

English 121: Style as Argument
Professor Kim Shirkhani

By submitting this essay, I attest that it is my own work, completed in accordance with University regulations.— Jacquelyn Nakamura

The Beauty of Illness
by Jacquelyn Nakamura

I heard the sound of a bottle clinking on the countertop. My mom was pouring her late night brandy that she only drinks when she can't sleep. I looked at the clock. Two thirty in the morning? I hadn't realized it was so late. I hadn't left my bedroom floor since I had come back from the bookstore around lunchtime. I stretched briefly and returned to chapter eight. I blinked my eyes rapidly. They were so strained that it took about twenty seconds to focus back onto the page. It took me one second to return to *The Fault in Our Stars*. I was back in Indianapolis, back in the ambulance. My heart started pounding. My eyes darted from paragraph to paragraph, reading only the first and last sentence. I didn't want to know the details of the blood, the tubes, the needles, or the beeping noises. I needed to rush to the hospital, to the emergency room, to Hazel. I could hear her frequent shallow breaths of air, and the wheels of her oxygen tank squeaking on the hospital floor. But now I took no notice. She had been sick from the beginning of the story. I had been with her back when she shuffled into her support group, when she visited the doctors and they informed her remission was unlikely, and when she got violently ill one Wednesday evening. All I cared about was Gus. The boy Hazel met at the support group and fell in love with. The boy the EMT workers were now moving from the stretcher bed to the hospital bed. He had shown no symptoms throughout the whole story. Hazel, Gus and I all thought that his bone cancer was safely in remission. It had been in remission for five years until a few days ago, when the PET scan lit up

everywhere in his body. His cancer had traveled aggressively. We stood next to him as she took shallow breaths of air. Hazel knew what was going to happen. I knew what was going to happen. A few pages later, the heart monitor ceased making noise.

I pride myself for not knowing or caring much about popular culture. I'm content not knowing the latest and greatest Taylor Swift hit. I live in New York, but I have never woken up at five in the morning to line up for the Cronut, and I haven't Snapchated/Facebook Mobile Uploaded/Tweeted a photo of it. But if there is one trend that I am totally head over heels for, it is the Chick-flick. I've seen almost all 100 movies on Rotten Tomatoes Top 100 Romantic Movies. I've watched *500 Days of Summer* probably 500 times since I was sixteen. I have even explored classic vintage love movies, like *Breakfast at Tiffany's*, *The Graduate*, *Casablanca*, and *Gone with the Wind*. While I was mindlessly scrolling through BuzzFeed articles last summer, I discovered that Shailene Woodley was starring in a romance movie. The article was titled "26 Times You Were A Puddle of Tears During *The Fault in Our Stars*." I did a little research and found that the movie was based on a book, and that the movie received an 81% rating from Rotten Tomatoes and an 8/10 from IMDB. But the good ratings didn't really even matter to me. I was already sold at "You were A Puddle of Tears." And the BuzzFeed article proved accurate.

There is a Love Formula that novelists, screenwriters, and producers have been using for at least the past few decades. If you want to make a movie that turns into a Hollywood blockbuster, then write a love story. Insert two characters—generally a heterosexual male and female between the ages of 18 and 30. Insert a disease—a disease of the lungs, bones, heart, lymph nodes, brain, blood marrow. The disease can be fatal—

make sure that some patients have the ability to attain remission from the disease, and that all patients have the *hope* of gaining remission. Chronic diseases are advised against. Certain symptoms of disease can be visible—an oxygen tank, a limp, fainting, loss of weight, pale skin. However, these symptoms must be chosen and presented so as to trigger minimal levels of disgust in the audience or reader. If the character is missing an arm or a leg, the character must have a prosthetic, and the character may not show the real arm or leg more than two times. Weight gain, acne, hair loss/gain, and a puffy face from medications are advised against. Bodily functions that elicit displeasing noises are strictly prohibited. Blood and vomit can be used occasionally, during the climax or at the end of a story. But blood and vomit cannot occur on a day-to-day basis. Watching a character take oral medication is preferred over watching a character go through an infusion. For oral medication, there should be at least four big pills, administered during the day and at night. Watching a character go through an infusion is preferred over watching a character give self-injections. Medical tests and procedures may be invasive, but once again they may only involve the approved body parts. Waiting for the results of tests, conversing with doctors, sleeping in hospital room, traveling in an ambulance and ending up in the Emergency Room are all highly encouraged and recommended. And, lastly, Gus notwithstanding, the sick character must be female.

The Fault in our Stars (2014), *A Walk to Remember* (2002), *Love Story* (1970): famous movies with female leads that all have leukemia. ¹ In each story, the girl falls in love with a boy, who is healthy. ² He is there for her when she gets pale and feels exhausted—too exhausted to even speak. He is there for her when she says something

¹ Hazel in *A Fault in Our Stars* originally had Thyroid cancer, but it spread to her lungs. In the story, there is little mention of the Thyroid because the obvious symptoms are her short breaths and oxygen tank.

² Or appears to be healthy throughout the majority of the story, in the case of *A Fault in Our Stars*.

insightful about living in the moment. He is there for her when she is at the hospital, at her weakest point. He is there for her when the treatment stops working. He is there with her in spirit. The female characters each have a geeky quirk that the man finds intriguing and attractive. Hazel (*A Fault in Our Stars*) consumes her time by reading a single book by one Peter Van Houten. She hopes to meet him one day, which Augustus makes happen. Jaime (*A Walk To Remember*) studies constellations by herself and longs for a good telescope, which Landon gives her. Jennifer (*Love Story*) studies Baroque classical music at Harvard and enjoys playing the harpsichord—an outdated piano commonly played in Mozart’s time. All of these movies were based on “original” books.

My Sister’s Keeper (2009), *Steel Magnolias* (1989), *Six Weeks* (1982): the main actresses of these movies do not have a major illness, but their daughters do. Cameron Diaz’s daughter in *My Sister’s Keeper* has leukemia, as does Mary Tyler Moore’s daughter in *Six Weeks*. Julia Roberts—Sally Field’s daughter—has type-one diabetes, a potentially fatal form of the disease at the time in *Steel Magnolias*. The symptoms of the disease are on the approved list—fainting, fatigue, pale skin. The three daughters refuse treatments or defy medical recommendations, which critically changes the plot. The three daughters die in the respective movies. But the silver lining in each movie is the love story. The sick daughter in *My Sister’s Keeper* falls for a fellow cancer patient. The sick daughter in *Steel Magnolias* falls for a lawyer, gets married and gets pregnant because she loves him—which her mother and doctor have advised against because it could, and in fact does, put her life at stake. The sick daughter in *Six Weeks* is only twelve; however, her mother falls in love with a politician who is trying to help the daughter. *Terms of Endearment* (1983) is another similar story, except both mother and daughter fall in love.

And then the daughter gets cancer and dies. In *Sisterhood of the Traveling Pants* (2005), Bailey, a twelve year old with leukemia, is befriended by 17-year old girl Tibby. Tibby acts as Bailey's older sister throughout the summer, until Bailey passes away. Tibby meets a boy, while hanging out with Bailey in the local grocery market, and the three spend the summer playing video games together. Tibby and the boy fall in love in the sequel, *Sisterhood of the Traveling Pants 2* (2008).

Amour (2012), *Last Holiday* (2006), *The Notebook* (2004), *Garden State* (2004): in each of these movies, the main character suffers from a mental illness.³ The main character of *Amour* suffers from a stroke, and her husband watches her slowly lose her mental capacity. An elderly Rachel McAdams in *The Notebook* remembers her lifelong love and reconnects with him in a moment of clarity, in which she escapes her Alzheimer's for about two minutes. In *Last Holiday*, Queen Latifah is diagnosed with a fatal brain disorder one day.⁴ She lets herself "live" (on a lavish vacation in Europe), and she finally declares her love for a man she has been pining over for years. Natalie Portman in *Garden State* plays a quirky girl who suffers from epilepsy. She meets a man who falls for her, despite her mood swings, and finally feels complete.

Why are there so many movies—very successful ones—that romanticize love between man and woman alongside acute disease in a woman? Susan Sontag in *Illness as Metaphor*, compares the myths that tuberculosis once created in Western culture to the myths at the time surrounding cancer. Throughout the nineteenth century, tuberculosis was linked to beauty and uniqueness (Sontag 1978, 20, 28). Appearing sickly became

³ The symptoms of these mental conditions are occasional mood swings and memory loss only.

⁴ This fatal brain disorder does not actually exist. The movie writers created it. The brain disorder does not have any symptoms. The only symptom is that the patient will die.

even fashionable. At first, “wan and hollow-chested young women and pallid rachitic young men vied with each other as candidates for this incurable, disabling, really awful disease,” Sontag writes (29). And she notes that Lord Byron once said he wished he could look like he was dying of consumption, “because the ladies would all say ‘Look at that poor Byron, how interesting he looks in dying’” (Journal of Thomas Moore, Sontag 31). However, as it became more attractive for men to appear plump and active, it became more appealing for women to sport “the tubercular look” (29-30).

Tubercular women were connected to love. The general public once considered a young person dying of tuberculosis as a romantic personality (30). Women who suffered from tuberculosis were seen to have passionate and zealous, reckless and sensual characters. Famous operas such as Verdi’s *La Traviata* (1853), Offenbach’s *Les Contes d’Hoffmann* (1851) and Puccini’s *La Boheme* (1896) are centered upon a story of a woman who falls in love and ill with tuberculosis (Morens). Tuberculosis was idealized, Sontag argues, partially because the lungs are a “spiritualized” body part, in the hierarchy of body parts. Diseases or disorders that attack the colon, bladder, rectum, breast, cervix, prostate and testicles elicit embarrassment. But, there is meaning to be found in the lungs, because people do not feel humiliated by its malfunctions. “A disease of the lungs is metaphorically a disease of the soul,” while cancer of other bodily functions “reveals that the body is, all too woefully, just the body” (18).

Writing in 1978, Sontag observed that cancer was not culturally glorified like tuberculosis had been. However, she notes leukemia is the “one non-tumor form of cancer [that] now turns up in commercial fiction in the role once monopolized by TB, as

the romantic disease which cuts of a young life” (18). She cites *Love Story* (1970) as an example, claiming that leukemia is the “white or TB-like form” of cancer (18).

Since the 1970’s, leukemia is commonly utilized as a romantic trope in film and literature. The cancer look in movies makes women appear attractive, similar to the tubercular look Sontag describes. Women lose weight. Their skin color becomes pale and white like an angel is. They become weak, tired, and vulnerable—attractive characteristics for a woman. Now society romanticizes cancer, as it once had tuberculosis.

Making diseases into romantic or melodramatic movie plots may be one way our society learns to deal with difficult issues. Think of mental illness. Popular culture had been romanticizing this group of diseases long before cancer entered the limelight. *A Streetcar Named Desire* (1951), *One Flew Over the Cuckoo’s Nest* (1975), *Rain Man* (1988) (“30 Great Movies about Mental Illness”). While many movies portray mentally ill characters as manic and volatile, other movies put forward an upbeat image of these characters. *Harvey* (1950) follows the story of a mentally ill man, who is seemingly more charming than sick. *King of Hearts* (1966) revolves around a few patients from the local mental hospital traveling into town, and acting cheerful and seeking fun (“Mental Illness in Film”). *New York Times* film critic A.O. Scott has noted, “Many of the most widely embraced movie treatments of severe mental illness have been marked by romanticism and sentimentality.” It is easy to understand why this has become the case, he argues; “The realities of a disease are so harrowing, and its effects on its victims and the people close to them so devastating, that we are eager for deeper meanings and happy endings.”

According to Scott, movies help society cope with emotionally wrenching circumstances (Scott “Mental Illness”).

Dramatizing illness in movies may allow people to understand those with disease more deeply. We could become more empathetic to those suffering diseases when we hear stories or watch movies about them. Ken Burns, the producer of a new PBS documentary series about cancer, suggests movies have given the public new insight into the lives of cancer patients. Burns claims that whereas once the cinema of cancer featured “weepy monochromatic protagonists.” He offers a few movies that exemplify this idea, among them *Love Story*, 1970; *Brian’s Song*, 1971; *Bang the Drum Slowly*, 1973. Burns claims that movies have evolved to feature “morally complex characters”, such as recent films *Breaking Bad* (2008-2013), *50/50* (2011) and *The Fault in Our Stars* (2014). Following the stories of these multifaceted cancer patients allows us to understand that disease does not determine one’s identity. “For those who now have the disease, cancer no longer defines who they are,” Burns remarks (Neumen).

There certainly has been a transformation over the last few decades. *Brian’s Song* (1971), *Bang the Drum Slowly* (1973): each of these movies is about a professional athlete who falls ill and dies from terminal cancer, and whose best friend (on the team) helps him emotionally. It is much more difficult to group the plotlines of more recent television shows and movies into one or two sentences. *A Beautiful Mind* (2001), *Breaking Bad* (2008-2013), *House* (2004-2012), *50/50* (2011), *Theory of Everything* (2014): *A Beautiful Mind* is about John Forbes Nash, a genius who suffers from schizophrenia, and also struggles in his relationship with his wife. *Breaking Bad* is centered on the life of a chemistry teacher who runs a meth lab to pay for his medical

treatment. *House* is about a brilliant doctor who lost part of his leg due to an aneurysm, and self-prescribes pain medication. *50/50* follows a radio journalist's experience with spinal cancer, and his relationship with his ignorant friend and unsympathetic girlfriend. *Theory of Everything* revolves around the story of Stephen Hawking, who lives with ALS while maintaining his career in physics and relationship with his wife.

One way of understanding this change is to say that cancer portrayals have moved genres—from romantic to realist stories. Simple, idealized portrayals of cancer in two-dimensional characters have evolved into multifaceted plots. Movies now feature real-life situations that cancer patients face, like exorbitant medical costs, medical insurance hassles, and hair loss. Instead of romanticizing loyal friendships, movies now center on relationships that are strained by cancer. Movies also now focus on cancer that becomes chronic—which much less urgent and romantic than fatal cancer. Movies now show us that things don't work out, that cancer may not teach us anything insightful, and that lives must change in order to combat the disease. It is notable though, that among the ill characters that are featured in these movies, none are female.

Female cancer patients remain two-dimensional. For women, romantic stories of cancer have not evolved, and women aren't appearing in realist stories of cancer or disease. *Love Story* (1970) and *A Walk to Remember* (2002) are quite similar narratives, even though thirty years separate them. The cool, popular guy falls in love with the quiet, nerdy girl in school. The girl falls ill with leukemia, and he watches her die. Although Burns seems to accept Hazel in *The Fault in Our Stars* as a morally complex character, ultimately she is more similar than different to a weepy monochromatic character. It is true that there are elements to Hazel's character that are unique. For example, A *New*

York Times movie review notes her “plucky rejection of the usual ‘cancer story’, and “her brave refusal of self-pity” (Scott "Young Love"). She also experiences the death of her first love, Gus, rather than dying herself. However, her character is never not defined by her relationship with Gus. It is only through falling in love that her insights are developed. Through love, she transforms from a cynical cancer patient to energetic, head over heels, normal teenage girl (except the gas tank), over the course of the movie. Furthermore, even though she is not the one who dies at the end of the movie, she is the one who is sick throughout it. She is weak and vulnerable, skeptical and timid, while he is strong and confident. She fulfills her dreams through him. For example, he uses his one “wish” (from Make a Wish Foundation) to take her to Amsterdam together so she can meet her favorite author. At first, Hazel is critical of her parents’ management of her cancer, but through Gus’s death, she comes to comprehend why pain is a part of life. Hazel is predictable and two-dimensional. Movies still feature female characters with acute disease combating their condition and experiencing life with illness solely through love.

What could be the consequences of overly simplifying illness stories with female leads? Could these movies have an impact on women who actually deal with illness in their lives? Take for instance, Katherine Payment, a 21-year-old newly diagnosed with acute lymphoblastic leukemia. In an NPR broadcast discussing the accuracy of *The Fault in Our Stars*, Payment noted that the nurse who gave her a waiver to sign before her chemotherapy treatments stated, ““If you’re thinking it’s like what you see on TV, that’s not it.”” Payment says that she possessed a “warped perception” of what chemotherapy

would do to her, before she went through the treatment. She claims to be speaking out because “I don’t want other people to feel that way” (Shute).

Furthermore, placing ill female characters in romantic, rather than realist, stories may cause women who are afflicted with disease to expect love to help them through the experience. Popular culture may set up an unrealistic assumption that one needs a man in order to combat an illness, or even to experience life fully. One of my close friends, recently diagnosed with Hodgkin’s lymphoma, tells the story of how she went on Tinder and had a man ask her to drinks. Instead of declining the offer, she debated with herself how many glasses of wine she could tolerate on chemotherapy without vomiting (half a glass of red wine). She kept thinking about the way she would divert the kiss if he attempted to at the end of the date. Vomiting was a permissible burden to take for a potential boyfriend, but possibly catching a bad infection or virus while being immunocompromised was not. She took a taxi to the bar, although it was only a five-minute walk from her house. She wanted to conserve her energy, as her fatigue hits at night, and once it’s 9pm she usually goes to bed. And her legs weren’t strong enough to walk in the heels she was going to wear for the date (and she had to wear the sexy heels).

Romantic movies may also create an impractical perception of women who actually deal with illness in their life. For example, movies portray women with diseases as what’s known as “low maintenance” girlfriends. Hazel never asks Gus to wheel her gas tank, or to slow down while they’re walking. Shelby never asks her fiancé to get her a glass of orange juice when her blood sugar is low, or to help her with insulin injections.⁵ Jaime doesn’t seem to need Landon to remind her to rest her body and sleep. These sick

⁵ Insulin self-injections are a major aspect of living with diabetes. They are administered various times throughout the day.

women seem not to need their boyfriends to double check the number of pills they are taking, or to hold back their hair when they vomit. They don't even ask for anyone's sympathy. Both Jaime and Jennifer (*Love Story*) hold off on telling their boyfriends that they are sick with cancer. Hazel flat out rejects self-pity, "ensur[ing] the audience's infinite sympathy" (Scott "Young Love Complicated By Cancer"). Sick girls will put no burden on their man. Sick girls are the most independent girls out there, while all looking good with a full head of hair.⁶

But sick girls are low maintenance above all because they will die soon. They are put together. They have the important things in life figured out. They do not care about dresses, jewelry or shoes, or appearing sexy. Hazel (*The Fault in our Stars*), Jaime (*A Walk to Remember*), and Bailey (*Sisterhood of the Traveling Pants*) essentially wear the same thing throughout the whole movie. They don't ask, "Do I look fat in this?" Of course they don't have to; they've already lost so much weight from their respective conditions. They take risks and don't care what others think. Jaime walks around with the Bible in her arms throughout the hallways of high school. Shelby (*Steel Magnolias*) decides to get pregnant, even though her mother, father and doctor advise against it. (Her husband has encouraged it).

Leukemia in *A Fault in Our Stars*, *Love Story*, *A Walk to Remember*, *Sisterhood of the Traveling Pants*, *My Sister's Keeper*, *Six Weeks*: Symptoms include chills, weight loss, fatigue, difficulty breathing and death. Leukemia in reality: symptoms commonly include chills, weakness, weight loss, fatigue, fever, severe infections, swollen lymph nodes, recurrent nosebleeds, excessive sweating, bone pain, easy bleeding, severe

⁶ Cancer patients while undergoing treatment typically lose their hair in chunks.

infections, and death (57% survival rate ⁷). Side effects of treatment include diarrhea, vomiting, complete hair loss, mouth ulcers, fatigue, increased appetite, mood swings, indigestion, and moon face. ⁸ Approximately 310,000 Americans are living with Leukemia. ⁹ Median age for diagnosis is 66. Out of 100,000 new cases, 16.7 are male and 10.1 are female. ¹⁰

Type One Diabetes (*Steel Magnolias*): symptoms include fainting, low blood sugar, fatigue, fertility loss, difficult pregnancies, and death. Type One Diabetes in reality: Symptoms commonly include frequent urination, extreme hunger, weight loss, irritability, fatigue, blurred vision, vaginal yeast infections, increased thirst, hypertension, high cholesterol, greater risk of heart attack and stroke, kidney disease, amputations and death (3.7% mortality rate ¹¹) Side effects of treatment include hypoglycemia, shaking, sweating, fast heartbeat, blurred vision, swelling, weight gain, changes in fat tissue at injection site, itching and rash. ¹² Type One Diabetes affects 1.25 million Americans. ¹³

Crohn's disease does not appear in any movie. Crohn's disease in my reality: symptoms include abdominal pain, abdominal cramping, fatigue, stool frequency, diarrhea, bleeding in stool, weight loss, fever, reduced appetite, joint pain, and skin lesions. ¹⁴ Side effects of treatment include: nausea, vomiting, heartburn, headache, moon face, facial hair, insomnia, anxiety, mood swings, hyperactivity and increased chance of viruses. Other possible side effects could include: increased appetite, night sweats,

⁷ <http://seer.cancer.gov/statfacts/html/leuks.html>

⁸ <http://www.mayoclinic.org/diseases-conditions/leukemia/basics/symptoms/con-20024914>

⁹ <http://www.leukemia-research.org/statistics>

¹⁰ <http://seer.cancer.gov/statfacts/html/leuks.html>

¹¹ <http://www.diabetes.org/diabetes-basics/statistics/> These are the current mortality rates of leukemia and diabetes as of 2015. At the time some of these movies were made, the rates may have been much higher, and serious symptoms may have been more likely.

¹² <http://www.mayoclinic.org/diseases-conditions/type-1-diabetes/basics/symptoms/con-20019573>

¹³ <http://www.diabetes.org/diabetes-basics/statistics/>

¹⁴ <http://www.crohnsandcolitisinfo.com/Crohns/Disease-Symptoms>

aggression, blurred vision, dizziness, irregular heartbeat, high blood pressure, diabetes, osteoporosis, bone fractures, glaucoma, increased chance of infections, inflammation of liver or pancreas, bone marrow suppression, and lymphoma. Crohn's Disease affects 1.6 million Americans.¹⁵

Crohn's disease is just one of many invisible illnesses that do not appear in popular culture. Invisible disabilities are those that are not immediately apparent when you look at the person. For instance, if you see someone with sunglasses and a walking stick, you will immediately perceive that they are blind. But if you see someone easily exiting a car in a handicapped parking space, you won't know exactly what is wrong. That person may have an invisible illness. People with invisible illnesses have the ability to hide their disability to a certain extent. Unless you have a close family member, friend or partner with an invisible illness, you probably don't know how they manage their disease. However these conditions—including Crohn's disease, Fibromyalgia, Lupus, Multiple Sclerosis, Chronic Fatigue Syndrome, Lyme Disease, peripheral neuropathy, and many more—affect millions of people (Gingold). It is not certain exactly how many are affected, because invisible illnesses can go easily undiagnosed, and many people do not report their invisible condition.

Most invisible illnesses are chronic. Many conditions cannot be cured, but only treated to manage symptoms and flare-ups. Some have a very low probability of fatality. Many invisible illnesses are clarified as autoimmune—meaning that immune system is attacking a part of the body because it thinks there is a foreign agent inside. Autoimmune

¹⁵ <http://www.cdfa.org/assets/pdfs/updatedibdfactbook.pdf>

diseases happen to affect many more women than men. Autoimmune disease, all of which are invisible, affect 5-8% of the population. 78% of that group is female.¹⁶

Cancer, mental illness and diabetes—the Hollywood diseases—can be also considered invisible conditions when they are not acute and potentially fatal.¹⁷ They fit the category if they do not cause any visible signs of the disease (such as baldness or Hazel’s gas tank). Richard Cohen, in the *New York Times* states, “Life threatening cancer tends to resolve itself. The chronic condition is a journey without end. Many cancers today become chronic more than killer” (Cohen). But it appears that once the condition is just about manageable, Hollywood looks for something that’s not. Those who suffer from cancer are “wrapped in a cloak of tinsel that wears thin soon enough,” once the cancer is not life threatening (Cohen). Interest in cancer seems to end when life is not at stake. No threat of death? Then no movie.

Lack of representation for those afflicted with disease in popular culture may lead to lack of public understanding. This may manifest in stigmatizing and assigning identities for invisible conditions. Those who park in disabled parking without a wheelchair or cane are cheaters. They think they deserve it more than others. Those who get extra time on examinations are not intelligent. Those who have severe food or medication allergies are drama queens or nerds. All the geeks sit at the peanut free lunch table in elementary school. Those who are gluten intolerant, or follow a strict diet are privileged, white yuppies. They only care about their weight. My friends (who don’t know I have Crohn’s) joke around and call me anti-social or high maintenance since I

¹⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2527069/>

¹⁷ Severe mental illness may lead to suicide. Alzheimer’s usually occurs at old age, when one is about to die

don't go to my college's dining hall ever. The truth is that it's awkward for my friends to go to dinner with me, because I'll have nothing but a slice of bread on my plate. (I've done this before.) And it's dangerous for me to get a plate full of food I can't eat.¹⁸ So I just accept the anti-social identity and eat alone in my apartment.

Lack of public understanding may affect those with illness in their working environment. Between 2005 and 2010, the most common employment disability discrimination charges filed with the Equal Employment Opportunity Commission were invisible disabilities (Gingold). On various job applications, employers state

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, autism, deafness, cerebral palsy, cancer, HIV/AIDS, bipolar disorder, major depression, multiple sclerosis, missing limbs or partially missing limbs, diabetes, muscular dystrophy, epilepsy, post traumatic stress disorder, obsessive compulsive disorder, impairments requiring the use of a wheelchair, intellectual disability (previously called mental retardation).¹⁹

You must choose the options of “yes”, “no”, or “I do not wish to disclose”. But what will a prospective employer read into that? Furthermore, from the perspective of an employer—who has no close family or friends with an invisible illness—it is tempting to assume that an employee who does report his or her invisible disease is exaggerating their symptoms in order to gain advantages. Not only can the employer not see it, the employer mostly cares about productivity. If an employee cannot be productive most of the time, perhaps only 50%, it is costly to his or her boss and the company.

¹⁸ I cannot eat dairy or raw vegetables or fruits. I avoid onion and garlic and other acidic foods as much as I can. (Onion is really hard because people always sneak it into everything.) I cannot eat spicy food. I cannot eat seeds, popcorn, oatmeal, quinoa, or whole grain wheat goods. I cannot have coffee, caffeinated tea, soda, or sparkling water. I cannot have beer, champagne or hard alcohol, and I restrict drinking wine to once a month because it will get me sick but not as sick as the other drinks. I can have cooked vegetables/fruits (no corn on the cob or artichokes), avocado, canned fruits, or bananas but only twice per day. I can't eat raw fish, fatty meats, sausage, hotdogs or bacon. I can't have fried foods—including French fries. I avoid skins on potatoes, but I can eat them every so often. I'm allergic to shellfish and nuts.

¹⁹ From a job application I just submitted.

Lack of awareness may place a burden on those with invisible illness to keep them completely hidden. One of my friends with rheumatoid arthritis told me that she always keeps a straight face when she experiences sharp pains in the middle of conversations. “People will make a big deal about it, and I don’t want that.” Getting the glassy eyed expression, or the overly inquisitive response when I say the words, “Crohn’s disease” is something I try to avoid still even two years after my diagnosis. (Sometimes I just say Crohn’s disorder.) Furthermore, treating an invisible condition as an embarrassing or humiliating secret may affect romantic relationships too.

But should we expect invisible illnesses in popular culture? It’s easy to see why invisible illnesses don’t make a good romantic movie. Richard Cohen, in the *New York Times* states, “Chronic illness is driven from the stage by the acute threat. Its plotline is tedious because action is slow and the story rarely varies.” The symptoms aren’t beautifying. The symptoms persist for an unknown period of time. The conditions do not lead to death.²⁰ The conditions have little hope for a cure. Chronic conditions put a large burden on those afflicted, and the ones they love. Cohen writes of his friend who had to leave his executive position at the National Endowment for the Humanities due to his Crohn’s Disease. “Later, his open heart surgery became the front page story to friends and acquaintances. No one has bothered to pay much attention to the Crohn’s.” In addition, he speaks of his other friend who is afflicted by Multiple Sclerosis. That friend is quoted as saying, “If more of us [chronically ill] died, people might sit up and take notice” (Cohen).

Gabbard, a psychoanalyst and author featured in a *New York Times* article reviewing the accuracy of *A Beautiful Mind* (2001), claims that Hollywood should not be

²⁰ These conditions could lead to death in very rare circumstances.

expected to show the reality of what a mentally ill person faces day to day. Gabbard states, “The Hollywood cinema operates on cultural mythology... Movies about mental illness are a mythic narrative that audiences want to see rather than a mirror held to reality.” Gabbard suggests that romanticized stories, while not entirely accurate, allow illness to enter public conversation. “Just as the ancient Athenians went to the theater and got their sense of what it means to be human from Sophocles, contemporary citizens in the United States learn what it means to be human from movies” (Goode).

Yet, public conversation over illness disproportionally favors men. Films featuring male leads—such as *A Beautiful Mind* (2001), *Breaking Bad* (2008-2013), *50/50* (2011), *House* (2004-2012), and *Theory of Everything* (2014)—educate viewers about humiliating and complex diseases. These movies show that romantic love is possible for men with all illnesses—chronic, acute and invisible. Male characters require and receive patience, assistance and devotion from their loved one. Male characters manage their disease over time. Male characters can expect from themselves strength and perseverance through disease.

What do we learn from *The Fault in our Stars* (2014), *A Walk to Remember* (2002), *Love Story* (1970), *My Sister’s Keeper* (2009), *Steel Magnolias* (1989), *Six Weeks* (1982), *Amour* (2012), *Last Holiday* (2006), *The Notebook* (2004), *Garden State* (2004)? Romantic love is possible for women with the Hollywood approved conditions. Female characters must be low maintenance, requiring very little from their loved one. Female characters don’t need to manage their condition over time (because they die). Female characters should expect from others romantic love.

When I was newly diagnosed with Crohn's disease, a boy asked me on a date to Indian food. (Spicy food is a nightmare for someone with Crohn's.) I said I didn't like Indian food, and he suggested bubble tea or ice cream. I get profusely ill when I eat dairy, but I didn't want him to think I was a demanding, needy girl. I went on the date and took a few bites of the ice cream. Thankfully it takes me a few hours to get sick, so he didn't see me vomit. Today, that boy is my boyfriend. On our anniversary, while we were reminiscing on our first few dates, he asked me why I hadn't just suggested that we go somewhere else. I asked, "If I had asked for a fourth option for a date, would you have thought I was a high maintenance girl"? And he laughed and said yes.

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