DiGeSt

Journal of Diversity and Gender Studies

What Healing Erases: Illness, Identity, and the Violence of Normalcy

Anna Claes

DiGeSt Journal of Diversity and Gender Studies, Volume 12, Issue 1
https://doi.org/10.21825/digest.95438
Print ISSN: 2593-0273. Online ISSN: 2593-0281
Content is licensed under a Creative Commons BY
DiGeSt is hosted by Ghent University Website: *https://www.digest.ugent.be/*

What Healing Erases: Illness, Identity, and the Violence of Normalcy

Anna Claes
Social and cultural Anthropologist, Independent Writer and Journalist
Anna.claes@hotmail.com

Abstract
This reflective essay challenges conventional narratives of recovery and normalcy by exploring the often-overlooked emotional and existential terrain of *becoming well* after chronic illness. While illness has long been understood as a disruption to normative life paths, this piece centers the loss and grief embedded in healing—losses of identity, structure, community, and the slower, intentional ways of living that illness may cultivate. Drawing on personal experience and critical disability theory, the author resists the binary of 'sick' and 'well', and interrogates how societal ideals of health, thinness, and productivity are imposed during recovery. The essay critiques medical and therapeutic practices that frame fatness, pain, and non-normative embodiment as conditions to be fixed. Instead, it proposes a vision of recovery as integration rather than erasure, a reclamation of wholeness that embraces contradiction, fragmentation, and the enduring presence of illness. Ultimately, the work reimagines health and identity outside linear frameworks, emphasizing the political and personal power of living in multiplicity.

Keywords
Chronic Illness, Disability Studies, Recovery Narratives, Identity, Fatness, Medical Normalization, Intentional Living

The experience of loss and grief in being and becoming ‘unwell’ has long been a central theme in disability and crip studies and beyond. Scholars and activists have powerfully articulated how illness and disability disrupt normative life trajectories, eliciting the reimaging of futures shaped by able-bodied frameworks. What is discussed far less, however, is the quieter, more ambiguous process of loss that accompanies the process of becoming well. How to navigate the emotional and existential terrain of becoming less ill? As I, after many years of illness, slowly started to become more normatively ‘healthy’, I found myself unable to articulate the loss that accompanies healing and recovery, especially when they are so often framed in unequivocally positive terms. How to understand a life shaped not just by pain, but by its slow retraction? Becoming unwell has opened me up to the futures we learn to imagine when our bodies demand slowness, softness, and radical imagination; becoming well has shown what happens to those futures when they are flattened out once again by the seemingly limitless possibilities of able-bodiedness.

What healing erases

In Western cultural and medical narratives, recovery is often treated as a linear return: from broken to fixed, from unwell to well. But my experience has never followed such neat timelines or stages. Even now my symptoms are gradually easing, I remain marked by years of illness. Even if I were to ‘fully recover’ someday, the self I became in illness—the relationships I formed, the perspectives I gained—will never be undone. I will always be defined to some degree by the illness that inhabited and continues to inhabit my body.

Still, the pressure to conform to medical and societal frameworks of normalcy is intense. Too often in my case, ‘healing’ in the eyes of medical professionals equaled the elimination of physical pain. In an attempt to come to terms with the realities of living in a chronically ill body, I consulted both a psychiatrist specialized in the relationship between mind and body. I was looking for emotional reconciliation with my body, without wanting to change it or the symptoms of pain and stress I was experiencing. After years of therapy, I realized it was not the illness itself that made me unhappy, but the shame of feeling ‘other’ because of it. I hid away the parts of myself others considered uncomfortable, feeling isolated and lonely as a result. What I longed for was acceptance; a restoring of mind and body. Despite me clearly expressing these needs, the psychiatrist I consulted continued to prescribe various antidepressants and anti-anxiety meds aimed at suppressing my symptoms. At one point, she advised me to get on Ozempic, a type of medication that would both alleviate symptoms of anxiety and depression as well as cause me to lose weight. I had never before indicated that I wanted to lose weight, having suffered from an eating disorder in the past.

I felt equally misunderstood by the psychologist I was consulting at the time. Much like the psychiatrist, she seemed unable to truly grasp my needs. Session after session, she continued to emphasize the importance of physical activity and structured routines as a means of alleviating my physical symptoms. During our final session, I was once again explaining what I believed to be the emotional roots of those symptoms, as she kept probing into to the question of their origin—at one point asking me bluntly, ‘What about the being overweight thing? How did that come about?’. She continued to stress that, through healthy habits, it was possible for me to return to a ‘healthier’ body. Putting aside the assumption that health necessarily equates thinness, a more fundamental line of reasoning becomes apparent here: that my fatness is not an integral part of who I am, and that it must be shed in order to truly heal and become a better version of myself. Existing at the intersectionality of being plus size and chronically ill, I am aware of the way in which I am often considered to exist in a ‘before’ state, despite my repeated attempts at making clear that I already, and always will, exist as a fully whole and integrated person.

The ill body as home

When first becoming ill, I had still internalized these black-and-white narratives of Illness and Health. Health, to me, seemed a destination: a stable, desirable state that I longed to return to. Illness, on the other hand, figured as a disruption, a drawback. It signified a temporary complication that needed to be eliminated by any means possible: pills, physical therapy, or counselling.

However, as my illness became increasingly chronic, I was forced to accept it as a lasting, intrinsic part of my day-to-day reality. As I started to structure myself around illness, it became the architecture of my life. I developed a sense of discernment, carefully choosing how and where to direct my time, focus, and attention. Practicing pacing, a self-management strategy that aims to monitor energy levels by scheduling rest moments strategically, I carefully balanced rest with exertion. Doing so would prevent me from being overwhelmed during more intense activities.

Pacing had an impact on both my personal and professional life. Professionally, it meant that my career choices were more so dictated by sustainability than ambition. I looked for a part-time role with flexible hours, limited workloads and enough financial security to maintain a degree of independence. For some time, I had to sacrifice the ambitious, high-achieving professional life that I had envisioned for myself. In my personal life as well, I was forced to reduce the amount of energy I would spend on the people around me. My direct circle of friends and family became smaller, if not more intimate and reciprocal. Even my involvement in activist work, once a central part of my identity, had to be reconsidered. The physical and emotional demands of street protests and grassroots organizing increasingly felt overwhelming and unsustainable.

Illness determined not only what I could do, but how I understood time, care, desire, and even success. However, that narrowing of possibility made my world more intentional. I learned to build a life around slowness. I actively practiced discernment: choosing carefully what I spent energy on, who I let in, what kind of work felt possible and meaningful.

To the outside world, it may have looked like lack. But within the limits illness imposed, I found a kind of clarity. My needs shaped my days, and I was forced to carve out a life that I truly found worth living. In doing so, I have built close-knit support systems that I can fall back on, and have found peace in futures that I never thought possible. There is a strange sense of freedom in accepting the monstrosity, the out-of-placeness, of the body. If I no longer fit society's rigid ideals of productivity or excellence, then why conform at all? Why not redefine those terms on my own terms?

Slowly, I began shedding the narratives of pity and loss others had imposed on me, growing into something vaster and more elusive, something beyond what they could envision. To stop hiding the ways in which I failed at meeting societal expectations of unwavering output. And that growth felt liberatory. So when initially my friends and family reacted with happy excitement to my recovery process, I felt a sense of disconnect. You must be so relieved, they said. This must feel so liberating. But I did not feel relieved, or free. Instead, I felt confusion and disbelief. I had lived inside one way of being for so long that wellness, even partial, felt like some sort of displacement. Without the daily signals of illness guiding my decisions, my sense of orientation collapsed. The structure around which I had built a life—what to prioritize, how to pace, what to expect—has suddenly vanished.

Existing as a fragmented whole

I refuse, however, to cast my illness as an altogether Good thing. While I have created a happiness many have deemed unattainable as a queer plus size person with chronic illness, I also do not wish to erase the very real pain and suffering many people with chronic illnesses and disabilities experience on a day-to-day basis. Sometimes, being ill or disabled just hurts, whether it be because of physical pain or systemic inaccessibility and discrimination. I do not subscribe to the overcompensatory narrative that labels disability as a 'superpower'. Such a framing often flattens complex realities and places an unfair burden on disabled people to extract meaning or strength from what can simply be unjust or exhausting. Moreover, the discrimination and marginalisation faced by disabled and chronically ill people is both widespread and deeply rooted. I speak from a place of relative privilege: as a white, highly educated person with an invisible illness, I am aware that my position affords me a degree of protection and validation that is too often denied to others. The fight for a just care system continues, especially for disabled and chronically ill people who are Black, Indigenous, people of colour, queer, trans, or living in poverty.

I believe, however, that liberation lies in exactly this refusal of illness and disability to be cast as either Good or Bad. If considered a Good thing, illness becomes something to be celebrated and revered. If considered a Bad thing, it becomes something that needs fixing or eliminating. But to me, illness is both and neither at the same time. It is a place of contested meanings. It is as constricting as it is liberating, as healthy as it is ill.

Oftentimes, disabled and chronically ill bodies are considered to be in a frozen state. As there is no recovery in the near future, we are thought to be stuck in a past that defines the present illness and forecloses any livable future. It is easy to internalize this view and to think of oneself as static, as lacking any progress. However, to redefine the body and illness as continuously changing in their complexity effectively resituates the disabled body as a site of possibility and change. If I am both Good and Bad, I must be multiple, I must be changing, and I must be complex. I am undefined, and therefore, more-than any meaning or narrative anyone will ever project onto me. In a world in which we are but too often reduced to one characteristic—someone to pity, someone to celebrate, someone to fix-existing in one's complexities and contradictions becomes a revolutionary act.

In truth, I have felt moments of both happiness and sadness existing with chronic illness. I have felt pity towards myself, but also pride. At times, I have pushed myself too hard, determined to prove that I can match the pace and productivity of able-bodied people. Other times, I have failed to perform able-bodiedness, because I am not able-bodied. I would then flaunt my lack of productivity, out of protest. I've experienced moments of wellness and unwellness, sometimes simultaneously, and have felt capable and incapable in both. However, as I started to become less Ill the past few months, I have felt the discourse of illness and health being reimposed in me. I exist again in definite phases of past, present and future, in terms of problem and solution. I used to be Ill, but now I am Healthy. People experience less discomfort when talking about my life. They breathe sighs of relief as they learn that I'm successfully resuming my social life and managing an increasing workload. I have started to impose these ideals of Health on myself as well. As my bodily cues play a less central role in the decisions I make on a day-to-day basis, I feel unlimited again. My body is a blank space that is capable of anything. New routes are opening up, and they are limitless. The question remains whether these imagined futures are truly liberating, or whether they are just more socially legible. I can dream again of futures of excellence, of big careers and busy schedules. I am temporarily frozen in this state of limitlessness. I am capable of everything, and can act independently of a body that reminds me of its limits at all times. I no longer fluctuate; my present and future no longer nuanced. Being abled, more than being disabled, has felt like being stuck in time; futures like long, flat planes stretching out in front of me. There is a loss in this.

Lately, I have been attempting to return to the sense of intentionality and integrality that I used to embody so viscerally. But this sense already exists within me, as I have not suddenly shed illness after being medically 'recovered'. I do not have to return to an experience that is already part of me. My body and mind cannot be understood or interpreted through medical frameworks. The chaotic inconsistencies of my illness do not prevent me from being an integrated whole at the same time as my integrality does not prevent me from existing through fragments. I can only be known and understood in my fragmented contradictions; my inexplicability. It is this inexplicability that necessarily deconstructs your assumptions about me. It is through this inexplicability that I think about and open up new pasts, presents, and futures, and create an own sense of identity. There is no more complete version waiting for me in the future. I exist in wholeness in the very present moment. True recovery may mean exactly this: becoming whole without having to shed parts of the body or mind. To not move from one state to the other and leave behind the self, but to accept that all states of being exist within it already. To carry with all the fragments that are deformed, misshapen, and uncomfortable, to allow them to rub the wrong way. To be proud in it, too, to be ambitious and wanting in taking up crippled, integrated space.