

LITERARY PLASTINATION: FROM BODY'S OBJECTIFICATION TO THE ONTOLOGICAL REPRESENTATION OF DEATH, DIFFERENCES BETWEEN SICK-LITERATURE AND TALES BY AMATEUR WRITERS

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This article presents a qualitative analysis of published and unpublished texts, aimed to understand a new narrative phenomenon named "sick-lit." This is a genre of stories, written by professional novelists, rooted in disease, self-harm, suicide, sufferance from violence, death, and dying. In the Internet it has been considered as a trivialization of serious issues and even potentially encouraging readers to harm themselves. Our hypothesis is that this negative judgment is based on the ontological representation of death and the objectification of the body depicted in these stories. In order to inquire into this possibility and to compare this anomalous form of story-telling with another kind of narration reflecting the wider common sensibility, a qualitative analysis was realized on six sick-lit novels (SLNs) and 21 unpublished tales written by amateur writers (AWTs). The results confirm the hypothesis: the SLNs represent death also as an absolute annihilation and the body is always reified through medical language, while the AWTs represent death only as a passage or reincarnation and the description of the deteriorated body is minimal.

Key words: Sick-lit; Ontological representation of death; Plastination; Death education; Grounded Theory Model.

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In recent years, psychological and social sciences have seen an upsurge of interest in death and dying, witnessed by the multiplying range of messages in popular media and by professional roles associated with the end of life. However, despite the huge number of messages inevitably exposing people to stimuli that, in a more or less fantastic and terrifying way, evoke death, there is still a lack of real experience with dying persons (Kim & Lee, 2009). Many studies on

death education show that, despite children and adolescents wanting to talk about these issues, neither parents nor teachers are able to answer when asked what dying means (Fonseca & Testoni, 2011). This situation has especially occurred since the second half of the 20th century, as a side effect of widespread well-being, when seriously ill and dying people have been hospitalized in secluded healthcare settings. Indeed, health medicalization has led to an excessive concealment of the evidence of death, causing a remarkable lack of competence of whole generations regarding real dying processes. Therefore, society is nowadays mainly composed of adults who have grown up in “death free” families and have never acquired the symbolic language and behaviors that could be developed in the encounter with the end of life (Aiken, 2001). Therefore, if, on the one hand, there is a massive presence of these messages in daily media communication, on the other hand, there is an almost total lack of a shared experience on real death as well as poor dialogue on the meaning of the life/death relationship. This gap between imaginative representation and real experience causes remarkable difficulties in intergenerational relationships, since neither parents nor teachers are able to prepare the new generations to deal with these issues, passing them this same inability (Balk, Wogrin, & Thornton, 2012; Testoni, Ancona, & Ronconi, 2015). However, the need to hide realistic death results from the necessity to eliminate the anguish that this kind of experience evokes. This is what has been widely studied by the Terror Management Theory (TMT; Greenberg, Solomon, & Pyszczynski, 1986), which considers the awareness of mortality as a fundamental factor in all forms of human behaviors. According to TMT, individuals and society remove death-thoughts from focal attention to reduce the anxiety that mortality salience produces, through a defensive Dual Process Model. This elusive psychological strategy is articulated by proximal and distal defences: the first include individual reactions, the second are inherent to symbolic cultural systems (Solomon, Greenberg, & Pyszczynski, 2004). However, in the last years some new phenomena have appeared on the social horizon, which seem to contradict the TMT perspective.

HIGHLIGHTING DEATH AND BODY AS CORPSE

The most evident is the showcase plastinated human bodies. Plastination is the recent outcome of discoveries by von Hagens (von Hagens, 1979; von Hagens, Tiedemann, & Kriz, 1987) who invented a technique to preserve tissues, replacing lipids and moisture by treatable polymers (silicone, epoxy, polyester). For the first 20 years, this procedure was specifically used to preserve small specimens for medical studies (Jones, 2002). Since the early 1990s, it has been used for the whole human body and, over the following decade, hundreds of plastinated bodies have been handled as sculptures in exhibitions named *Körperwelten* (Body Worlds). The phenomenon may be considered as a peculiar expression of the objectification of the human body, through the mere translation of scientific artifacts into the social language of the arts (Priya, Lama, & Magar, 2007). The transformation of the body into scientific artifact has obtained wide resonance and popularity worldwide, attracting millions of visitors, among whom many adolescent students, and thousands of donors. The reification of the body appears as an explicit and final product of death. It consists in the definitive de-humanized, de-individualized, and de-personalized condition of the corpse, where medical technique replaces the symbolic funeral rites, erasing any metaphorical reference to existential ulteriority of the identity of the subject.

In the same year as plastination was invented, Sontag (1977) stated in her opera *Illness as metaphor* that “the most truthful way of regarding illness — and the healthiest way of being ill — is one most purified, most resistant to metaphoric thinking” (p. 3). In her opinion, indeed, “diseases have been spectacularly, and similarly, encumbered by the trappings of metaphors” (p. 5). The very essence of Sontag’s denouncement was the recognition of the myths surrounding certain illnesses, which add greatly to the suffering of patients. She found that the metaphors that people associate with disease contribute not only to stigmatizing the disease but especially to pillorying sick persons. The subsequent onset of AIDS was the most evident phenomenon illustrating this idea in social life, as this new pathology appeared as the best opportunity for “metaphorizing” the sin of being sick. Following the studies by Foucault (1963), showing the historical construction of the modern representation of mental and physical illness, Sontag’s (1977, 1989) analysis of cancer, tuberculosis, and AIDS described how these diseases are represented as associated with moral traits: metaphors, which combine repressed passions with physical diseases, are used. Sontag strongly stated that these metaphors and myths ultimately convey discrimination and isolation. To the extent that we can say that Sontag’s opera was dedicated to those illnesses to demystify any kind of fantasies surrounding them, we can consider it as a manifesto aimed at affirming that diseases are only diseases and nothing else. In this case, the objectification is inherent to the sick human body, where only reductionist medical language can describe it, because illnesses do not interface with transcendental causes. The sick body is mere biological material, which may be scientifically managed and cured, like corpses may be plastinated to show the true meaning of death. In this perspective, the clearest and most truthful way of thinking about diseases and the body destiny is without recourse to metaphors, because enfolding them in any kind of symbolism implies moral repercussions on individual minds and social relationships.

After Sontag’s (1977, 1989) manifesto and the parallel success of plastinated corpse exhibitions, in literary art a new form of tale emerged: sick-lit. It is a type of narration rooted in disease, self-harm, pain, and suicide. It has some similarities with plastination, since it utilizes medical terms, without any kind of metaphors, to describe the deterioration of the body and the salience of mortality. Indeed, sick-lit novels (SLNs) minimize the metaphorical and symbolic implications of the realities of corporeal sufferance. From a literary point of view, it has not yet been contemplated as a real new genre, but its particular themes seem to become more and more attractive. Indeed, the books seem to touch hundreds of thousands of teenage readers keeping them on the best-seller lists. The phenomenon began in Canada in the 1990s and immediately spread in all the Anglophone territories and in Italy. It diverges from other kinds of literature having infirmity as its subject, because of the realistic description of the degeneration of the body, mixed with the contemporary technical and medical terminology. In particular, it greatly differs on the one hand from illness-lit, developed in the area of narrative medicine, and on the other hand from the Bildungsroman (novel of formation) for teenagers. Specifically, the stories of sickness or illness (Brody, 1987; Hawkins, 1999) depicted in other genres serve as an important ethical resource in social and medical practices in facing diseases. These narrations account for rebirth focusing on the spiritual aspects of physical suffering, metaphors of battles to overcome illnesses through challenging existential itineraries (McLellan, 1997). The difference between sick-literature and these novels is enormous, because of the absence in sick-lit of any form of heroism and eschatology or moral teaching. Indeed, if illness-lit respects the conventions of storytelling that consider the moral order of human existence as essential and the narration is aimed

at reducing the potentially destroying power of pain (Becker, 1999), sick-lit does not utilize any metaphor which could make a moral sense of the sufferance. In this way, sick-lit novels describe the pain and the corruption of the body depriving them of any existential meaning.

Parents and critics are concerned about these characteristics. They feel that these scenarios could encourage adolescents to hurt themselves or feel harmful and dangerous emotions (Elman, 2014). The discussions around appropriate literature for teenagers arose in 2011, with the article "Darkness too visible," published by the Wall Street Journal (Cox Gurdon, 2011), which discussed these stories. The argument has been further developed in the Internet, where the heart of the conversation debates whether these novels, glorifying harmful behavior and encouraging depression, could be dangerous. A similar discussion touches the Body Worlds, as many intellectuals and ecclesiastics seek to dissuade municipalities and cities from setting up such exhibitions.

The problem is inherent to the area of the representation of the deterioration of the body determined by aging and pathological processes (Kribernegg, Maierhofer, & Ratzenböck, 2014). In order to reduce the anxiety related to such a representation, evoking dying processes, the representation of somatic conditions is socially mediated by metaphors which assign them further dimensions, beyond the visible reality. Indeed, it is unwise to discharge the representations of illnesses from social figures of speech, since they help people affected to give meaning to their experiences (Clow, 2001; Kirmayer, 1992). Furthermore, the mere representation of mortality through plastinated corpses and techno-medical language, representing the concrete condition of a body as biological matter, unveils the corruptibility of the human existence.

If we consider Sontag's (1977, 1989) position inscribed in Foucault's (1963) perspective, we can say that the fundamental passage from the traditional to the modern perspective has developed eliminating the religious representations of the moral causes of illnesses. However, Sontag's perspective may imply some cultural and psychological effects, such as the reductionist objectification. Our main hypothesis is that the concerns about sick-lit are determined by a dyscrasia inherent to the latent representations of death. Thus, our goal is to understand what kind of relationship between illness and death is represented in sick-lit and whether it is different from the common representation. Specifically, in this article, we consider the Ontological Representation of Death (ORD) as a fundamental key-concept which can explain the presence or the absence of a transcendental representation of existence.

The concept of ORD and its psychological effects have been studied by Testoni since the end of the 1990s (Testoni & Zamperini, 1998), in order to define the difference between the representation of death as passage or annihilation (Testoni et al., 2015), and are inherent to the connection between life and existence afterlife. In this perspective, in Western societies, characterized by advanced medicine, the discussions about death and dying are becoming more and more numerous, because the borders between natural life and death have been blurred by medical technique. Indeed, to date, there are several thanatological studies on the representation of death (see Balk et al., 2012) investigating problems deriving from the management of death, dying and loss, and analyzing different individual and social factors, such as: attitudes toward the cycle of life and their assessment, the role of the cultural frame in human relationships; the ethical conception of good death (e.g., Testoni, Di Lucia Sposito, De Cataldo, & Ronconi, 2014; Testoni, Lazzarotto, & Di Lucia Sposito, 2013).

Several studies have shown the negative relationship between hope in afterlife and death anxiety and, in particular, this topic is becoming increasingly important in the management of se-

vere illnesses and in the end of life (e.g., Ronconi, Testoni, & Zamperini, 2009; Testoni & Zamperini, 1998; Williams, 2006). Other studies have demonstrated the positive influence of religious beliefs on resilience and coping strategies (e.g., Hackney & Sanders, 2003; Testoni, Visintin, Capozza, Carlucci, & Shams, in press). The crux of the matter has also been metaphorically symbolized by DeSpelder and Strickland (1996) through the image of death as a wall or a door. In ontological terms, in the first case death consists in absolute annihilation, in the second it is a passage into another type of existence, as illustrated by all the most important religions (Walker, 2000). If we believe that human existence is mere biological matter, the body transformations may be symbolized only through medical language, which represents death as the end of the bodily subject. If not, it is impossible to embody sickness and death entirely in such a language.

In this article, we analyze the sick-lit phenomenon because in sick-lit novels we can see realized, in the literary field, Sontag's (1977, 1989) manifesto and von Hagens' (2006) *Body Worlds* reification: the description of sickness and the mortality of the body without any further existential significance. In particular, we explore the representations of death and illness within six sick-lit novels, in which the main thematic interest of the texts surrounds the protagonist's experience of illness. We want to analyze if they are distant from the common representation of death and illness. Indeed, within the field of narration of illness, many authors have dealt with narratives, showing how the story-telling/writing is a peculiar communication process helping people to achieve self-awareness and to portray their own experiences (Harvey, 1996; Pennebaker & Seagal, 1999). Since autobiographical writing favors the discovery and the redefinition of the personal life project (Pals & McAdams, 2004), it is useful to survey it because, when it is inherent to disease and dying, it greatly highlights the latent problems which afflict the individual-society relationships (Benoist, 1983; Gilman, 1988). Adopting the cultural and constructivist psychology perspective (Bruner, 1990), in order to observe this possible difference, we compare the sick-lit novels with texts by amateur writers.

METHOD

We conducted a qualitative analysis in the field of the Grounded Theory Method (GTM; Corbin, & Strauss, 2008; Oktay, 2012), following the COREQ check-list (Tong, Sainsbury, & Craig, 2007). GTM was developed in the area of death studies, when Glaser and Strauss (1965) surveyed the opinions and feelings of sick and dying persons and their caregivers. On that occasion, they realized that dying was a highly problematic subject, which requires a special approach to collect data (Glaser & Strauss, 1965, 1967). For this reason they elaborated GTM, which enables to seek out and conceptualize the latent social patterns and structures of any specific topic through a process of an interpretative and hermeneutic work (Denzin, 1995). The Symbolic Interactionism (Blumer, 1969) is considered one of the most important theories to have influenced this approach, and that is why it has been adopted by cultural and phenomenological psychology, because its idiographic matrix is useful in both psychodynamic and psychosocial research. Lately, GTM has been also used in the medical humanities field, because of its suitability to understand how individuals make sense of personal experiences of illnesses, dying, and loss. Indeed, according to it, the world may be recognized by interpreting human relationships, which occur through the use of symbols. In this sense, the first goal of GTM is to formulate hypotheses based on conceptual

ideas, in order to verify them by constantly comparing the data on different levels of abstraction (Glaser, 1992).

Following Hoving's (1999) idea that "the definition of art has to shift whenever an innovator appears" (p. 12), our hypothesis was that sick-lit assumes a different and new representation of death, compared with the common one. In our opinion, it dramatically differs from the common interpretation of the end of life, which we consider more representative of the contemporary grounded interaction between individuals and society. In our research, we wanted to explore this difference and its meanings in facing death, considering this context as a peculiar symbolic space where language is inseparable from meaning modes of action and ways of life (Kirmayer, 1992). In order to define this narrative gap we utilized the GTM research approach, applying the hermeneutic textual analysis to six sick-lit novels and 21 tales written by Italian amateur writers.

DATA SELECTION AND ANALYSIS

In the universe of sick-lit, we selected the Italian translation of six novels (see Table 1). We selected novels with narration in the first person and in which the use of the language of medical science is deprived of any form of transcendental metaphor to make sense of the causes of suffering. Thus, the narrative language integrates the subjective dimension with the objective representation of the cause of suffering. The main characters are united by the theme of illness (mental or physical) and death (caused by disease, murder, or suicide). The problem narrated regards the acceptance or not of the objectified cause that creates suffering (illness, death).

In order to disclose the abovementioned peculiarities of sick-lit, we compared the sick-lit novels with texts of Italian amateur writers. The connection between the two genres lies in the topics inherent to the representations of death and sufferance. Although this sample of tales written by amateur writers (AWTs) cannot be representative of how death is considered in all literature different from sick-lit novels, we used these as elective testimony of the contemporary common representation of death, because they manifest better the naïf way to construct the meaning of illnesses. In order to collect a sample of texts, written by ordinary adults and dealing with disease, pain, suicide, and death, we launched in Italy a six-month (December 2013-May 2014) invitation to write brief tales. It was associated with the conference on death (Padova, Italy, September 25-28, 2014), and dying "Seeing beyond in facing death: Spirituality from sick body to salvation." Respondents to the invitation were 152, who presented 185 unpublished poems and 48 unpublished tales. We selected 21 tales (184 pages), whose themes were similar to the sick-lit novels. It is worth mentioning that sick-lit stories were written by non-Italian authors while amateur writers were all Italian: this asymmetry could reflect cultural variations. A three-stage hermeneutic process was involved, corresponding to the fundamental GTM process: codes (identifying anchors that allow the key points of the data to be gathered), concepts (collections of codes of similar content allowing us to group the data), and integrations (definition of the relations among the concepts) (Glaser & Strauss, 1967).

The texts were coded by two independent judges, following the hermeneutic process, with the aim of making sense of authors' meanings. At the end of the analysis, they compared their categorizations and the entire hermeneutic process. This initial phase shifted back and forth

TABLE 1
The six sick-lit novels

| Original title | Author | Year | Publisher | Italian version | Number of pages in the Italian version |
|-------------------------------|-----------------|------|----------------------|--|---|
| <i>Wintergirls</i> | Anderson, L. H. | 2009 | Viking Press | <i>Wintergirls, così leggere da bucare le nuvole</i> (T. Lo Porto, Trans.; Firenze: Giunti) | 352 |
| <i>Speak</i> | Anderson, L. H. | 1999 | Farrar Straus Giroux | <i>Speak, le parole non dette</i> (T. Lo Porto, Trans.; Firenze: Giunti) | 192 |
| <i>Before I die</i> | Downham, J. | 2007 | David Fickling Books | <i>Voglio vivere prima di morire</i> (S. C. Perroni, Trans.; Milano: Bompiani) | 343 |
| <i>The things we know now</i> | Dunne, C. | 2013 | Macmillan | <i>Quel che ora sappiamo</i> (A. Arduini, Trans.; Milano: Guanda) | 394 |
| <i>The fault in our star</i> | Green, J. | 2012 | Dutton Books | <i>Colpa delle stelle</i> (G. Grilli, Trans.; Milano: Rizzoli) | 347 |
| <i>The lovely bones</i> | Sebold, A. | 2002 | Little Brown | <i>Amabili resti</i> (C. Belliti, Trans.; Roma: Edizioni E/O) | 372 |

three times, to identify the focus of each novel and tale. The two judges were helped by an expert of narrative medicine for the hermeneutic strategy, consisting in the “eidetic reduction” of Husserl (1913/1982), which allows the recognition of the essential and invariable structure of a representation or concept.

The process began with analyzing some specific issues appearing in the texts. Judges could imaginatively vary the sense of the sentences and their different aspects in order to recognize when the variations are stable/coherent or overlapping. When the judges identified the pivots which regulated the sense of the sentence (code stage), they found the essence of the discourse. In this way, judges recognized the main concepts of the text, annotating and then coding them. In particular, they researched every possible positive and negative way in which death and disease were signified (e.g., liberation, damnation, persecution, etc.). The next GTM operation (concept stage) named all the concepts (subcategories) breaking data into conceptual components (e.g., acceptance of death, inability to speak of death, death as absolute annihilation, death as a passage, etc.). The next step was the hermeneutic operation, consisting in theorizing and thinking about how each subcategory can be related to a larger more inclusive concept (categories). The last step (integration stage) was based on the integration of concepts. The use of the fundamental links (e.g., association with, contradiction, causation, etc.) produced the connection of all the subcategories (e.g., fear of death, death as damnation, etc.) around the central theme of the research (representations of death). The idea guiding this research derives from the ontological representation of death and the consequent representation of body and illnesses.

The GTM process was managed with Atlas.ti, a software for qualitative text analysis, which offers support to the researcher during data analysis and coding processes. The entire procedure provides a broad hermeneutic overview of the texts and their categories, showing how they are linked. It allows us to visually describe with diagrams, in a logical and consistent way, the structure of the selected categories (GTM integration of the subcategories describing the discovered patterns of the texts). It is important to underline that all the categories and subcategories are flexible and may be modified during the analysis. This plasticity helps the construction of the final output, that is a kind of higher-order synthesis of the texts. Indeed, the output consists in figures that describe the relationships between categories identified by the researchers.

RESULTS

Results supported our hypothesis: in the sick-lit novels, the representation of death as absolute annihilation is present, while the tales written by amateur writers totally exclude this representation, and describe death as a passage or reincarnation. Furthermore, some other significant subcategories characterize SLNs and are totally absent in AWTs: death as damnation of survivors, self-harm as a release from pain, rite as acceptance of death, inability to talk about death, and fear of death.

The most noteworthy concepts linked to the ontological representation of death were four: the representation of death as absolute annihilation, on the one hand, and as passage, on the other hand; the inexpressible horror of death; the medical language; the hospital as the unveiling of reality. The factor deriving from the relationships among these dimensions reveals that death is not represented as something entirely negative (see Table 2).

TABLE 2
Frequencies, standardized differences, standard deviations, and comparisons
between subcategories in SLNs and AWTs

| Subcategories | Sick-lit novels (SLNs) | | Tales written by amateur writers (AWTs) | | Total | | <i>p</i> = (chi-square) |
|--|------------------------|--|---|--|----------------|--|-------------------------|
| | <i>F</i> | Standardized difference from global mean | <i>F</i> | Standardized difference from global mean | Total <i>F</i> | Standardized difference from global mean | |
| Death as damnation for those who remain | 38 | 0.1 | 0 | -0.7* | 38 | -0.1 | .006 |
| Self-harm as a release from pain | 25 | -0.3 | 0 | -0.7* | 25 | -0.4 | .001 |
| Rite as acceptance of death | 24 | -0.3 | 0 | -0.7* | 24 | -0.4 | .001 |
| Inability to talk about death | 20 | -0.4 | 0 | -0.7* | 19 | -0.6 | .000 |
| Fear of death | 15 | -0.6* | 0 | -0.7* | 15 | -0.7 | .000 |
| Death as absolute annihilation | 10 | -0.7* | 0 | -0.7* | 10 | -0.8 | .000 |
| Rationalization of deadly events | 51 | 0.5** | 1 | -0.6* | 52 | 0.2 | .000 |
| Death as injustice | 8 | -0.8* | 1 | -0.6* | 9 | -0.8 | .000 |
| Abortion | 1 | -1.0* | 1 | -0.6* | 2 | -1.0 | .000 |
| Inability to speak about the incident | 19 | -0.4 | 2 | -0.5* | 21 | -0.5 | .001 |
| Acceptance of death | 30 | -0.1 | 3 | -0.4 | 33 | -0.2 | .071 |
| Personification of the disease | 8 | -0.8* | 3 | -0.4 | 11 | -0.8 | .000 |
| Relationship between the living and the dead | 53 | 0.5** | 4 | -0.3 | 57 | 0.4 | .001 |
| Death as suicidal choice | 10 | -0.7* | 4 | -0.3 | 14 | -0.7 | .000 |
| Personification of death | 2 | -0.9* | 4 | -0.3 | 6 | -0.9 | .000 |
| Reflections on the meaning of death and disease | 94 | 1.7** | 6 | -0.1 | 100 | 1.4 | .000 |
| Death as misfortune | 6 | -0.8* | 7 | 0.0 | 13 | -0.7 | .000 |
| Death as an opportunity | 12 | -0.6* | 9 | 0.1 | 21 | -0.5 | .000 |
| Physical description of the degenerative processes | 111 | 2.2** | 12 | 0.4 | 123 | 2.0 | .000 |
| Death as a release from pain | 15 | -0.6* | 12 | 0.4 | 27 | -0.4 | .000 |
| Non-acceptance of the disease and death | 118 | 2.4** | 13 | 0.5** | 131 | 2.2 | .000 |
| Hospital as the place of the revelation of the truth about the disease | 34 | 0.0 | 16 | 0.8** | 50 | 0.2 | .001 |
| Medical and scientific terminology | 99 | 1.8** | 37 | 2.7** | 136 | 2.3 | .000 |
| Death as a passage or reincarnation | 33 | -0.1 | 42 | 3.1** | 75 | 0.8 | .000 |
| Global frequency mean | 34.8 | | 7.4 | | 42.2 | | |

Note. *F* = frequency. In the standardized difference from global mean columns, one asterisk indicates categories less frequent than the global frequency mean, and two asterisks indicate categories more frequent than the global frequency mean.

For each subcategory, we calculated the frequency separately in SLNs and in AWTs, and considering all the texts together (columns *F* and Total *F* in Table 2). Chi-square tests were used to compare, for each subcategory, the observed frequency and the global frequency mean in the two types of text. Results indicate that all categories were distributed differently from the mean profile, except “Acceptance of death” ($p = .071$). We further calculated the standardized differences from the global mean, for each category, to understand the deviations from the mean profile. Differences equal to or greater than .5, in absolute value, express a moderate deviation from the average: the positive deviations, which characterize the more frequent categories, are indicated in Table 2 with two asterisks, and the negative deviations, which characterize the less frequent categories, are indicated with one asterisk.

The categories “Death as damnation for those who remain,” “Self-harm as a release from pain,” “Rite as acceptance of death,” “Inability to talk about death,” “Fear of death,” “Death as absolute annihilation,” “Rationalization of deadly events,” “Death as injustice,” “Abortion,” and “Inability to speak about the incident” were not present or have low frequencies in AWTs. We underline the importance of the total absence of “Death as absolute annihilation” and “Fear of death” in AWTs. The categories “Personification of the disease,” “Death as suicidal choice,” “Personification of death,” “Death as misfortune,” “Death as an opportunity,” and “Death as a release from pain” are not frequent in SLNs. In contrast, the categories “Relationship between the living and the dead,” “Reflections on the meaning of death and disease,” “Physical description of the degenerative processes,” “Non-acceptance of the disease and death,” and “Medical and scientific terminology” were highly frequent in SLNs, with the last two present also in AWTs. The categories “Hospital as the place of the revelation of the truth about the disease” and “Death as a passage or reincarnation” were highly frequent in AWTs. Finally, the categories “Fear of death,” “Death as absolute annihilation,” “Rationalization of deadly events,” “Death as injustice,” and “Abortion” have low frequencies in both AWTs and SLNs.

To better understand these differences, Figure 1 shows the different styles of SLNs and AWTs: the first are characterized by some substantial peculiarities while the second tend to be homogeneous (all the peaks of SLNs are flattened in AWTs). Furthermore, Figure 1 shows another specific difference: the clear-cut opposition of the two types of texts regarding “death as passage or reincarnation.” This last distinctiveness further emphasizes the difference between SLNs and AWTs and strongly confirms our basic hypothesis, that is, the radical difference in the representations of death in the two universes of narration: also as annihilation by SLNs and only as passage by AWTs. Hence, it is possible to claim that the aspects that characterize the sick-lit novels present a representation of death which is basically opposed to that of Italian common sense, where the opposition door-wall is crucial.

The peculiar form of the ontological representation of death in SLNs is the presence of death as absolute annihilation (Figure 2). This ontological representation is associated with the medical language, which manifests the real matter of the facts. On the one hand, death is unjust and the difficulty in talking about it is huge, but, on the other hand, it is liberation from suffering and pain. The medical language is an excellent instrument to rationalize and express this idea exactly, because it describes the body as it is, without any imaginative fantasy.

The ontological representation of death of the AWTs personifies death as a figure promoting the passage (Figure 3). It is sometimes considered unjust and sometimes as an opportunity, because it liberates sick people from unbearable pain. From this point of view, suicide may be the last solution and death may be considered acceptable, for the reason that it is not a definitive separation from beloved people, thanks to the persisting connection between the living and the dead.

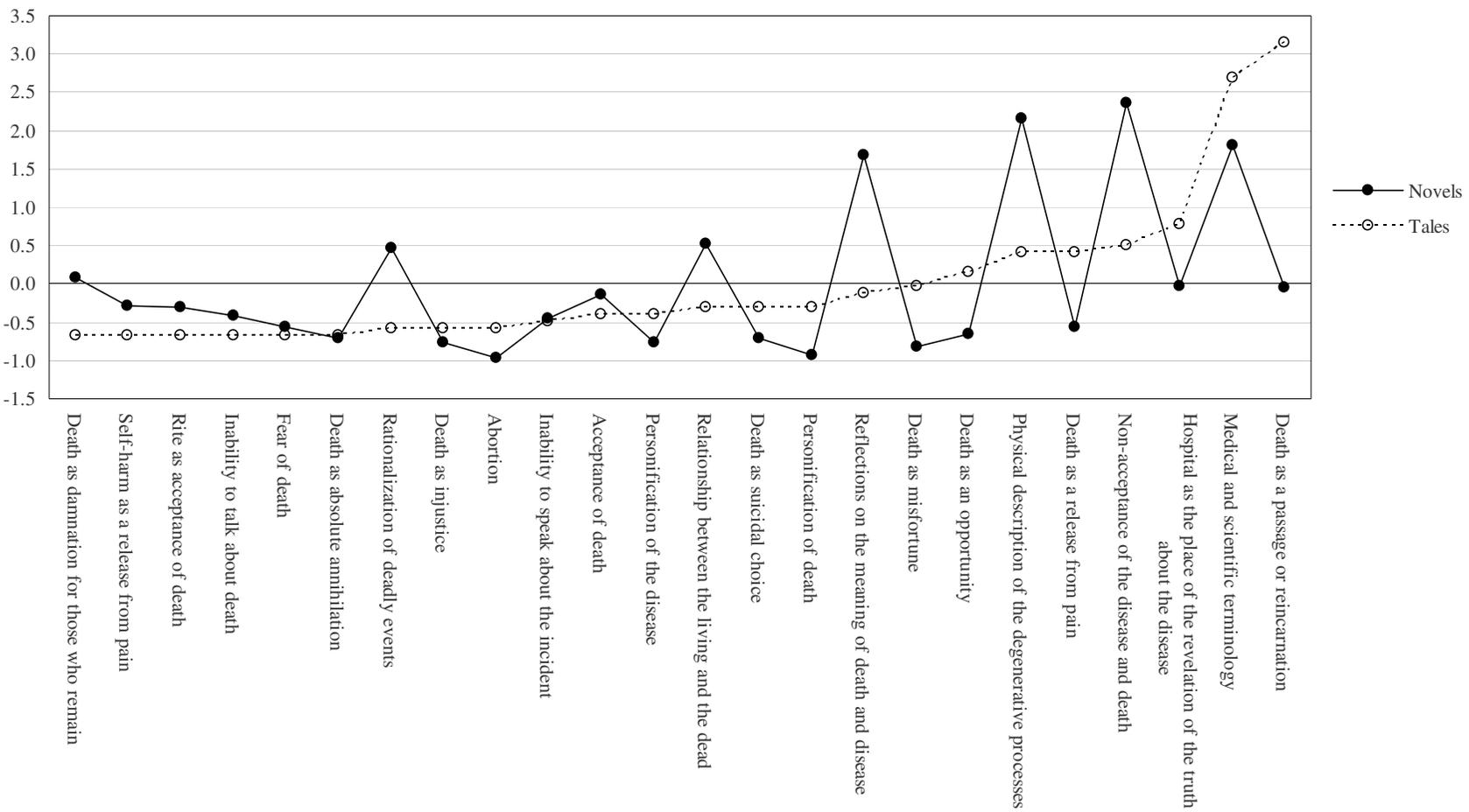


FIGURE 1
 Standardized difference of each category frequency from global frequency mean.

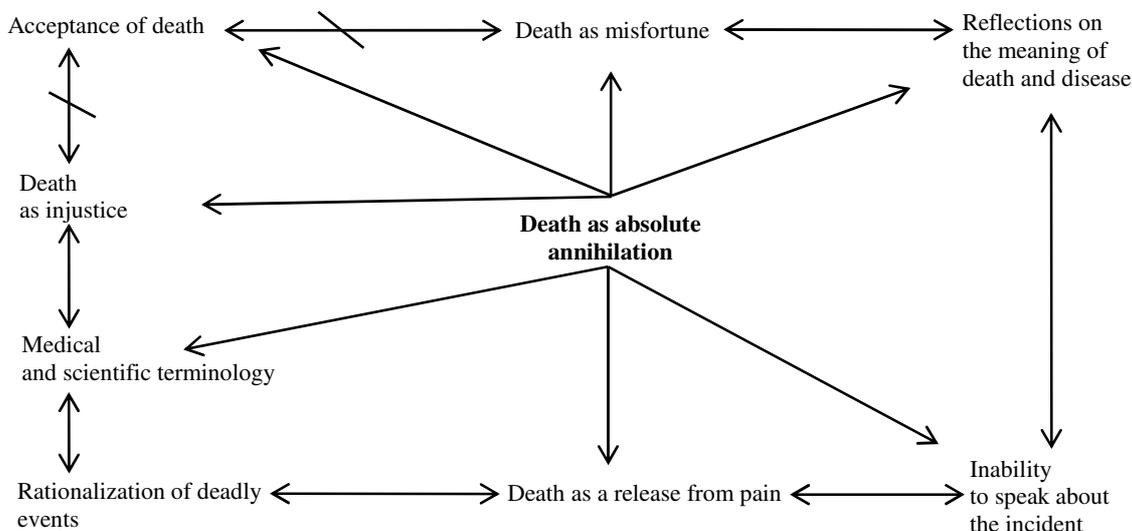


FIGURE 2

Death as a wall.

← = is part of. ↔ = is associated with. ↔ = is in contrast with.

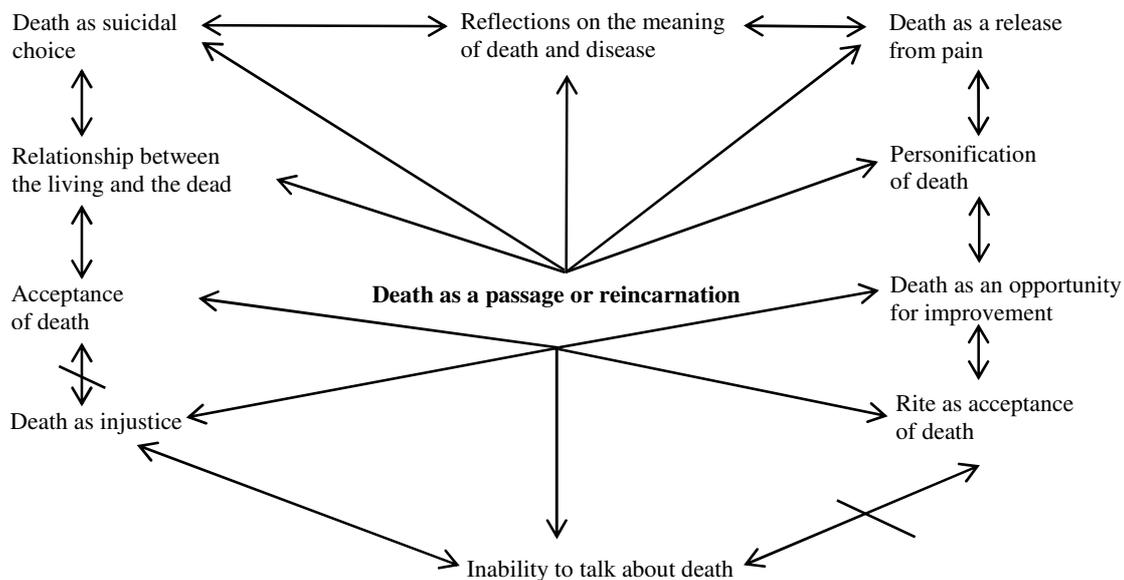


FIGURE 3

Death as a door.

← = is part of. ↔ = is associated with. ↔ = is in contrast with.

Both SLNs and AWTs try to define the unacceptable inexpressibility of death (Figure 4). In SLNs, this dimension shows its horrific components, which are the damnation of survivors, injustice, misfortune, and terror. The only possibility to accept such dreadfulness resides in hoping that there is a persisting connection between the living and the dead.

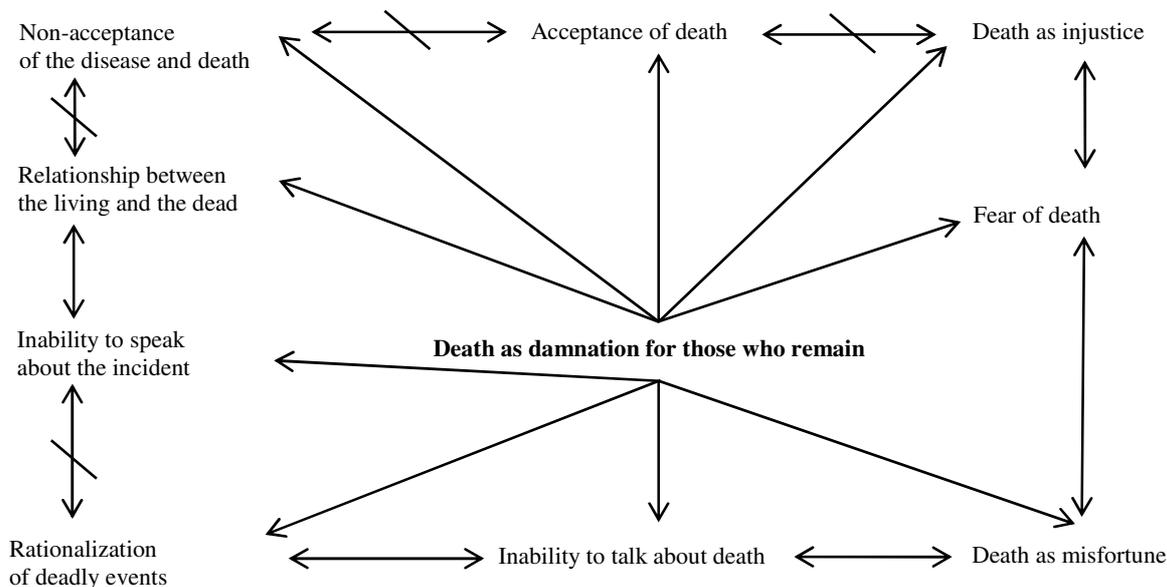


FIGURE 4
The inexpressibility of death and illness.
← = is part of. ↔ = is associated with. ⇄ = is in contrast with.

Medical language was used by both SLNS and AWTs (Figure 5) to represent death either as annihilation or as a passage. Its use aimed to describe sickness, but especially to define what actually happens, because it is impossible to find any other kind of language to speak about death, the terror, the unacceptability of the illness. In this scenario, the hospital is the place where reality is unveiled, beyond any illusion.

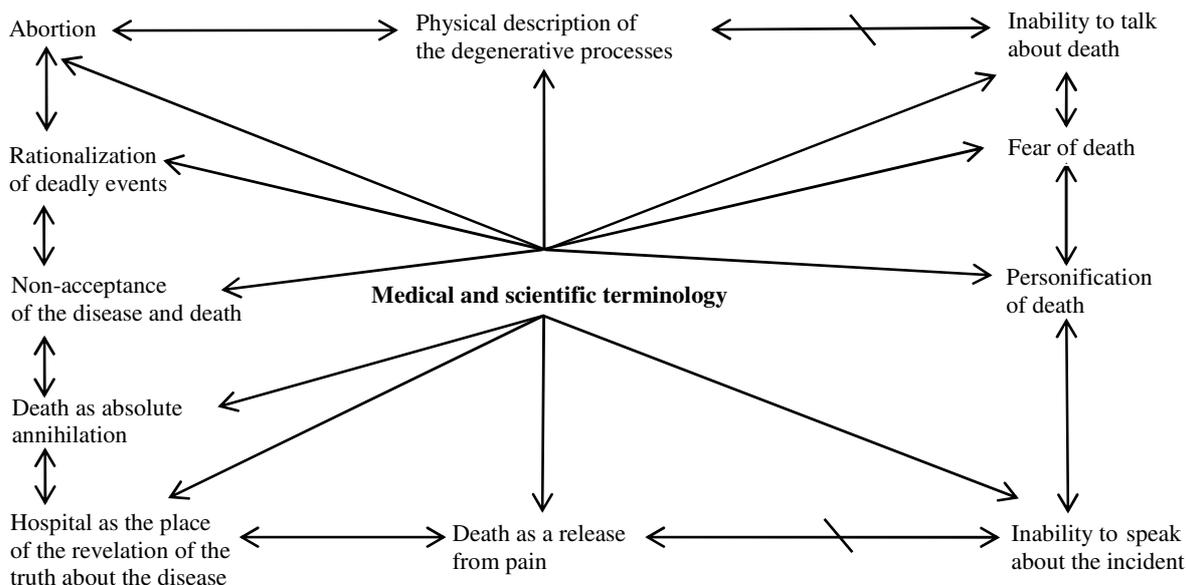


FIGURE 5
Unveiling reality through medical lexicon.
← = is part of. ↔ = is associated with. ⇄ = is in contrast with.

The conclusion of this research is represented in Figure 6, which defines the main contents of the ethical dimension of death, resulting from the whole analysis. The “ethical characterization of death” is composed by subcategories interconnected through bold arrows. It is considered by both SLNs and AWTs, on the one hand, as misfortune, injustice, and damnation of the survivors, but, on the other hand, as an opportunity of liberation from pain and sufferance. It is important to underline this characterization, because it implies that the negativity of death is not absolute, since the most terrifying situation is the condition of suffering without sense and any possibility of liberation. The analysis suggests that these two ethical components, which characterize the ORD in the two kinds of texts, need to be widely and socially discussed.

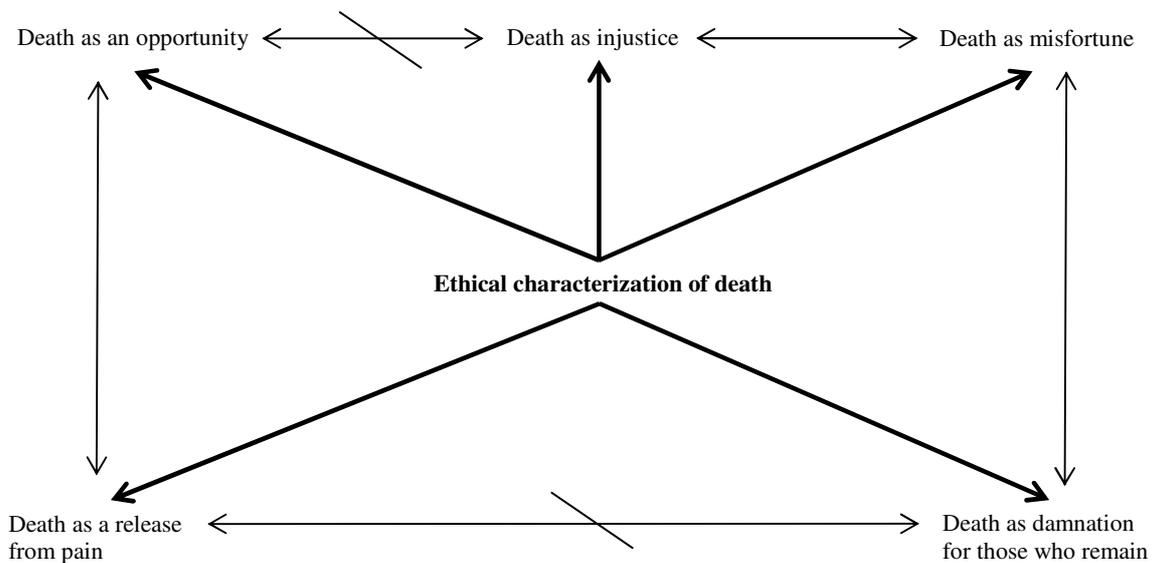


FIGURE 6
 The ethical dimension.
 ← = is part of. ↔ = is associated with. ↔ = is in contrast with.

DISCUSSION

This study compared the representations of death in sick-lit novels and in tales written by amateur writers on similar topics. Sick-lit is a type of text rooted in disease, self-harm, pain, and suicide, which, on the one hand, has been considered by adult declarations in the media and on the Internet as a trivialization of serious issues, and, on the other hand, is gaining huge traction among adolescents and young adults. The results of our qualitative analysis suggest that there is a difference between the two kinds of texts: the sick-lit novels represent sickness as the degradation of biological matter, without any further meaning, similarly to what Sontag (1977, 1989) suggested, and announce death as an absolute annihilation of subjective identity, as von Hagens’ (2006) objectification of the body does. The representation of death as a passage is present as well, but it announces very negative relationships with survivors and existence. On the contrary, the tales written by amateur writers represent death uniquely as a passage, and when they recount the relationship between sickness and death, death as a passage manifests a wide ethical dimension giving meaning to life. The differences may be partially attributed to cultural differences: the

analyzed sick-lit novels are written by Anglo-Saxon authors while the amateur tales are written by Italian authors. However, both English and Italian worldviews share the same ontological root of thought, the Western one. In this sense it is necessary to recognize a common background.

From a sociological point of view, we can say that the spread of sick-lit novels, similarly to the Body Worlds phenomenon, may be the social reaction to the decennial concealment of real dying, which characterized the second part of the 20th century. The loss of the sense of limit derived from this occultation has generated a common feeling of endless here and now. From this kind of perception derives the sensation that we live in a cyclical rather than historical time, with the feeling of the repeatability of each experience. Of course, this may be dangerous because of the real irreversibility of events and of the linearity of the biographical journey. The sick-lit novels and the Body Worlds state that life is limited, that any wound leaves an irreversible scar on the body, and that death totally annihilates life. We think that teens probably find in this kind of text a simple answer to their unanswered questions, and that adults are not able to express such contents because they hope that death means something else.

However, we cannot underestimate the consequences of this success and the concerns that the Internet denounces. The problem is inherent to the representation of death as a positive opportunity, because it liberates the sick body from pain. This idea is expressed by both SLNs and AWTs, but with a substantial difference, deriving from ORD. If disease expresses the relationships with transcendental dimensions, as AWTs suggest, indicating that death signifies passage, the image of sufferance and its liberation diminishes the fear of the end of life. Furthermore, faith in the afterlife reinforces the moral sense of life, reducing the impression of vacuity of existence, from which depression and suicidal ideation may derive. In fact, the Western traditional view of transcendence implies a divine negation of any form of subjective refutation of life. On the contrary, if any transcendence is negated and death is the end of the body, which is a mere object like any other thing, as in sick-lit, suicide is a possible solution. To support this implication we want to remember that this terrifying suggestion has latently characterized the culture of the 20th century, after the “death of God” announced by Nietzsche. The philosopher, in his opera “The birth of tragedy” (1872/2013), describing the encounter between King Midas and the Silenus, sentenced exactly this solution. When King Midas asked the satyr what would have been the best thing for humans, the answer was the following: “Oh, wretched race of a day, children of chance and misery, why do ye compel me to say to you what it were most expedient for you not to hear? What is best of all is for ever beyond your reach: not to be born, not to be, to be nothing. The second best for you, however, is soon to die” (p. 34).

One limitation of this study is the lack of analysis about the social perception of the risk linked to sick-lit that prevents us from providing a larger picture about how the sick-lit phenomenon is represented in society and experienced by readers. This topic could be expanded in future studies analyzing the content of the discussions about sick-lit in the Internet, or conducting interviews with readers of sick-lit novels. Since indifference with respect to the problem of self-injuring and suicide may be lethal, similarly to any other sphere in which it occurs (Zamperini, 2013), we think it would be better to study more deeply the effect of the sick-lit phenomenon, especially in the field of suicide.

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