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**THE CRUCIAL ROLE OF LITERATURE IN
INTERPRETING PAIN AS REPRESENTED IN
MONA AWAD'S *ALL'S WELL***

BA thesis

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TARTU
2024

Abstract

The representation of invisible disability, such as chronic pain, has increased in the past decade or two. However, there are still shortcomings to its adequate portrayal in literature. Mona Awad's *All's Well* is a novel that accurately renders the reality of chronic pain while highlighting the problems surrounding the depiction of pain in literature. This thesis aims to discuss the lacking awareness and vocabulary of pain, and consideration that every pain experience is unique.

The introduction of this paper explains the key terms of disability and pain, the genre of the chosen novel and its context. The methodology includes an analysis of previous scholarship and a close reading of *All's Well*. The literature review discusses disability and pain in literature based on the works of key critics Sontag, Neilson, Scarry, and Chivers. The empirical study consists of an analysis of *All's Well*. It addresses the shortcomings concerning the language of pain and emphasises the importance of awareness of the pain experience on the example of the protagonist of the novel. The empirical part analyses also the intertextual references to Shakespeare's plays *All's Well That Ends Well* and *Macbeth* by which the pain experience as well as the changes of a pain sufferer during and after being in pain are treated in Awad's novel. The conclusion summarises the main findings of the thesis.

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Introduction

Looking around in today's world, we see visibly impaired people, and the others should thus be healthy in every sense of the word. The truth is that this is not the case. There is a vast number of illnesses and disabilities that are not visible to the naked eye. To see those impairments, one would need the help of medical charts, tests, or scans. The invisible part of an illness is what emphasises the importance of verbalising it. One kind of invisible disability that often gets overlooked is chronic pain. Mona Awad's novel *All's Well* portrays a protagonist who suffers from such pain. However, she is told that her pain is not real, but it is just her imagination. The novel raises the issue of communicating pain and its failure due to the difficulty in both expressing and understanding it.

There is a distinct lack of analysis of literature dealing with pain, as well as the importance of giving voice to those who have been silenced. Invisible disability and pain have been taboo topics in literature for a long time, but in recent decades it has been talked about more and it is important to continue the discussion. According to Neilson (2019: 18), many of Canadian medical humanities programs already include literary texts in their pedagogy, showing that literature plays an important role in depicting pain. It is important to research how literature depicts pain, the language surrounding pain as well as the difficulties of living with pain. This gap in research is what drove me to explore this topic by using Awad's novel *All's Well*. The present thesis aims to contribute to the study of literature's importance in depicting pain and to bring awareness as well as to show a clear lack of vocabulary surrounding pain.

The World Health Organization (WHO 2023: para. 1) reports that "disability is part of being human and is integral to the human experience." According to WHO (2023: para. 1), around 16% of the entire population experiences disability, and the number is constantly

growing. The Centers for Disease Control and Prevention (CDCP 2023b: para. 1) describes disability as an impairment that causes activity limitations and participation restrictions.

Compared to disability, pain is an extremely difficult term to define, and it has a vast number of different definitions and descriptions. The International Association for the Study of Pain (IASP 2024: para. 1) defines pain as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage.” IASP (2024: para. 2) elaborates on this by emphasising that “pain is always a personal experience” that is influenced by many different factors. Woolf (2010: para. 1) describes pain as “all consuming: when you have it, not much else matters, and there is nothing you can do about it.” The difficulty in trying to define pain is the reason I have decided not to go by one specific definition for my Bachelor’s thesis, but to proceed with the descriptions of IASP and Woolf.

Narrowing pain down to chronic pain, we get slightly different definitions. Woolf (2010: para. 7) describes chronic pain as something “associated with apparent structural changes in the pain, reinforcing the notion of chronic pain as a disease of the nervous system”. Apkarian et al (2009: 82) determine chronic pain as “pain that persists past the healing phase following an injury”. Patetsos and Horjales-Araujo (2016: para. 1) agree that “chronic pain is accepted as pain that has lasted longer than three to six months” and they associate chronic pain also with mental illnesses, stating that “chronic pain seems to be reciprocally associated with depression” (Patetsos et al 2016: para. 1).

Woolf (2010: fig. 1) categorises pain into three classes – nociceptive pain¹, inflammatory pain, and pathological pain. The kind of pain I will tackle in my paper is a mixture of inflammatory and pathological pain. Woolf (2010: para. 3) defines inflammatory pain as “caused by activation of the immune system by tissue injury or infection,” while

¹ Nociceptive pain is “the sensation associated with the detection of potentially tissue-damaging noxious stimuli” and it has a protective quality (Woolf 2010: fig. 1).

pathological pain is described as “the consequence of amplified sensory signals in the central nervous system” (Woolf 2010: para. 4). According to Woolf (2010: para. 8), the “major characteristics of inflammatory and pathological pain are that noxious stimuli are no longer required to generate”, meaning that pain may be something spontaneous without any stimuli.

For this paper, considering all aspects, I will treat Awad’s *All’s Well* as a part of the genre of sick literature instead of, for example, disability literature because, according to Hall (2016: 13), the latter is a narrower notion including “only those texts that actively convey a progressive disability politics”. Elman (2012: 175 as quoted in Peters 2021: 3) defines sick literature as “a genre of adolescence fiction that fused illness and romance narrative to reinforce the interdependent norms of able-bodiedness, heteronormativity, emotional management, and maturity”. Comparing the two definitions, the one for sick literature is more accurate for this paper, and thus, I will continue with that genre definition throughout my work.

Neilson (2019: 179) claims that “disability narratives are often less about endings than exploring meaning-making inside the suffering” and this can also be seen in Awad’s *All’s Well*. Mona Awad is a Canadian author who, besides *All’s Well* has authored novels such as *Bunny* and *Rouge*, although *All’s Well* is her first novel addressing a disability, more specifically, chronic pain (Mona Awad 2023: para. 2). The author herself struggles with chronic pain which she has talked about in interviews with Harvard Bookstore (HBS 2021) and Warwick’s Books (WB 2021). According to the interview with HBS (2021: 10:30–10:52), Awad injured her hip and had an unsuccessful surgery, resulting in chronic pain in her back and legs. Due to the injury, Awad has firsthand experience with pain, and she argues that language surrounding pain and the pain experience is lacking in many aspects as she finds that it is something impossible to share (HBS 2021: 14:16–14:30). In the interview with WB (2021: 12:01–12:26), Awad reveals that the reason why she made the main

character of *All's Well*, Miranda, an actress was because of her own experiences with the medical personnel. She felt that she was putting on an act for doctors, physiotherapists, and friends in hopes of them understanding her situation better as trying to communicate the pain experience “goes beyond language” (WB 2021: 12:01–12:26).

The methodology used in my Bachelor's thesis includes an analysis of previous research on pain in literature and a close reading of Mona Awad's novel *All's Well*. The thesis consists of a literature review where I give an overview of disability and literature, pain and literature, and disability, pain, and Canadian literature. In my literature review, I will define the key terms further, provide an overview of what has been studied before and where the research gap is. In the empirical part I will analyse Awad's novel *All's Well* by taking into consideration the main character's individual pain experience, the language used in the novel while talking of pain, the importance of Shakespeare's plays *All's Well That Ends Well* and *Macbeth* and the main character's change from a victim to an ex-victim.

1. Pain as a Literary Device

This chapter discusses previous research about the topic of pain and literature. The chapter is divided into three subchapters – disability and literature, pain and literature, and disability, pain, and Canadian literature. It defines the key terms more in depth and provides an overview of previous research from the most prominent critics.

1.1. Disability and Literature

The subchapter of disability and literature focuses on defining disability as well as discussing the importance of including disabilities in literature with the purpose of inclusion and the importance of accurate representation. This subchapter introduces the notion of stereotypes surrounding disability in literature and emphasises the need to look past those stereotypes.

Scarry (1985: 12) states in *The Body in Pain* that bodily disability and the ways a disabled body can be jeopardised are difficult to describe, an argument shown to be true by the existing disability narratives² in literature where authors struggle with justly representing disabilities. Disability can be discussed as chronic illness or disease, a “slippery term whose scope varies from one medical system to another around the globe” (Fois 2018: 4) which is defined as a “condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both” (CDCP 2023a: para. 1). People with disabilities have difficulties in the case of social interaction, which arise from prejudices and “biased mental schemes” (Fois 2018: 5).

Fois (2018: 3) argues that disability is a reminder of people’s mortality, and that it challenges an imaginary view of a perfect life and a perfectly functioning society. She goes

² Disability narratives often place the disability into a certain construct (or story), making it embedded in the identity of a person (Crosby 2016: para. 3).

on to elaborate that this aspect of disability shattering the illusion is seen “as a threat to the regulation and the control of that society” (Fois 2018: 3). Authors frequently romanticise an invisible condition to detach from the negative connotations of a disability. The romanticisation of disabilities leads to most protagonists of sick literature young adult novels to be female. This is supported by a study conducted by Saad in 1996 (as quoted in Fois 2018: 8) which concludes that 80.8% of books out of 78 consist of female ill main characters.

Most ill protagonists being female may be due to the stereotypes of female bodies being weak and needing greater care (Fois 2018: 18). This belief that disabled bodies, especially female, are weaker is also mentioned by Clare (2017: 53 as quoted in Neilson 2019: 9) who remarks that disability displays the bodies as “wrong and broken”. Fois (2018: 19) ties the romanticisation of disabilities also with the miracle cure trope, where an incurable illness is magically healed. It is another approach in literature which harms the disabled people as it suggests that the only way to achieve happiness is to reach good health. This strengthens the idea that disability and chronic illness are something pitiful, something to avoid and fear, and emphasises that real happiness is obtainable only by normates. (Fois 2018: 19) As a term used to describe able-bodied people, normate has been coined by Thompson (1997: 8 as quoted in Fois 2018: 3) who defines it as something referring to “the veiled subject position of cultural self, the figure outlined by the array of deviant others whose marked body shore up the normate’s body”.

According to Fois (2018: 3–4), the main purpose of disability in literature is to show inclusion to those different from ‘norms’. Including disabled people in narratives is to broaden the view on disability, to develop empathy and to eradicate cultural stigmas. Embracing disabilities and disabled people in literature shows that disability is more than just a bodily problem, more than “a visible impairment.” (Fois 2018: 3–4) It is stressed that

the disability bias³ to see disability as just a physical impairment is harmful to disabled characters and that bias negatively supports the existing stereotypes towards disabilities (Fois 2018: 5–6). The stereotypes are harmful to those suffering from a disability as “accuracy is just as important in fiction as it is in nonfiction, and authors who write novels with disabled characters have an obligation to present accurate up-to-date information” (Heim 1994: 139 as quoted in Fois 2018: 8–9).

Accurate representation of a disabled character in literature requires the authors to pay attention “to the language, to the structure of the plot, to the character’s voice and the characterisation” (Fois 2018: 8). People with disabilities, especially with invisible disabilities, face problems in their daily routines and it is of utmost importance to thoroughly research the topic to be able to precisely represent such a minority. An authentic representation is “a tool to bring awareness about a condition that is otherwise unknown” (Fois 2018: 12). Besides bringing awareness to able-bodied people about disabilities, it is also important that normates are exposed to a true representation as they will be able to learn how to “best behave towards a person with disability, especially with regard to their identity” (Fois 2018: 8). Research has shown that inaccurate representation denies disabled people “their identity and their worth” (Fois 2018: 8).

1.2. Pain and Literature

The subchapter of pain and literature delves more in-depth into defining the term ‘pain’ and how it has been studied in literary terms thus far. The subchapter provides also examples to illustrate the theoretical background for a better understanding. This subchapter covers the silencing effect of pain, the lack of direct language to describe pain and the need for metaphors from other areas of life, such as war and weaponry. It also mentions the need

³ The disability bias is a referral “to the attitudes and practices that lead to unequal and unjust portrayals of people with disabilities” (Rubin et al. 1987: 60).

for empathy for the disabled people from the normates and emphasises the importance of understanding the pain experience.

The iconography of suffering, or pain, according to Sontag (2003: 40), has a long history and it is commonly related to suffering caused by an unnatural agent, and the suffering caused by illnesses, such as chronic pain, has been inadequately represented in literature due to its invisibility. Pain in literature has thus far “been studied as exemplary, as providing evidence to help researchers understand how a range of pains are experienced” (Norridge 2011: 220). The origins of the word ‘pain’ lie in a Latin word ‘poena,’ meaning punishment which is why pain in early literature was most often mentioned in the biblical sense (Neilson 2019: 4). One of the first mentions of pain is in the story of Cain and how he gets his mark. Cain kills his brother and fears for his life after God’s punishment. This causes God to set an invisible mark on him, “lest any finding him should kill him” (Neilson 2019: 68). Pain is like the invisible mark of Cain for people in pain, with no physical markers, like a missing limb, but the pain comes through in facial expressions, moods, and changes in behaviour (Neilson 2019: 67–68).

Another reason why pain is difficult to detect is due to its silencing effect; this is especially significant in the cases of invisible pain (Neilson 2019: 98). Since pain is complex and hard to explain, the person in pain is denied speaking of their suffering even though the British Pain Society (2023: para. 3) defines pain as “a personal experience,” i.e., there is no universal definition for pain. This kind of silencing makes dealing with and understanding pain even more difficult as the only verbal indications of a person in pain are screams and moans. This shows the language-resistant aspect of pain, how there is no “literal correspondence between word and bodily feeling” (Téllez 2018: 27).

Téllez (2018: 28) quotes Woolf to express this languagelessness of pain as follows: “The merest schoolgirl when she falls in love has Shakespeare or Keats to speak her mind

for her, but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry” (Woolf 1947: 15 as quoted in Téllez 2018: 28). This idea is supported by Scarry (1985: 4), who emphasises that “physical pain /.../ actively destroys [language]”. Scarry (1985: 5) elaborates on it by saying that language and being able to express oneself is essential to the nature of pain, and that people in pain should be able to communicate their experiences. Frank (2014 as quoted in Neilson 2019: 33) expands on this thought that the people in pain do not have a problem “just in body but in voice” too which has been confirmed by actual patients who suffer from pain. Sontag (2003: 27) states that only seeing the verbal aspects of pain sufferers makes people more prone to think of it as manipulation and as something that is exaggerated. The thought that intangible suffering is a tool for manipulation causes harm to the sufferers as it creates a false idea of the experience and causes a lack of empathy and authenticity (Sontag 2003: 27). It is important to remember that verbal descriptions of pain are “only one of several behaviours to express pain” and that the “inability to communicate does not negate the possibility that a human /.../ experiences pain” (IASP 2024: para. 2).

This resistance to language and the lack of words and phrases to describe pain and the pain experience results in sufferers turning to metaphors and the ‘as if’ structure – ‘it feels as if...’ or ‘it is as though...’ since there is a small handful of adjectives and, as Scarry (1985: 15) remarks, “one passes through direct descriptions very quickly”. Contrary to Scarry’s ideas, Téllez (2018: 31) argues that pain does not destroy language per se, but “forces sufferers to un-make and re-make language” to find a connection between their pain and the world. Téllez’s ideas are supported by Hron (2009: 41 as quoted in Neilson 2019: 170), who remarks that “the scarcity of a direct language of pain does not mean that there is no viable mode of expression for their pain”, but the writer must find the means and the words to express pain in an understandable way both to the disabled and the normates.

Sontag (2003: 75) explains that a moral judgement accompanies empathy when empathy is considered an emotion that occurs only due to those suffering from undeserved unhappiness and misfortune. In *Illness as Metaphor*, she calls the empathy reserved for the ill “a facile compassion” which, according to her, is quite common in medicine and psychiatry (Sontag 1991: 6). Regarding empathy, Sontag (2003: 101) explains that there is a distinction of ‘us’ (the disabled) versus ‘them’ (the normates). When ‘we’ talk too much about ‘our’ struggles and pain, ‘their’ empathy will turn into annoyance and cynicism as ‘they’ will, in a sense, grow tired of ‘our’ pain. Sontag (2003: 117–118) comments that it is easy to ignore the pain of ‘us’ when ‘they’ are watching from afar with no connection to pain, be it direct or indirect. Understanding the pain and suffering of others is often challenging to those who have not lived in pain. The suffering of others feels like something distant, fabricated and unrelatable.

Télléz (2018: 33) argues that sufferers of pain most typically compare their experience to the experiences of war and military violence. Neilson (2019: 9) adds that pain is seen as a battle or an enemy to be won, something that can cause the suffering to turn chronic, to cause the person to live in isolation and resentment, and to become depressed. Télléz (2018: 33) expands on this, remarking that sufferers have coined a vast majority of the vocabulary used to express experiences of pain from warlike and military expressions as they are very real and physical things. A similar idea is expressed in *Regarding the Pain of Others* where Sontag (2003: 26) describes pain through examples of war, pointing out that understanding the implications and consequences of war, or pain, as an outsider is challenging when there are only the limited verbal descriptions to consult. Much of the previous research on pain in literature mentions pain in relation to war and it seems that in literature pain is continuously connected to physical suffering. Neilson (2019: 9) concludes that this is why pain is repeatedly expressed in metaphors of weaponry and damage.

Scarry (1985: 7–8) categorises the adjectives used with pain into three – temporal (e.g., ‘throbbing’, ‘beating’, ‘pulsing’), affective (e.g., ‘burning’, ‘scalding’, ‘searing’) and cognitive (e.g., ‘pressing’, ‘crushing’, ‘pinching’) which are more effective when describing pain compared to adjectives such as ‘moderate’ or ‘severe’. The adjectives that Scarry mentions are also more closely related to metaphors of weaponry and damage, supporting the claim of such metaphors being used most frequently. This excessive coinage from phrases related to war to express pain may be, according to Neilson (2019: 151), because “metaphors of weaponry have direct relationship to the actual infliction of pain”.

1.3. Disability, Pain, and Canadian Literature

The subchapter disability, pain, and Canadian literature is a narrower continuation of the previous subchapter, focusing solely on Canadian literature. The subchapter deals with disability in the Canadian culture, and the importance of distinguishing between a person’s disability and identity. It focuses on early and modern Canadian literature separately to identify the main differences as well as introduces the idea of victim positions and its connection to disability in the Canadian society.

Chivers (2016: 877) claims that disability in Canadian literature is ubiquitous. She elaborates that disability serves the purpose of indicating difference and its cultural treatment in Canada (Chivers 2016: 890). This is best demonstrated in Margaret Atwood’s works, especially in *Survival* which places “Canadian literary disability as either victim or hero” (Chivers 2016: 878). In Canadian literature, disabled people are seen as “oppressed,” but they also “still engage in ‘creative activity of all kinds’” (Chivers 2016: 878). Canadians must overcome their disability to maintain creativity, they must break free of their shackles (i.e., disability) to survive (Chivers 2016: 878). In Canadian literature, disabled characters “show the limits of victimhood and the moral shortcomings of their own or other characters” and the disability representation is often connected to the “white able male norm” as

“prominent examples of disability in Canadian literature /.../ emphasise fit male bodies and use disability as a trope to explain moral character” (Chivers 2016: 880).

Canadian literature sees disability as “a key component of diversity” and Canadian literary critics analyse books on disabled characters to demonstrate this diversity and to show the discrimination disabled people face (Chivers 2016: 885). According to Truchan-Tatryn (2011: 5 as quoted in Chivers 2016: 885) “seeing disability differently helps us see difference differently” which emphasises that disability is a metaphor to establish “the forms of difference of which Canadians like to be so proud”. Bérubé (2016: 43 as quoted in Neilson 2019: 85) and Couser (2005: 604 as quoted in Neilson 2019: 85) argue that “disability demands a story” and “the marked case /.../ calls for a story” which is, or should be, more than indicating cultural differences. Hron (2009: xix as quoted in Norridge 2011: 218) suggests that cultural translation⁴ is crucial as “an effective rhetoric of pain may grant /.../ minority subject voice, agency, and mobility in the public forum”. The culture-specific approach places pain and the pain experience into a broader perspective and moves it from an individual experience to a universal one (Hron 2009: xv–xvi as quoted in Norridge 2011: 218). Similarly to Hron, Chivers (2016: 885) has found that Canadian novels dealing with disability at its centre often turn the illness into a “metaphor for national strength or weakness”. However, Hron (2009 as quoted in Norridge 2011: 219) stresses that “pain should not become a marker of identity”, and that pain should be kept separate from a person as one is not their pain.

In early Canadian literature, pain is “less noun than adjective and adverb, less thing than modifier, more vehicle or influence than an entity in itself,” it is conditional and initially comes to the reader hidden (Neilson 2019: 102). In John Richardson’s *Wacousta*, ‘pain’

⁴ Cultural translation, or communication, indicates the different sociocultural dimensions in which pain can be looked at. The narrative strategies in describing and talking about pain differ from country to country. (Norridge 2011: 218)

occurs seventy times cloaked as ‘painful’, ‘painfully’ and ‘pained’ (while ‘pain’ as itself appears only nine times) and it is not as much an experience but a modifier of experience, and almost always refers to psychological pain instead of physical pain (Neilson 2019: 104). This demonstrates that in early Canadian literature pain is represented as “purposeful suffering coming as a result of right action” (Neilson 2019: 105). The early Canadian literature is heavily influenced by Christianity which explains the lack of physicality pain holds as people believed God sent them suffering, i.e., pain, which, in the future, would be followed by infinite joys (Neilson 2019: 111).

Modern Canadian literature distances from the Christian influence and pain finds narrative representation in “realism and its descriptive powers” (Neilson 2019: 126). During this period, (auto)biographies take the forefront and are studied more thoroughly compared to illness novels that deal with pain (Neilson 2019: 127). Neilson (2019: 128) suggests that “if memoir is a direct portal to pain representation because the condition is already part of the narrative /.../ then fiction deals with pain not as ‘the story’ but rather uses pain to tell ‘the story’”. While early Canadian literature turns to theology for its metaphors, modern Canadian literature turns to silence and war, drawing metaphors from the close bond of silence and pain, weaponry, and damage. This is supported by Siebers (2015: 183 as quoted in Neilson 2019: 166), who claims that for most people, pain is the utmost source of terror and “nothing seems more horrifying to human beings than to imagine a lifetime of future suffering”.

In terms of modern Canadian literature and disabilities, an important aspect to consider is the victim positions introduced by Atwood in *Survival* (1972). Atwood (1972: 36–38) talks about four basic victim positions – denial of being a victim, acknowledging being a victim due to fate, acknowledging being a victim but denying its inevitability, and being a creative non-victim. These positions were developed through the idea of Canada

being a victim, but Atwood (1972: 36) stresses that the positions remain the same whether “you are a victimized country, a victimized minority group or a victimized individual”. It is important to acknowledge these four victim positions when considering Chivers’ stance on the representation of the disabled people in modern Canadian literature. Chivers (2016: 883) finds that the modern representation is about the disabled characters accepting their experience “as highly generative of creative production and social intervention”. She elaborates by suggesting that the “so-called victims can remain ‘victims’ or even become ‘ex-victims’ *within* [italics original] the oppressive society that deems them as such” (Chivers 2016: 883), meaning that it is in the hands of the disabled person to decide their fate and, in terms of Atwood’s victim positions, move to the fourth one – being a creative non-victim.

Previous scholarship shows how under-researched pain and disability are. Both terms are difficult to describe and define, much to the languagelessness of those terms as earlier studies have found that pain destroys language and the ability to express one’s pain. According to the research, pain is typically expressed in metaphors and the ‘as if...’ constructs. Pain in literature is often accompanied by the miracle cure trope which is a false representation of what pain is, although literature plays a key role in including the disabled people and raising awareness. Canadian literature ties pain tightly together with national and individual identity, causing pain to turn the disabled into victims. In early Canadian literature, pain is mentioned in the biblical sense, but in modern Canadian literature, pain is a marker of identity which limits the possibility of accurate representation.

2. All's Well in *All's Well*?

This chapter analyses Mona Awad's novel *All's Well* by relying on the theoretical backing based on the previous research on pain in literature as provided in Chapter One and a close reading of examples drawn from the novel. The chapter is divided into four subchapters – representation of pain through Miranda's experience, pain and language, the importance of Shakespeare's plays, and Miranda's journey from victim to ex-victim.

All's Well is about a chronically ill theatre professor Miranda. The novel focuses on her struggles of living with chronic illness – excruciating pain – after an accident in the theatre where she used to work as an actress, and how she gets a brief relief from a mysterious deal with three strange men. Miranda is grappling with teaching her theatre students and maintaining a friendship with her colleague Grace. Miranda has a close relationship with one of her students Ellie who believes that she cured Miranda, while another student Briana causes Miranda trouble in class. After being healed, she unbeknownst to herself, gives her pain to Grace and Briana (as well as one of her physiotherapists) as she feels strong negative emotions towards them. In the end of the novel, Miranda has another fall off the stage, signifying a full circle moment – the end of the deal and the return of her pain. This explains why the chapter is entitled All's Well in *All's Well*? with a question mark. After Miranda is healed, all seems well, even though behind the closed doors there are still many secrets and struggles, and she circles back to where she was at the beginning of the novel.

2.1. Representation of Pain through Miranda's Experience

The first chapter of *All's Well*, is of great importance. It sets the tone for the novel and shows the all-encompassing aspect of pain, how it takes over a person's life and changes them, much like previous research shows as, according to Frank (2014 as quoted in Neilson 2019: 33), pain is not only a problem affecting the body but the voice too. It can be seen

from the way everything Miranda does has to do with pain, how she cannot do anything without feeling pain and how many of the daily chores are difficult for her. This comes through in her inner monologues as well, where she is utterly negative and feels that everyone is judging and criticising her. The false idea of others' thoughts causes Miranda to condemn herself which does not help her situation and makes it even worse.

The novel starts with a description of an advertisement for a new pain medication, and a woman on screen – how she can express the pain that she feels solely via facial expressions, something that is supported by Neilson's (2019: 67–68) findings how pain lacks visible signs, and thus is expressed only through facial expressions as well as moods, changes in behaviour and verbal expressions. The woman on the screen pleads, “Just because my pain is invisible /.../ doesn't mean it isn't real” (Awad 2021: 3) which is the reality of the people with invisible disabilities – begging people to believe them even when they have no ‘proof’. The quote also, in a way, sets the tone for the novel as the struggle to prove her pain and suffering is strong for Miranda throughout the book. It can be seen from the dialogues with her colleagues who constantly ask whether it is Miranda's back or hip that hurts and Miranda answers “both” (Awad 2021: 11–12).

The pain medication advertisement and the depiction of pain on screen make Miranda angry as it is not realistic in her eyes. Research has found that the importance of accurate representation of pain in literature is an awareness-bringing tool (Fois 2018: 12). This first scene of the novel gives the impression of the author asking for the reader's sympathy towards the main character, making her look pitiful with the description of her lying on the floor as her “left hip down to the knee [is] still on vague fire” (Awad 2021: 4).

At first, the reader does not know the reason for Miranda's excruciating pain until a description of her meeting her new physiotherapist when the cause is revealed – she had a fall off the stage which caused her hip pain. After that, she had a “failed surgery /.../ [and]

bad recovery” (Awad 2021: 47). This was followed by multiple different unsuccessful treatments such as steroid shots, acupuncture, biofeedback, pills, and hours of physiotherapy (Awad 2021: 41). After all that, Miranda’s answer when asked how she is doing is still “My leg is /.../ stiff” and “I can’t even bend it,” or more simply, “it hurts /.../ a lot” (Awad 2021: 50). Doctors, by putting Miranda through unsuccessful rounds of physiotherapy, put, in Sontag’s terms, “the onus of the disease” (Sontag 1991: 48) on her through doubting her own will to heal. As stated by Sontag (1991: 48) these types of actions weaken the patient’s understanding of treatment and even drives them away from it. This inefficiency in treatment “tends to be awash in significance” (Sontag 1991: 59) which can be seen through Miranda’s actions when offered an unusual way of healing by three suspicious men.

Miranda has completely taken on a victim role, thinking that everyone is against her and trying to do her harm, or not believing her and denouncing about her. Considering Atwood’s (1972: 36–38) definitions of the four victim positions, Miranda could also be seen as a creative non-victim as she is able to become an “ex-victim” for a while in the sense that Chivers (2016: 883) uses the term. The negative thoughts are highlighted in the book by italics, and it is important to pay close attention to those sentences because it gives the reader an insight into the world of pain, its changes to a person’s thought process and the negative effect to a person’s mental health. The first scene where we get a hint of her inner monologue, and her victim role is when she wonders what her students might think of her being late to class: “Maybe she’s drunk or on drugs or something. Maybe she went insane” (Awad 2021: 5). Through these negative inner thoughts of what others might think of her, she develops hatred toward people around her.

By the italicised passages in the novel, the condition of Miranda’s mental health is easily detected. She is extremely low and veering towards depression, although a part of her is still holding on to hope: “I’m dying. Death at thirty-seven. /.../ I want my life back. I want

my life back” (Awad 2021: 8). This is a prime example of the pain experience as the thoughts a sufferer has throughout the day are exactly so different. As Sontag (2003: 101) shows, the normates are unable to relate to the disabled due to a lack of knowledge. This causes the disabled to feel isolated from the rest of the population, leading them to feel depressed and lonely (Neilson 2019: 9).

Another way by which Miranda’s mental state becomes evident are her monologues in response to the voices in her head. She thinks that she hears a voice talking to her and she replies, sometimes even aloud which makes people around her to question to whom she is talking. One such instance is in the pub when she hears a voice proclaim, “I think you’re in great pain” (Awad 2021: 37) and she replies, “I am, I am” (Awad 2021: 37). Miranda herself reveals that the voices could either belong to her or it is “behind the curtain” (Awad 2021: 37) and although she realises the voice is not real, she allows herself “to be fooled” (Awad 2021: 37), asking the voice “How did you know [that I am in pain]?” (Awad 2021: 37). This is an example of wanting someone who could relate to her or someone who could understand her experience.

2.2. Pain and Language

Miranda’s situation is portrayed adequately by Awad, but when her colleague inquires how she is feeling since she has not gone to teach yet, she states that she is “Fine. /.../ The usual” (Awad 2021: 10) which in no way describes her condition. Her pain is characterised with words such as “ablaze”, “spasm” and “concrete” (Awad 2021: 12), words that Scarry (1985: 6–7) claims to be most effective to describe pain. Miranda herself thinks that her body is “irredeemably broken” (Awad 2021: 22) due to the pain and the fact that she cannot get relief from anything. She has in a way accepted that since she cannot relieve her pain, there is no need for “/.../ verbal dance-arounds, these euphemisms, these word tricks” (Awad 2021: 83) because no matter how many times or how loudly she asks for help, she

does not receive it due to language failing her. As research has found, pain causes the disabled to “un-make and re-make language” (Téllez 2018: 31) to find the right words to describe exactly how they feel to get help.

Miranda realises quickly that there is no reason for her to articulate her true feelings, thus she often stays quiet or lies about how she feels. When she tries to express herself to her physiotherapists, claiming that her pain has gotten worse even after exercises and medication, they do not believe her. This can be traced back to Sontag’s (2003: 27) claims how normates fail to understand the abstract concept of pain, causing them to lack empathy and compassion towards the pain sufferers. Awad (2021: 45) recounts how Mark, one of the physiotherapists, “folds his muscled arms defensively” (Awad 2021: 45) and looks at her “/.../ confused” (Awad 2021: 45) with his brows furrowed. After Miranda’s miraculous healing, Mark even tells her “Pain is information. And your improvement here is telling us something. That we’ve hit upon the right method” (Awad 2021: 148). He does not question how Miranda suddenly got better when she had been struggling for a long time with no to minimal relief.

The words used most often to express pain in the novel are the words that one would not link with pain. Miranda describes her situation:

The entire left side of my body is still *ablaze*. The right side is in *painful spasm*. All the muscles in my right leg still *concrete*. The *fists* in my back have multiplied./.../ My foot is still being *crushed* [all italics mine – K.P.] by an invisible weight. (Awad 2021: 12–13)

The italicised words from this quote are used throughout the book to describe Miranda’s pain as well as other words of the same level. This shows the importance of metaphors to describe pain and how many of the metaphors could be traced back to the vocabulary of war and weaponry as stated by Neilson (2019: 151).

Oftentimes, Miranda feels as if something is “on fire” (Awad 2021: 178) or “being crushed by a chair” (Awad 2021: 51). Although typically, when hearing that something is ablaze, one thinks of actual flames, but in this context, it is used as a metaphor since, as

Télliez (2018: 28) claims, pain causes languagelessness. Her legs are “seizing” (Awad 2021: 16) and her back is “spasming” (Awad 2021: 124), her entire body “a throbbing, low-grade ache” (Awad 2021: 27). At one point, her pain is even rendered in terms of colour: “almost like the area ... I don’t know ... feels ... red” (Awad 2021: 51). Using the colour red to describe pain can be related to the theme of fire as one of the colours of fire is red. However, the notion of describing pain, something that is quite abstract as it is invisible, using another abstract construction like colour, is challenging as normates find it difficult to understand that – pain cannot feel like a colour. Another way that she describes her pain is using the word ‘heavy,’ claiming that her “limbs [were] heavy” (Awad 2021: 281). ‘Heavy’ is not a word commonly associated with pain, but most of the time it is used in contexts such as ‘the furniture is heavy’ or in phrases such as ‘with a heavy heart.’ ‘Heavy’ is, when looking at a bigger picture, a quite literal description of Miranda’s situation as she is portrayed limping multiple times, as if her leg is so heavy that she must drag it behind her.

Awad (2021: 60) uses the ‘as if’ or ‘like’ constructs in her novel, a phenomenon that has been noted by Scarry (1985: 15) to often be the case amid the disabled people to convey their experience. There is a scene where Miranda goes home from physiotherapy, and she describes how she feels:

Like my lower back was actually bleeding. Like my leg bones had shifted around in my pelvis. Like my pelvis itself had been twisted. Like my spinal cord was suddenly pressing itself into the skin of my back as if it wanted to burst from my body. Like the bones in my left hip had swelled obscenely under my dress. (Awad 2021: 60)

Pain sufferers often resort to using these constructs as there are no adequate words to render pain on its own. The ‘like’ constructs offer disabled people the freedom of being able to verbally express their experience and present the possibility of being understood by normates. The difference between saying ‘my back is on fire’ and ‘it feels like I fell down the stairs’ may not be significant, but it is easier for normates to imagine the former. However, there are differences in the ‘like’ constructs as well when comparing ‘it feels like

I fell down the stairs' and "like my leg bones had shifted around in my pelvis" (Awad 2021: 60), the first construct is easier for normates to understand compared to the latter.

Miranda finds it difficult to explain her pain experience. On some occasions, she says that she is okay or fine, but on others, she cannot find the words to describe her pain, which proves Scarry's (1985: 4) claim that pain "actively destroys [language]". This kind of lack of resources in vocabulary causes Miranda to communicate her situation as: "my back is still..." (Awad 2021: 178) or "my hip is still..." (Awad 2021: 178) and "my hip is ... my hip" (Awad 2021: 189). This inability to describe the pain experience is characteristic of the disabled people as they know how, where and what they feel, but they struggle to find the suitable words to articulate the pain.

Miranda tries to make others understand her experience. Once she tries to explain it to Grace as follows:

Grace, look, please, please. You don't know what it's like to be in pain! You've never been in pain. You have no idea. You really don't. To wake up and feel dead to the day. Just another day with your back on the floor. Limping through your life. Dragging your concrete leg behind you. Not being able to shop at the supermarket. (Awad 2021: 233)

She desperately wants someone to understand her suffering, but Grace, being a normate, finds it difficult to comprehend such an abstract concept as chronic pain. Another time Miranda argues with Hugo, her coworker and lover, accusing him of wanting her to be in pain: "I'm supposed to feel bad that I'm better now?" (Awad 2021: 294), continuing with how she is supposed to be in "not too much pain /.../ Not too much, never too much. If it was too much, you wouldn't know what to do with me /.../ Too much would make you uncomfortable. Bored." (Awad 2021: 295) This highlights that the pain experience is taxing not only for the person in pain, but also for the people around them. The sufferers are often in a bad mental state due to their pain, and not knowing how to deal with their emotions, they take them out on their loved ones.

2.3. Shakespeare's Plays in *All's Well*

The novel includes two of William Shakespeare's plays, *All's Well That Ends Well* [AWTEW] and *Macbeth*, and subtly hints at a third one, *The Tempest*. Regarding the latter, the connection to *All's Well* comes through the name of Miranda. Awad (Shakespeare Unlimited 2021) explains that the dean in the novel represents Caliban from *The Tempest*. In the play, Caliban oversees Miranda's fate and similarly, the dean oversees the fate of Miranda in *All's Well*. But due to the limited scope of the thesis, this paper will focus on the intertextual references to AWTEW and *Macbeth* which are further developed in the novel.

The most obvious connection between AWTEW and *All's Well* is that it is the play Miranda's students are practicing for the school show. There are, however, more subtle allusions to the play as well. Miranda, for example, confuses Ellie, one of her students, for Helen. Miranda refers to Ellie as Helen after Miranda has encountered the three strange men for the first time. She is in her office and Ellie comes knocking on her door, saying "It's Ellie" to which Miranda whispers "Helen" (Awad 2021: 65). This confusion between Ellie and Helen could be due to Miranda wanting to live her golden days through Ellie. Assigning Ellie the role of Helen after Briana, another student, falls ill, further strengthens Miranda's confusion.

This confusion with the names happens even when Miranda talks to her co-workers, for example when she tells Grace that it was "good to hear the lines read from *Helen* [italics mine – K.P.] like that" (Awad 2021: 135) and then she instantly corrects herself by saying "I mean from Ellie like that" (Awad 2021: 135). During the first dress rehearsal, Miranda says "oh, *Helen* [italics mine – K.P.] /.../ you look beautiful" (Awad 2021: 286) as "Helen – I mean Ellie" (Awad 2021: 286) took Miranda's breath away. It shows the power that pain has over people's mind, and the ability to puzzle Miranda. This confirms Téllez's (2018: 33) claims how chronic pain undermines the mental state of the sufferers.

What might strengthen the confusion between Ellie and Helen is Ellie making different natural baths, similarly to Helen. She makes one for Miranda and shortly after, she is miraculously healed and although it is unrelated to the bath, Ellie believes that it was her doing. Ellie mentions how she “cast a bit of a spell on it” (Awad 2021:142) and that she thinks it worked as Miranda seems better, healthier. These similarities between Ellie and Helen intensify Miranda’s struggle to differentiate between the fictional character and her student.

At the same time, Miranda also compares herself to Helen throughout the book. One of the main reasons why she feels so close to Helen is because it was AWTEW that she performed the night she fell off the stage, the fall that ended her career as an actress and destroyed the life she knew thus far. The fact that Miranda’s accident happened during her performance as Helen caused her to have a strong bond with Helen, making her think of herself as the character she played at the time of the fall. Miranda renders how she feels as if Grace is trying to convey her thoughts about Miranda through criticising Helen:

Helen is so delusional /.../, sick /.../, so entitled /.../, so self-centered. Helen’s always whining /.../. Helen’s pain is really her own fault. And Helen doesn’t even really know what pain is. If only Helen would get over herself. (Awad 2021: 29).

At one point, Grace claims that Helen is “cunning” (Awad 2021: 169) when Miranda says that Helen [although Miranda means herself] is “far too resilient for death” (Awad 2021: 169).

Miranda thinks that Grace might be jealous of her now that she is no longer in pain. The lack of pain in Miranda changed her to be a more powerful and decisive woman which daunted Grace. Miranda wonders whether Grace believes that Helen [Miranda] being cheerful and enjoying life is undeserved. She conveys all her feelings by attaching them to Helen as she is so used to brushing things off and downplaying things just to not make others uncomfortable with her actual feelings and emotions. This is why she feels as if Grace is “frowning at Helen’s joy” (Awad 2021: 177) because she assumes that Grace wants only the

bad for her – to be sad and in pain, to be single, to not have any joys in life. Miranda, like Helen, has been “forced to live in the shadows, cast out” (Awad 2021: 170), but now “look at her and at last you see. You see how she glows with a light all her own” (Awad 2021: 170). After being healed, Miranda thinks that she is reborn, light “like a feather” (Awad 2021: 170). However, while she is no longer in pain, the negative thoughts that have accompanied her for so long have not left, instead, they are disguised in comments about Helen. This showcases the lingering effects of pain – Miranda is so used to pain and her negative thoughts that after being healed, she directs her negativity elsewhere as not to lose another familiar part of herself.

Another way that Shakespeare’s plays are present in the novel is through *Macbeth* and the three strange men. One day, Miranda meets three men in a pub near the school. They know exactly what she goes through, how she feels and what would help. It is difficult for Miranda to describe the three men thus she opts for:

One’s fat and sort of red in the face /.../ one’s middling with alcoholic eyes. He has a red handkerchief. He wears a suit the color of night. /.../ one is tall and slender. He never looks you in the eye. He sits off to the side. You can only ever see a sliver. (Awad 2021: 156)

The three men are a clear hint at the three witches of *Macbeth* that have an important role in the play. In *Macbeth*, the witches are also not described, similarly to the men in *All’s Well*. The choice of not disclosing the exact appearances of the mysterious figures could be the author’s way of adding mystery and superstition to the work.

Another similarity between the trios is that both appear and vanish suddenly, like apparitions caused by, in Miranda’s case, the combination of painkillers and alcohol. In Shakespeare’s play, Lady Macbeth reads a letter from Macbeth, and a line reads: “/.../ they made themselves air, into which they vanished” (Shakespeare 1993: 11). In *All’s Well*, however, the second time that Miranda meets the trio, they cure her, and she wakes up in her own home, unaware of how she got there: “How did I get back last night? I can’t remember

anything” (Awad 2021: 109). This adds to the mystery aspect of the novel, starting with the magical cure of Miranda’s chronic illness to her being transported home.

Awad gets inspiration from *Macbeth* also about the way the three men talk. The witches in *Macbeth* repeat things, typically three times, for example, “And mounch’d, and mounch’d, and mounch’d” (Shakespeare 1993: 4) and “Macbeth! Macbeth! Macbeth!” (Shakespeare 1993: 53). The number three is significant in both *Macbeth* and *All’s Well*: “Thrice to thine, and thrice to mine, and thrice again, to make up nine” (Shakespeare 1993: 5). Similar things happen in *All’s Well*, as the men repeat words and phrases: “Dead, dead, dead” (Awad 2021: 42) and “there /.../ there, there” (Awad 2021: 102). A line that is repeated twice in *Macbeth* and once in *All’s Well* is “double, double toil and trouble” (Shakespeare 1993: 51–52, Awad 2021: 102). This is a way to conceal the truth in *Macbeth*, but in *All’s Well* it serves the purpose of perplexing Miranda, so the men could gain her trust in the moment of confusion.

Some things are repeated only twice, but the effect remains the same – to accentuate certain ideas: “Broken, broken /.../ Bank, bones, spirit. /.../ Bank, bones, spirit /.../ broken, broken” (Awad 2021: 104). These repetitions highlight important snippets for the reader which they might have missed, had it been said once. The number three is a magical number in fairy tales as Biklen and Bogdan (1977 as quoted in Fois 2018: 9) claim, adding that fairy tales are a stereotype in literature, suggesting magic and magical figures, which is the case also in *All’s Well*. Magical figures are often depicted as evil in fairy tales and Awad’s novel is no exception – the three men are evil although they seem nice and helpful. There is the repetition of words and phrases in trios, but towards the end of the novel, there are also three apparitions, exactly like in *Macbeth*. The number three comes forth also when Miranda gives her pain to three other people.

The first meeting between Miranda and the trio is her getting acquainted with them to make her less superstitious and to allow them to perform a healing spell on her. They make Miranda feel seen and understood when one of the men guesses her problems: “Prednisone /.../ then steroid shots /.../ surgeons with conflicting views of her MRI /.../ physiatrists and their pill solutions /.../ physical therapists /.../ alternative therapies. Acupuncture. Biofeedback” (Awad 2021: 41). The men want Miranda to trust them as they have an ulterior motive and for that, they need to make her feel understood and not alone. They urge Miranda to talk and one of the men claims, “I’m a fellow sufferer /.../ I’m just like you” (Awad 2021: 42) before offering her a drink called the golden remedy which offers Miranda brief relief from her pain, making her yearn for more.

The golden remedy is a magical drink used with the purpose of giving Miranda a taste of a pain-free life. The drink makes her pain lessen and once it returns, so goes Miranda to the men hoping for more. Now, however, the men promise to heal her completely, they only need to perform a healing spell. Miranda is desperate, so she agrees. One of the men announces that “pain can move /.../ it can switch /.../ from house to house, from body to body. You can pass it along, you can give it away. Piece by piece” (Awad 2021: 104) which implies what will happen later. Another clear hint of how Miranda will get rid of her pain is when one of the men says, “They [physiotherapists] break whoever they touch” (Awad 2021: 103), though one would not connect it to the pain movement at first, it could be looked at as indication. It also suggests that the miracle cure does not come without a price, but nonetheless, Miranda makes a deal with them, oblivious of the consequences. She has been in excruciating pain for so long that she is willing to give it up no matter the cost, and the men know it and take advantage of it. They give her a gift, although it is temporary – a fact that Miranda does not know until much later.

Having been healed, Miranda is able to live the life she has always wanted. One must wonder, however, where her pain went and what the men meant by “pain can move” (Awad 2021: 104). The first movement of pain is from Miranda to Briana – Miranda grips her wrist and during that touch, her pain moves to Briana who is “looking at me now like I’m some kind of monster, how she’s pulling her arm away from my grip like I’m hurting her” (Awad 2021: 115). Miranda feels jealous of Briana for her being able to play the part of Helen while she herself was unable to. The second movement of pain is from Miranda to Mark – she uses his help to get up, grasps his wrist and leaves him “crumpled on the chair in the treatment room” (Awad 2021: 153). Miranda feels resentful towards Mark for putting her in more pain through the exercises instead of helping her. The third movement of pain is from Miranda to Grace – she helps Grace up and drives her home while Grace “caved into herself/.../ [and] sat slumped in the passenger seat” (Awad 2021: 241). Miranda feels unseen and misunderstood by Grace, who she thought was her only friend. Each of these instances gives a part of Miranda’s pain away and after each contact, she feels lighter, better, and healthier. This is one of the unspoken conditions of the deal that she made, unknowing of the consequences of hurting others while she gets better. These examples of pain movement show a part of the price Miranda must pay for the pain-free life. Another one is her deteriorating mental health.

2.4. Miranda’s Journey from a Victim to an Ex-victim

The novel is divided into three parts: part I is about Miranda’s pain – the accident, the search for relief and help, the experience of injustice from the people surrounding her; part II is about her miraculous healing – the daily improvements, the changes in her demeanour and language, the change in her mentality; part III is the culmination of the previous parts, the endgame, about the price Miranda has to pay, the lack of longevity of her relief, especially considering the cure with no guarantees. In this subchapter, I focus on parts

I and II as they are the most important and have the biggest differences when considering the journey of Miranda.

Part I of the novel deals with Miranda being in the darkest of holes – she feels that there is no relief for her, and that she will forever be in pain and unable to do even the most mundane things in life. She feels desperate and has the sense that the society and the world are doing her a great injustice, and she questions why it must be her feeling this pain. She vents her frustration on people around her, without choosing who she judges in her mind – her (ex)husband, colleagues, friends, and students. She feels that it is unfair that she is forced to watch people around her walk normally while she limps and cannot move her body in certain ways. Her desperation compels her to blame someone, whether it is the physiotherapists, the surgeons or the colleagues, family, students who have nothing to do with her situation.

Miranda's pain experience overwhelms everything in her life. The power of her pain is so devastating that she believes that life is unbearable the way it is. This quality of pain that pain makes life unliveable, is, according to Crosby (2016: para. 4), evidence of life's lack of meaning as a pain sufferer. Before the accident, Miranda went out with friends, spent time with her husband, acted on stage, but after the accident she turned into a cynical woman, and with good reasons – she lost her career, her husband, and her quality of life. The most she does after the accident is teaching and having a drink with Grace afterwards, and that is enough to cause a flare-up. She finds it difficult to sit down, to stand up, and to get in and out of the car. Everything that came easy to her is now extremely difficult. This is what the pain experience does to a person who was a completely functioning member of the society, now cast out of the circles that she used to be part of, all alone in the world, struggling with her pain, and trying to keep her head above water.

Part II of the novel deals with Miranda's change after being healed, which refers to the miracle cure trope that, according to Fois (2018: 19), harms the disabled. At first, she is depressed and cynical, hates the world, but afterwards, it is as if a new life is blown into her. She waltzes into class, instructs the students without having to stand on the sidelines or lean against something. She walks without limping, sits and stands effortlessly, and gets in and out of the car without pain. Her life appears worth living because she has lost the pain that held her back. She teaches the students with a renewed energy, she finds a boyfriend, and she goes grocery shopping for the first time in years. She feels that she has been given a new chance at life, the one without pain and restrictions, where she is on top of the world all the time.

What Miranda fails to consider, however, are the consequences of her miraculous healing which, according to Chivers (2016: 880), could be seen as a trope to explain morals through a fictional character. People around Miranda wonder how it is possible that a woman who has been in pain for years can suddenly walk in high heels, exercise, and do the things that she was previously unable to do. Miranda, after being healed, turns into a frenzy of a woman, she is everywhere and does everything, without considering the aftereffects or that the pain-free life could be a fleeting occurrence. The reality of her being cured, however, catches up with her quickly and she realises that it has come at a price – she has given her pain away to the people that she feels most resentful about. Another issue with the sudden healing is that she is expected to give a wonderful show to the three men (Awad 2021: 303). At the end of the 'show', which includes three apparitions, Miranda once again falls off the stage, reminding her of what the men had once disclosed: "the wheel, the wheel, Ms. Fitch. Always turning. Coming back around" (Awad 2021: 353), implying that her pain would come back, and that her pain-free life was, indeed, temporary and that she will experience

the same thing all over again. This return of Miranda's pain signifies that her life has come a full circle, and that she is left with the cards that life dealt to her from the beginning.

The analysis of Mona Awad's *All's Well* proves that the findings of previous research still stand in the 21st century. The empirical study confirms that language does not have sufficient vocabulary to describe the pain experience which forces the sufferers to return to metaphors and the 'as if...' structure. My analysis of *All's Well* shows that Awad uses the characteristic elements of disability narratives and sick literature, such as the miracle cure trope, fairy tales and a suspenseful ending. It also appears that the intertexts of Shakespeare's plays *All's Well That Ends Well* and *Macbeth* have the purpose of rendering the effects of pain on mental health by portraying the confusion, the negative thoughts and the desperation that living in pain involves. From the discussion it can be concluded that Awad's novel is an accurate representation of invisible disability and pain in literature.

Conclusion

Literature plays a key role in depicting pain and the pain experience. It is important for normates to have an accurate representation of pain in literature which helps them to understand life with pain.

The research done for this thesis showed a distinct lack of scholarship about invisible disabilities and pain. Since pain is invisible, it is of utmost importance for the pain sufferers to be able to convey their experiences through verbal expressions and gestures. This thesis proved, however, that there are not sufficient verbal expressions to do so – pain sufferers must refer to metaphors from other areas of life, such as war and weaponry, or use the ‘as if...’ structure to convey their feelings to doctors, friends, and family. This deficit of vocabulary causes the normates to doubt the pain sufferers’ experience, causing a lack of empathy and compassion. This, in turn, negatively affects the relationships and the mental health of the disabled.

Previous research showed that Atwood’s four victim positions are still present in contemporary literature, especially in contemporary Canadian literature. This appeared in the analysis of Awad’s novel *All’s Well* where the main character Miranda was categorised as a creative non-victim who, in the middle of the book, moves from being a victim to becoming an ex-victim. As far as Canadian literature is concerned, pain is heavily intertwined with identity – oftentimes, pain is depicted as a character’s entire identity instead of just a part of a character. This creates a false idea of what pain is in relation to people. Canadian literature is also heavily nationalistic, meaning that pain in literature is often that of the entire country or nation, instead of the pain of an individual.

The analysis done for this thesis on Awad’s *All’s Well* emphasised the importance of accurate representation of the pain experience. This is seen from the first few pages of the novel through the rollercoaster of emotions that Miranda goes through while watching an

advertisement for the new pain medication. She is agitated by the clearly false representation of what it feels like to be in pain. Previous research has shown that a true rendering of living with pain is necessary and that it is the responsibility of the writers to ensure that they are not hurting the disabled by an incorrect portrayal of reality.

Another aspect that this thesis analysed is the usage of fairy tales and magic, and intertextual references to Shakespeare's plays *All's Well That Ends Well* and *Macbeth*. The plays are an ode to Miranda's earlier life as an actress, but they also reveal the change that she goes through after her accident, especially concerning her mental health. The plays function as an escape for Miranda from her daily struggles with the reality and as a possibility to look back at her better days without pain. Furthermore, the plays also introduce an aspect of magic into the novel by the three men who miraculously cure Miranda of her chronic pain. What connects *All's Well* with AWTEW is the confusion between Ellie and Helen, and Miranda and Helen which indicates Miranda's deteriorating mental state. Another element is the number three, present in both *All's Well* and *Macbeth*. The repeating of words and sentences in threes serves to bring the reader's attention to those crucial moments that Miranda shares with her saviours.

This thesis has contributed to decreasing the gap in research concerning pain in literature and to attracting attention to the topics that are overlooked due to the invisibility of pain. The thesis has shown how literature plays an important part in spreading awareness about pain, how it is important to accurately represent the pain experience and has ascertained the lack of vocabulary to describe the pain experience. Through the example of analysing Awad's *All's Well*, this thesis has shown the reality of living with pain and how it affects not only the body, but also the mind. Further research on this topic could include a wider range of literary texts to analyse the ways of narrating pain.

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Resümee

TARTU ÜLIKOOL
ANGLISTIKA OSAKOND

Kaidi Poobus

The Crucial Role of Literature in Interpreting Pain as Represented in Mona Awad's *All's Well*

Kirjanduse olulisus valu tõlgendamisel Mona Awad'i romaani *All's Well* näitel

Bakalaureusetöö

2024

Lehekülgede arv: 38

Annotatsioon:

Töö eesmärk on anda ülevaade nähtamatu puude, täpsemalt kroonilise valu kujutamisest kirjanduses ning pöörata tähelepanu vajakajäämistele, nagu valu ebatäpne kujutamine ja sobiva sõnavara puudumine. Töö metoodika hõlmab varasemates uurimistöodes toodud valutemaatika analüüsi ning Mona Awad'i romaani *All's Well* lähilugemist.

Töö on jagatud kahte osasse. Esimene peatükk on kirjanduse ülevaade, mis käsitleb valu-uuringute peamiste mõtlejate Sontagi, Neilsoni, Scarry ja Chiversi ideid. Kirjanduse ülevaatest selgub, et valu on kirjanduses kujutatud ebatäpselt ja valu kirjeldamiseks puudub sobiv sõnavara. Samuti toob see esile probleemi Kanada kirjanduses, kus valu seostatakse inimese või rahva identiteediga, mis vähendab valu enda olulisust. Töö teine ehk empiiriline peatükk on Awad'i teose *All's Well* analüüs, mis tõestab valust rääkimiseks sobiva sõnavara puudumist ja rõhutab valu alase teadlikkuse tõstmise tähtsust. Empiiriline osa analüüsib ka intertekstuaalseid viiteid Shakespeare'i näidenditele *All's Well That Ends Well* ja *Macbeth*, mille kaudu käsitletakse valukogemust, samuti muutusi valukannatajas valu ajal ja peale valu lakkamist.

Tööst selgub, et valu kohta ei ole tehtud piisavalt kirjanduslikke uurimusi, mistõttu on valu olemus ja valukannataja kogemused vajaliku tähelepanuta jäänud. Awad'i romaani lähilugemise käigus sai kinnitust väide, et kuna valukogemuse kirjeldamiseks ei ole sobivat sõnavara, siis valukannataja vaigistatakse. Analüüsist ilmnes ka, et iga valukannataja kogemus on erinev ning seepärast on oluline kannataja kuulamine.

Märksõnad: valu, valu kujutamine, nähtamatu puue, valukannataja, valu kogemus, *All's*

Well, Mona Awad, kirjandus, Kanada kirjandus, raamatu analüüs

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