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Writing Chronic Illness in Short Fiction: An Exploration in Practice and Reflection

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Introduction

I'd been trying to write a story. It wasn't a story about illness, not at this stage. It was about artificial intelligence, and anthropomorphism, and how we reveal ourselves through our use of technology; about how a non-human presence in a relationship can be used to voice the unacceptable, to express what we're reluctant to speak or to hear. This story was going to be part of a collection of uncanny short fiction about contemporary science and technology, which I was writing as part of my doctoral research. But I couldn't make it work, and after some months I set the thing aside and moved on.

(I'm beginning this article with a story about failing to write a story in part to reflect the way that creative writing can operate to produce praxical knowledge, from research initiated and carried out through practice (Gray 3). In the reflexive, looping process whereby practice informs the direction of research—the thinking and reading and writing that then feed back into the creative practice (Haseman and Mafe 219)—the fiction has primacy; it is the site from which discoveries, ideas and theory arise.)

I set the thing aside, and moved on; but sometimes to turn away is not to abandon the work, but instead to create an unwatched space in which it can begin to cohere. As well as being led by practice, creative writing as research is characterised by indeterminacy and emergence (Haseman and Mafe 211-28): the territory under investigation tends to shift; results are unexpected. Often, my experience of this emergent quality is of some external stimulus—perhaps from creative or critical texts, or from discussion with others—sinking down to meet and mesh with something rising up from inside, some personal concern that shifts the focus of the creative work

with an unpredictability that is for me the deepest pleasure of writing fiction. And in the last months of my PhD—the submission deadline looming, wrestling with my critical reflection, still missing a story from the creative manuscript, and at the same time settling into a new teaching job—my most pressing personal concern was the chronic fatigue I’d lived with for some time: its sabotaging tactics, its need to be managed and placated. (Though it feels exposing to write this, it’s necessary, I think, to situate myself in relation to this subject; to explicitly state that this article reflects critically on writing chronic illness in the sense of writing *about* chronic illness, but also—in adopting a practitioner perspective that considers the processes as well as the products of writing—in the sense of writing *with* chronic illness. Indeed, every one of the fiction writers whose stories and novels I investigate here is writing from lived experience of chronic illness.) As Estelle Barrett observes, “[a] general feature of practice-based research projects is that personal interest and experience, rather than objective ‘disinterestedness’, motivates the research process” (5-6). As illness took up a more central position in my daily life, that lived experience, that “personal interest,” brought with it a new way to tell my failed story. The interpersonal dynamic was the same—a human couple and a non-human device—but now it was the story of a woman with an unspecified chronic illness and her relationships with her partner and their smart speaker, Kaia.

My doctoral research was an investigation of uncanny short fiction as a means of illuminating and interrogating contemporary experience of science and technology, and as I pursued this question a recurring concern had already emerged in my stories with health, medical interventions and the impact of technology on the body. In some ways, then, this final story was a development of an existing strand of my research. But as much it helped me complete my investigation of one question, it posed another question entirely.

In taking chronic illness for my subject I found I was able to escape an over-familiar narrative shape or trope: where previous drafts had emerged as variations on a well-worn theme of loss of human agency when confronted with artificial intelligence, the story I had written now was an understated piece that paid close attention to the particularities of the marginalising experience of chronic illness. Reflecting on how this material had tugged the story into a different shape, one in which form embodied content, it occurred to me (as a novelist as well as a writer of

short fiction) that such precise and honest attentiveness to this particular experience was something I could not imagine approaching or achieving in a longer-form narrative. A hypothesis emerged: that short fiction could portray the condition of chronic illness in a way that longer-form fiction was less suited to doing. Extending outwards from my creative practice, then, and considering not only the formal qualities of the novel and the short story but also the compositional processes of work in these genres, in this article I investigate that hypothesis~~this is the hypothesis I investigate in this article;~~ ~~—considering not only the formal qualities of the novel and the short story but also the compositional processes of work in these genres to suggest~~ that, due to a series of positive characteristics related to its ~~the~~ brevity—its greater manageability, from a practitioner perspective, in relation to long-form narrative; its concern with a present moment; its capacity to resist resolution, and its attention to adjustments of thought and feeling as ‘plot events’~~—of the short story,~~ ~~it~~ is a particularly appropriate form for writing experiences of chronic illness.

Depictions of chronic illness in two novels

In this article, I want focus not on progressive or degenerative disease, nor mental illness—though I acknowledge that of course experiences of physical and mental illness will often overlap or shade into each other¹. Rather, in defining chronic illness I want to adopt the distinctions made by Sarah Pett (which draw on World Health Organisation definitions as well as scholarship in sociology and philosophy of medicine) between chronic disease (conditions characterised by long duration and slow progression, such as some cancers or heart disease); chronic sickness (framed as failure to meet societal expectations of health and performance) and chronic illness, a condition that may overlap with chronic disease and also with some experiences of disability, but which Pett defines more broadly as the individual’s persistent experience of a diminished ability to function, often characterised by unpredictable periods of severity and respite (12-13).

This definition suggests a first problem with the novel as a form for writing chronic illness—the lack of narrative that inheres in such experiences. Pett notes that chronic illness is fundamentally at odds with the narrative conventions often found in illness accounts: such accounts tend to be characterised by a story arc involving diagnosis and treatment, the extrapolation of some kind of meaning from the

experience of illness—a ~~a~~-type of story termed the “quest narrative” by medical sociologist Arthur W. Frank (115)—and / or the resolution of either recovery (the “restitution narrative” (Frank 77)) or death.² In its persistence, its uncertain relationship between cause and effect, its lack of progression and its ongoing cycles of relapse and respite, the condition of chronic illness not only resists such storylines but is at odds with broader novelistic narrative conventions of causality, progression and closure. This is not to imply that novels can’t be written about chronic illness; they certainly have been. But a couple of recent examples illustrate the difficulties.

Nasim Marie Jafry’s novel *The State of Me* is about a young woman, Helen, living with myalgic encephalomyelitis (ME). Jafry has described this as a semi-autobiographical novel, one that fictionalises her own experiences of illness and treatment over many years (Jafry 2007). The long-form, linear narrative allows Jafry to convey how chronic illness operates across time: Helen’s contraction of a viral infection acts as the inciting incident, her diagnosis provides a key plot point, and for the duration of the novel, which covers some 15 years of Helen’s life, her illness persists and repeats. To sustain a linear narrative over this length, however, some kind of developmental structure is required; here, narrative progression is supplied by Helen’s various romantic attachments—a strategy that allows Jafry to supply a happy ending of sorts without implying that Helen will make any kind of a sustained recovery. Ultimately the novel is resolved with her marriage to Ivan, a man she was romantically involved with as a teenager. That he “knew her before she got ill” is given as part of the reason for Ivan to commit to Helen rather than embarking on a relationship with a colleague (*The State Of Me* 480); without this knowledge, the implication is, Ivan would likely make a different choice.

Karen Havelin’s [novel](#) *Please Read This Leaflet Carefully* recounts the narrator Laura’s experience of endometriosis; here again, the author has spoken of how her own experience of chronic illness informs the [novel-text](#) (Long). Havelin adopts a less [straightforwardly](#) linear approach than Jafry, creating a progression towards freedom from illness by arranging eight short-story length sections in reverse chronological order, so that the ending towards which we read is Laura’s experience of her body before the onset of the endometriosis that will cripple her for the rest of her life, in so far as that life is depicted in the novel. Havelin has spoken explicitly about her intention to evade narrative conventions:

Every time I read a book about someone who was sick, they always had cancer, and they always died or were cured. The narrative arc was predictable, and I wanted to subvert that [...] the structure allows me to loop over the same issues again and again. That way, I can depict Laura's pain and how it's still there even at points when she's doing "better". (Long)

Madison Smartt Bell has described modular narrative design as an approach whereby "modular units" are accumulated to built up to form a longer narrative such as , which may be a short story cycle or an episodic novel;³ such an approach, he suggests, is "an attractive way to show relationships between events or people or motifs or themes which are not generated by sequences of cause and effect and so are somehow atemporal, perhaps even timeless" (Bell 215). In adopting such a modular design, Havelin is able to exploit its capacity to "throw off the burden of chronology as much as is possible" (Bell 216) and convey a degree of atemporality, that lack of progression that so often characterises experiences of chronic illness. It is through the her use of modular narrative design, therefore, rather than the her reversed chronology, that Havelin achieves her "looping" effect—so that, if we accept Robert Luscher's notion of a continuum running from the traditional novel (characterised by formal unity) at one end, via the short story cycle at the midpoint, to the short story collection (characterised by formal fragmentation) at the other end (Luscher 163), the capacity for this novel Havelin's novel to portray the recursive cycles of relapse and respite of Laura's condition depends on its becoming more like a short story sequence cycle in its episodic form⁴. In adopting this structure, Havelin is able to exploit the capacity of modular design to 'throw off the burden of chronology as much as is possible' (Bell 216) and convey a degree of atemporality, that lack of progression that so often characterises experiences of chronic illness. Meanwhile the arrangement of events across a reversed temporal arc creates a plot that develops from a "status quo" (an opening section in which Laura, in her mid-30s, is sustaining a career, parenting her daughter, and more or less managing her chronic pain) through periods of relapse and remission towards an ending that is really a beginning.

In their sustained investigations of the impact on their protagonists of a persistent diminished ability to function, as well as their resistance to the narrative tropes of illness as a morally strengthening or educative experience or one followed by eventual recovery, both novels make a significant contribution to literatures about

chronic illness. It's notable, though, that despite very different structural approaches each depends for narrative progression, and for an ending that can offer a (limited) sense of hope and possibility, on a kind of mirror of Frank's restitution trope, whereby the protagonist recuperates a version of herself that existed before her experience of chronic illness. Helen's happy ending depends on a shared personal history with Ivan², his memory of her as uncompromised by illness and his recognition of present-day Helen as encompassing this "before self". Havelin, through her device of reversing chronology, delivers a concluding scene in which Laura, pre-illness and in training as a figure skater, is shown taking pleasure in a capable, functioning body free from chronic pain. That the persistence of a "before self"—[one that no longer exists, other than in memory or by narratorial sleight of hand](#)—is in each case so fundamental to resolving the story [can be seen to demonstrate how the might suggest that the](#) novel [as is not](#) a form [does not that](#) lend itself to conveying, at a structural level, the lack of progression and resolution—the lack of plot—that is so characteristic of chronic illness.

[Practitioner perspectives, and the manageability of the short story form](#) ~~and process~~

In a novel, asserts Will Storr, "there must be regular change, much of which should preferably be driven by the protagonist, who changes along with it" (189); and "[f]undamental to successful stories and successful lives is the fact that we don't passively endure the chaos that erupts around us [...] change summons us into the adventure of the story" (179). Of course, novels do not have to conform to a three-act model of crisis—struggle—resolution. But even less linear, goal-oriented conventions of storytelling have to do with movement and change. Interviewed about her fragmented creative non-fiction work *Notes Made While Falling*, which centres around her traumatic experience of childbirth and resulting chronic physical and mental illness, Jenn Ashworth has explained how she found herself unable to develop this material into the long-form narrative of either a novel or a memoir:

I think fiction—or at least the fiction I felt capable of writing—demanded some form of resolution or plot or conclusion that I couldn't truthfully inflict on the material. The reader might expect a character to change or cause change, to grow in insight or to develop in some way. Memoir,

perhaps, might have demanded of me some retrospective insight or wisdom that I'd gained from my experience and which was worth sharing. I'm not sure I had any of those things to offer. (Malcolm)

Even the kind of modular design Bell describes as having the capacity to “liberate the writer from linear logic, those chains of cause and effect, strings of dominoes always falling forward” (2515) was not sufficient for Ashworth to approximate the reality of her experience: - “whatever way I slid the paragraphs around, they seemed to form themselves into a line, a story, a thread or an argument that didn't really bear relation to the texture of my experience. And yet they seemed to drift that way anyway, addicted to order and cause and effect.” ([pageRourke? Online source](#)).

In fictional accounts of illness, or indeed illness memoirs, those conventions of “resolution or plot or conclusion” mentioned by Ashworth may include the inciting incident of diagnosis, the progressions and reversals of medical treatment, the extrapolation of some kind of meaning from the experience of illness, and finally the resolution of either recovery or death—all of which are often defied by lived experiences of chronic illness. In order to examine how short fiction can enable the writer of fiction to evade such conventions, I want now to turn to my short story; “Chronic” (Alexander ~~105126-11438~~).

The story begins with an explicit reference to the protagonist's condition as one that resists expected narratives of illness:

‘Think of me as Scotland,’ I say. I am trying, again, to explain.

It's not that Olli doesn't believe me. But illness, for him, is abstract, a tidy progression of symptoms, diagnosis, treatment, recovery. It's hard for him to understand this liminal state: how one day I'll be bed-bound, and the next close to normal; almost my old self.

Today is a good day, as evidenced by the fact that I managed to cook the pasta we're eating. By the fact that I have the strength, the energy, for this conversation. To come up with the Scotland comparison, with which I'm actually quite pleased. What I'm trying to say is, you never know. You can't rely on clear skies, on a sunny day. Being Scotland means planning an August party in fear of gales and summer sleet. It means run to the beer garden while you can, because an hour from now it's going to piss it down.

(105126)

The condition my protagonist, Cath, lives with is not specified, but it draws on my lived experience of chronic fatigue syndrome, with those periods of relapse and respite that Pett describes as creating “perpetual uncertainty and disruption, both ontological and corporeal” (14). From a creative writing perspective, these cycles present a specific challenge; the perpetual deferral of resolution involves continual repetition, a persistent recursiveness that is challenging in its monotony—to experience, to think about, to write about. In periods of relative good health, when one is able to write, it can be painful, perhaps even deleterious to health, to dwell imaginatively on those periods of relapse. Hilary Mantel, who has suffered decades of chronic illness, seems to be suggesting something of the kind when she says of writing Thomas Cromwell, “I began to feel so strong. And I thought, ‘why didn't you meet Thomas Cromwell years ago? He's so robust! You can't knock him down.’ I spent all those years with Robespierre and his asthma. If I could go back and give myself one piece of advice, it would be, ‘Choose healthier characters’.” (Edemariam).

To distance oneself from illness may be a necessary survival strategy. In Jafry's *The State of Me*, Helen's first-person narration is punctuated by brief, static scenes narrated in third person: these are the moments when Helen is incapable, either physically or emotionally, of narrating her own experience from within. Similarly, in “Chronic,” Cath enacts this distancing to convey the abjection of her illness with a consciously self-protective shift from first person to third:

Third person, past tense. A necessary fiction; a kind of escape, from the trap of herself in a never-ending present. Not *I am ill*, but: *she used to be ill*. A frame of distance that meant she could consider her condition without being swallowed completely. Back when she was ill, and the days were a simple pattern of absence and waiting. [...] Some mornings it took a while to know: those days that started all promise and translucent skies. She could be downstairs making toast, or in the shower, or at her desk in the home office before the black clouds rolled in—

—but no: back when she was ill, that's not how it was, a matter of shifting weather. She wasn't Scotland. She was a strange collection of symptoms: she was two small knives, one inserted just under the eye-socket into the left cheekbone, the second precisely at her left carotid artery. She

was fog, creeping into every crevice of her brain. Was hot blood scrabbling through her veins, and a sandbag weighting her lungs so each breath seemed altogether more effort than it was worth. She was an impaired mitochondrial function, or a faulty immune system, or perhaps an abnormal hormonal axis; no-one seemed to be quite sure, and certainly no-one knew how to fix it. (107128)

I want to suggest this as a practical, processual reason why the brevity of short fiction makes it a highly appropriate form for writing about and with chronic illness. For those writers working from lived experience, it may be bearable or even feel necessary to dwell in the experience of relapse for the span of three, five, ten thousand words; in periods of relative health though, to imaginatively inhabit such dull and difficult experience in the depth and duration necessary to transform it into 80,000 words of fiction may be deeply undesirable, something we protect ourselves by choosing not to do. And during those periods of more severe illness, to write long-form narrative may be beyond a writer's capabilities. In her essay "On Being Ill," Virginia Woolf notes that readers, when ill, are "disinclined for the long campaigns that prose exacts. We cannot command all our faculties and keep our reason and our judgment and our memory at attention while chapter swings on top of chapter" (107)—an observation that might be expected to hold equally true for writers. Jafry has noted of her novel that "*The State of Me* took probably eight or nine years to write/publish in all [...]. Writing is harder when you are ill. Everything is harder when you are ill" (Jafry, *On Reading, Writing and Chronic Illness*).

Evading narrative: An art of the present moment

To turn from the processes to the products of writing: if the narrative conventions of long-form fiction and memoir are antithetical to the experience of chronic illness, what are the formal characteristics of short fiction that allow it to reflect and embody chronic illness experiences?

In her recent work on narrative and chronic pain, Sara Wasson describes how "[i]llness is often described in terms of a narrative crisis, being locked in a present without a sense of a coherent narrative of past and imagined future." (107). This experience of a perpetual present resonates with Nadine Gordimer's description of the

short story as an “art of the only thing one can be sure of—the present moment” (265), and [with](#) Maurice Shadbolt’s notion of the short story as a form that challenges the writer to distil their material so as to produce “that hallucinatory point in which time past and time future seem to co-exist with time present” (269). In her diary of a period in hospital, Mantel has described how “the patient’s concentration is distilled, moment by moment [...] everything points inwards, and the furthest extension of her consciousness is [...] the beep and plip-plop of monitors and drips, the flashing of figures on screens; these are how you register your existence, these are the way you matter” (Mantel).

This suggests a way that the writer of short stories can attend closely and honestly to experiences of chronic illness—by exploiting the tendency of the form to be intensely focused on the present moment in order to convey the particular temporality of a perpetual present, a more-or-less static “now” in which the protagonist exists.

Comparing the practices of short fiction and photography, Julio Cortázar describes both forms as “cutting off a fragment of reality, giving it certain limits, but in such a way that this segment [...] opens a much more ample reality” (247). The following passage from [“Chronic,”](#) in its limited focus on the constraints of Cath’s illness, and its sustained attention to a present moment that slips into habitual time, aims to open up for the reader the ‘ample reality’ of the protagonist’s illness, with all its repetition and lack of progression.

Absence, and waiting. She slept; then she hovered at sleep’s outer edges, and then she opened her dried-up mouth and asked for some music. Kaia ignored her, kept playing the radio, some woman talking relationships: how do you keep the romance alive, the presenter said, when you’ve been married a long time. Cath rolled over, turning her back. The bed was too hot, the pillow flat from the weight of her head too heavy too long. Kaia, she said, turn the heating off—but it didn’t respond, and she kicked the quilt to the floor and then it was too cold. The effort of wrestling the covers back on left her heart skipping fast in her chest. There was a man’s voice on the radio now, talking money instead of love.

‘Kaia,’ she said. ‘Tell me. What’s wrong with me. Please—’

—and the voices on the radio dipped into silence, replaced by Kaia’s clear, neutral tone. ‘You’re perfect just the way you are.’

Smartarse robot. If Cath were perfect she wouldn’t have been lying in her seasick bed, trying to fix her mind on a horizon where she could feel steady and calm, be fueled by the clean clear energy of the sun. But at least Kaia had answered. At least it had registered her voice, understood her words even if it had misunderstood her meaning.

‘I’m not perfect,’ said Cath, ‘I’m broken.’ Waited for Kaia to respond, but instead the man on the radio said if you haven’t started to save in your twenties I’m afraid to say you are facing a bleak future. And of course Kaia couldn’t answer; because Cath hadn’t spoken its name, hadn’t given a question or a command—and she would have tried again, but it was too hard to shape the sentence, the words, and anyway she didn’t know what she wanted Kaia to do for her, what answer she was looking for. She burrowed her head into the pillow. Kept waiting, anyway. Once she’d used up sleep, could no longer be absent, waiting was the extent of her. A pause stretched to breaking point, then stretched some more. (~~107129-3008~~)

Wasson makes a compelling case for the importance of the textual fragment, and what she terms an episodic reading practice—one in which the reader is *wilingwilling* to “surrender [...] to the instant of the textual encounter [...] and to let that extract sit with you, remain with you, haunt you”—in embodying and attending to experiences of chronic pain without imposing the coherence of a temporal trajectory or a narrative framework. But—withstanding Paul March-Russell’s assertion that “the short story can be best understood as a type of fragment [...] prone to snap and to confound readers’ expectations, to delight in its own incompleteness, and to resist definition” (iix)—in a short story or flash fiction, as distinct from a textual fragment or a prose poem, there is an expectation of movement, however subtle, mysterious and resistant to analysis this may be: a shift in the protagonist’s perception, perhaps, or the apprehension of a moment of change the significance of which is not wholly clear. However effectively the contemporary literary short story enables us to evade novelistic narrative expectations of climax, resolution and closure, *something* must still happen. *SoSo*, what kind of shift, what kind of apprehension, is possible in short

fiction about chronic illness? I want to explore this by comparing moments of change in “Chronic” alongside Mireille Silcoff’s short story “Chez l’arabe”.

Resisting plot events and resolution Deemphasis of action, and resistance to resolution

In Silcoff’s story, the narrator-protagonist is suffering from chronic cerebrospinal fluid leaks, a condition that leaves her more or less bed-bound. Initial expectations of a steady progression towards recovery shrink away, as her health fails to improve. She’s looked after, erratically, by her mother—“an expert in highly vocalised sympathy pains” (5)—and her husband, who provides her with fine writing paper and a copy of *War and Peace* to keep her brain working, but leaves her to eat leftover cookies instead of providing her with meals. Often, she spends all day alone. Two-thirds of the way through the story, the unnamed-character-narrator protagonist manages to walk to a store at the end of her street to buy her own lunch. This is not a triumphant step on the road to recovery, it’s a struggle that causes her to pass out and lose her short-term memory. The expedition is not repeated—instead, the shopkeeper turns up at her door the next day, bringing her lunch, establishing a daily routine that affords the narrator a sliver of independence, an existence beyond being a patient—she is choosing her own lunch, she is paying for its delivery. But that’s not the moment of change in this story. What changes is that the narrator’s Jewish mother finds out about the lunch routine, tells the Iranian shopkeeper not to come again, and insists on providing her daughter’s lunch herself, forcing the daughter to resume the role of grateful invalid. At the end of the story there’s no suggestion that the protagonist’s health has turned a corner, no intimation of recovery. The change is a truth about experiences of chronic illness, about the frustration and inescapability of being an invalid, of having lost, to whatever degree, the capacity one may have previously enjoyed to care for oneself, be independent.

In my story, the protagonist Cath similarly experiences a diminishment of her needs. She is faced with a lack of understanding from her partner Olli, a reluctance on his part to accept either the severity or the chronic nature of her illness, and a sense that he views her own submission to it as a failure of character.

Gradually Cath aligns herself with her voice assistant instead of Olli, accepting

from a device the intimacy and care that, between herself and her partner, is so complicated, so difficult to offer and to accept. When Kaia fails to consistently understand Olli's voice, responding instead to Cath, he plans to return the device to the manufacturer. Threatened with the removal of the care she i's come to depend on, Cath tries to mend Kaia, and the moment of change occurs when she's unable to fix it.

[...] when I place Kaia's battery on the sheet with the rest of her, see her parts laid out before me, I can't find a single thing to fix. Only the impossible puzzle of the whole. [...] I am clumsy, dulling her circuits with blooms of grease from my fingers. Exhaustion trembles my arms and wrists so she shudders in my hands, and her parts won't fit together again the way they came apart. She is out of sequence, out of shape, or perhaps I'm not trying hard enough. With the paring knife I do my best to lever her circuits back inside the casing. Almost there—keep on, keep pushing—

The snap, the stab, is one moment. I cry out, sharp with pain. There is blood—on me, on her; I drop the knife, grab a handful of sheet to wipe her clean but the blood smears her circuits, across her casing, the length of its plastic cracked and split and I give up, I step back, I give up. Squeeze the pain in my finger till the flesh turns pale, but the blood keeps on dripping.

I look at the red, spreading and darkening on the white cotton sheet. At the scene of her dissection. For a moment I let myself think: perhaps Olli can mend her. But I know it's not true. I know she can't be fixed. (113-14)

Writing of the way in which modern short fiction [from the 19th century onwards](#) is most different from the novel, Suzanne C. Ferguson talks of the “deemphasis of physical action [...] which leaves adjustments of thought or feeling as the true ‘events’ of the plot” (16). In both “Chronic” and “Chez l’arabe,” the protagonist's condition and situation remain much the same at the end as at the beginning; in this sense, there is no resolution. The movement and the meaning come instead from small, significant adjustments. Both stories hinge on a failure of care and understanding; on what might be read as a non-clinical manifestation of what Wasson terms the *temporality of thwarted connection*:

[...] the experience of a present in which one reaches for connection—for diagnosis, medical care, emotional support or companionship amid acute

suffering—~~w~~—while aware of the (justified) anticipation of imminent failure and future pain, the recollection of past failures and past pain, acute self-awareness of one's present performativity in the clinical encounter, and one's ongoing somatic and emotional distress.² (108) ⁵

But in each story there is, too, an unexpected extension of empathy. In “Chronic” empathy is extended between human and machine; the ending sees Cath burying Kaia in the garden but keeping its battery in her mouth, with the idea that she might benefit from Kaia's energy source. In “Chez l'arabe,” the care the narrator needs is given by Mohammed, the taxi driver who takes her to her acupuncture appointments, and Samira, the woman who delivers her lunch, so that empathy is extended between individuals out with the family and across a political and cultural divide.

“Chez l'arabe” is published as part of a collection of the same title, in which half the stories, interspersed throughout the collection, are focused on the same protagonist and her relationships with her husband and her mother. As published, then, Silcoff's illness stories form a discrete and chronologically ordered story cycle or sequence within a larger collection—albeit a cycle in which the arrangement of these four stories, punctuated as they are by independent pieces about other characters and situations, might seem to push them towards what Ferguson has termed an anti-sequence: “where there are stories that obviously *do* fit together, or *could* fit together in a sequential pattern, but whose authors have refused to put them together or allow them to be put together” (Ferguson 2003 par.15).

Despite this partial resistance to a sequential reading, to encounter Silcoff's illness stories as part of her collection is to recognise not only a sequential pattern, but a familiar one; as the individual stories link up to form a larger narrative, the protagonist's trajectory takes on a well-used shape: that of the journey towards recuperation. Though the destabilising ramifications of her illness persist, in the third story the narrator-protagonist is able to look back on her experience from a place of recovery. “Back when I was afraid that my sickbed was growing pink padded sides and a cover,” she says, recalling a time when her condition seemed to exceed the possibility of a positive outcome (105). Instead, to read these stories as a cycle is to encounter the causality and progression towards resolution so often evident in long-form narratives about chronic illness. Indeed, there are clear similarities between Silcoff's illness cycle and Havelin's modular novel; each is temporally fragmented

but essentially sequential, and each—whether through the portrayal of recovery from illness, or through narrative slight of hand—leaves the reader with the image of a protagonist who has recuperated a well, functioning body.

If Havelin's novel employs a degree of fragmentation that slides it some distance along Luscher's continuum from the far end occupied by the linear, "traditional novel" (Luscher 163) towards the midpoint occupied by the short story cycle—and thereby becomes more capable than a traditional, linear novel would be of portraying experience of chronic illness—Silcoff's illness stories perform the opposite movement: from the self-sufficiency of the individual short story, with all the capacity we have seen this form possesses for attending to experience of chronic illness, towards a cycle in which, through unity of action as well as of character and setting, the linked stories partake of those novelistic narrative conventions (causality, progression and closure) that we have seen to be at odds with the condition of chronic illness.

"Chez l'arabe" is published as part of a collection of the same title, in which half the stories, interspersed throughout the collection, are focused on the same protagonist and her relationships with her husband and her mother. As these four stories follow their sequential chronology and link up to form a larger narrative sequence, the protagonist's trajectory takes on a familiar shape: that of the journey towards recuperation. Though its destabilising ramifications persist, in the third story of a sequence of four thwe encounter a narrator protagonist who is able to look back on her illness from a place of recovery. 'Baek when I was afraid that my sickbed was growing pink padded sides and a cover,' she says, recalling a time when her condition seemed to exceed the possibility of a positive outcomeoutcome. Instead, to read these stories as a cycle is to as individual stories become more like chapters in a novel, what we encounter is the causality and progression towards resolution evident in long-form fiction about chronic illness that might be expected of long-form fiction. Indeed, read as an episodic text, Silcoff's sequence of four stories clearly recalls Havelin's modular novel: temporally fragmented but chronologically sequential, and—through the portrayal of recovery from illness, or through narrative slight of hand—leaving the reader with the image of a protagonist who has recuperated a well, functioning body.

Conclusion

In comparing how the novel and the short story have been used to write experiences of chronic illness, it's not my intention to elevate the short story over the novel, to make essentialist distinctions between short and long-form narrative, or to suggest that there are certain things a novel simply "can't do." I acknowledge the likelihood that my perspective as a writer of both novels and short stories means my stance is informed by my limitations as a creative practitioner: what I find *I* can do with one form and not another; what I can bend each form to. But it's this very imbrication of the researcher in a personal creative practice that has the potential, through the intersection of different kinds of knowledge, to draw out overlooked actualities. As Barrett explains:

Since creative arts research is often motivated by emotional, personal and subjective concerns, it operates not only on the basis of explicit and exact knowledge, but also on that of tacit knowledge. An innovative dimension of this subjective approach to research lies in its capacity to bring into view, particularities that reflect new social and other realities either marginalised or not yet recognised in established social practices and discourses. (4)

Frank O'Connor famously describes short fiction as being fundamentally concerned with "a submerged population group" and "figures [...] on the fringes of society" (86-87). While my conception of the short story is of a much more flexible and capacious form than this implies, [thea series of positive characteristics resulting from its brevity that I have examined here](#)—[its greater manageability, from a practitioner perspective, in relation to long-form narrative; its concern with a present moment; its capacity to resist resolution, and its attention to adjustments of thought and feeling as "plot events"](#)—~~its concern with a present moment; its capacity to resist resolution; its attention to adjustments of thought and feeling as 'plot events'; and, from a practitioner perspective, its greater manageability in relation to long-form narrat~~mean the short story is a particularly appropriate form for portraying the uncertainties and absence of narrative associated with the specific marginalising experience of chronic illness.

Wasson describes how "the cultural dominance of particular narrative forms come to imply virtue within certain kinds of protagonist temporal orientation, specifically an expectation of beneficial transformation in time." At the moment of

writing, in May 2020, there have been 4,789,205 confirmed cases worldwide of COVID-19 (*WHO Coronavirus Disease (COVID-19) Dashboard*), leading medical professionals to speculate about the likelihood of a significant increase in the numbers of people suffering post-viral complications leading to chronic fatigue syndrome and ME (New Scientist). The perspectives of those living with chronic illness may soon be significantly less marginal than they have been heretofore. Perhaps particularly in a post-COVID-19 world, then, I want to suggest that short fiction has the potential to usefully to resist the expectation ~~of beneficial transformation~~—inherent in culturally dominant illness narratives of beneficial transformation—and instead to hold valuable space for stories that acknowledge and portray illness experiences that are characterized—precisely by its lack.

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¹ There are, of course, a great many novels that explicitly represent experiences of mental illness: see Crawford and Baker for a number of examples from 1945 to the present, considered from a psychiatric perspective.

² Frank describes the “quest narrative” as one that “meets suffering head on: they accept illness and seek to *use* it ... What is quested for may never be wholly clear, but the quest is defined by the ill person’s belief that something is to be gained through the experience” (115), and the “restitution narrative” as following the basic storyline of “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (77). He notes that the restitution narrative is dominant in stories told by people who are recently ill, and less so in the stories of those with chronic illness (77); and that most published illness accounts are quest narratives (115).

³ In his discussion of modular narrative design, Bell elides the story cycle and the episodic novel, while both Gerald J. Kennedy (x-xi) and Paul March-Russell (103) note that for the past 100 years generic boundaries have been blurred between fragmented or composite novels and short story collections or sequences, so that it is not always possible to precisely distinguish between these forms.

⁴ ~~In his discussion of modular narrative design, Madison Smartt Bell elides the story cycle and the episodic novel (215), while Gerald J. Kennedy (x-xi) notes how experimental and segmented novels blur generic boundaries between novel and short story sequence. PERHAPS THIS COULD BE INCLUDED INTO THE BODY OF THE TEXT, AS I BELIEVE IT TO BE A CRUCIAL DISCUSSION~~

⁵ A similar instance of thwarted connection is depicted in the short story “Virtual”² by Ali Smith, in which the title refers to the Tamagotchi belonging a hospitalised anorexic girl, a gift given by a family unable to offer the help she needs to a child who is unable to accept their help or to help herself, and whose smiling hatred towards the Tamagotchi expresses the tangled complexities of the desires, obligations and impossibilities of caring. The text identifies the narrator of the story with the role of carer rather than patient, offering a complementary perspective to that given by “Chronic”² and “Chez l’arabe”². I AGREE, ALSO A FABULOUS STORY.