup>4</sup> Term borrowed from Hawkins. See Hawkins, 24.

work in making meaning of the experience of illness while also recognizing that the most unique and personal account of illness is necessarily “made up.” Frank’s words, unmediated, skillfully encapsulate this idea:

People do not make up their stories by themselves. The shape of the telling is molded by all the rhetorical expectations that the storyteller has been internalizing ever since he first heard some relative describe an illness, or she saw her first television commercial for a non-prescription remedy, or he was instructed to ‘tell the doctor what hurts’ and had to figure out what counted as the story that the doctor wanted to hear. From their families and friends, from the popular culture that surrounds them, and from the stories of other ill people, storytellers have learned formal structures of narrative, conventional metaphors and imagery, and standards of what is and is not appropriate to tell. Whenever a new story is told, these rhetorical expectations are reinforced in some ways changed in others, and passed on to affect others’ stories (3).

Literature is a primary vehicle for the evolution of these rhetorical expectations over time, and the shared “sense of things” often derived from narrative informs the interpretation of accounts of illness as well their construction. In reformulating the experience of illness in words and interpreting another’s account, “we refer to events and things and people by expressions that situate them not just in an indifferent world but in a narrative one” (Bruner 8). Through these referents, “narrative meanings impose themselves” (9). The constructedness of an illness narrative is a requisite for its existence. Along this line of thinking, the work of early interpreters and analysts of illness narratives like Ann Hawkins remains particularly useful. Like Frank, who introduced a tripartite categorization of illness narratives (“Restitution,” “Chaos,” and “Quest”) in *The Wounded Storyteller*, Hawkins details an analytical framework organized around myth in *Reconstructing Illness*, published two years earlier. Both approaches, having developed and maintained foundational status through decades of reference by scholars, continue to

operate in service of the critical examination of illness narratives. Hawkins adapted the clinical term “pathography” to refer to non-clinical narratives, and the term is generally a suitable stand-in for what I refer to as *illness narrative* (Couser 4, Hawkins 1). “What is striking about pathography,” writes Hawkins, “is the extent to which these very personal accounts of illness, though highly individualized, tend to be confined to certain repeated themes—themes of an archetypal, mythic nature” (27). It’s on this basis that she establishes the paradigms of “battle, journey, rebirth, and ‘healthy-mindedness’” (28).

I argue for a reading practice that is mindful of repeated themes in COVID-19 illness narratives but does not obsessively seek to categorize, a reading practice that can accept these accounts as meaningful reformulations of lived experience while at the same time exploring the origins of their narrative commonalities. As Shapiro notes, “All narratives are the results of authorial decisions, made for a variety of aesthetic and personal motives” (68). The ideal critical pursuit attends to the threads of illness narratives which reveal their relationship to “the dominant narrative conventions and meta-narratives that are most readily available ... as a result of [a] particular place in time, history, culture and society” (69). We should also pay attention to the ways in which illness resists narrative. Scholars like Sara Wasson point out the multiple challenges chronic pain can pose to narrative orientations and question the primacy of narrative coherence altogether. Wasson, instead, advocates for affect theory as a means of “augmenting the available critical vocabulary for the textual representation of protagonists’ temporal orientation within illness experience, identifying a language for the emergent present that resists a narrative form.” She encourages a reading practice that

is “less concerned with narrative coherence or self-authorship, and more interested in the value of textual fragments, episodes and moments considered outside a narrative framework” (106). The importance of this perspective is difficult to understate, as anyone who has been in pain can attest that narrative orientation is afforded only in retrospect, after the worst of it has passed. Nevertheless, the trappings of that distance, the referents that bolster the narrative reformulation of lived experience, are the focus of this study of COVID-19 illness narratives. The significance of fragmentation and the body’s resistance to narrative, however, will again become evident in the coming pages.

The threat of COVID-19 achieved a newly menacing level of severity for many of us when the actor Tom Hanks announced he had tested positive. (If the virus can infect Forrest Gump, it can surely get the rest of us.) The updates Hanks posted on social media tell of his and his wife Rita Wilson’s experiences being sick and isolating. Like many COVID-19 illness narratives, Hanks’ saga begins with the symptoms: “We felt a bit tired, like we had colds, and some body aches. Rita had some chills that came and went. Slight fevers too.” Hanks’ posts, upbeat and benignly didactic, make clear he was addressing an audience of fans concerned about his health but also suggest his awareness that the general public has an interest in receiving an account of COVID-19 illness from someone they “know,” even if only through a screen. In illness, America’s Dad was a model patient, following “the advice of the experts” and isolating to avoid spreading the virus to others. He cautioned us, “There are those for whom it could lead to a very serious illness.” Despite the fragmentary nature of social media, a narrative emerges from Hanks’ posts. The general progression of events is important: the couple notices symptoms; they

test positive and vow to “be tested, observed, and isolated for as long as public health and safety requires”; they remain in high spirits, lightheartedly reporting on their symptoms; and ultimately, through patience and guidance from medical experts, they recover.

Hanks’ account bears resemblance to Frank’s “Restitution Narrative,” wherein the basic storyline is “yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (77). This narrative is compelling not only because it rings true to a common experience of illness and recovery, as Frank points out, but because it reinforces the promise of modern medicine to heal us by showcasing “the heroism of applied science as self-overcoming” (92). In this narrative, illness is treated as a banal breakdown of the body—“Not much more to it than a one-day-at-a-time approach, no?” reads one of Hanks’ posts—to be overcome by a casually heroic patient whose heroism “is invariably tied to the more active heroism of the healer,” (97) in Hanks’ case, “the Medical Experts” (@tomhanks).

Some months after Hanks challenged us to “flatten the curve,” another movie star took to social media with a similar message. Dwayne “The Rock” Johnson announced to his 200 million Instagram followers that he, his wife, and his two children had tested positive for COVID-19. In a video, Johnson shares his “takeaways” to help viewers and their families “fight COVID-19” and “get through it ... healthy and stronger.” The takeaways are conveniently summarized in the video’s caption: “Stay disciplined. Boost your immune system. Commit to wellness. Wear your mask. Protect your family. Be strict about having people over your house [*sic*] or gatherings. Stay positive. And care for your fellow human beings.” In the video, Johnson says his family believes they

contracted the virus from close family friends who visited them at their home. Those friends, like he and his family, have been “incredibly disciplined” throughout the pandemic and are “devastated” that their visit led to his family becoming infected (@therock).

Johnson, like Hanks, calls on our sense of collective responsibility and emphasizes the importance of following public health measures. The performative aspects of their narratives are more grounded in public expectation than the non-celebrity, but such is the case for us all that “our self-directed self-making narratives ... express what we think others expect us to be like” (Bruner 66). These expectations are especially evident in the ways in which the two actors’ attitudes differ, as Hanks seems to exude a cautious nonchalance about the whole ordeal, while Johnson’s story is heavily centered on self-discipline and control. By Johnson’s account, even his “disciplined, strict, and stringent” practices were not enough to protect his family, so he implores you to, like him, implement an even stricter, proactive protocol to “control the controllables.” There is a sense that being infected with the virus is something of which to be ashamed, a mark of one’s lack of discipline which may bring harm to others (@therock). Johnson’s account of illness, with its emphasis on imperatives rather than experience, resists narrative more than Hanks’ series of posts, but it does display several features characteristic of COVID-19 illness narratives. Johnson, addressing the camera head on, anticipates and responds to a question that’s become a hallmark of the narrative: “How did you get it?” The explanation of how the speaker contracted the virus (though it could

be argued that the point of infection is only ever a speculation) is on par with recounting the onset of symptoms in terms of its frequency as a narrative fixture.

Johnson also seems to anticipate mask wearing as a contentious topic among some of his audience. It certainly can't be lost on a paid superhero how much he sounds like a superhero when he proclaims, "We wear our masks every day." He goes on: "Wear your mask. It is a fact, and it is the right thing to do. And it's the responsible thing to do. Not only for yourself, but for your family and your loved ones, but also for your fellow human beings." Johnson expresses frustration at the politicization of mask wearing though later adds, "I am not a politician, but I'm a man who cares about all of you guys," saying "I don't care what political party you're affiliated with" (@therock). It makes sense that a former WWE professional wrestler turned blockbuster action hero would not only act out a sense of obligation to his fanbase but would also understand that an audience as large as his encompasses a broad spectrum of beliefs and experiences. This tension between the individual and the political tugs at the threads of COVID-19 illness narratives. Note, moving forward the device of addressing the reader who is imagined as not taking the threat of the virus seriously is a device replicated across individual.

Celebrities and public figures aren't just sharing their own experiences of illness from COVID-19. On social media, they are engaging with and elevating the stories of everyday users. A prime example of this is David Lat, a legal blogger and recruiter whose tweets received comments from Cher, comedian Kathy Griffin, and former U.S. National Security Advisor (now Director of the U.S. Domestic Policy Council) Susan Rice. Lat went viral for having COVID-19, and the #LatsCovid19Journal creator provided

comprehensive coverage on Twitter as his situation developed. Followers monitored Lat's condition through hospitalization and beyond as he emerged to grant numerous interviews, participate in segments on networks like MSNBC and CBS, and write an op-ed for the *Washington Post* (Heilweil). As detailed in his op-ed, Lat's condition deteriorated to the point where he was moved to the intensive care unit at New York University Langone medical center and spent six days on a ventilator. Unable to post, Lat's social media accounts fell silent, though online interest in his case continued to grow. After ten days he reemerged on Twitter to an outpouring of support, with followers celebrating his improved condition (Lat). Elements of Frank's "chaos narrative" are present in the COVID-19 illness narrative told through Lat's social media activity. Taken together after the fact, Lat's posts during his illness do not "unfold without sequence or discernable causality," as is the case with the "anti-narrative" of the chaos narrative (97). As one post follows another, we witness the diagnosis, the progression and deterioration of his condition, and, fortunately, his gradual recovery. Though for those following in real-time, a narrative structure might not have mapped onto his posts so easily. The moment of his ventilation is most indicative of this. It's now clear he recovered, but when his posts stopped, those following along were met with the "untellable silence" of illness (100). It's possible some followers, waiting in suspense and checking each day for a new post, began to assume the worst. During that period of inactivity, while Lat was intubated, his tweets were a sort of chaos narrative that "tells how easily any of us could be sucked under" (97).

In an interview with *Vox*, Lat discussed his initial motivation for sharing and explained why he continued to chronicle his illness in real-time, even during his lengthy hospitalization: “I wanted to alert anyone who had come into contact with me that I had it, which could help them get tested in the event that they came down with symptoms. I got such a strong response ... that I decided to keep on posting. I realized that people were hungry for information about this new and frightening virus.” While most writers of COVID-19 illness narratives will not have an opportunity to be interviewed about their experience, the motivation to share one’s story as a kind of public service is not atypical. Like Lat, who stated in his first tweet from the hospital “Folks, this #CoronavirusOutbreak is no joke,” college student Amy Shircel used her experience to encourage followers to take the virus seriously, challenging the misconception that young people cannot get seriously ill from COVID-19. Her tweet from late March 2020 reads, “I’m 22 and I tested positive for COVID-19. Take it from me – you do NOT want to catch this // Hopefully hearing about my experience will help the rest of you to stay home (for real).” Shircel told *Vox* some commenters questioned her motivation for sharing her experience because she tagged the *New York Times* in her threads, but she clarified her intention by saying that she wanted her story to reach the *Times* because “it would be a huge platform” (Heilweil).

The *New York Times* has published COVID-19 illness narratives from young people, one of whom is Mara Gay, a member of their own editorial board. Gay’s motivation for sharing her story is apparent from the outset, as the deck below the headline reads, “Young, healthy people like me are getting very, very sick from the

disease caused by the coronavirus.” Her article later includes virtually the same sentence preceded by “I want Americans to understand ... .” Gay also writes, “It’s clear too many Americans still don’t grasp the power of this disease.” She, like many young people who venture to share their COVID-19 illness narrative online, use themselves (a young person who experience severe symptoms) as proof to help sway those who don’t believe. The overtness of Gay’s motivation should be kept in mind when reading the rest of her article. Her story opens the day before she gets sick: “I ran three miles, walked 10 more, then raced up the stairs to my fifth-floor apartment as always, slinging laundry with me as I went.” Most readers would likely be convinced of her good health at this point. “On the second day I was sick,” Gay writes, “I woke up to what felt like hot tar buried deep in my chest. I could not get a deep breath unless I was on all fours. I’m healthy. I’m a runner. I’m 33 years old.” These last three staccato sentences, like a hammer on nail, drive down the point that she is healthy and young. Gay visits the ER where, after waiting next to an older man who draws a stark contrast from her, she is told “I wish I could do something for you” by the attending physician and sent home. Recovering at home, Gay learns “how startlingly little care or advice is available to the millions of Americans managing symptoms at home.” So, she shares what she learned from her friends in healthcare who helped care for her at home, tips like, “If you can, get an oximeter” and “Sleep on your stomach.” This is the kind of advice that could save lives, the kind of advice that makes me wish Gay had a platform more like that of The Rock or Tom Hanks.

The narrative series of events in Gay’s article are interspersed with commentary on the toll of the pandemic in the U.S. One moment is particularly powerful:

Why are more people dying of this disease in the United States than in anywhere else in the world? Because we live in a broken country, with a broken health care system. Because even though people of all races and backgrounds are suffering, the disease in the United States has hit black and brown and Indigenous people the hardest, and we are seen as expendable.

There is a moving anger in Gay's writing, an anger that tempts comparison with Hawkins' "angry pathography" but ultimately expresses something different. According to Hawkins, "Angry pathographies are intended to expose and denounce atrocities in the way illness is treated in America today." They are "written from a sense of outrage over particular and concrete instances of what is perceived to be a failure of medicine to care adequately for the ill" (6). The issue is not that the comparison isn't apt, it's that it doesn't quite capture the totality of Gay's emotion. Her writing bears the mark of someone who is enraged at our healthcare system's shortcomings, yes, but it also speaks to "the grief ... the guilt and the rage" of someone who recovers while so many others, especially people of color, have died "not necessarily because of the virus but because this country failed them and left them to fend for themselves" (Gay).

Carlos Sanchez's COVID-19 illness narrative, published in the *Atlantic*, expresses a frustration similar to that of Gay's in its title alone: "COVID-19 Is Killing My People—And No One Seems to Care." Sanchez's is a narrative of illness framed within "a story of criminal neglect and mass death in South Texas." After working as a journalist for 37 years, Sanchez had recently started working as the director of public affairs for Hidalgo County, Texas, when he awoke in the middle of the night, shivering. "Within two weeks I would be hospitalized, feverish and delirious, dependent on supplemental oxygen to breath," writes Sanchez. And in the 10 days he spent in the hospital, "Hidalgo County

became a scary place.” Sanchez takes readers back to before he fell ill. The scene is a press conference he organized “to warn the public of the oncoming hospital crisis and to ask people to stay home” after Texas governor Greg Abbott, “under pressure to buoy the state’s faltering economy, issued sweeping executive orders ... which nullified many of the public-health mandates that had been implemented locally.” This is where Sanchez comes into contact with the county’s top-ranking health official who abruptly leaves after receiving a text message telling him he has tested positive for COVID-19. According to Sanchez, “he was the only person I knew who had tested positive for COVID-19 who had been in the same room as me.”

After nearly two weeks of symptoms including fever, chills, body ache, and fatigue, Sanchez begins to have trouble breathing, and on the advice of his doctor, he goes to the hospital. Reflecting on his hospitalization, Sanchez remembers his stay “more as a series of sometimes frightening vignettes than as a narrative.” We might think of this as yet another example of the body, experiencing life-threatening illness, resisting narrative interpretation and instead provides only fragments, even in recollection. Rather than imagining something to fill in these gaps or leaving them out altogether, Sanchez seems to rely on the memories of those close to him to compose a more complete narrative. Part of this filling in comes from Sanchez, with his knowledge in the present, reflecting back and adding context to what was happening outside the hospital. While “throughout [his] own ordeal, [he] remained largely oblivious to the magnitude of the medical crisis enfolding Hidalgo County,” he can, with the benefit of temporal distance, contextualize the larger situation for us as readers and use it to frame a story that

reformulates his experience at the time. In this space he writes the backstory placing his wife and him in Hidalgo County while also explicating the region's "political and social problems ... deeply rooted in its racial history." Sanchez also reports on the skyrocketing rate of infection and mortality "going mostly unnoticed," the dire situation in area hospitals only getting worse, and the mounting problem of young people infecting older adults in multigenerational households.

A considerable portion of "COVID-19 Is Killing My People—And No One Seems to Care" focuses on Sanchez's symptoms and the progression of his illness. Sanchez writes about his experience in a way not unlike many other writers of COVID-19 illness narratives I've read. With a detailed timeline of his changing condition, including the treatments considered or administered, Sanchez teaches the reader about COVID-19 through describing how he learned what he now knows about it. His way of writing suggests a goal to inform the reader who hasn't been infected, the reader who doesn't know or maybe doesn't even believe how dangerous COVID-19 can be. Near the close of the article, perhaps in case anyone reading still hasn't picked up his point, Sanchez matter-of-factly writes, "COVID-19 is capricious: Some who are infected have no symptoms; some have mild symptoms and then return to normal life; some fall gravely ill and don't fully recover for months; some die." There is also a tenor of rage and guilt that bears resemblance to Gay's illness narrative. As the county medical system strained to contend with "the underlying conditions that COVID-19 feasted on," Sanchez laments the fact that he, too, became "part of the burden," as yet another patient admitted to the hospital. As far as anger, rage, there are depths to the feelings expressed by Gay

and Sanchez that I will simply never know. As their narratives progress, each author's increasing frustration at what they are witnessing grows and grows until finally they arrive at the close, exasperated. Gay provides a list of some who, like "Valentina Blackhorse, 28," died as the author herself "began to recover." Her piece closes with the following: "I hope the coronavirus never comes to your town. But if it does, I will pray for you, too." Sanchez, referencing Donald Trump's tweet urging Americans to not let COVID-19 "dominate" their lives, writes, "I certainly had no intention of letting COVID-19 dominate me, but the virus had other ideas. I would tell my fellow Hidalgo County residents not to let it dominate them, but this is unhelpful advice for the more than 1,900 of my people who are already dead."

When Carlos Sanchez awoke to symptoms, he left the bedroom where his wife lay sleeping, remembering the public health message he'd been promoting across his county: "Self-isolate if you begin showing symptoms." He writes, "That was the last time we would share a bed for two months." Isolation and loss—of simple joys, senses, and lives—are recurring themes across COVID-19 illness narratives. "Since I Became Symptomatic," Leslie Jamison's brief essay published in the *New York Review of Books* not long into the pandemic, is a wistful meditation on loss and loneliness—and the challenges of single-parenting in quarantine. "The only person I have touched in a week is my two-year-old daughter," it begins. Jamison's narrative, while pensive, is grounded in the body: "What does it feel like in my body today? Shivering under blankets. A hot itch behind the eyes. ... An ache in the muscles that somehow makes it hard to lie still." Her sudden loss of smell and taste—a now commonly recognized symptom of COVID-

19—becomes “a kind of sensory quarantine.” Jamison’s swirl of musings brings to life the restlessness of her days in lockdown, trying to impose some sort of schedule on the “insane asylum” of her mind and entertain her rambunctious toddler. The essay covers the first four days from when Jamison became symptomatic, when the virus, with “its sinewy, intimate name” becomes her “new partner” and “third companion in the apartment.” The personification of the virus is not uncommon in COVID-19 illness narratives, as when Sanchez describes it as “capricious,” as though it were a sentient entity. But Jamison’s essay resides at a certain remove from the tension in Sanchez’s article, wherein the personified virus is at times inseparable from the impersonal forces of structural racism exposing Black and Brown populations to asymmetrical kinds of vulnerability. Jamison’s essay, absorbed in the scene inside her apartment, doesn’t quite seem to recognize the privilege of its own existence. It does, however, demonstrate how COVID-19 illness narratives reflect the strange and unique circumstances of the current pandemic while also enacting elements of the outbreak narrative. In a paragraph-long episode detailing her lone, momentary escape from quarantine to take out the trash, Jamison captures one version—though there are many—of an awkward social interaction between two masked people: “When he pulled the mask from his mouth to speak, I shrank away from him. I’m sure he thought I was afraid of what I’d get from him, when really I was afraid of what he’d get from me.” Later, awake and reeling with “a vector’s guilt,” Jamison reflects, “everyone who is sick is someone else’s patient zero.” She posts a sign for her downstairs neighbors warning them she has “the plague.” Outside, the signs in store windows look lifted from “apocalypse films,” and “the city is running out of

ventilators.” As Jamison’s essay displays, COVID-19 illness narratives, while reliant (like all narrative) on age-old conventions and rhetorical expectations, illuminate their subject’s illness as inseparable from the novelty of this pandemic and from the evolving lingua franca of emerging infections.

Jamison’s essay stands out in that it includes no attempt by the author to determine where she might’ve contracted the virus. Patricia Lockwood’s essay, “Insane After Coronavirus,” by contrast, opens with absurdity at the scene of her becoming infected: “My story will be that John Harvard gave it to me.” This first comic sentence carries in it the internalized expectation, reflected in so many COVID-19 illness narratives, that those who become ill should have a “story” explaining how they were infected. The author’s opportunity to address an audience at Harvard and her decision to go through with the speaking engagement reveal how little we knew in the early days of the pandemic and how quickly everything changed: “Travelling didn’t seem so foolhardy as it would even a week later,” writes Lockwood. “At that point the accepted wisdom was that hand sanitiser was the great necessity, and that the virus was being mostly spread by touch.” Though presumed to have COVID-19, Lockwood, like Jamison, does not receive a diagnosis in the course of her essay. The same is true for other COVID-19 illness narratives included here and others still. The diagnosis scene is often a key element of illness narratives, but it doesn’t seem to appear in COVID-19 illness narratives as frequently as one might expect. This absence of diagnosis may be related to the prevailing medical guidance that individuals should self-isolate at the first indication of illness due to the contagiousness of the virus. It wouldn’t necessarily be out of the

ordinary for someone who, like Jamison, realizes they are experiencing the symptoms “in the news” to assume and accept without formal diagnosis that they have COVID-19.

Another possible reason is illustrated in Lockwood’s essay, when “a blurry telehealth doctor” simply says, “No tests,” and instructs the author to go to the ER if her symptoms become “severe.”

The essay from Jamison reads almost like a diary of quarantine, while Lockwood’s piece looks back with apparent amusement at how her original plan “to dash off a breezy diary of the lockdown,” was derailed by waves of symptoms lasting for months. With this prolonged experience of symptoms, we might count Lockwood’s essay among the growing number of COVID-19 illness narratives from “long-haulers,” those dealing with “serious COVID-19 symptoms for at least a month, if not two or three,” or even longer (Yong). Some of Lockwood’s initial symptoms, pain “like a long, steady sunburn inside [her] chest” and eyes which “ached in their orbits,” would eventually subside. Her low-grade fever and neurological symptoms, unfortunately, would persist. The “actual paranoid delusions” (often involving her husband, also sick) mostly went away in a few weeks, but the numbness, language disturbances, and memory loss would linger for months. However, it’s evident, both in the essay’s 3,500-word length and in its framing of her illness as past, that Lockwood has experienced at least some semblance of recovery. The closing paragraph brings Lockwood, regaining her linguistic faculties, into the present: “And now, writing this, the tesserae are moving into place the way they always do.” Lockwood’s ending brings to mind Rebecca Garden’s claim that “the ending of an illness narrative is critical to its interpretation: as a story of hope, of triumph over

adversity, or of tragic loss” (128). In the final sentence of her essay, Lockwood’s words are undoubtedly hopeful: “I used to be able to do this, I know I used to be able to do this, I will be able to do it again.”

In the case of both Jamison and Lockwood, the author’s focus is locked down with them in the apartment. When compared to some of the other COVID-19 illness narratives I’ve included, readers might be inclined to regard the two essays as self-absorbed, too detached from the tragedy going on outside their windows. The position of privilege that most readily accommodates the published “quarantine diary” should indeed be recognized for what it is. However, it would be a mistake to criticize Jamison’s and Lockwood’s essays without considering the literary tradition from which these essays emerge. They are COVID-19 illness narratives, yes, but they also enact the conventions of an older form, that of the “illness essay.” The illness essay, according to Jurecic, is a variation of the essay genre, the self-reflective practice Michel de Montaigne “invented ... in response to a near-fatal injury.” This “flexible, wandering form” is especially well suited for “confronting illness, injury, and mortality” (“The Illness Essay” 13). Writers of illness essays “carefully observe the workings of their own minds,” echoing Montaigne in their questioning, “‘What do I know?’ and ‘What do I feel?’” Contemporary illness essays are “a powerful discursive place for reflecting on illness as an experience embedded in a complex culture” (“The Illness Essay” 17-8). Confined to their apartments, Jamison and Lockwood turn their minds inside out, exploring the contents and trying to make sense out of what’s going on in there. This introspective, confessional type of writing is perhaps just what’s needed to help us understand the psychological,

emotional impact of the pandemic, to come to terms with what's happening within us as well as outside us.

The essayist's COVID-19 illness narrative, in all its contemplative splendor, is still effectively a story about the author's experience of illness progressing over time: Lockwood becomes ill, gets worse, gets better, gets worse, and then becomes well enough to write about it. We reformulate lived experience of illness in narrative perhaps because it is the best means we have of communicating to others what happens to us—in us and outside of us. “When we try to understand why things happen,” writes Charon, “we put events in temporal order, making decisions about beginnings, middles, and ends or causes and effects by virtue of imposing plots on otherwise chaotic events” (vii). This is true of the stories we tell to and of ourselves, but it's also true of our expectations when someone tells us a story. I expect a temporal sequence of events when my friend tells me they have COVID-19 and I ask, “What happened?” Despite narrative's limits, particularly when it comes to expressing the ever-emerging present of the actual experience of illness or articulating the fragmented, episodic nature of chronic pain, COVID-19 illness narratives generally seem to fulfill temporal expectations. In this sense, we might say COVID-19 illness narratives are bound by time, but they are also *of* time. Each of these accounts is a snapshot from the pandemic. In the process of reformulating the experience of illness, the COVID-19 illness narrative captures an experience of the pandemic. This is clear even in a surface-level reading which identifies key terms, concepts, and points of reference. But closer attention to the rhetorical behaviors of COVID-19 illness narratives reveals the ways in which they internalize and

respond to the social landscape of the pandemic. They warn and urge caution, appeal to altruism and reason, confess guilt and fear, recognize vulnerability, mourn loss, celebrate recovery, scream in exasperation, and hope for tomorrow.

In the preceding pages I've discussed approaches for identifying the narrative threads that tend to be found in stories of illness, and I hope I've modeled a practice of reading and thinking that pulls on those threads in COVID-19 illness narratives, not to invalidate anyone's story of being sick but to explore how its features help us make sense of this incredible moment. At a time when it seems nearly everything written about the pandemic is outdated just days after its published, COVID-19 illness narratives feel somewhat less fleeting. Perhaps there is some essential piece of meaning making at work when we try to share our experience of illness with others, as they listen, waiting for what happens next. COVID-19 illness narratives articulate the inner toll of this pandemic, allowing us to voice and bear witness to individual experience within this traumatic collective experience. These stories have the power to repair, to teach, to outlast the COVID-19 pandemic. I hope our interest in them outlasts the pandemic too.

## WORKS CITED

- @therock (Dwayne Johnson). "My message to all of you..." *Instagram*, 2 Sept. 2020, [www.instagram.com/tv/CEppiNRlpvs/](http://www.instagram.com/tv/CEppiNRlpvs/).
- @tomhanks (Tom Hanks). "Hello, folks. @ritawilson and I are down here in Australia..." *Twitter*, 11 March 2020, [www.instagram.com/p/B92X8mjh159/?igshid=y2g15fxpqgn2](http://www.instagram.com/p/B92X8mjh159/?igshid=y2g15fxpqgn2).
- . "Hello folks. @ritawilson and I want to thank everyone..." *Twitter*, 12 March 2020, [www.instagram.com/p/B9qBEyjJu4B/?igshid=1m7338ic1mrob](http://www.instagram.com/p/B9qBEyjJu4B/?igshid=1m7338ic1mrob).
- . "Hey folks. Good News: One week after testing positive..." *Twitter*, 17 March 2020, [www.instagram.com/p/B9nVasnBNF5/?igshid=1czdzasxgbc01](http://www.instagram.com/p/B9nVasnBNF5/?igshid=1czdzasxgbc01).
- Alter, Alexandra. "Publishers Snap Up Corona Books, From Case Studies to Plague Poetry." *New York Times*, 18 May 2020, [nyti.ms/2z97Dj9](https://nyti.ms/2z97Dj9).
- Balzar, John. "The Times Poll: Touch New Government Action on AIDS Backed." *Los Angeles Times*, 19 Dec. 1985, [www.latimes.com/archives/la-xpm-1985-12-19-mn-30337-story.html](http://www.latimes.com/archives/la-xpm-1985-12-19-mn-30337-story.html).
- Bezio, Kelly. "The Nineteenth-Century Quarantine Narrative." *Literature and Medicine*, vol. 31, no. 1, 2013, pp. 63-90.
- Brown, Jeremy. Interview by Rund Abdelfatah and Ramtin Arablouei. "1918 Flu." *Throughline* from NPR, 3 April 2020, [www.npr.org/2020/04/03/826522320/throughline-the-1918-flu-pandemic-differs-from-coronavirus-crisis](http://www.npr.org/2020/04/03/826522320/throughline-the-1918-flu-pandemic-differs-from-coronavirus-crisis).
- Bruner, Jerome. *Making Stories: Law, Literature, Life*. Harvard UP, 2003.
- Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. New York, Oxford

- UP, 2008.
- Couser, G. Thomas. "Body Language: Illness, Disability, and Life Writing." *Life Writing*, vol. 13, no. 1, 2016, pp. 3-10.
- Felski, Rita. *Uses of Literature*. Blackwell Publishing, 2008.
- Frank, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago, U of Chicago P, 1995.
- Garden, Rebecca. "Telling Stories About Illness and Disability: The Limits and Lessons of Narrative." *Perspectives in Biology and Medicine*, vol. 53, no. 1, 2010, pp. 121-35.
- Gay, Mara. "I Wish I Could Do Something for You,' My Doctor Said." *New York Times*, 14 May 2020, [www.nytimes.com/2020/05/14/opinion/coronavirus-young-people.html](http://www.nytimes.com/2020/05/14/opinion/coronavirus-young-people.html).
- "Global HIV & AIDS Statistics – 2020 Fact Sheet." UNAIDS, [www.unaids.org/en/resources/fact-sheet](http://www.unaids.org/en/resources/fact-sheet).
- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*. Purdue UP, 1993.
- Heilweil, Rebecca. "What Happens When You Go Coronavirus Viral." *Vox*, 21 April 2020, [www.vox.com/recode/2020/4/21/21223701/coronavirus-viral-internet-twitter-facebook](http://www.vox.com/recode/2020/4/21/21223701/coronavirus-viral-internet-twitter-facebook).
- Jamison, Leslie. "Since I Became Symptomatic." *New York Review*, 26 March 2020, [www.nybooks.com/daily/2020/03/26/since-i-became-symptomatic/](http://www.nybooks.com/daily/2020/03/26/since-i-became-symptomatic/).
- Jurecic, Ann. *Illness as Narrative*. U of Pittsburgh P, 2012.

- . "The Illness Essay." *Life Writing*, vol. 13, no. 1, 2016, pp. 13-26.
- Lat, David. "I Spent Six Days on a Ventilator with Covid-19. It Saved Me, but My Life Is Not the Same." *Washington Post*, 9 April 2020, [www.washingtonpost.com/opinions/2020/04/09/my-near-death-experience-ventilator](http://www.washingtonpost.com/opinions/2020/04/09/my-near-death-experience-ventilator).
- Lockwood, Patricia. "Insane After Coronavirus?" *London Review of Books*, vol. 42, no. 14, 2020, [www.lrb.co.uk/the-paper/v42/n14/patricia-lockwood/diary](http://www.lrb.co.uk/the-paper/v42/n14/patricia-lockwood/diary).
- Marhoefer, Laurie. "Coronavirus: Three lessons from the AIDS crisis." *The Conversation*, 16 March 2020, [www.theconversation.com/coronavirus-three-lessons-from-the-aids-crisis-133575](http://www.theconversation.com/coronavirus-three-lessons-from-the-aids-crisis-133575).
- McClurg, Lesley. "'They Know What a Pandemic Is': HIV Survivors See Similarities to AIDS Epidemic," NPR, 3 Aug. 2020, [www.npr.org/2020/08/03/898581035/they-know-what-a-pandemic-is-hiv-survivors-see-similarities-to-aids-epidemic](http://www.npr.org/2020/08/03/898581035/they-know-what-a-pandemic-is-hiv-survivors-see-similarities-to-aids-epidemic).
- Outka, Elizabeth. *Viral Modernism: The Influence Pandemic and Interwar Literature*. New York, Columbia UP, 2020.
- Pett, Sarah. "Rash Reading: Rethinking Virginia Woolf's *On Being Ill*." *Literature and Medicine*, vol. 37, no. 1, 2019, pp. 26-66.
- Sanchez, Carlos. "COVID-19 Is Killing My People—And No One Seems to Care." *The Atlantic*, 29 Oct. 2020, [www.theatlantic.com/ideas/archive/2020/10/mass-death-in-south-texas/616907](http://www.theatlantic.com/ideas/archive/2020/10/mass-death-in-south-texas/616907).
- Shapiro, J. "Illness Narratives: Reliability, Authenticity and the Empathic Witness." *Medical Humanities*, vol. 37, no. 2, 2011, pp. 68-72.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York, Picador,

2001.

Wald, Priscilla. *Contagious: Cultures, Carriers, and the Outbreak Narrative*. Durham, Duke UP, 2008.

Wasson, Sara. "Before Narrative: Episodic Reading and Representations of Chronic Pain." *Medical Humanities*, vol. 44, no. 2, 2018, pp. 106-112.

Whitmore, George. "Bearing Witness." *New York Times Magazine*, 31 Jan. 1988, [www.nytimes.com/1988/01/31/magazine/bearing-witness.html](http://www.nytimes.com/1988/01/31/magazine/bearing-witness.html).

Yong, Ed. "COVID-19 Can Last for Several Months" *The Atlantic*, 4 June 2020, [www.theatlantic.com/health/archive/2020/06/covid-19-coronavirus-longterm-symptoms months/612679/?utm\\_source=share&utm\\_campaign=share](http://www.theatlantic.com/health/archive/2020/06/covid-19-coronavirus-longterm-symptoms months/612679/?utm_source=share&utm_campaign=share)

## BACKGROUND WORKS

- Atkinson, Paul. "Illness Narratives Revisited: The Failure of Narrative Reductionism."  
*Sociological Research Online*, vol. 14, no. 5, 2009.
- Boyer, Anne. *The Undying: Pain, Vulnerability, Mortality, Medicine, Art, Time, Dreams, Data, Exhaustion, Cancer, and Care*. New York, Picador, 2019.
- Bristow, Nancy. *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*.  
New York, Oxford UP, 2017.
- Camus, Albert. *The Plague*. Vintage International, 1991.
- Charon, Rita. "Editors' Preface: Narrative Medicine, or a Sense of Story." *Literature and Medicine*, vol. 29, no. 2, 2011, pp. vii-xiii.
- Cohn, Samuel K. "Pandemics: Waves of Disease, Waves of Hate from the Plague of Athens to A.I.D.S." *Historical Research*, vol. 85, no. 230, 2012, pp. 535-55.
- Couser, G. T. *Recovering Bodies: Illness, Disability, and Life Writing*. U of Wisconsin P, 1997.
- . "The Future of Life Writing: Body Stories." *a/b: Auto/Biography Studies*, vol. 32, no. 2, 2017, pp. 379-81.
- Defoe, Daniel. *A Journal of the Plague Year*. Penguin, 2003.
- Evans, Michele K. "Covid's Color Line—Infectious Disease, Inequity, and Racial Justice."  
*New England Journal of Medicine*, vol. 383, no. 5, 2020, pp. 408-10.
- Farmer, Paul. *Infections and Inequalities: The Modern Plagues*. Berkeley, University of California P, 1999.
- Greenhalgh, T., and B. Hurwitz. "Narrative Based Medicine: Why Study Narrative?"

- British Medical Journal*, vol. 318, 1999, pp. 48-50.
- Kalanithi, Paul. *When Breath Becomes Air*. Corcovado, 2016.
- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, 1988.
- Kormann, Carolyn. "How Did I Catch the Coronavirus?" *The New Yorker*, 7 Aug. 2020, [www.newyorker.com/culture/personal-history/how-did-i-catch-the-coronavirus](http://www.newyorker.com/culture/personal-history/how-did-i-catch-the-coronavirus).
- Moore, Dinty W. et al. *Bodies of Truth: Personal Narratives on Illness, Disability, and Medicine*. U of Nebraska P, 2019.
- Porter, Katherine Anne. "Pale Horse, Pale Rider." *Pale Horse, Pale Rider: Three Short Novels*. Harcourt, Brace and Co., 1939.
- Rimmon-Kenan, Shlomith. "The Story of "I": Illness and Narrative Identity." *Narrative*, vol. 10, no. 1, 2002, pp. 9-27.
- Schleien, Charles L. "For 12 Days a Doctor Lived with Burning Lungs." *New York Times*, 9 April 2020, [nyti.ms/3aZ03VY](https://nyti.ms/3aZ03VY).
- Slotten, Ross A. *Plague Years: A Doctor's Journey Through the AIDS Crisis*. Chicago, U of Chicago P, 2020.
- Stanford, Jon. L. "'I Was Wrong': A Surgeon's First-Person Account of His COVID-19 Illness." *The American Surgeon*, vol. 86, no. 6, 2020, pp. 572-76.
- Woolf, Virginia. *On Being Ill*. Paris Press, 2002.
- Wright, Lawrence. *The End of October*. Knopf, 2020.