



# **“These bodies are only provisional”: Disease, Dis- ease and Age in Margaret Atwood’s *Bodily Harm* and *The Blind Assassin***

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**Abstract:** This paper attempts to unravel how a comparative study of Margaret Atwood’s *Bodily Harm* and *The Blind Assassin* presents before the readers the manner in which the dichotomies of ageism often coincide with those of sexism. Through these works, Atwood seems to suggest that a young woman’s diseased body produces a higher societal discomfort by overturning truisms about youth, which is reflected in disease-mediated transformations of women’s self-consciousness and patterns of social interaction in the novels. This paper also provides an analysis of the social unease and the fear of death that stems from the experience of disease and illness by addressing social intersection between disease, age and gender. It provides insights about how women’s diseased bodies and illness experiences are treated by the medical establishment, and connects them with how Atwood highlights the gendered specificities of illness as a lived experience. The current study intends to generate greater sensitivity towards the issues it addresses and thus bring about social awareness through literary and cultural analysis.

**Index Terms -** Body, Disease, Illness, Age, Gender, Lived Experience.

## **I. INTRODUCTION**

The cultural construction of youth as an idyllic period often comes under scanner through a confrontation with a young, diseased body. The inherent unpredictability of the experience of disease results in dis-ease across the social spectrum. Yet, as the paper argues, it is higher when the ill person is a young female.

This paper works with the assumption that youth in case of the cis-gendered female body can be defined as that period when it is believed to be capable of child-bearing. The beginning of menstruation in many cultures is taken to be a mark of transition from childhood to youth for the female subject. Similarly, the arrival of menopause marks the female body as an aged one. The paper discusses menstrual bodies as young and menopausal bodies as aged ones to highlight how women’s reproductive capacities often frame their identities not only along the lines of sex and gender, but also along that of age.

Several feminist thinkers have highlighted in their works how social unease experienced by women in patriarchal/male-dominated societies can lead to certain kinds of illness (Gilber and Gubar; Ussher). In her book titled *Unbearable Weight: Feminism, Western Culture, and the Body*, Susan Bordo attempts to understand why it is women who are more prone to suffer from eating disorders. Treating the human body as a cultural text, she analyses disorders like Bulimia and Anorexia Nervosa not as personal pathology, but as illnesses triggered by the functioning of social structures. She thus characterizes these conditions as an expression of the *dis-ease* felt by women in patriarchal societies. However, it is not incorrect to say that social unease is more often symptomatic rather than a cause of diseases and ailments, which are a commonplace during old age of most individuals. This social unease stems from and is also accompanied by a fear of death.

Hence, it alters the outlook the suffering person has towards life. The paper attempts to analyze how the illness experience produces different affects in women due to their age and internalized ageism. The paper seeks to expose them through a comparative study of Atwood's novels *Bodily Harm* and *The Blind Assassin*. The former has a young woman protagonist suffering from breast cancer, while the latter novel has Iris, its protagonist and the narrator of the first-person narrative portions, ailing from an age-related heart condition. The two characters have been given very different lived experiences by Atwood in relation to their bodies, and thus their illness experience and disease management stand in sharp contrast.

## II. WOMEN'S HEALTH AND MEDICAL RESEARCH

In a patriarchal-ageist society, the uneasiness that a young woman's diseased body generates is higher than that felt when the body in question is that of a woman well past her child bearing age. A 2024 editorial article titled "Funding research on women's health" published in *Nature Reviews Bioengineering* journal points out how research on women's health is an area often ignored and thus "critically underfunded". According to the article:

In 2020, only 5% of global research and development (R&D) funding was allocated to women's health research. This was split into 4% for women's cancers and 1% for all other women-specific health conditions, with 25% of that further limited to fertility research (italics mine). . . . government grants have a vital role in supporting scientific research globally; however, fund allocation is often not representative of disease burden ("Funding Research").

The above quoted lines indicate how norms of illness and disease management interact with those of age and gender to give rise to complex realities. These are also acknowledged in the publication titled "Women's Health Strategy" by Health Canada (Government of Canada). The following lines from the publication highlight the hand-in-glove relationship between sexism and ageism that the paper is trying to exhibit:

Society and biology ascribe to women the traditional role of mother and child-bearer. The health system has reflected this reality through its historical preoccupation with the reproductive system and especially with maternity. While benefits have accrued in that Canada has one of the world's lowest rates of infant and maternal mortality, women's health extends beyond reproduction ("Women's Health Strategy").

This critical blind spot is the main reason why women's bodies often do not receive the attention due to them within medical research and the literature related to it. As many thinkers working to understand the role of sex and gender in healthcare dynamics point out, the neutral body of science and medicine is a male body, and thus there exists a gender bias in the field of medicine (Shilling; Howson; Hamberg; Pascual et al.). Thus, unless and until the disease under consideration is not something that is typical of the female body, the body addressed to for discussing a cure is mostly a male one.

## III. MEDICAL GAZE, AGE AND THE DISEASED FEMALE BODY

The above-cited negligence meted out to the female body within the domain of medicine and healthcare is amplified when one also factors in old age. Disease in an aged body hardly evokes the kind of surprise that it does in a young body. Assuming that all young women adhere to norms of heterosexuality, the medical gaze puts young women under greater surveillance (Cummins; Dubrofsky and Magnet; Gabriele). Capitalism depends on young female bodies to produce the labour force it needs to sustain itself as a system. The ailing, aged female body does not invite the same level of concern because it is no longer deemed as capable of reproduction.

Furthermore, menstruation is often socially coded as an event that renders women incapable of carrying out their day-to-day work and other responsibilities much like a disease does. A young woman's diseased body is, as a result, seen as almost doubly diseased. However, it is the disease of the old female body that is seen as a greater logistical liability. Nevertheless, the patient's social standing and class position may also have an impact on how much interest the medical institution will take in providing a treatment, as the reader witnesses in Iris' case.

Although the fear of disease as harbinger of death is evident in both Iris (*The Blind Assassin*) and Rennie (*Bodily Harm*), Iris' fear is tempered by a fatalistic acceptance expected of her advanced age. This tempering is unavailable to Rennie, who probes her disease, looking for signs of its beginning in her life narrative. Her non-attainment of life goals like marriage and motherhood heighten her death-related anxiety. Also, her breast cancer does not leave her body whole the way Iris's age-related heart condition does. Despite these differences, the development of both the characters points towards how social construction of age and disease influence how illness is understood by an individual. The paper will now expand on this comparison of their lived bodily experience.

#### IV. DISEASE, SUBJECTIVITY AND ONTOLOGICAL PRECARITY

In her book *Volatile Bodies: Toward a Corporeal Feminism*, Elizabeth Grosz points out that subjectivity is often an effect of what the body goes through. She and other theorists of embodied subjectivity like her point towards psychic interiority as produced by bodily experiences. Rather than looking at the whole issue of embodied subjectivity through the prism of Cartesian mind/body dualism, they try to challenge the notion of pre-given consciousness. Subjectivity is culturally and discursively produced and body is the site on which various cultural discourses play themselves out which then leads to constitution of subjectivity. Grosz, following Foucault, thus considers the body as socially inscribed. However, Foucault additionally believes in the simultaneous agential capacity of the body. Power often works on the body of a subject not only to render it docile, but also inadvertently produces resistance for the discursive practices thus functioning. Although the discourse on their respective ailments and the prescribed norms of behavior for the ill shape Rennie's and Iris' experiences of disease, they each also resist the medical discourse's taking over of the same through their agentiality. In her PhD thesis on chronic illness and its effects on youth, Imogen Harper argues the following:

Chronic illness in young people is routinely underacknowledged and underreported. In general, pain and illness are represented as the exception rather than the rule for young people, however experiencing chronic illness when young is not rare. Rather, it is misunderstood, unrecognised, and hidden. This speaks to how the experience of chronic illness when young is entwined with social expectations, histories of discrimination and silencing, and current institutional and political failures (Harper).

These lines make quite clear that a disease can actually strike at any age. Yet, the dominant discourse on disease focuses more on how common it is during old age, thus subjecting the younger people bearing the burden of disease to youth-centric/ reverse ageism. This focus creates problems for individuals suffering from a disease at an early stage of their lives, and one can see it in Rennie's case as well. The discourse on cancer as a disease specifically marks Rennie in *Bodily Harm* as a subject. Her understanding of her self undergoes a massive change due to her breast cancer, which leaves her body mutilated after the surgery. Through her character evolution, Atwood seems to be commenting on capitalist societies' expectation and reliance on the vigor that youths bring to a workplace for profit making, without making any room for the indisposition of the young. The normative understanding in their case is that they must have indulged in activities that precipitated their disease. Rennie, deploying the same logic, tries to look at her life narrative to find out what had gone wrong because of which she got the cancer in the first place:

Nothing had prepared her for her own outrage, the feeling that she'd been betrayed by a close friend. She'd given her body swimming twice a week, forbidden it junk food and cigarette smoke, allowed it normal amount of sexual release. She's had trusted it. Why then had it turned against her? (Atwood 82)

Through the questioning of her life narrative in this manner, Rennie become a Foucauldian self-responsibilizing subject. She allows the medical discourse on cancer to inscribe her diseased body and also opens it up for surveillance by the medical gaze. She feels if the disease has manifest itself in her body, then she must have acted to bring it upon her. Through this, the author draws attention to how the medical gaze often constructs the narrative of disease at a primary level. Reasons for its occurrence are attributed only in hindsight.

The body is introduced earlier in the same paragraph, as a "sinister twin, taking its revenge for whatever crimes the mind was supposed to have committed on it" (Atwood 82). Rennie is given such a thought by Atwood because at the time of the writing of the novel, cancer was understood as a medical problem with moral undertones. There was a widespread belief in the then medical domain that cancer was caused due to a

negative psychological disposition.<sup>1</sup> Daniel, Rennie's doctor, is also shown instructing her to stay positive if she wanted to prevent the cancer from coming back and creating further complication. Atwood, at this point in the narrative, seems to be critical of this metaphorical understanding of the disease as it only adds to the pressure of negative emotions being experienced by a patient. She, however, herself seems to be using cancer as a metaphor for the provincialism of Griswold unwittingly. According to Teresa Gibert, "In spite of Dr. Luoma's wish to deprive cancer of its symbolic connotations, it nevertheless works as the central metaphor of *Bodily Harm*" (Gibert 126).

The description of Rennie's town is similar to that of Rennie's cancer, "something that can't be seen but is nevertheless there . . . nothing you would want to go into" (Atwood 18). Although she no longer lived there, Rennie finds it hard to be completely free of Griswold's narrow-minded beliefs, much like her cancer. ". . . it's not always so easy to get rid of Griswold" (Atwood 18). She cannot help but look at her disease from the perspective of people of Griswold, who would consider it "obscene almost, like a scandal; it was something you brought upon yourself" (Atwood 82). This internalization of Griswold morality is what keeps Rennie divided as a subject, and the text seems to suggest that that may be the root cause of her disease as well.

Arthur Frank in his book *The Wounded Storyteller* discusses several attitudes that an ill person adopts in order to cope with the changes brought about by the presence of disease in his or her life. The experience of a disease very often turns the one thus suffering into an empathetic person. However, many a times, the ill person is too caught up in his or her own suffering to develop this empathy any time soon. Furthermore, Frank also discusses the "sick role" that the diseased are supposed to act out. They are expected to provide information about the status of their health when asked and also accept the help extended by others. In her relationship with Jake, Rennie underperforms the "sick role" thus defined.

Norms relating to health prescribe that menstruating bodies be disease-free. The discovery of a life-threatening disease in a young woman's body can thus cause cognitive dissonance, both for the self as well as the significant others. In Atwood's *Bodily Harm*, both Rennie and her boyfriend Jake find it hard to not to think of her diseased breast during their lovemaking after she is diagnosed with cancer. Prior to that, their relationship was characterized by his focus on the presentation of Rennie's body as a sexual object always at his disposal, to be used and molded as per his whims and fancies. Although not an ideal situation, Rennie was not entirely uncomfortable with how Jake treated her because she too thinks of her body as merely an object of male sexual desire. As a patriarchal subject, she did not mind and participated in her objectification. The encounter with her disease, however, changes this dynamic in their relationship almost immediately because Jake wanted to control her body sexually only as long as it was healthy. The instance allows Atwood as an author to explore and interrogate how chronic illness affects one's sexuality, a concern that is often not given adequate attention in medical literature.

Jake and Rennie both seemed to be awkward talking about her disease. While having sex the night before her surgery, Rennie feels Jake was "doing her a favour" (Atwood 21). After the surgery, he tries to be her emotional support, but Rennie rejects it. She could not accept Jake in the role of a care-taker because she had never anticipated that their relationship would become one centered on care rather than just an exchange of sexual pleasure. A diseased body is mostly seen as an object only fit for the domain of medicine and not sexuality, and it is due to this reason that Jake and Rennie's relationship changes after the discovery of her cancer.

Rennie wanted to remain free from the system of care-taking that entails love and familial relationships. Her discomfort seems to stem from the association of care with management of old age and its concomitant diseases that she had seen her mother involved with in Griswold. The manner in which her mother is expected to care for her grandmother after her mental deterioration due to old age makes Rennie abject her mother. It also makes her more somatophobic:

All I could think of at the time was how to get away from Griswold. I didn't want to be trapped, like my mother. . . . I didn't want to have a family or be anyone's mother, ever; I had none of those ambitions. I didn't want to own any objects or inherit any. I didn't want to cope. I didn't want to

<sup>1</sup>. See Susan Sontag's *Illness as Metaphor* for a discussion on this.



deteriorate. I used to pray that I wouldn't live long enough to get like my grandmother, and now I guess I won't. (Atwood 58)

In *The Wounded Storyteller*, Arthur Frank also describes and differentiates between what he terms as a dyadic and a monadic body. A dyadic body is one that is capable of looking beyond itself, while a monadic one treats itself as central. Death-related anxiety introduced by disease is far more acute in the case of a monadic body. Both Rennie and Iris are monadic bodies for most of the narrative time and therefore suffer from death-related anxiety. However, Rennie's anxieties are stronger, because the fear of death by disease is higher when one is young.<sup>2</sup> Disease interrupts the life course of the young more substantially than it does for the old. Social norms of age dictate making room for disease as a part of one's life when one grows old. No further active participation in society is envisaged as a necessity for the elderly at institutional level.<sup>3</sup> In case of the young, however, disease interferes with the plans they have for their future, both in terms of career and personal life.

It is this sense of interruption that makes Rennie fearful of the choices available to her in the future. Daniel's opinion as a medical practitioner only confirms her fears, when she asks him if she could have a baby:

Maybe you should give yourself some time, said Daniel. Just to adjust to things and consider your priorities. You should be aware that there are hormonal changes that seem to affect the recurrence rate, though we don't really know. It's a risk. (Atwood 126)

Maternity and motherhood are important life goals for many women. Although Rennie's childhood experiences made her dislike maternity and motherhood, she could not bear the idea of her disease foreclosing her choice on the matter. Chronic illnesses at an early age as in case of Rennie jeopardizes the chances of young women experiencing maternity or motherhood in a manner that is positive both for the baby and the mother. The "risk" involved in Rennie's case probably had less to do with the health of the baby and more her own. However, the threat of passing on a "faulty gene" is always present.

Rennie's attraction towards Daniel soon after her surgery relates to the lack of paternal care due to her father's absence. He had left Griswold soon after Rennie was born and lived in Toronto with another woman. As a result, she had never seen him care for the family. The romantic feelings that she develops for Daniel in fact seem to arise because he was already caring for her in his professional capacity as her doctor and surgeon and thus had proved his merit as a care-taker. This indicates that love as a system of care gains prominence in Rennie's life only after her mastectomy. This was one of the significant differences that the disease as an embodied experience had brought about in her self, although Rennie could not recognize it immediately. The recognition comes during her time in the prison in the Caribbean, where she finally learns to embrace the precarity of her life.

The narrative of the self is constituted through what the body remembers. Body plays the most crucial role in this act of memory because all perceptions and experiences come sieved through it. Disease is first and foremost a bodily experience that reduces the self to the body and turns it into an object of scrutiny, both for the self and the other. Invasive medical procedures like chemotherapy or surgery mark the body in specific ways and signify experiences that the body can't forget. A daily reminder of the same makes a person a different being. In Rennie's case as well, the surgery scar on her breast turns her into a person always too conscious of her disease and thereby reconstitutes her subjectivity. It is due to this reason that the centipede she sees in the bathroom of the hotel in St. Antoine becomes an objective correlative of her cancer through its resemblance with "the kind of thing she's been dreaming about: the scar on her breast splits open like a diseased fruit and something like this crawls out" (Atwood 60).

A disease that marks the body on the outside has a much stronger impact on the self than a disease which does not leave any visible traces, like Iris' heart condition. The former renders visible through the body what the individual may only want to narrativize discursively. The patient is able to exercise some degree of control over the reception and perception of the disease through a discursive illness narrative. With the physical mark of a disease on the body, there is always a risk of the body narrative overpowering the discursive narrative thus presented and the patient losing any control he or she may have over determining how the

<sup>2</sup> . Although it may seem ironic, since their chances of surviving a disease are also better in comparison to the old according to norms perpetuated by the current medical discourse.

<sup>3</sup> The idea of "successful aging" in gerontology studies, however, does imagine active social participation from the old.

disease is interpreted. In a medical situation, such a loss may be acceptable for the individual; but not in a sexual one. For Rennie, the sexual situation exposed the “kiss of death on her, you could see the marks” (Atwood 201).

Rennie feels her sexual attractiveness took a hit because of the surgery and thus makes her think of herself as unfeminine. The missing part of her breast for her comes to characterize a certain kind of lack in her sexual appeal. It has much to do with the importance attached to female breasts in the culture she inhabits.<sup>4</sup> In most cultures, the female breasts signify fecundity/fertility. Rennie’s worry about not being able to become a mother in future also emerges because of the association of breasts with reproduction. Her breast cancer is, in fact, discovered during a routine gynecological examination that is prefaced by her doctor jokingly asking her if she was ready to have children. He even mentions her approach towards a “cutoff point” for maternity in terms of age (Atwood 27).

Arthur Frank coins the term ‘remission society’ to describe those who have come to terms with the fact that they will never regain perfect health after suffering from a disease. Rennie in *Bodily Harm* and Iris in *The Blind Assassin* are both part of the remission society. However, Iris does not indulge in the kind of probing of her disease the way Rennie does. As an octogenarian, Iris knows her weak heart is a result of the age she is at. Both Rennie and Iris exhibit dissociation from the body while managing their diseases, but Iris’ manner of disassociation from the body is different from that of Rennie. Rennie turns into what Arthur Frank terms as a disciplined body; she is very strict with her bodily regime for “prevention of decay” (Atwood 47). Iris, on the hand, is not that strict, since she knows that for her death is imminent. She follows her doctor’s advice and walks, but only to buy her some more time to finish her memoir rather than as a preventive measure to keep death at bay indefinitely.

Although Iris knows that ultimately her body project of keeping herself healthy will end in failure because of her death, she still keeps up with her walks following the advice of the doctor. Social norms of disease dictate that all efforts to cure oneself should be made. They also necessitate efforts to stay healthy as much as possible until the time of death. However, this responsibility of keeping oneself healthy is higher for the young woman than a woman past her youth. Iris seems less committed to practices of healthy living in everyday life than Rennie, and even when the doctor suggests a heart transplant, Iris didn’t seem eager to go ahead with it merely to prolong her life (Atwood 588-89).

Iris and Rennie both suffer from fear of death that follows the discovery of a disease. In this sense, disease produces dis-ease in the female protagonists of the novels under consideration. As Arthur Frank points out, illness often functions as a reminder of one’s mortality. Embracing the fear and the possibility of one’s death becomes easier as one ages. Non-attainment of significant life goals like marriage and motherhood can cause some women to feel dissatisfied with their lives and consider them worthless. When struck by a disease before such aspirations can be fulfilled, death as a reality can seem harder to accept; one can’t even take solace in the fact that a part of them will continue to live in the offspring.

Rennie seems to be one of those women for whom disease came in at a time when she was still in the midst of deciding which turn she wanted her life to take. Iris, on the other hand, falls ill at a time when it was “not unexpected” for her to succumb to her disease (Atwood 633). She, in fact, imagines youth as a different country from which she had long departed due to aging. She is also aware of the bodily changes that age has brought in her, but accepts them, believing there was nothing that could be done about them (Atwood 588).

## V. PRIVACY, CONTROL AND THE MANAGEMENT OF DISEASE

The management of disease often results in a loss of privacy and control over one’s decisions. Rennie as a young, diseased woman may be under greater medical surveillance, but she is also able to exercise some control over her life and does not allow medicine as an institution to take over her life entirely. She goes for a work assignment to another country all by herself and without informing Daniel. She is able to escape that attention because everyday care is a matter of choice with her. Despite her disease, her youthful body permits her to attend to her needs and as a result, does not leave her too physically dependent on others. Iris’ aged, diseased body, however, makes it difficult for her to do without care in her everyday life. This responsibility

<sup>4</sup> In an essay titled *Breasted Experience: The Look and The Feeling*, Iris Marion Young discusses how it feels to live as a breasted body. She points out how in a culture where breasts are considered a marker of womanliness, they form an important part of the body image for a woman.

is shouldered by her nanny's daughter, Myra, who saw taking care of Iris as part of her legacy since her relatives were either dead or estranged.

Iris is also comparatively more acquiescent to control by others due to her aged body. Her heart condition was increasingly making it difficult for her to carry on her daily household chores the way she used to. She was unable to do even her laundry on her own. Though she tries, she couldn't defy the idea that her body was too weakened by her disease.

Having Myra and her husband take care of her on a day-to-day basis is acceptable to Iris because she knew them prior to her disease. She, however, is unwilling to let a new person attend to her because she does not wish to expose the feebleness of her body to a complete stranger. The personal needs for a safe space where they can express their selves without inhibitions and restrictions are often ignored by the care-providers when it comes to elderly care, and is also one of the common problems faced in Canadian society. Even when benevolent, caregiver intrusion can make ill or disabled people feel marginalised and invisible. Atwood appears to be shedding light on this issue in a very conscious manner in the novel. The text thus ends up highlighting how age and disease often lead the elderly person to feel disabled. However, Atwood also seems to be promoting the key tenets of the social model of disability and feminist ethics of care by depicting Iris as a resilient woman despite her impairment, and the fact that she is constantly negotiating with her caregivers for her right to be alone.

*The Blind Assassin* starts by informing the readers about the deaths of most of the important characters that play a crucial role in Iris' life. It is only thus fitting that it ends with hers succumbing to her disease. Major chunks of Iris' first-person narrative begin with her reflections on her present condition and then looking back at her life as a young woman. Often during the course of the narrative, she reveals a sense of regret that accompanies old age. Despite this, Iris tries for a beautiful death, assured in her knowledge that a part of her survives in her granddaughter. Rennie's life, in comparison, is not given any such closure by Atwood, perhaps because it can't have any. Cancer in *Bodily Harm* is presented as a disease that would allow only half a life to Rennie. Nevertheless, Atwood does let us know that whatever the case may be, Rennie would at least live her remaining life as meaningfully as possible despite the undecidability that disease introduced in her life through the following last words: "She will never be rescued. She has already been rescued. She is not exempt. Instead she is lucky, suddenly, finally, she's overflowing with luck, it's this luck holding her up" (Atwood 301). Her triumph lies in developing this attitude by the end of the novel, and the struggle itself serves to mitigate the disease.

## VI. CONCLUSION

A comparative study between Atwood's *Bodily Harm* and *The Blind Assassin* reveals how chronic illness places a body at the margins of desirability. This marginality is somehow acceptable at an advanced age, but can become a source of major crisis for the young. The fear that a diseased body evokes in the healthy by acting as a reminder of their mortality puts the diseased at odds with their society and alienates them. To give them a chance at living a life not defined by their disease, it is imperative to create a space for their accommodation in the mainstream rather than closeting their diseased bodies. This space can only be created if the ill person is recognized as a subject who is capable of taking decisions about their lives. Therefore, their independence of thought has to be given due respect while they are being cared for. Furthermore, medicine and healthcare also need systemic revisions in order to do away with the adverse effects of ageism and sexism often faced by the female patients. Only then can they be deemed as more inclusive.

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