

**EMOTIONAL DIASPORA IN SICK  
LITERATURE: A TEXTUAL ANALYSIS OF  
RACHAEL LIPPINCOTT'S *FIVE FEET APART*  
AND JOJO MOYES' *ME BEFORE YOU***

**BY**

**FILZA DILSHAD PATHAN**



**NATIONAL UNIVERSITY OF MODERN LANGUAGES,  
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Before You***

By

**FILZA DILSHAD PATHAN**

BS English International Islamic University Islamabad (IIUI)

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## THESIS AND DEFENSE APPROVAL FORM

The undersigned certify that they have read the following thesis, examined the defense, are satisfied with the overall exam performance, and recommend the thesis to the Faculty of Arts & Humanities for acceptance.

**Thesis Title:** Emotional Diaspora in Sick Literature: A Textual Analysis of Rachael Lippincotts' *Five Feet Apart* and Jojo Moyes' *Me Before You*

**Submitted by:** Filza Dilshad Pathan

**Registration:** 26-MPhil/EngLit/Rwp/S21

Master of Philosophy

Name of Discipline

English Literature

Degree name in full

Ms. Khush Bakht

Name of Research Supervisor

\_\_\_\_\_

Signature of Research Supervisor

Dr. Muhammad Safeer Awan

Name of Dean (FAH)

\_\_\_\_\_

Signature of Dean (FAH)

\_\_\_\_\_  
Date

## AUTHOR'S DECLARATION

I Filza Dilshad Pathan

Daughter of Dilshad Pathan

Registration # 26-M.Phil/Lit/Rwp/S21

Discipline English Literature

Candidate of **Master of Philosophy** at the National University of Modern Languages do hereby declare that the thesis **Emotional Diaspora in Sick Literature: A Textual Analysis of Rachael Lippincotts' *Five Feet Apart* and Jojo Moyes' *Me Before You*** submitted by me in partial fulfilment of MPhil degree, is my original work, and has not been submitted or published earlier. I also solemnly declare that it shall not, in future, be submitted by me for obtaining any other degree from this or any other university or institution. I also understand that if evidence of plagiarism is found in my thesis/dissertation at any stage, even after the award of a degree, the work may be cancelled and the degree revoked.

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Signature of Candidate

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Name of Candidate

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Date

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## **DEDICATION**

To my sister, Fathyma Dilshad

## ABSTRACT

**Title: Emotional Diaspora in Sick Literature: A Textual Analysis of Rachael Lippincott's *Five Feet Apart* and Jojo Moyes' *Me Before You***

This study examines the impact of emotional diaspora on individuals experiencing chronic illness and disability as they transition from a state of wellness to one of sickness. Focusing on the emotional diaspora experienced by these individuals, akin to the challenges faced in the geographical diaspora, the study employs the works of literature, specifically *Five Feet Apart* by Rachel Lippincott and *Me Before You* by Jojo Moyes, as case studies. Drawing inspiration from William Safran's diaspora concept, the thesis advocates for a reevaluation of conventional diaspora studies, emphasizing the emotional displacement of those with chronic illness. This research, however, sheds light on a distinct dimension of diaspora, elucidating the emotional displacement experienced by individuals facing chronic illness, transforming their familiar surroundings into an unfamiliar realm. In contrast to geographical diaspora, emotional diaspora characterizes the sickness experience. Sick literature, often portraying young characters facing physical or mental disabilities, endeavors to depict the challenges and societal misfits associated with chronic illnesses. Additionally, the study aims to establish sick literature as a valuable and underrepresented academic field. Characters grappling with chronic diseases undergo emotional diaspora due to substantial life changes and the abrupt transformation of their self-perception. Expanding the study of diaspora, emotional diaspora is viewed as a state of displacement and alienation that individuals experience when they feel emotionally disconnected from their environment, culture or community. This research uses affect theory to explore how characters' emotional responses to illness in "sick literature" shape narrative structure and meaning, highlighting the interplay between affect and identity in marginalized experiences.

**Keywords:** *emotional diaspora, sick literature, chronic illness, identity, affect theory, emotional displacement*



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# CHAPTER 1

## INTRODUCTION

This thesis explores the concept of emotional diaspora, distinguishing it from traditional interpretations, by expanding the scope of diaspora studies through the lens of Sara Ahmed's affect theory and William Safran's characteristics of diaspora, specifically within the context of Sick literature. This thesis explores the affect of emotional diaspora on sick characters as they navigate through hardship adjusting from a state of wellness to a state of sickness using the affect theory proposed by Sara Ahmed. The current study also analyzes the affect of emotional displacement on their sense of identity due to the challenges of chronic illness and disability as they try to find a balance between their pre- and post-illness lives. To conduct this research, the study has analyzed two works of fiction from sick literature namely *Five Feet Apart* by Racheal Lippincott and *Me Before You* by Jojo Moyes to understand the emotional diaspora that affects sick characters by taking the concept of William Safran which ultimately affects their identity. The thesis presents a reinterpretation of conventional diaspora by analyzing the affect of sickness as it displaces oneself emotionally and affects their identity as the emotional diaspora like conventional diaspora comes with challenges. Emotional diaspora extends beyond the traditional understanding of diaspora as a physical displacement, focusing instead on the internal, emotional struggles that arise from flings of not belonging or being out of place.

Diaspora studies have long been shaped by foundational scholars such as William Safran, whose work provides a critical framework for understanding the complexities of diasporic identities and communities. In his influential 1991 paper *Diasporas in Modern Societies: Myths of Homeland and Return*, Safran defines diaspora as populations dispersed from their original homelands, yet maintaining strong ties to those places through memory, cultural practices, and a sense of longing. He identifies key characteristics of diasporic groups, including collective memory of the homeland, feelings of alienation in the host society, a desire to return, and the preservation of their original culture and identity.

Expanding on this framework, the concept of emotional diaspora redefines diaspora beyond physical displacement. In this view, a person can experience a form

of internal exile due to life-altering events, such as chronic illness. In such cases, the individual may still reside in their original home, yet feel disconnected from it as their illness forces them into a metaphorical diaspora. The compromises they must make and the sense of exile they feel can render their familiar environment a foreign land, much like traditional diasporic experiences of cultural and emotional dislocation.

Sara Ahmed's affect theory offers a compelling perspective for understanding the emotional dynamics within sick literature, particularly concerning emotional diaspora and its impact on identity. At its core, Ahmed's theory challenges conventional understandings of emotions as solely individual experiences, instead highlighting how emotions are socially and culturally constructed, circulated, and felt. Central to her framework is the concept of affective economies, which refers to how emotions flow and circulate within social spaces, shaping relationships, identities, and power dynamics (3). In the context of sick literature, Ahmed's theory allows for an exploration of how emotions associated with illness are not confined to the individual, but rather extend beyond personal boundaries to influence interpersonal interactions, cultural narratives, and collective identities. Ahmed's framework, accounts for the relational and contextual aspects of affect, provides a robust analytical approach for delving into the intricate emotional experiences depicted in narratives of illness. It reveals how emotions transcend individual boundaries, traversing diverse geographical, cultural, and temporal contexts. In doing so, this framework unveils the profound influence of emotions on identity formation and transformation within the realm of sickness literature.

Sick Literature is an emerging genre therefore it is important to gather a brief background on it. Julie Passanante Elman, a writer broadly focusing on disability studies defines sick literature as a subgenre of Young Adult (YA) literature merged sickness and romantic narratives to support the interdependent standards of able-bodiedness, heteronormativity, emotional control, and maturity among American adolescents (175). Young Adult (YA) Literature is a genre that emerged in the twentieth century, including fiction for teenagers (Coats 17). Such literature contains themes, plots, language, and characters that are consistent with young adults' experiences. Death, religion, politics, racism, economy, and sexuality are all prevalent topics in young adult fiction. Teens build their identities, form relationships, and broaden their horizons as they mature into adults. As a result, people wish to read

literature about these topics. In her well-known 1978 book *Illness as Metaphor*, Susan Sontag states that when people come into the world, they are citizens of the kingdom of wellness and the kingdom of sickness, although wellness is preferred over sickness unfortunately one would have to come across sickness at one point in life. Sontag describes the illness as a journey into a “foreign kingdom” or an “unrecognized neighbourhood” (10). The sick person is perplexed and worried, asking a slew of unanswered questions about how to act, what to say, and how long he or she will be in this “foreign kingdom”. So, illness may represent a journey, although a terrible and perplexing one and the sick person keeps on reminiscing about the state of wellness and emotionally yearns for his own native home of wellness.

Silverstein believes that the campaign “We Need Diverse Books’ in 2014 called for reforms in the publishing business to include more diverse books that would majorly discuss the marginalized that suffered from disability and chronic diseases; an emerging take for sick literature, a sub-genre of The Young Adult (YA) genre. It was one of the first campaigns to draw attention to the need for young adult disability and chronic disease literature, as there were few novels in the market portraying handicapped characters, and those that did were frequently created by non-disabled authors. The YA is crucial not just for demonstrating how young people develop their identities, but also for demonstrating how society and prejudices affect young people. This is especially true for young adult disabled persons, who are directly impacted by a culture that sees them as a burden or as being too young to be disabled. Disability studies theorists say that YA fiction follows the shifting of personal and societal identity; it enables the investigation of disability (Hughes and Wheeler 262). Several works, such as *Five Feet Apart* by Rachael Lippincott, *Me Before You* by JoJo Moyes, and *Me and Earl and the Dying Girl* by Jesse Andrews, have continued the social interest with disease or traumatic themes throughout the twentieth century and into the twenty-first. These kinds of stories are not only popular as literature, but they are regularly transformed into movies or television series, making them accessible to a wider audience thus, aiding the popularity of sick literature.

Sick literature aims at forming young characters who suffer from disabilities whether mentally or physically to depict society’s misfits and their troubles. By analyzing sick literature, this study helps in understanding the positionality of sick people, especially young adults in society. Furthermore, it contributes to sensitizing

their situation and giving them their due status of a complete human being instead of “othering” them of their physical disabilities. The study paves a new avenue by including sick literature in academics since this is a new emerging field and least touched upon. Moreover, the current study expands the perspective of diaspora theory analyzes the experiences of immigrants and is a part of post-colonial literature. This study proposes that diaspora theory can apply to sick literature, in which characters are faced with chronic diseases and are displaced emotionally due to the major change in their life and a sudden shift in their view of their “Self”. The shaping of identity is not only personal but also, they are “othered” by society.

Considering the different insights of affect theory this study makes use of it as a theoretical framework. Affect theory serves as a valuable framework for analyzing the emotional and psychological dimensions of characters in sick literature. Drawing upon affect theory allows scholars to deeply examine how the characters' experiences of illness and their emotional responses shape the overall narrative structure and meaning of the literary work.

Building on the idea of sick literature where sick characters share common challenges as Diasporas such as disruption to well-being and identity; they struggle to adjust to their post-illness lives and maintain connections, impacting their overall resilience and adaptability. This displacement affects them emotionally and is called emotional diaspora. The term "diaspora" is geographical, signifying a scattering of people throughout space and transnational links between individuals and locations. While Doyeun Kwak (2015) has touched upon similar ideas in a conference setting, the concept is still in its nascent stages and warrants further scholarly investigation. This displacement affects them emotionally and is called emotional diaspora. The contentious interaction of location, home, culture, and identity via movement and resettlement certainly forms part of the diaspora, as a concept and as a lived experience (Blunt 282). Brah (16) in his book introduces the idea of “diaspora space” where political and cultural space is scrutinized and belongingness and identity from home are shaped and challenged. Diaspora in literature concerns itself with the idea of homeland for those who have dispersed or scattered away from their homeland. Diaspora studies also included diasporas of the locals, which would not require an extreme displacement but a shift that one would have to face when met with different political agendas, different economic situations or moving to a different homeplace

(from village to city life). The diaspora discourse is widening and new categories are emerging, hence, this study will explore the “emotional” diaspora felt by sick characters who are not dispersed from their homeland geographically but rather are dispersed from their homely situation due to their sickness.

Emotional diaspora refers to the collective experience of dislocation, fragmentation, or displacement within a group, often caused by external pressures like illness, trauma, or social isolation. In this context, rather than physical migration, it is the shared emotional or psychological estrangement from the mainstream that binds the group together. This dispersed emotional state forms new connections among people who share similar experiences of being “out of place,” creating a community bound not by geography, but by a shared sense of alienation or emotional exile. Emotional diaspora has a meaningful connection to "sick literature," a literary genre that examines themes of physical and mental illness, frequently exploring the fractured and disoriented states of the human psyche. Within this framework, emotional diaspora and sick literature are similar as both deal with dislocation, disintegration, and people's attempts to make sense of their fragmented identities or experiences.

Both emotional diaspora and sick literature explore the theme of fragmentation, which highlights the complex psychological underpinnings of characters' identities that are shaped by both internal conflicts and external circumstances. Characters in the emotional diaspora domain frequently negotiate the challenges of cultural displacement, which results in a fractured sense of self. This disassociation is especially noticeable in migration narratives, where characters are caught between several identities and experiences. Characters struggle with their cultural roots against the backdrop of civil conflict in Chimamanda Ngozi Adichie's *Half of a Yellow Sun*, for instance, illustrating how trauma and displacement can shatter identity.

Similar to this, sickness exacerbates the fragmentation of the self in sick literature. For example, Clarissa Dalloway in Virginia Woolf's novel captures this struggle as she deals with both her mental health issues and the aftermath of World War I. Her experiences show how illness can cause a sense of disconnection from oneself and others, reflecting an internal chaos that resonates with her societal roles



and expectations. In a similar vein, Gregor Samsa, the main character of Kafka's *The Metamorphosis*, represents the final bodily metamorphosis that results in existential despair. His transformation into an insect highlights how illness can rob a person of their identity and humanity and serves as a potent metaphor for alienation and the loss of agency. Gregor's subsequent seclusion serves as an example of how the disintegration of the self is influenced by both individual perception and societal reaction.

Given that, disease has a transforming quality; characters in sick literature frequently feel cut off from society, their bodies, or even their former identities. This is similar to the displacement experienced by people experiencing emotional diaspora, when they feel as though they are no longer part of a single emotional "homeland." Characters at a sanatorium in Thomas Mann's *The Magic Mountain*, for instance, are emotionally and physically cut off from society and placed in a transitional state where they cannot truly belong to either the world of the living or the realm of the dead, reflecting the conflicted emotional terrain that people experiencing emotional diaspora encounter.

The incapacity of characters to adequately express their inner states—whether it be the agony of disease or the loneliness of mental suffering—recurs frequently in works of sick literature. Similarly, people who experience emotional diaspora could find it difficult to express the emotional fragmentation they go through since their emotional reality is dispersed among several locations, connections, or recollections. To illustrate the incommunicability of highly internalized pain, consider Esther Greenwood's struggle to explain and express her severe emotional estrangement with people around her in Sylvia Plath's *The Bell Jar*.

Emotional diaspora and sick literature frequently address existential displacement, which is the feeling that one is no longer part of the world. When a person's emotional identity is scattered over several contexts, it can lead to emotional diaspora, which makes them feel unanchored. Particularly in comparison to this, illness frequently pushes characters into a state of mind where they consider the purpose of life and their place in it. This is shown in works of sick literature. In Albert Camus's *The Plague*, for instance, the theme of a physical ailment triggering a deep

psychological crisis that challenges the meaning of suffering and belonging is explored.

In the end, emotional diaspora and sick literature highlight a common theme: the need to find order amid chaos. The characters confront both internal and external forces while navigating their fractured identities to find healing, understanding, and connection. These stories' journeys strike a deep chord with readers, shedding light on the universal challenge of balancing conflicting facets of oneself in a world that frequently seems relentless and disjointed.

Understanding the traits of diaspora as articulated by William Safran provides a crucial framework for examining the emotional diaspora found in what might be termed "sick literature." Safran's approach delineates a shared longing and a sense of dislocation that can be perceived in both the physical scattering of people and the emotional scattering present within the literature that grapples with illness. Safran outlines diasporic traits such as a sustained connection to a homeland, a feeling of alienation in the host country, and a shared consciousness among those within the community.

Applied to literature addressing illness, these traits can be metaphorically adapted to reflect how individuals experiencing chronic or severe illness often feel disconnected from their pre-illness lives, akin to an exile from their bodies. This sense of emotional diaspora is heightened by a longing for the 'homeland' of health and normality, a state that is remembered but no longer accessible. Furthermore, an emotional connection is fostered among those who endure similar health struggles, akin to Safran's emphasis on communal ties. The sense of alienation or displacement one feels when navigating spaces of well-being while being acutely aware of one's chronic health challenges parallels the cultural and social disconnects faced by diasporic communities in foreign lands, thereby intertwining the emotional and physical facets of diaspora.

Sick literature often delves into themes shaped by the physical and emotional experiences of illness, reflecting a profound sense of dislocation similar to that found in the narratives of diasporic identity. At its core, sick literature embodies a struggle with the body that parallels the displacement and longing inherent in the diaspora. In

both contexts, there is a sense of being between worlds: the healthy and the ill, the homeland and the new land.

This emotional diaspora in sick literature manifests through a deep exploration of identity, vulnerability, and resilience. Characters and narrators grapple with the fragmentation of the self, an experience mirrored in the diasporic individual's negotiation of multiple cultural identities (Nayak 11). This fragmentation often leads to a longing for wholeness or return—whether to health or to a place of origin. Additionally, there's an exploration of isolation, whether due to the alienating nature of illness or the disconnection felt in a new culture.

In examining the connection between sick literature's emotional diaspora and Safran's traits of diaspora, it is crucial to explore how identity and belonging play pivotal roles in both contexts. Safran's conceptualization of diaspora involves not just the physical dispersion of communities but also the emotional and cultural ties that bind individuals to a collective past and identity (Nayak 11). This resonates deeply with sick literature, where characters often grapple with feelings of isolation and displacement, reflecting the emotional diaspora within their narratives.

The intrinsic search for belonging amid physical or emotional displacement is a central theme shared by both contexts. In Safran's framework, diasporic communities maintain a longing for their homeland or a place where they feel a sense of inherent belonging (Aydin). Similarly, characters in sick literature frequently embody this yearning, experiencing a profound emotional disconnect from their surroundings. These narratives underscore the internal struggle to reconcile their displaced state with their desire for connection and understanding.

Moreover, identity in Safran's diaspora is often multifaceted, reflecting complex relationships with multiple cultures and histories (Karim 1). Sick literature mirrors this complexity, as characters navigate their inner worlds while contending with external societal pressures. Ultimately, both sick literature and Safran's traits of diaspora illuminate an ongoing quest for identity and belonging amid the chaos of displacement, whether literal or metaphorical.

In examining the intersection of sick literature's emotional diaspora with the cultural and personal facets of diaspora often articulated in works like those of Jonathan Safran Foer, we uncover a complex tapestry that enriches our understanding

of both emotional and cultural narratives. Sick literature often delves into the haunted, fragmented emotions borne from illness, mirroring the sense of dislocation and longing prevalent in diasporic works (Bellot).

These narratives encapsulate a profound sense of internal exile, one that parallels the external displacement felt by diasporic communities. Safran's narratives illuminate how cultural displacement contributes to a layered identity—one that is both rooted in memory and reshaped by alien landscapes, much like how sickness reshapes personal identity through its imposition of new, often isolating, and realities (Qutait 6).

The convergence of these narratives offers a unique perspective where emotional and cultural Diasporas inform and enrich each other. Both narrative forms accentuate the resilience and adaptability of the human spirit in the face of dislocation—is it physical, emotional, cultural, or psychological. By embracing these shared themes, readers gain insight into the broader human condition, offering empathy and understanding across disparate experiences (“How to Address Diaspora Africans’ Mental Health Challenges”). Thus, the emotional diaspora of sick literature and the cultural diaspora in Foer's works converge to form a dialogic space that bridges personal and collective narratives, affirming the universal quest for identity and belonging (Qutait 6).

Brah claims that "The idea of diaspora creates a creative tension between the discourses of 'home' and 'dispersion,' inscribing a homing yearning while simultaneously criticizing discourses of fixed origins" (192-193). Blunt and Dowling offer critical geography of home and propose three areas of investigation: (1) home as both material and imagined, (2) how home is politicized to power and identity, and (3) an appreciation of the multi-scalar nature of home, that is, from actual dwelling space and nationhood to homelands produced by Empire (22). Related to the imaginations of homeland, there has been an emphasis on place and place-making. It can be hypothesized that a person who is met with a life-changing event can be in a constant struggle with homemaking and the idea of home. One does not necessarily have to geographically move away from the origin and feel homeless. They can feel displaced by setting themselves into an uncomfortable situation. Therefore, it can be established

that diaspora is not necessarily a scatter from geographical home but also can be characterized as a mental scatter from the emotional state of home.

The concept of diaspora has evolved significantly beyond its traditional understanding as the dispersion of people from their original homeland. Scholars like Robin Cohen, Stuart Hall, and Avtar Brah have been instrumental in expanding this definition to encompass more complex and nuanced dimensions. Robin Cohen, for instance, categorized Diasporas into different types—such as victim, labour, and cultural Diasporas—arguing that diasporic experiences are shaped by diverse historical and social contexts (*Global Diasporas: An Introduction*). Stuart Hall contributed to this expansion by emphasizing the fluid and dynamic nature of diasporic identities, arguing that Diasporas are not simply about geographic dispersal but also involves cultural hybridity and the continuous negotiation of identity (*Cultural Identity and Diaspora*). Avtar Brah further advanced this discourse by introducing the concept of "diaspora space," where she examined the intersections of diaspora, migration, and identity, highlighting how diasporic experiences are intricately linked to issues of power, gender, and class (*Cartographies of Diaspora: Contesting Identities*). Together, these theorists have moved the study of diaspora beyond its traditional boundaries, framing it as a complex, multi-dimensional phenomenon that transcends mere physical dislocation.

This thesis challenges the conventional wisdom and believes that the notion of the sick character's shift or dispersion is rather an emotional one because they have to adjust to a new change in life, redefine their "homeliness", become a minority in a place they once were a part of, yearn for the previous home feeling and the idea of homeland emerges due to struggles in the settlement, alienation, differences, displacement, memory of home and feeling of lack in a new place (Cohen 6). It can be said one can undergo the diaspora experience emotionally when faced with a dire situation and it does not necessarily involve physical dispersion contrary to popular belief.

People in diaspora traditionally displayed the following characteristics: a sense of dislocation, memories/yearning for the homeland, a desire to assimilate into the host country, collectively shared experiences, and so forth. The diaspora experience hence shows that it is mainly an emotional one. I argue that the sense of

not belonging, traditionally associated with physical or cultural diaspora, can manifest in the lives of those grappling with illness. The internal sense of dislocation and estrangement that arises from feeling disconnected from one's environment provides how these characters navigate their emotional landscapes. The diaspora experience hence shows that it is mainly an emotional one. According to Brubaker in *The "Diaspora" Diaspora*, the concept of diaspora has evolved from its original, strict definition into a more linear understanding of the term that can encompass a broader range of conditions and more toward an individual's experience and feelings that transcend any causal link to travel, movement, or displacement, which is a defining component of contemporary diaspora scholarship (4). Diaspora can extend to the point where a person is not strictly geographically displaced but rather experiences an emotional displacement that is so profound that it becomes a diaspora in and of itself. It is understood as "emotional diaspora," and it focuses on the emotional aspects of the individual experiencing diaspora. In contrast to the prevailing view, I argue that this differs from basic displacement in that displacement mostly concerns a person who feels estranged from society. Emotional diaspora refers to individuals who feel as if they are disoriented in a faraway country, as opposed to utter estrangement from any civilization.

The term "diaspora" has numerous meanings and explanations. In his article, Professor James Clifford refers to "dwellings-in-displacement" (310). The significance of house and homemaking is significant in diasporic space since habitation is a crucial component of defining diaspora. Vijay Agnew, a professor of social science, clarifies diaspora as including "the collective memory and trauma involved in such dispersion" (193) in addition to the dispersion of people from a specific location. "A narrative of dispersal, myths and memories of the homeland, alienation in the host country, desire for eventual return to a homeland, ongoing support of a homeland, and a collective identity importantly defined by this relationship," lists Safran as the main characteristics of diaspora. (84) Simply put, people experience loneliness when they leave their homes and are likely to be unpleasantly surprised by the lack of a true sense of home. Naturally, trying to fit into an unfamiliar environment is difficult. The diversity of the environment has made it challenging for people to define their identities. The majority of diasporic cultures experience psychological trauma while adjusting to their new environment. Many

times, diasporic cultures still experience issues like prejudice, alienation, and identity crises despite adjusting to their new surroundings. Diasporic literature includes themes of longing, loneliness, estrangement from society, and displacement. This evidence demonstrates that diaspora is not merely a physical process but also an emotional one.

When characters in "sick literature" experience a significant life change, they become an emotional diaspora within familiar spaces. This emotional diaspora involves a shift in perspective due to illness, leading to feelings of alienation in environments they once belonged to. Instead of geographic movement, the emotional diaspora refers to the collective experience of estrangement caused by illness. Characters may reflect on their past health, struggle with new realities, and connect with others who share similar experiences, such as patients or support communities. Using William Safran's concept of diaspora, this study explores how emotional diaspora functions in sick characters as a communal rather than purely individual experience.

The study appraises whether emotional diaspora can be found in sick literature. It is assumed both the diaspora and sick individuals feel alienation, displacement, homelessness, identity crisis, etc. Furthermore, with the evolving diaspora discourse, this thesis aims to scrutinize the diaspora discourse; essentially the emotional diaspora in sick literature. The current study would use affect theory to see the effect of illness on identity and the emotional diaspora of sick characters as well as William Safran's concept of diaspora.

In his 1996 essay 'Cultural Identity and Diaspora', the theorist, Stuart Hall contends that identity is a dynamic process that is formed by social and cultural variables rather than something that is set in stone or predestined. He contends that people create their identities as a result of their interactions with other people and their participation in the outside world. This viewpoint stresses the flexibility and malleability of identity while challenging the idea of a single, essential person. Humans connect themselves with their home countries in terms of diaspora. There is a connection between identity and geography (Brubaker 2). Language, customs, traditions, social norms, and conventions are all part of the location, which is more than just a piece of ground. According to Jayshree Singh, when someone is removed

from their place of origin, their sense of self is impacted by cultural denigration or dislocation. When someone moves to a new area and is exposed to local norms and traditions, they experience culture shock (3). Similarly, diaspora does not only have to be a geographical journey, it can be emotionally displacing as well.

Identity is affected by many things and it gives one a sense of self, however, identity can evolve and reconstruct itself. The affect theory developed by Sara Ahmed provides a distinctive viewpoint on sickness and how it affects people. She investigates in her work how sentiments and emotions are affected by social structures and conventions in addition to personal experiences. Ahmed clarifies the nuanced ways in which societal expectations impact our emotional reactions to illness by extending this theory to the domain of illness. In light of the evidence, it is reasonable to assert that the experience of illness can disrupt one's sense of self and challenge the identity associated with being 'healthy'. A diagnosis or the onset of symptoms can lead to a reevaluation of one's capabilities, roles, and aspirations, and may require individuals to reconceptualize their identity in light of their new health condition. Furthermore, illness adds a layer of complexity to identity as individuals navigate their multiple roles and social identities about their condition (Waynee and Arasa 26). They may grapple with the intersection of their illness identity with other aspects of their identity, such as gender, race, ethnicity, sexuality, and socioeconomic status. These intersections can influence the experience of illness, access to healthcare, and the social support received. Moreover, certain illnesses are associated with stigma, leading individuals to grapple with the impact of societal judgments and prejudices on their sense of self. Stigmatization can shape how individuals perceive themselves and how they are perceived by others, potentially leading to feelings of shame, self-blame, or a desire to conceal their illness identity (Waynee and Arasa 27). However, for some individuals the experience of illness can lead to a transformation of their identity, fostering a sense of empowerment and a desire to advocate for themselves and others facing similar changes. They may become actively involved in advocacy, community-building, or awareness campaigns, forging a new identity centred on their experiences with illness. Therefore, understanding the intersection between illness and identity allows for a more comprehensive perspective on the lived experiences of individuals and the diverse ways in which they construct and negotiate their sense of self in the face of illness.



Emotional diaspora is the state of feeling emotionally fragmented and dispersed, often due to life changes like trauma or migration, leading to a sense of emotional dislocation or belonging to multiple emotional landscapes. In relation to sick literature, emotional diaspora describes the emotional fragmentation and dislocation experienced by individuals dealing with illness or mental health struggles, mirroring the way physical illness scatters one's sense of identity and emotional coherence, often leading to alienation and a longing for emotional wholeness.

This research employs a textual analysis approach to explore the concept of emotional diaspora in *Five Feet Apart* by Rachael Lippincott and *Me Before You* by Jojo Moyes. By examining how chronic illness causes emotional displacement, the study draws on William Safran's framework of diaspora and Sara Ahmed's affect theory. Safran's notions of displacement, alienation, idealization, memory, community and identity are adapted to analyze the protagonists' sense of emotional exile, while Ahmed's focus on the role of emotions in shaping social relationships provides insight into how these characters navigate dislocation within their own bodies and communities.

This approach broadens the scope of diaspora studies to include emotional and psychological forms of exile, highlighting how illness can estrange individuals from their familiar environments. By combining Safran's diasporic framework with Ahmed's affect theory, the study will demonstrate how chronically ill characters are emotional Diasporas, marked by alienation, longing, and a fractured connection to their pre-illness identities.

The strength of such an approach is that the intersection of illness, identity and affect theory offers a rich framework for understanding the emotional dimensions of the illness experience and its impact on identity formation. Affect theory emphasizes the embodied, non-discursive, and prelinguistic dimensions of emotions and affective experiences. When applied to sick literature, affect theory recognizes that emotions and affective intensities play a central role in shaping the subjective journey of illness.

## **1.1 Statement of Problem**

Emotional diaspora is a significant issue for individuals and families coping with chronic illness or disability, as they navigate changes in their physical, social,

and emotional well-being. The emotional dislocation experienced by those living with illness can lead to feelings of isolation, loss of identity, and a sense of disconnection from their pre-illness lives. Understanding the emotional dynamics of illness-related diaspora is crucial to developing effective interventions and support systems that promote emotional resilience and improve the overall quality of life for those affected by chronic illness and disability.

## **1.2 Objectives of the Study**

Based on the established thesis statement the current study forms its objectives as mentioned below:

- To explore the potential intersection between Diaspora Studies and Sick Literature by delving into themes and concepts.
- To describe wherein emotional diaspora is endured by sick characters in *Five Feet Apart* and *Me Before You* by exploring their emotional landscapes and themes.
- To examine how emotional diaspora catalyzes the development of a new emotional identity in sick characters.

## **1.3 Research Questions**

1. How do the themes and concepts in Diaspora Studies intersect with those in Sick Literature to establish a meaningful connection between the two fields?
2. How do the sick characters in *Five Feet Apart* and *Me Before You* endure their harsh journey of emotional diaspora?
3. In what ways does emotional diaspora contribute to the development of a new emotional identity in sick characters?

## **1.4 Significance of the Study**

Diaspora Studies primarily refers to the geographical migration of people moving away from their homeland to a foreign place. It studies the approaches the diaspora takes to settle in a foreign land while also the harsh journeys one suffers from. The process is studied under practical implications and their cartographical displacement. This thesis aims to bring the study of Diaspora to a new light; where

there is an emotional displacement journey faced by people due to the challenges that occur and make their homeland, an unfamiliar place. Sickness comes with a different lifestyle, a change of goal, a metamorphosis of identity, a peculiar mindset, a set of perceived notions and an affective plight. When one moves from their healthiness to sickness, this causes a sudden shift in their life because they have to compromise some choices as the sickness dictates their life. Sickness works by making their displacement not geographical diasporic but rather emotional diasporic.

### **1.5 Rationale of Study**

The present study aims to explore the diverse ways in which illness narratives transcend individual experiences and contribute to a collective emotional diaspora. With the incident with the COVID-19 pandemic where individuals were isolated and their shift in lifestyle people were emotionally exhausted, helpless, and abandoned, it fascinated me to think about people whose lives are limited due to their health and not just because of the period of a pandemic. Many individuals who contracted COVID-19 have experienced a sudden and often disorienting transition from a state of health to a state of chronic illness or disability. This transition is not merely physical; it also encompasses significant emotional and psychological shifts. The concept of emotional diaspora—where one feels a sense of displacement, loss, or alienation due to a significant change in health status—has become increasingly relevant. For many, the sudden onset of COVID-19 symptoms, coupled with the uncertainty of the disease's progression and the long-term impact, has created a profound sense of upheaval. This emotional journey mirrors a form of diaspora, wherein individuals must navigate feelings of loss for their previous state of health, adjust to a new reality of living with the consequences of the virus, and manage the emotional toll of this transformation.

Furthermore, when reading war literature and diaspora literature, the narrative of displacement and loss in a geographical sense is mostly highlighted. Therefore, by examining how these narratives transverse cultural, social, and geographical boundaries, the research seeks to shed light on the interconnectedness of emotions related to sickness, fostering a deeper understanding of the shared human experience in the face of health challenges. This exploration can provide valuable insights into

the universality of emotional responses to illness and contribute to the broader discourse on health, empathy, and cultural exchange.

## **1.6 Delimitations**

The thesis has used one concept of Diaspora and also linked it with sick literature so the study can be manageable and focused. There are numerous perspectives and analytical tools available for examining literature. This paper presents an emotional perspective on diaspora discourse and taking Safran's concept; however, that does not preclude the use of other strategies in tandem.

## **1.7 Definitions of Important Terminologies**

**YAL:** Fiction published for young adults is referred to as young adult literature (YAL), while it is also known by other titles like teen fiction or adolescent fiction (Nilsen and Donelson). Young adult literature has certain characteristics, such as a young adult protagonist, a young adult's point of view, coming-of-age themes that are pertinent to young adults, a story that is targeted specifically at young adults, and a story that young adults voluntarily choose to read (Herz and Gallo). These constituents, or attributes, serve as crucial indicators for a book to be classified as Young Adult Literature.

**Sick Literature:** Sub Category of Young Adult Literature in which young characters are patients with chronic illnesses or disability. According to Julie Elman, sick literature includes a variety of literary works that examine themes of suffering, disease, and death. Elman claims that reading literature on illness helps people face their mortality and make sense of the complexity of life. It gives readers a cathartic experience that can foster personal development and understanding by allowing them to dig into the depths of human misery. Illness and mortality are explored in ill writing, providing a distinct viewpoint on the brittleness and tenacity of human nature.

**Diaspora:** The term itself has evolved conceptually, and researchers like Cohen, Tölölyan, and Saffran have looked at shared traits among diasporas. Common traits include but are not limited to, the dispersal from an initial homeland, memory and myth about the homeland, and boundary maintenance. Brubaker chooses to see diaspora "as an idiom, a stance, a claim" as opposed to "substantialist terms" (12).

**Affect Theory:** Affect theory is a scholarly framework that enables the examination of emotional responses to real-world events and structures, as elucidated by Cvetkovich. Affect theory delves into the visceral, often subconscious, forces that drive human behaviour, cognition, and relationships. It suggests that beneath our conscious awareness lie complex currents of emotion, sensation, and bodily experience that shape how we perceive and interact with the world. These affective forces are dynamic and constantly in flux, influencing our thoughts, movements, and how we relate to others. By examining these underlying forces, affect theory offers insights into the deep-seated drivers of human experience, shedding light on how emotions inform our actions, thoughts, and the evolving nature of our connections with others (M. Gregg et al).

**Identity:** The essence of identification, according to Stuart Hall's 1996 article "Cultural Identity and Diaspora," is "being" and, more importantly, "becoming," with a sense of "belonging" that extends as much to the future as it does to the past. Identity is a dynamic concept that exists outside of space and time, according to Hall. Identity encompasses both the social categories to which an individual belongs and the personal significance attached to those categories.

## **CHAPTER 2**

### **LITERATURE REVIEW**

The current section deals with the study of already existing literature in the field of emotional diaspora and sick literature. Several different articles, books, websites and journals have been studied to devise the particular research gap. Following are several studies that have been taken into account to understand the topic in different dimensions.

#### **2.1 Literature Review on Diaspora**

Beginning with diaspora literature, which concerns itself with the concept of homeland for those dispersed from their original place, this study explores the emotional diaspora experienced by characters dealing with sickness. Unlike traditional geographical dispersion, this emotional diaspora involves a displacement from one's homely situation due to illness, engaging with the evolving discourse on diaspora.

Drawing from anthropologist Steven Vertovec's categorization, diaspora is examined as a social form, a state of mind influencing consciousness and identity, and a mode of cultural production involving assimilation and acculturation. Scholars like Sheffer, Safran, and Clifford have contributed inclusive definitions of diaspora, emphasizing elements such as a history of dispersion, homeland myths and memories, alienation in the host nation, a desire for return, ongoing support for the homeland, and shared identity. Cohen's typology of Diasporas, encompassing victim, labour and imperialism, trade, cultural, and global diasporas, provides a framework for understanding the diverse triggering conditions, social contexts, myths, and conceptions of solidarity associated with different types of diasporas. Cohen also notes the potential for overlapping and evolving diaspora types over time.

Diaspora, traditionally understood as the dispersion of people from their original homeland, is increasingly recognized as a concept that transcends mere physical migration, encompassing emotional and psychological dimensions as well. This broadened definition acknowledges that the experience of diaspora can be rooted in emotional displacement, cultural dislocation, and the creation of transnational identities, even in the absence of physical movement.

Theorist James Clifford, in his influential work *Routes: Travel and Translation in the Late Twentieth Century*, suggests that diaspora involves more than just the scattering of people; it encompasses the ongoing processes of connection and re-connection to a shared homeland or cultural identity. Clifford argues that diaspora should be seen as a condition marked by an ongoing negotiation of identity, memory, and community, characterized by a sense of belonging to multiple places simultaneously. This perspective highlights the emotional and psychological dimensions of diaspora, where individuals and communities maintain a collective memory and identity that binds them to their place of origin, regardless of their physical location.

Similarly, Avtar Brah, in *Cartographies of Diaspora: Contesting Identities*, emphasizes the importance of imagined and emotional connections to a homeland. Brah introduces the concept of "diaspora space," where the intersections of race, gender, class, and ethnicity come together, creating a space of multiple, overlapping Diasporas. This concept underscores that diaspora is not merely about physical dispersal but also about the emotional and cultural ties that sustain a sense of belonging and identity across distances.

Stuart Hall's work on cultural identity and diaspora further supports this idea. Hall posits that diasporic identities are not static but are formed and re-formed through cultural and emotional exchanges. He highlights the importance of memory, narrative, and imagination in constructing diasporic identities, suggesting that these processes are as crucial as physical migration in defining the diasporic experience. Hall's perspective illustrates that diaspora is fundamentally about the creation of new identities and communities that emerge from the interplay of past and present, here and there.

In essence, diaspora encompasses the emotional and psychological processes that connect individuals to their cultural roots and collective memories, regardless of physical movement. It involves the creation of transnational identities and communities through shared experiences, narratives, and emotional ties. This understanding of diaspora aligns with contemporary theoretical perspectives that recognize the complexity of identity and belonging in a globalized world, where emotional and cultural connections often transcend geographic boundaries. The term

itself has evolved conceptually, and researchers like Cohen, Tölölyan, and Saffran have looked at shared traits among Diasporas. Common traits include but are not limited to, the dispersal from an initial homeland, memory and myth about the homeland, and boundary maintenance. Brubaker chooses to see diaspora "as an idiom, a stance, a claim" as opposed to "in substantialist terms" (12).

Diaspora, as a concept, has been widely explored in literary studies, especially in the context of identity, migration, displacement, and the negotiation of cultural boundaries. The term, traditionally referring to the dispersion of people from their homeland, has evolved in literary discourse to encapsulate more than just geographical movement; it now includes emotional, psychological, and cultural forms of dislocation.

William Safran's 1991 definition of diaspora is pivotal to understanding how literary scholars have approached diasporic narratives. Safran identifies a set of features that define diasporic communities, including their shared memory of the homeland, feelings of alienation in their host societies, and a collective desire to return to their place of origin. In literary contexts, this framework has helped scholars analyze characters and narratives that embody these traits. Works such as Salman Rushdie's *Midnight's Children* and Jhumpa Lahiri's *The Namesake* often depict protagonists navigating the tensions between their inherited cultural memories and the realities of life in a foreign land. These narratives illustrate Safran's ideas, highlighting the complexities of diasporic identity and the desire to maintain a connection to a lost homeland.

The concept of diaspora in literature also intersects with Homi K. Bhabha's theories of cultural hybridity and the "third space." Bhabha argues that diasporic experiences produce hybrid identities that exist between cultures, resisting the binary opposition of homeland and hostland. In the literary context, diasporic characters often inhabit this "third space," where they negotiate multiple, conflicting cultural identities. For instance, in Zadie Smith's *White Teeth*, characters navigate their British, Caribbean, and Indian identities, creating a complex narrative of cultural negotiation. This hybridity becomes a central theme in diasporic literature, illustrating the fluidity of identity and the challenges of belonging in multiple worlds.



Postcolonial literature has made significant contributions to diaspora studies by examining how colonization and migration have resulted in the displacement of peoples. Writers from postcolonial nations often explore the trauma of diaspora, not only as a movement away from the homeland but as a response to the colonial history that precipitated this displacement. Edward Said's concept of *exile* has been influential in this context, describing the psychological alienation experienced by displaced peoples. This is evident in Chinua Achebe's *Things Fall Apart*, where colonization causes not just physical but cultural and psychological dislocation. Similarly, V.S. Naipaul's works, like *A House for Mr. Biswas*, explore the alienation and identity crises faced by diasporic characters in the postcolonial world.

Diasporic literature is often characterized by themes of memory and trauma, as authors explore how individuals and communities remember their homelands and deal with the pain of displacement. Svetlana Boym's theory of nostalgia—especially her distinction between “restorative” and “reflective” nostalgia—has been influential in understanding how diasporic individuals relate to their pasts. In Amy Tan's *The Joy Luck Club*, for instance, characters grapple with their Chinese heritage, often looking back on their homeland with a sense of loss and longing. This interplay of memory and trauma underscores much of diasporic literature, as characters attempt to reconcile their present identities with the emotional weight of their past.

In more contemporary literary studies, scholars have focused on the relationship between diaspora and globalization. The movement of people across borders, facilitated by global capitalism, has created new forms of diaspora that are less tied to specific national or ethnic identities. This is reflected in literature that explores transnationalism and fluidity of identity. Teju Cole's *Open City* is a prime example of this, as the protagonist's journey through New York and Europe explores the intersections of race, migration, and global interconnectedness. In this globalized diaspora, identity is not necessarily rooted in a single homeland but is shaped by multiple, overlapping geographies.

Recently, scholars have broadened the definition of diaspora to include forms of emotional and internal exile. This concept moves beyond physical displacement to explore how individuals may experience a sense of diaspora even within their own homelands. Chronic illness, trauma, or life-altering events can create a sense of

alienation that mirrors the dislocation experienced by traditional diasporic communities. Literature that deals with internal struggles—such as Kazuo Ishiguro's *The Remains of the Day*—often portrays characters who are estranged from their own emotional landscapes, creating a metaphorical diaspora within. This new approach adds a psychological and emotional depth to diaspora studies in literature.

Gender plays a significant role in shaping diasporic experiences, and literary studies have increasingly paid attention to how women, in particular, navigate the challenges of displacement. Writers like Bharati Mukherjee and Chimamanda Ngozi Adichie examine how diasporic women must negotiate traditional cultural roles alongside the pressures of adapting to new societies. In works such as Mukherjee's *Jasmine* and Adichie's *Americanah*, the female protagonists' journeys of migration are intertwined with questions of gender, identity, and autonomy. This focus on gender has enriched diaspora studies, allowing for a more intersectional understanding of displacement and belonging.

Sense of belonging is a major theme of conventional diaspora. One of the major discussions in the field of diaspora highlights the expressive elements within definitions of diaspora. Judith T. Shuval, in her paper "Diaspora Migration: Definitional Ambiguities and a Theoretical Paradigm," asserts that the discourse surrounding diaspora imparts a sense of belonging to a continuous global network of dispersed individuals who continue to cherish their identity and connection to their home country. The concept of diaspora, viewed as a social construct, is constructed upon sensations, awareness, memories, mythology, significant narratives, group identity, aspirations, dreams, and allegorical and virtual components. All these elements collectively contribute to the tangible reality of the diaspora. Shuval emphasizes that the feeling of kinship with one's homeland should possess the resilience to endure challenges such as forgetting, integration, or distancing at any given moment.

Diaspora Writings: Epiphany, Emotions and Ethics Diaspora Determining Dimensions discusses explores writings as an image of cultural adjustments in their relocated place's host culture, as graphics of inverted aspirations, as words of subconscious memory, and as signs of an eureka moment into present social conditioning and pressures of migrants in alien lands who traversed cross-borders for

various reasons. The study aims to revive migrants' memories and feelings of loss, as well as to comprehend mobility in terms of social structure and cultural process.

It compares the Western and Indian psyches in the context of migrants' emotional histories. Stories about emotional disposition, recollection, missing people, and looking for them generate a robust attitude toward oneself and the area where they live. For Indian migrants as well as those who are left behind in their homeland, emotion is a childlike activity. Diaspora's authors communicate their "expatriate, immigrant, migratory, dislocated, disoriented, and displaced subjectivities" and experiences through a stream of consciousness of ideas, feelings, and thoughts. Their subconscious mind, memory, desire, menace, or apprehensions resurface their cognitive experiences, observations, and sensations. As the discourse on diaspora broadens, new subcategories of diaspora emerge, such as emotional diaspora, which deals with emotional dislocation that is not always linked to geographical displacement.

In his thesis *Diasporas and Their Communication Networks: Exploring the Broader Context of Transnational Narrowcasting*, Karim H. Karim notes the common reference to diasporas as "imagined communities." Drawing on Benedict Anderson's concept, this characterization underscores the shared ideas, symbols, and mythologies among members, while acknowledging the inherent challenge of direct interaction with the entire group. Karim also points out that while Anderson's research focused on nation-states, other diaspora scholars, such as Anthony King, highlight the diasporic connections facilitated by various media and the simultaneous consumption of shared content by members of a transnational group. This literature demonstrates that the discourse on diaspora is evolving and is fundamentally an affective process. Consequently, viewing diaspora as an affective process provides a framework for analyzing the emotional challenges faced by sick characters undergoing a form of emotional diaspora.

In a thesis, *Young People in the Greek, Jewish and Palestinian Diasporas: Emotional Attachments to Multiple Homelands* the researchers explore emotions of second generation of immigrants emotions and the emotional connections young people within the Greek, Jewish, and Palestinian diasporas in England feel towards their homelands underscore the need for flexible conceptions of diaspora. Utilizing

qualitative research involving young people and their parents, the essay explores and challenges assumptions regarding the connections between diasporic youth and their homelands, primarily from the perspective of second- and later-generation individuals. It contributes to the growing recognition of the significance of emotions in diasporic experiences, particularly focusing on the complexities surrounding belonging, attachment, and identity. This research extends existing scholarship advocating for more flexible understandings of diaspora, acknowledging the diverse positions individuals occupy within diasporic communities. Specifically, it examines young people who strongly identify with their diaspora while navigating varied and sometimes intricate relationships with the concept and reality of a defined homeland.

In *Expansion of Modern Diaspora Theory: Emotional Diaspora Present in Madame Butterfly* puts forward the argument that the concept of diaspora has evolved from its original, strict definition to a more linear definition that can encompass a wider range of “conditions” and is increasingly focused on an a distinguishing component of current diaspora study is an individual’s experience and sensations that transcend any causal relationship to travel, mobility, or displacement.

While conventional understandings of diaspora often emphasize physical migration and displacement from one's homeland, there exists a significant research gap in recognizing and exploring emotional diaspora, where individuals or communities experience diasporic conditions within their own localities or communities without necessarily undergoing physical relocation. Emotional diaspora refers to the psychological or emotional scattering of a group of individuals who experience dislocation or fragmentation from a sense of belonging, identity, or community. Unlike the physical movement in traditional diaspora, this form of scattering is internal, often brought on by shared experiences of illness, trauma, or societal exclusion. It results in the formation of new emotional communities, bound by shared feelings of alienation and a collective sense of estrangement from their previous emotional “homelands.”

Both traditional and emotional diaspora share key parallels that highlight the commonalities in their dispersion and the formation of new communities. In both cases, there is a scattering—whether physical, as seen in the traditional sense, or emotional and psychological in the case of emotional diaspora. Individuals within

these Diasporas establish new communities; in traditional diaspora, these communities are geographically located, whereas emotional diaspora creates communities rooted in shared emotional experiences. Another common thread is the connection to a "homeland": while traditional diaspora remains tied to a physical homeland, emotional diaspora is anchored to a previous emotional state or sense of self. In both instances, there is a collective experience that binds the individuals together. Traditional diaspora involves a shared journey of migration, while emotional diaspora entails a group experience of fragmentation or disconnection in an emotional realm.

Addressing this research gap can enrich our understanding of diasporic experiences beyond traditional frameworks, shedding light on the diverse ways in which individuals navigate displacement, identity, and belonging within their own communities.

## **2.2 Literature Review on Sick Literature**

Silverstein believes that the campaign "We Need Diverse Books" 'in 2014 called for reforms in the publishing business to include more diverse books that would majorly discuss the marginalised that suffered disability and chronic diseases; an emerging take for sick literature, a sub-genre of The Young Adult (YA) genre. It was one of the first campaigns to draw attention to the need for young adult disability and chronic disease literature, as there were few novels in the market portraying handicapped characters, and those that did were frequently created by nondisabled authors. The YA is crucial not just for demonstrating how young people develop their identities, but also for demonstrating how society and prejudices affect young people. This is especially true for young adult disabled persons, who are directly impacted by a culture that sees them as a burden or as being too young to be disabled. Disability studies theorists say that YA fiction follows the shifting of personal and societal identity; it enables the investigation of disability (Hughes and Wheeler 262). Several works, such as *Five Feet Apart* by Rachael Lippincott, *Me Before You* by JoJo Moyes, and *Me and Earl and the Dying Girl* by Jesse Andrews, have continued the social interest with disease or traumatic themes throughout the twentieth century and into the twenty-first. These kinds of stories are not only popular as literature, but they are

regularly transformed into movies or television series, making them accessible to a wider audience thus, aiding the popularity of sick literature.

Susan Sontag in her book *Illness as Metaphor* writes that all who come to the world hold two citizenships, namely in the “kingdom of the well and in the kingdom of sickness” (2) while health is preferred, there comes a time when one is obliged to identify oneself as citizens of the latter. Her book discusses the main diseases used in literature: TB and cancer. Death itself came to be seen in modern industrial countries as a humiliating, unnatural phenomenon, so that sickness, which is often considered a synonym for death, has grown to feel shameful, something to reject according to the theory. These diseases were “scandal[ous]” (6) because it jeopardized one’s love life, chances of advancement, and job security. Patients who know what they have tended to be exceedingly cautious, if not openly secretive, about their sickness. Oliver Sacks, a writer and physician, points out that the word we use to describe that journey—sickening—has no equivalent: “healthening.” (13) We normally use the word “recovery” to mean “recovering” our lost health from somewhere, yet it is the word “sickening” that serves as a striking metaphor.

In his work *Illness and Culture in the Postmodern Age*, David B. Morris posits that each historical era is characterized by a particular ailment that profoundly influences or defines it. During the Middle Ages, the bubonic plague, claiming approximately one-fourth of Europe's population, instilled widespread fear and claimed millions of lives. In the Enlightenment era of the late seventeenth and early eighteenth century, gout, a form of arthritis, and syphilis, a fatal sexually transmitted disease, dominated. These illnesses were attributed by doctors to the perceived moral laxity of the upper classes, with gout afflicting wealthier individuals and syphilis linked to aristocratic promiscuity and the impoverished prostitutes they engaged.

Moving into the nineteenth century, tuberculosis emerged as the predominant disease. Its victims, frail, pale, and bedridden, gave the impression that the suffering somehow purified or restored them to a natural state. Notable artists and writers of the time, such as John Keats, Emily Bronte, Robert Louis Stevenson, and musician Frédéric Chopin, succumbed to tuberculosis, reinforcing the notion that individuals of creative temperament were particularly susceptible. The twentieth century saw cancer emerge as the defining illness—a merciless, seemingly unbeatable adversary that

struck unexpectedly and often necessitated harsh treatments like surgery, chemotherapy, and radiation. Cancer, with its dehumanizing impact, served as a fitting metaphor for the technological advancements of the twentieth century. Many authors have used illness as a narrative device, exploring its themes of anxiety, and dread, and its dual capacity to drive people apart and bring them together.

For instance, in Louisa May Alcott's *Little Women*, the character Beth, the sweetest of the March sisters, falls victim to scarlet fever while caring for a destitute family. Despite her recovery, she continues to weaken and eventually succumbs, underscoring the importance of family unity despite differences. Charles Dickens employs the image of the sickly Tiny Tim to convey the joy of Christmas in *A Christmas Carol*, suggesting that even in the face of adversity, happiness is attainable. Health, according to renowned American sociologist Talcott Parsons, is a “gatekeeper” to achievement (8). He claims that a healthy body and mind are essential for democracy to work, and that an overall degree of health that is too low is undesirable. When disease is used as a metaphor for failure, deviancy is implied. The ill individual hasn't been able to stay healthy, meet personal obligations, or get enough support and appreciation from others (Gerhardt 22). In this situation, the sick are forced to be passive, powerless, and divorced from reality. As a result, they lack the necessary traits to flourish in today's environment. Likewise, Half of the Tyrone family is afflicted with chronic disease in Eugene O'Neill's drama “Long Day's Journey into Night”. Edmund has recently learned he has TB before the play begins. His numerous attempts to find his position in the world have failed, and now, according to O'Neill, he will discover his real calling in death. Mary, his mother, has a crippling morphine addiction; she has been unable to confront the difficulties in her actual life, so she turns to morphine to relieve the emotional anguish. The morphine effectively paralyzes her, emphasizing the metaphorical paralysis in which the entire family finds. While the concept that disease is a form of failure is prevalent in talks of physical illness, it is almost universal in discussions of mental illness.

Similarly, another common representation of illness in literature involves individuals, akin to Esther, who are afflicted either because they desire it or believe they deserve it. Traditionally, the disease has been perceived as a form of divine punishment, an affliction earned by those who have transgressed. Sontag notes that the ancient Greeks, for example, attributed diseases to divine retribution or demonic

possession, associating the affliction with the afflicted individual's perceived wrongdoing. While authors employ various approaches to address disease in their works, it remains a significant and unavoidable facet of life, serving as a potent narrative device. Depictions of illness can convey a spectrum of emotions, from hope to sorrow and grief; they can highlight both differences and similarities among individuals, offering a poignant portrayal of the human experience.

Protagonist's Motivation in Rachael Lippincott et al's Novel *Five Feet Apart* surveys the protagonist as a motivated character. The debate is separated into two subtopics, each of which focuses on a different component of the study. In the novel, the protagonist's goal is described in two ways. The first part is concerned with rehabilitation and the happiness of the family. The second section is on the elements that motivate people. The protagonist's motivation and the things that excite the protagonist's motivation contribute to the protagonist's success in recovering and returning to live with her family. The Analysis of Stella Grant as Survivor in Novel *Five Feet Apart* written by Rachael Lippincott provides a character sketch of Stella being a survivor fighting CF.

Brisa Mendez in her thesis *Better Dead than Disabled: Analysis of Me Before You* she applies a sociological analysis including the sub-components of deviance, manifest function, latent function, and alienation in her study of the film *Me Before You*. She also looks at how hegemonic and subordinate masculinities, as well as disability, are depicted in Hollywood films. The study drew on the work of renowned researchers who specialize on manly heterosexual males, as well as euthanasia and disability. Similarly, in another thesis by Filda Adibah, *The Existence of Will Traynor to define his life in Me Before You Novel by Jojo Moyes*, Will's existentialism is evident in his decisions and responsibilities. Will has two options: seclusion or suicide. Will isolates himself in order to avoid being perceived as a pitiful guy who makes others feel sorry for him. He wants to be treated equally to other people. Will has always wished for Lou to have a better life, but this will not be possible if he remains alive and continues to dump all of his responsibilities on her hence, he commits suicide. *An Existential Study: Louisa's Search for Memory of Life in Jojo Moyes's Me Before You* scrutinizes the character of Lou using Viktor Frankl's Logotherapy concept. Lastly, in the research *Will Traynor's Suicidal Decision as*



Depicted in Novel *Me Before You* uses close reading method and psychological approach to analyze the novel using suicide theory.

Despite extensive scholarship on illness narratives, there remains a significant gap in the literature regarding the exploration of sickness experiences within the framework of emotional diaspora, particularly focusing on instances where individuals with chronic illnesses or disabilities feel alienated from their own society. Existing studies often emphasize the individual's internal struggle with illness or the social support networks within their immediate community, neglecting the emotional complexities that arise when individuals experience a sense of estrangement or disconnection from their society due to their illness. By overlooking this aspect of emotional diaspora, current literature fails to capture the full spectrum of experiences faced by individuals navigating sickness within a societal context that may stigmatize or marginalize their condition. Further research is needed to investigate how individuals living with chronic illnesses or disabilities negotiate feelings of emotional diaspora within their own societies, the impact of societal attitudes and norms on their sense of identity and belonging, and the ways in which literature can serve as a tool for articulating and validating their experiences. Addressing this research gap can contribute to a more comprehensive understanding of illness narratives, shedding light on the intersectionality of sickness, identity, and societal belonging within the framework of emotional diaspora.

### **2.3 Literature Review on Affect Theory**

This thesis will examine works of sick literature through the lens of affect theory. The history of the word "affect" is a little complicated. It's crucial to keep in mind that the word emotion derives from the Latin *movere*, which means to move. As said in the first definition, Poynton and Lee (635) claim that the term "affect" originated in Western epistemology, which is founded on Christians' theology, which is rooted on passion and emotion. However, the phrase moved from there to philosophy and, in the nineteenth century, psychology, where it was "equated with personal, and interiorly experienced, feeling," as the Western culture grew more secular (Poynton and Lee 635-636). Furthermore, identities and flows—that is, the ability of affect to go from one body to another and influence behaviour or inaction—have a significant impact on modern philosophical conceptions of affect, according to

Poynton and Lee (636–637). Lawrence Grossberg and Brian Massumi are two instances of the former.

Brian Massumi explores affect theory in great detail, taking cues from Gilles Deleuze, Felix Guattari, and Baruch Spinoza. For Massumi, one key concept is affect—that is, "being open to the world, actively engaging with it, and patiently awaiting reciprocal activity"—which he defines as having the potential "to affect and be affected" (IX, 48). As such, interactions have an emotive component since they result from occurrences, which Alan Bourassa (66), drawing on Deleuze, characterizes as products of the relationship between bodies and materials as opposed to direct interactions. This suggests that there is a relationship, reciprocity, change, and a shift in circumstances. Put another way, throughout an interaction, there is a shift (however slight) in our relationship to our surroundings, and we both influence and are influenced by this change. A body's ability to affect and be affected is not fixed and can be increased or decreased (Massumi 4, 48). Furthermore, we become more susceptible to influence in a somewhat different way than before because of this affect-induced transition or change. Emotion is "the way the depth of that ongoing experience registers personally at a given moment," according to Massumi (4), but affect is about intensity because it involves a kind of doubling, whereby the experience of a change is doubled by an experience of the experience that "gives the body's movements a kind of depth that stays with it across all its transitions - accumulating in memory, in habit, in reflex, in desire, in tendency." Put differently, an emotion is a limited representation of an affect and follows it because a single emotional state can only activate a restricted range of reflexes and inclinations and draw from a limited pool of potentially accessible memories. This viewpoint gives rise to two definitions of affect: "the virtual co-presence of potentials" and the body's "capacity to come to do" (Massumi 5, 7). Considering the idea of potential reveals another relationship between feeling and intensity. According to Massumi (5), there are a lot of possible ways to both influence and be affected. Affect pushes us forward—perhaps not always in a good way—by providing us with a sense of freedom and a variety of possibilities, even if they are all only potentials with a purely virtual reality. According to Massumi (6), our lives are improved and we feel more linked to other people and situations, which strengthens our sense of belonging to other people and places, the more potential we think we possess.

It appears from this description of affect's intensity and immediacy that affect does not precede conscious awareness, or at least it appears to work around consciousness. Indeed, according to Massumi (9–10), affect involves a kind of bodily thinking that is a little fuzzy in consciousness, more like "a movement of thought, or a thinking movement" than a completely formed notion. Consequently, as the affective situation sort of arrests and draws us in, this type of thought—which is nevertheless manifested in bodily feeling and its experience of going into action—may be referred to as "abduction" or "capture" (9–10). Returning to the anger example, Massumi (9) explains that in reacting to an outburst of anger, there is immediate judgement that involves the entire body, but there isn't judgement in the sense of explicitly considering every scenario because there isn't time for that.

The uncertainty of the instantaneous decision, which might go either way, is exactly what creates an affective shift in the circumstance (Massumi 11). Affective affairs have consequences, therefore how a scenario plays out matters since it shapes people's behaviour later on. In the context of power dynamics, affect also has a political component since it modifies a body's capacity to act, either by limiting, permitting, or halting it. Since affect changes a body's capacity to act—either by diminishing, facilitating, or halting it—it also has a political dimension in the context of power relations, according to Massumi (IX). Since affect changes a body's capacity to act—either by diminishing, facilitating, or halting it—it also has a political dimension in the context of power relations, according to Massumi (IX). Affect is "proto-political," meaning that it "concerns the first stirrings of the political, flush with the felt intensities of life," according to Massumi (IX). The relational definition of affect suggests that being able to influence others is politically charged on the one hand, and the outcomes of affective circumstances influence power dynamics or positions of authority on the other.

Alan Bourassa (64) asserts that in their exploration of affect and language, Deleuze and Guattari argue that percepts' affects are legitimate as they are inherent to the entities themselves, suggesting their endurance in the absence of human presence. Bourassa (65) further posits that human language effectively conveys knowledge about the non-human world only when the nonhuman world actively communicates with us. Affect, according to Bourassa (65), allows us to conceptualize the human by

considering elements that surpass, challenge, and fragment it, as well as those that sustain, vitalize, and unify it.

In the realm of affect theory, Catherine Dale (91) introduces the concept of autonomous affect, which exists at a transformative point where the mind manifests in the body, distinct from the body's passions and acts. Dale (91) defines affect as the implicit relationship between intensities of pure difference as perceived by the senses. This notion aligns with the perspectives of Brian Massumi and Alan Bourassa, emphasizing the pre-personal nature of affect and its role in initiating change before being translated into recognizable signs or emotions on a human level.

Andrew Murphie (196) adds a nuanced layer to the discussion of affect in perception and virtual reality. He posits that affect is a reciprocal exchange of deterritorialized quanta, altering the continuum of vibrating matter involved. Murphie (197) delineates two levels of perception: the unconscious, consisting of immediate and small affects, and the conscious, where differences that describe and create affect are perceived. While Murphie and Massumi align in highlighting the relational, pre-personal nature of affect and its transformative impact, Murphie introduces a distinction between two categories of affect, particularly in the context of perception.

Quoting Bradley Lichtenberg Ettinger (229), the author discusses how affective experiences like admiration, wonder, and anxiety are collectively processed on the unconscious partial dimension. This aligns with Massumi's notion that affect operates on an unconscious and prepersonal level.

Brinkema (38, 97) argues that reading, rather than interpretation, allows access to deliberate intensity in texts, hinting at a connection between form and affect. Brinkema's perspective, resembling Massumi's, emphasizes the distinction between affects and emotions, highlighting the transitional nature of affects without a necessary tie to a subject.

Berlant (5) explores the correlation between affects, situations, and interactions, defining a situation as a typical condition where significant developments may occur. Berlant (13–15, 79) contends that relationality and affect are intertwined, with attachments and the desire to maintain them being relational, and affective atmospheres being shared. However, she acknowledges the diverse nature of emotional experiences within relational contexts (13).

Berlant (158–159) differentiates between the structure of an affect and its labeling during the experience. She illustrates that facial expressions may not accurately reflect inner feelings, emphasizing the variability of socially acceptable emotions across time and cultures.

Regarding the connection between affect and intuition, Berlant (52) asserts that "affect takes shape in forms whose job it is to make reliable sense of life" through intuition. Intuition, described as "the work of history translated through personal memory," contributes to shaping and understanding the historical present. Berlant maintains that affect is visceral and bodily, consistent with Massumi's perspective, but she underscores the link between visceral reactions and intuition, suggesting the development of intuitive intelligence (Berlant 16, 53)

The profound impact of illness and disability extends to individuals' perceptions of reality, self-concept, priorities, sensitivities, and overall sense of individuality. Literature serves as a valuable avenue for comprehending these transformative experiences and the intricate emotions accompanying them.

While affect theory does not inherently center on identity, certain theorists within the field, such as Brian Massumi, have explored the intersection of affect and identity. Massumi contends that affective intensities play a pivotal role in shaping our sense of self, emphasizing the fluid and non-fixed nature of identity, which evolves through the continual modulation of affect. Laura Berlant's work on affect and intimacy further explores the affective dimensions of identity, delving into how emotional experiences and attachments contribute to identity formation, especially in the context of intimate relationships. Additionally, Kathleen Stewart's examination of affective economies and their role in everyday life, although not explicitly focused on identity, provides relevant insights into the construction of individual and collective identities through the circulation of affect.

In the context of marginalized experiences, the edited collection "Affect in the Margins" investigates the interplay between affect and identity within social, cultural, and political contexts. The contributions within the book explore how affective experiences shape the lived realities and identities of individuals in marginalized situations, encompassing aspects of race, gender, sexuality, disability, and intersecting identities.

While diaspora studies have extensively explored physical displacement, migration, and cultural dislocation, there is limited scholarly focus on the concept of emotional diaspora within the genre of "sick literature." Sick literature, which centers on characters dealing with chronic illness or life-threatening conditions, often portrays emotional exile, where characters experience alienation from their previous lives, environments, and even their bodies. However, the exploration of emotional diaspora—where individuals feel a sense of displacement without geographic relocation—remains under-researched in literary studies, particularly in relation to narratives about illness.

Two contemporary works that exemplify this form of emotional displacement are *Five Feet Apart* by Rachael Lippincott and *Me Before You* by Jojo Moyes. Both novels center on protagonists with chronic or terminal illnesses, who experience a profound sense of estrangement from the world they once knew. These characters are physically present in their home environments, but their illnesses create emotional and psychological barriers that render their familiar surroundings foreign, much like a traditional diasporic experience. However, despite the richness of this emotional and metaphorical diaspora, little research has been dedicated to analyzing how the themes of displacement, alienation, and emotional exile manifest in such narratives.

The gap in existing literature lies in the absence of a textual analysis that examines the parallels between emotional diaspora in sick literature and traditional concepts of diasporic dislocation. Current scholarship often focuses on the medical, psychological, or romantic aspects of illness in these works, but few studies delve into how chronic illness can create an emotional diaspora, a state in which characters navigate a life that feels alien due to the profound compromises imposed by their health conditions.

Thus, this study aims to fill this gap by offering a textual analysis of *Five Feet Apart* and *Me Before You*, exploring how the protagonists' experiences of illness lead to emotional exile and a sense of displacement within their own lives. This research will contribute to a deeper understanding of emotional diaspora in literature, particularly within the under-explored context of sick literature, and expand the scope of diaspora studies to include non-geographic, psychological forms of displacement.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

This chapter introduces the research methodology that is used to carry out this thesis. The current study explores the idea of emotional diaspora through the concept of diaspora by William Safran. As the notion of diaspora is evolving, this thesis describes the affect of diaspora on people who are not physically displaced but rather emotionally. This thesis uses Sick Literature to demonstrate the affect of diaspora, in which the characters are displaced emotionally, and due to the emotional diaspora, their identity is also affected.

The study explores this assumption by offering to scrutinize the commonalities or differences between diaspora studies and sick literature. It uses the existing concept of diaspora studies by Safran to draw links with the newly emerging genre of sick literature. While diaspora studies aim at geographical displacement, this study may find the diaspora felt emotionally by sick characters of sick literature. Hence, the study is inductive where there is exploration and formulation of perspective through already existing phenomena (Gabriel 3). The study falls under the category of qualitative methodology because it is a work of literature where no numerical data is involved.

For this thesis, both Sara Ahmed's affect theory and William Safran's concept of diaspora are used to create a robust conceptual framework that captures the complexities of displacement, memory, alienation and identity experienced by characters in the chosen fictions. Affect theory, particularly as articulated by Sara Ahmed, provides a lens to examine how emotions circulate and shape social interactions and individual identities. This perspective will allow an in-depth analysis of how the emotional responses of the characters reflect and reinforce their sense of belonging or exclusion within their environment. On the other hand, Safran's concept of diaspora is already established and traditionally relates to the dispersion of communities across geographic spaces and their ongoing connection to a homeland. By extending this notion to the emotional realm, this thesis will explore how the character's sense of displacement and longing for their former life functions as an emotional diaspora. This approach not only enriches the analysis of the characters'

identities by contextualizing them within broader social and emotional structures but also bridges the gap between the physical and emotional experiences of diaspora.

It is assumed that the sudden shift in life such as chronic illness and disability can affect a person's identity. Through affect theory, we will see the changes in sick character's identities; how their identity is evolved, or how illness affects their identity. Identity is impacted by emotional diaspora when circumstantial changes are experienced such as illness, loss, breakup, trauma or abuse, financial hardship, ageing and life transitions, societal marginalization, natural disasters etc. People who are members of society when going through circumstantial change may experience conflict between their feelings and those that are expected of them in their new surroundings. Feelings of perplexity, alienation, and even identity loss may result from this.

Moreover, a disjointed sense of self might also be the outcome of emotional diaspora. People who traverse several cultural environments may discover that, depending on the circumstance, they adopt distinct emotional expressions. People who struggle to establish a unified identity may experience internal fragmentation as a result of this frequent change.

This thesis adheres to Alan McKee's suggested analytical paradigm for textual analysis. McKee's approach is notable for its emphasis on the significance of context. He contends that deciphering a text's meaning requires an awareness of the cultural, historical, and social context in which it was created. McKee advises analysts to take into account a text's stated and latent meanings likewise the current study has tried to unveil the latent aspect of emotional diaspora and its effects on the identity of the characters. Implicit meanings are more nuanced and call for further investigation, whereas explicit meanings are those that are made clear in the text itself. These unspoken implications frequently mirror underlying societal norms or ideas.

### **3.1 Conceptual Framework**

William Safran suggests that the concept of the Diaspora can be applied to the expatriate minority communities whose members share some of the following characteristics: (1) either the ancestors or they themselves, have been dispersed from a fixed original 'center' or two or more 'peripheral' or foreign locations; (2) they keep in their minds a collective vision myth or memory about their actual homeland-its



geographical and physical location, history and achievements; (3) they always retain the fact that they are not—and perhaps can never be fully accepted by their host society and therefore feel partly alienated and insulated from it; (4) they consider their ancestral homeland as their original, true and ideal home and as the place where they or their descendants eventually return (when the circumstances would be appropriate); (5) they believe that they should together be committed to the wellbeing, safety and prosperity of their homeland; (6) they always continue to relate, personally and collectively to that homeland in one way or another and their ethno-communal consciousness and solidarity are importantly defined by the existence of such a relationship.

An expansion of this concept would be emotional diaspora, which emphasizes the affective and emotional affects of displacement on people. It includes the sentiments of displacement, memory, community and identity formation that people in a diaspora have for their origin. In their new placement, these feelings frequently mould their identities and direct their behaviour. By integrating Safran's diaspora characteristics with Sara Ahmed's affect theory within the theoretical framework of this thesis, we can explore how emotional experiences, such as alienation and longing are not tied to physical displacement but also to circumstantial changes that disrupt an individual's sense of identity and belonging. This connection allows for a deeper analysis of how emotional and social dynamics interplay shaping the identity and experiences of characters facing various forms of dislocation.

### **3.2 Theoretical Framework**

The current study dominantly uses the concept of Sara Ahmed on affect theory to understand the emotional displacement of the sick characters. It is assumed that the sudden shift in life such as chronic illness and disability can affect a person's identity. Through affect theory we will see the changes in sick character's identities; how their identity is evolved or how illness affects their identity.

Ahmed contends that affect functions as a sticky force, sustaining connections between concepts, ideals, and objects. In her view, emotions encompass various aspects such as intensity, bodily orientation, and direction, extending beyond mere subjective content. Ahmed challenges the distinction between affect and emotion, arguing that the conventional differentiation, where affect is considered, unqualified

intensity transcending narrative, and emotion involves subjective qualification, underrepresents the complexity of emotions.

According to Ahmed, the intensities characterized as affected by Massumi are not only "directed" but also "qualified" or "congealed." This directedness extends beyond inner feeling states, encompassing how things come together in specific ways. Despite the distinguishability of affective reactions and emotions, Ahmed emphasizes their adjacency, describing them as sliding into each other and cohering. She suggests that individuals are predisposed to certain affective responses, indicating that some objects and locations already hold emotional significance. Ahmed posits that affect is not independent, challenging the idea of a clear separation between affect and emotion.

In Ahmed's perspective, it becomes apparent that the term "affect" can also encompass strong feelings, blurring the distinction between affect and emotions. She often uses terms like feeling, emotion, and affect interchangeably, focusing on the affective dimensions of emotions. Unlike Massumi's definition of emotion, Ahmed argues that feelings serve as channels through which objects produce impressions in a communal setting. The sticky nature of affect, leading certain items to accumulate emotional value and influence us, underscores the importance of shared space. According to Ahmed, evaluating something involves being impacted by it, emphasizing that the things affecting us, whether physical objects, bodies, living entities, or ideas, carry a promise and possess intensity, dependent on how we assess them.

Ahmed argues that the notion of affect contagion tends to downplay the contingent nature of affects, even though considering affect as infectious is useful for illustrating how external objects influence us. In essence, while our emotions are influenced by others, the circulating elements may impact us in diverse ways. Ahmed delves into the concept of "doubling," asserting that an experience like pain necessitates a particular orientation towards an object, such as fear, just as the experience of that orientation, fear, records the painful experience. Additionally, an influence can be anticipated without firsthand knowledge of the object, as some things may acquire value through proximity (a promise) shared in a common space. This

notion aligns with Massumi's concept of affect as intensity, involving a form of doubling.

However, acknowledging the connection between the object and the affect can loosen it, as the object is not merely a cause of emotion but is retrospectively recognized as the reason for the feeling (Ahmed 27, 28). It's intriguing to observe that in a scenario where an object gains affective value from our conscious experience and transitions into performing affectively without our conscious involvement (referred to as "pre-personal"), the conscious experience takes precedence, even if the subsequent affect results from a visceral influence. Ahmed notes that even reactions seemingly immediately evoke memories through physical reflexes without engaging consciousness, making them not truly present. While recognizing that "'having' an emotion is distinct from sensations and impressions that may burn the skin before any conscious moment of recognition," she abandons the idea of distinguishing affect or sensation from emotion.

In *The Promise of Happiness*, Sara Ahmed presents a compelling theoretical framework for understanding identity. According to Ahmed, pleasure is not an individual goal but a socially and culturally constructed element that shapes our identities. She challenges the universal pursuit of happiness, arguing that it is often used as a tool for oppression and marginalization.

Ahmed's theory emphasizes how cultural norms influence our perception of happiness, offering a unique perspective on identity formation. She argues that certain identities are valued or marginalized based on their alignment with prevailing notions of happiness. For example, society often associates happiness with heterosexuality, whiteness, and able-bodiedness, marginalizing those who deviate from these norms. Ahmed's framework provides insights into the creation and preservation of identity in society, encouraging a critical examination of the privilege and power structures that influence our understanding of identity and happiness. This perspective prompts a reevaluation of established norms and encourages the pursuit of broader conceptions of happiness. Ahmed's theory aims to expose how societal constraints limit our choices by favouring specific forms of enjoyment, all while recognizing the importance of human autonomy.

Sara Ahmed explores the intricate relationship between happiness and objects, asserting that things possess the power to shape our emotions and desires, transforming spaces into either joyful or disappointing realms. Ahmed examines cultural narratives surrounding objects, highlighting the common belief that owning specific items is linked to happiness. Contrary to this notion, she argues that happiness is a product of social and cultural processes rather than an inherent quality of objects.

Ahmed delves into the concept of affective communities and their impact on our lives. According to her, individuals sharing similar feelings and experiences form affective communities, fostering a sense of connection and belonging. While some see these communities as essential for social cohesion and support, others note their potential to breed prejudice and exclusion. One key advantage of emotional communities is the support they offer during challenging times. Shared experiences create a sense of comfort and understanding among individuals facing similar circumstances. Belonging to such communities enhances empathy and allows people to express themselves without fear of judgment. Additionally, affective communities can serve as catalysts for collective initiatives and social change, mobilizing resources and promoting justice by uniting individuals with shared beliefs and objectives.

Illness often disrupts individuals' lives, challenging existing social networks and self-concepts. In such situations, affective communities emerge as havens where individuals can find solace and support. Through shared medical experiences, members of these communities develop a profound sense of understanding and belonging. According to Ahmed, affective communities play a pivotal role in not only providing emotional support to individuals dealing with illness but also in facilitating the creation of new identities. By sharing experiences and narratives within these communities, people with illnesses can reimagine themselves beyond their health conditions. The shared empathy within these groups allows individuals to reconsider their identities, encompassing various facets of their lives beyond the context of their illnesses.

In her exploration of the connection between affect and disability Sara Ahmed uses the term "affective dimensions". Ahmed delves into the psychological challenges faced by individuals with disabilities. Ahmed argues that affect plays a crucial role in

shaping how society perceives and treats people with disabilities, turning it into both a personal and a social-political experience. One key aspect of Ahmed's argument is the centrality of affect in the construction of disability. Society often associates disability with negative emotions such as fear or sympathy, leading to marginalization and stigma. Ahmed advocates for a more nuanced understanding of disability by examining these emotional components and challenging prevailing myths. Additionally, Ahmed highlights how emotional attachments contribute to the perpetuation of ableism, where able-bodied individuals form emotional connections to their abilities, reinforcing the belief that disabilities should be avoided or remedied. This emotional association further marginalizes individuals with disabilities and upholds societal standards that prioritize able-bodiedness.

Sara Ahmed also explores the intersections between disability and queerness, shedding light on the experiences of those navigating both marginalized identities. Ahmed argues that challenging and understanding the ableist assumptions embedded in society requires a queer phenomenology. Ahmed starts by pointing out how, similar to queer bodies; disabled bodies are sometimes viewed as aberrant or deviant. People who don't fit into predetermined categories face exclusion and prejudice as a result of society's concern with normalcy. Individuals with disabilities who identify as LGBT experience double marginalization, exacerbating this exclusion.

Ahmed explores the intersection of queer theory and phenomenology, arguing that our perceptions of objects and individuals, including how we perceive disability, shape our lived experiences. Central to Ahmed's argument is the frequent marginalization and exclusion of individuals with disabilities due to societal views that consider them deviations from the norm. This perspective reinforces negative stereotypes and perpetuates ableism. Employing a queer phenomenological perspective, Ahmed challenges these societal norms, offering an alternative interpretation of disability. The profound impact of illness and disability on individuals extends to their perception of reality, self-image, priorities, sensitivities, and overall sense of individuality. Literature serves as a valuable medium through which readers can gain a deeper insight into these transformative experiences and the intricate emotions that accompany them.

Sara Ahmed's affect theory provides a profound lens through which to examine the marginalization and exclusion of individuals with disabilities, as depicted in the novels *Five Feet Apart* by Rachael Lippincott and *Me Before You* by Jojo Moyes. Ahmed's theory posits that emotions are not simply personal experiences but are socially constructed and circulate between bodies, influencing social relations and identities. In *Me Before You*, Will Traynor's identity and social interactions are drastically altered following his paralysis. His feelings of anger, frustration, and isolation are not merely personal but are shaped by societal attitudes towards disability. Will's withdrawal from social activities and relationships highlights how societal discomfort with disability can lead to emotional and social marginalization. Ahmed's affect theory helps to illuminate how emotions like shame and resentment circulate Will, reinforcing his outsider status and perpetuating his alienation. Similarly, in *Five Feet Apart*, the characters Stella Grant and Will Newman, both living with cystic fibrosis, experience emotional diaspora as they navigate their lives within the constraints of their illness. The physical distance they must maintain from each other to avoid cross-infection symbolizes the broader emotional and social distance imposed by their condition. Society's inability to fully accommodate their needs and the isolation stemming from their illness evoke feelings of longing and frustration. Ahmed's affect theory can elucidate how these emotions circulate between Stella, Will, and those around them, highlighting the societal structures that marginalize individuals with disabilities and shape their emotional experiences. By applying Ahmed's affect theory to these novels, we can better understand how the marginalization of individuals with disabilities is perpetuated through emotional responses that are deeply embedded in social and cultural contexts. The characters' experiences of isolation, frustration, and longing are not merely individual struggles but are indicative of broader societal discomfort with and exclusion of disability, illustrating the profound impact of affective economies on the lives of those who are marginalized.

In conclusion, affect theory provides a robust framework for analyzing the concept of emotional diaspora, offering deep insights into the ways emotions shape and are shaped by experiences of displacement and identity. By focusing on the circulation of emotions and their capacity to forge connections and disconnections, affect theory illuminates the intricate dynamics of belonging and estrangement that

characterize emotional diaspora. It underscores how collective memories, shared histories, and cultural narratives are emotionally charged, influencing how individuals and communities navigate their sense of self and place. Through the lens of affect theory, we can better understand how emotional ties and affective bonds create a sense of diaspora that transcends physical boundaries, highlighting the importance of emotional and psychological processes in sustaining diasporic identities. This theoretical approach not only enriches our understanding of diaspora but also expands the scope of diasporic studies to include the profound impacts of affective experiences on the formation and perpetuation of diasporic communities.

## CHAPTER 4

### EMOTIONAL DIASPORA IN *FIVE FEET APART*

#### 4.1 Introduction to *Five Feet Apart*

Emotional diaspora in *Five Feet Apart* plays a significant role in shaping the experiences and behaviours of the main characters, Stella Grant and Will Newman, who are affected by cystic fibrosis (CF). Throughout the novel, the characters are displaced from a "normal" life due to their illness. This necessity of physical distance (at least six feet apart) because of their health condition becomes a source of emotional diaspora. They cannot participate in regular teenage activities or establish physical connections typical for their age, leading to feelings of isolation, frustration, and longing. Stella is emotionally displaced as she becomes obsessed with control and routine as a way to cope with her disease and the lack of control she has over her life. Her emotional diaspora is apparent in her relationships, especially with Will, as she struggles to reconcile her desire for connection with the danger it poses to her health. Will, on the other hand, feels emotionally displaced by his "doomed" future due to his specific strain of CF known as B. cepacia, which rules out the possibility of a lung transplant. This leads him to a rebellious, laissez-faire attitude towards his treatments, showing his emotional displacement through recklessness and detachment. Together, they experience a unique form of emotional displacement centred on their forbidden romantic feelings, making their love seem doomed, yet more intense. They further feel displaced from their peers due to the mature understanding of life they have gained through dealing with mortality at such a young age. In summary, their displacement due to illness aspects and the imposed physical limits leads to emotional displacement, creating complex conflicts within their interactions with themselves and others.

*Five Feet Apart* ingeniously weaves the theme of diaspora into its narrative tapestry, elevating its exploration of human connections beyond the realm of physical proximity. Diaspora, defined as the dispersion or scattering of a population from their homeland to various locations, emerges as a metaphorical undercurrent throughout the novel, signifying not only the spatial separation necessitated by the CF but also the



emotional and existential dislocation experienced by Stella, Will, and their fellow patients.

In the context of the characters' lives, the hospital environment itself becomes a metaphorical diaspora—a place where individuals, united by their shared medical condition, find themselves adrift from the familiarity of their former lives. As Stella and Will transverse the hospital's corridors, engaging in a delicate dance of maintaining distance, they encounter other patients grappling with their diasporic realities - individuals torn away from the comfort of their homes and communities, seeking solace and support in the camaraderie of shared experiences.

Moreover, Stella and Will's emotional journeys epitomize a profound internal diaspora, where the turbulence of their medical circumstances thrusts them into the unfamiliar territory of vulnerability, dependency, and fleeting morality. The spatial distance imposed on them serves as an allegory of the emotional chasms they must bridge, as they navigate the tumultuous waters of romance while contending with the precarious health conditions.

Amidst this poignant diasporic landscape, *Five Feet Apart* accentuates the universal yearning of connection and belonging. Despite their physical separation, Stella and Will's blossoming affection defies the limitations imposed by their medical condition, embodying the resilience of human bonds even in the face of spatial and emotional dislocation. In this context, the novel transcends its romantic narrative to underscore the human capacity to form profound connections and find solace within a diasporic existence - drawing strength from the shared experiences of others and forging a sense of belonging amidst the challenges of living in perpetual transition.

In essence, *Five Feet Apart* embraces the theme of diaspora as an intrinsic facet of the human condition—illuminating the intricate interplay between physical separation and emotional convergence, and the transformative power of shared experiences in transcending the confines of distance and fostering lasting connections in the most unexpected of circumstances.

## 4.2 Analysis of *Five Feet Apart*

### 4.2.1 Displacement

The novel begins with Stella appreciating her late sister's drawing of "lungs moulded from a sea of flowers" and she feels "it'll bloom forever" (1). Even though the drawing does not have all the flowers blossomed, she "can feel the promise of life just waiting to unfold from the tiny buds under the weight of her finger" as she traces the drawing with her tips. The poetic expression beautifully captures the sense of wonder and anticipation in witnessing the life hidden within tiny buds. The imagery of delicate buds, delicately poised and awaiting the right moment, evokes a sense of hope and promise. In Stella's case, as she suffers from cystic fibrosis (CF), she awaits the opportunity to gain new lungs that will give her more time to live. Stella is displaced and hopes to return to her original self. This affective expression can be analyzed under the fourth and fifth characteristic of Diaspora proposed by Safran that the diaspora sees the origin as a place of eventual return when the time is right and that the diaspora is committed to the maintenance or restoration of the homeland. Similarly, Stella affected by her illness sees healthiness as the place of origin and hopes that when she gets new healthy lungs, she will live like every normal being she is a control-oriented person who manages her illness through the meticulous routine of medications and treatments to maintain her whatever health is left. According to Sara Ahmed's affect theory, emotions are not static, but rather circulate and shape the relationships and spaces between individuals (9). Stella draws a personal and intimate representation of her sister Abby's lungs, which becomes a focal point of emotional significance for Stella. It embodies Abby's presence and their deep bond, as well as serves as a constant reminder of Abby's absence and Stella's deteriorating health. This duality highlights the emotional displacement Stella feels, caught between the memory of her sister and the reality of her fragile existence. The drawing thus becomes a site of emotional stickiness, where grief, love, and loss converge; creating a complex emotional landscape that Stella navigates daily.

Moreover, the drawing of the lungs exemplifies Ahmed's concept of the 'skin of the community,' where certain objects and spaces become charged with collective emotional significance (56). For Stella, the drawing is not just a piece of art but a

symbol of her connection to Abby and, by extension, to a sense of normalcy and family that has been disrupted by illness.

This displacement is further exacerbated by the physical limitations imposed by cystic fibrosis, which isolates Stella from both her past and her potential future. The drawing thus encapsulates the tension between belonging and isolation, as Stella is emotionally tethered to her sister's memory while being physically confined by her illness. Through this lens, the theme of displacement is vividly illustrated, showing how emotions circulate and adhere to objects, creating spaces of belonging and alienation within the lived experiences of the characters. Ahmed delves into the cultural construction of happiness and how it often becomes a societal expectation (9). It analyzes how happiness is tied to various external factors, such as relationships, work, and social environment, and highlights the immense pressure individuals face to conform to these expectations to be deemed "happy" (10). It is later seen that Stella's idea of happiness evolves as well as her identity.

As Stella moves into the hospital, she creates a "to-do list" that consists of tasks such as decorating her room, organizing her medicine cart, recording a video, or contemplating the afterlife. These tasks work as an adapting tool to adjust and respond to the challenges and opportunities presented by the host environment. Stella makes her hospital room her own by giving it character through her sister's artworks that serve as a symbol of her strength throughout the years, tagging along her hospital visits. Hence, Stella adapts to the hospital environment but the art by Abby works as a memory that conveys the complexities of Stella's experiences with CF, bridging the gap between her past and present reality. Stella's decision to add her sister's artwork to her hospital room is a potent representation of emotional diaspora. In an otherwise ephemeral and clinical setting, these artworks serve as emotional anchors by offering a sense of strength and permanence. Like those in a physical diaspora who preserve cultural ties to their own country through treasured possessions and customs, Stella forges an identity and a sense of home while being forced to relocate due to her sickness. By practising this, she is attempting to combat the widespread sensation that she is not welcome in the cold, impersonal setting of the hospital and restore a sense of security and belonging. By navigating her kind of diaspora through these artworks, Stella maintains her emotional connections to her past and her sister, hence fortifying her against the isolating nature of her condition. Stella's meticulously crafted to-do list

represents her attempt to align her life with a sense of control and normalcy, despite the constant disruptions caused by her illness. According to Ahmed, the pursuit of happiness often involves the alignment of one's desires with socially sanctioned 'happy objects'—those things, people, or goals that are culturally associated with happiness (10). Each item on Stella's list symbolizes her desire to attain a semblance of the life she envisions for herself, imbued with the hope and promise of a happier future.

In this context, the to-do list becomes a site of emotional investment where Stella's aspirations and desires are concentrated. However, the list also underscores her emotional displacement, as the very act of creating and adhering to such a list is a response to the unpredictability and constraints of living with cystic fibrosis. Ahmed's theory suggests that the promise of happiness is always deferred, as the attainment of these 'happy objects' is perpetually out of reach, especially for someone like Stella, whose life is heavily dictated by her illness. This deferred promise creates a sense of ongoing displacement, as Stella is caught in a cycle of striving towards goals that are continually disrupted by her health. Thus, while her to-do list is a symbol of hope and agency, it also highlights the emotional reality of her displacement—where the pursuit of a normal, happy life is constantly thwarted by the boundaries imposed by her condition.

In a surrounding that has people following their routine normally, Stella has her life dictated by her disease. People who are isolated for extended periods frequently suffer affective states like loneliness, sadness, and depression. Humans are naturally social creatures who benefit greatly from interpersonal relationships and social interactions. When these ties are broken or restricted, people may experience a sense of loss and emptiness. Isolation is another theme of the novel. Stella feels isolated and alone due to her condition. For instance, she cannot go to Cabo with her friends due to the CF flare and she narrates that “this isn't the first time my cystic fibrosis has taken me out of the running for some class trip or sunny vacation or school event” (4). Nevertheless, her medical condition compels her to relinquish this anticipated adventure, resulting in a profound sensation of emotional and social alienation.

Emotions are inherently relational, as Ahmed asserts, and they shape our feelings of belonging or estrangement within social settings (11). Stella's outburst, which prevents her from joining her friends, illustrates how her illness hinders her capacity to engage in common social experiences that are typically associated with happiness and fulfilment. This displacement is not solely physical; rather, it is deeply emotional. Stella is excluded from a vital social event that strengthens her friends' bond, further alienating her within her community. Her inability to participate in the trip highlights how her life deviates from the expected life paths and milestones of her peers, accentuating her perpetual sense of otherness.

The central concept of *The Promise of Happiness* is crucial in this context. Ahmed posits that happiness is often projected onto future events or accomplishments, thereby creating a horizon that individuals aim toward (15). For Stella, the trip to Cabo represented such a horizon, a promise of happiness that she had eagerly anticipated. However, the flare-up shatters this promise, exposing the precariousness and unpredictability of her condition. This shattering not only disrupts her immediate plans but also symbolizes the broader limitations imposed by CF, where the pursuit of 'happy objects' is perpetually thwarted. Stella's emotional response to this disruption is shaped by a combination of disappointment, grief, and resignation, reflecting Ahmed's idea that emotions are not only personal but also deeply social, being influenced by the fulfilment or frustration of culturally sanctioned aspirations (9).

Stella has adapted to her condition as she believes that the hospital has “been her home away from home” (8) since she is dispersed not only physically but emotionally from her original centre to another place as Safran's characteristic of diaspora suggests. Despite living in a different place, the diaspora establishes strong ties to the new community and people like Stella developed relationships with the hospital staff and patients; creating a small CF community. This feeling of “home away from home” is born out of the sense of belonging and creating a new identity. Some may fully embrace their new home, while others might struggle with their sense of belonging and experience feelings of nostalgia or homesickness for their homeland or past self. Stella's CF affects her sense of belonging. Ahmed's theory proposes that emotions are relational and impact our sense of belonging, which can sometimes result in feelings of not fitting in or being out of place (9). For Stella, the hospital has

become a familiar and necessary environment due to her chronic illness, cystic fibrosis (CF). Although it provides the medical care she needs, it simultaneously highlights her separation from the typical experiences of adolescence.

Per Ahmed's ideas, Stella's emotional displacement is apparent in how the hospital, an institution associated with sickness and therapy, takes the place of the conventional concept of home. Typically, home is seen as a place of comfort, stability, and personal freedom. However, for Stella, her sense of belonging and security is divided between her actual home and the hospital. This duality reflects a complicated emotional landscape where her identity and daily experiences are intertwined with her illness. The hospital, although it provides essential care, emphasizes her separation from the standard experiences of her peers, reinforcing her feeling of being different and emotionally displaced.

Will Newman's mask, emblazoned with the phrase "Abandon all hope, ye who enter," serves as a powerful symbol of his affective displacement, which can be examined through Sara

Ahmed's affect theory. This phrase, borrowed from Dante's *Inferno*, suggests a profound sense of despair and resignation, reflecting Will's emotional state as he navigates life with cystic fibrosis (CF). Ahmed claims that feelings travel through people and attach themselves to bodies and objects, influencing how people behave in social situations and around other people (14). Will's mask—an essential barrier to stop the spread of infection—becomes a tangible representation of his internal emotional world. The message of pessimism conveyed by the engraving on his mask is that he feels cut off from the healthy world, other CF sufferers, and a bright future. In addition to being protective, this mask reinforces his feeling of social and emotional dislocation by acting as a continual reminder of the restrictions and loneliness brought on by his condition.

Will's disconnection from the promise of happiness that Ahmed talks about is highlighted by his pessimistic outlook and the message on his mask. Will believes that the concept of "happy objects"—objectives and desires that are societally connected to happiness—is unachievable. His illness has prevented him from reaching typical adolescent life milestones like developing romantic connections or envisioning a life outside of the hospital. Will experiences a significant emotional displacement as a

result of this obstacle since he is unable to align with both the hopeful future that others may take for granted and the expectations of society. The writing on the mask also represents a kind of defiance against the unwavering optimism that is frequently demanded of patients. It illustrates Will's reluctance, in the face of a chronic disease, to conform his feelings to the expectations of positivity and hope set by society. Rather, his message challenges the typical narratives of bravery and hope that are often placed on persons with chronic diseases, acknowledging the brutal reality of his condition. His experience of affective dislocation is further heightened by this resistance, which puts him at odds with the typical emotional reactions to his circumstances.

People with CF are obliged to follow the distance rule due to the dangers of cross-infection. Will has also contracted a bacterial infection which has no cure; therefore, Nurse Barb is more cautious about this rule. Due to this rule, CF patients lack emotional and physical intimacy; this isolates them not only from their society but also from their kind. CF amplifies the affect of isolation that evolves their identity. For instance, Will like all CF patients cannot get by without his portable oxygen and suffers from his “chest aching from excursion” of the thick mucus in his lungs and throat (32). His isolation journey begins in the story when he is back in his hospital room and notices his friends are gone; he feels as if his “life span wasn’t already going to be ridiculously short, B. cepacia will cut off another huge chunk of it by making my (his) shitty lung function deplete even faster than it already has.” Furthermore, his mother is willing to find a cure for the incurable, “even if it means cutting me (him) off from everyone” (33). Using Sara Ahmed's affect theory, there is an intriguing connection between Will's experiences and the idea of diaspora. Diaspora is commonly understood to mean the dispersion of any people from their place of origin; however, it can also apply, metaphorically and especially when viewed through the prism of affect theory, to the dispersal of individuals from a real or perceived 'normative' social body as a result of circumstances such as disease.

Will's illness, cystic fibrosis exacerbated by a B. cepacia infection, causes him to physically and psychologically distance himself from his friends as well as from the events and way of life that are usually associated with youth. Will is continually crossing the line between belonging to a community (the hospital, other CF patients),

and feeling deeply estranged from it because of his unique health difficulties. This forced separation is reminiscent of the sensation of diaspora.

Ahmed's theory of affective economies sheds light on the relationship between feelings and the diaspora experience (31). Ahmed argues that emotions are not limited to an individual's life but also move throughout people and communities, fostering unity or drawing attention to differences. Will experiences intense constraints as a result of his condition, which leads to feelings of loneliness, loss, and hopelessness. These emotions permeate his life and affect how he interacts with other people. In addition to being physically isolated, his metaphorical diaspora also refers to an emotional escape from the "happy objects" Ahmed talks about, which are hopes and objectives linked to happiness that are culturally acceptable but out of reach for him (14).

Moreover, the word "diaspora" generally refers to a yearning for one's native land or to return there; in Will's situation, this can be understood as a yearning for normalcy or health. In the same way that people living abroad may yearn to return to their own country and live as contributing members of society, Will just like Stella longs to be free from the limitations of his sickness and to live a life in which his illness does not define him. The invasive nature of his medical condition, along with his mental and physical distancing from 'normal' social interactions and experiences, underscores a more comprehensive story of loss and displacement. Will's narrative of isolation and the constant awareness of his shortened life expectancy resonate with the diasporic theme of living between worlds, belonging fully to neither, and always being aware of what separates rather than unites.

Will's yearning for a world in which there are "no more hospitals" is a sincere wish to be free of the limitations that characterize his present life. He experiences affective displacement because of his confinement to the hospital and the way his mother's actions reinforce his identity as a patient rather than a person. He is physically and emotionally cut off from a "normal" life, much like a diaspora population is cut off from its birthplace. Will thinks to himself "For the first time in eight months, I'm a car ride away from home. *Home*. Where Hope and Jason are. Where my old classmates are slowly chugging their way to finals, shooting for whatever Ivy League school their parents selected for them. Where my bedroom, my



freaking life, really sits empty and unlived in” (59) such thought gives rise to an emotion like that of a diasporic person who is emotionally and socially cut off from their country even though they are physically close to it. According to Ahmed, the house is a "happy object," full of memories and a sense of normalcy that Will yearns for but is unable to experience because of his condition (11). His illness pushes him into a transitional state between his former life and his current reality of hospital confinement, which emphasizes his affective displacement. This unachievable happiness. Will's emotional exile is further highlighted by his reference to his former peers pursuing Ivy League degrees and leading the lives he had previously imagined for himself. His sensation of being out of place is heightened by these comparisons, as he watches his contemporaries go forward on typical life routes while he stays inert, his own goals thwarted by the unyielding demands of cystic fibrosis. Despite being physically close to home, he feels stuck and alone, which adds to the emotional dislocation that characterizes his experience. The normalcy of his classmates' lives becomes a measure against which he feels his own life is lacking, creating a sense of otherness and exclusion. This emotional disconnection from his 'home' life, despite being close in physical distance, mirrors the diasporic experience of being perpetually on the outside, looking in. Given this, Will's life in the hospital might be compared to a diasporic experience in which he moves between two worlds: the hospital, which he is compelled to live in because of his illness, and the outside world of ordinary teenage experiences, which he feels banished from. Hence, he believes as Safran's concept of Diaspora states that a diaspora feels he will not be fully accepted in his host society, therefore Will feels "alienated and insulated" from it, but because he finds that the kingdom of wellness is his ultimate home, he tries to return to it by living his life his way, undictated by his illness and hence is affected by his displacement.

Using Sara Ahmed's affect theory as a framework, it is possible to gain a deep understanding of Stella and Will's affective displacement, which is similar to the experiences of diaspora. Chronic disease forces both characters to navigate physical and emotional limitations that separate them from the typical experiences of their peers. Stella's painstaking efforts to add her sister's artwork to her hospital room provide an emotional anchor for her in a fleeting and clinical setting, emphasizing her struggle to establish a sense of home and belonging in the face of constant

displacement. Similarly, Will's thoughts about being a car ride away from home and his mask with the words "Abandon all hope, ye who enter" highlight his sense of isolation and exclusion from a world that continues without him.

According to Ahmed's idea, these feelings move through and cling to things, places, and people, forming intricate emotional landscapes where love, grief, hope, and despair all collide. Stella and Will's experiences of being emotionally and physically cut off from "normal" life are reminiscent of the diasporic experience of bouncing between several worlds, where one must continually navigate one's identity and sense of place. Their need for normalcy and a connection, in contrast to the unyielding reality of their medical afflictions, is reminiscent of the diaspora's desire for a country that is both attainable and distant.

#### 4.2.2 Memory

Sara Ahmed's affect theory can be used to examine how memory shapes the experiences of Stella and Will, the protagonists of *Five Feet Apart*, and comprehend their diasporic existence. In this story, memory serves as an emotional anchor that ties the protagonists to their former selves and the imagined lives they previously had. Ahmed's affect theory provides a lens through which to examine how these memories inspire feelings of displacement, desire, and loss. Ahmed's theory highlights how emotions are relational and circulate to shape our sense of belonging or alienation.

The drawing, which Stella keeps in her hospital room, represents more than just a piece of art; it is a tangible connection to her sister and the life they shared before Abby's untimely death. This connection to the past is crucial for Stella, as it helps her maintain a sense of continuity and identity amidst the isolating reality of her illness. Ahmed's theory helps us understand that emotions such as love, loss, and grief are not contained within individuals but circulate through objects and spaces (11). The drawing thus becomes an affective object, carrying the emotional weight of Stella's memories and serving as a constant reminder of her sister's presence and influence.

In the context of diaspora, the drawing symbolizes Stella's metaphorical journey of displacement. Just as diasporic individuals hold onto cultural artefacts to preserve their heritage and identity, Stella clings to Abby's drawing to sustain her emotional connection to a happier, healthier past. This act of preservation is a form of resistance against the emotional erasure that illness and the sterile hospital

environment threaten to impose. The drawing transforms the impersonal hospital room into a personal and emotionally charged space, highlighting Stella's struggle to create a sense of 'home' in a place defined by transience and medicalization.

Moreover, the drawing signifies the duality of memory in the diasporic experience: it is a source of comfort and continuity, but it also accentuates the pain of separation and loss. For Stella, the drawing evokes the warmth and support of her sister, yet it also underscores the stark absence left by Abby's death. This tension mirrors the diasporic condition of longing for a homeland that is both present in memory and absent in reality, creating a perpetual state of affective displacement.

Stella narrates "I miss out on things like a class trip to the art museum or now our senior trip to Cabo" (4). The issue of remembrance and missed events is emotionally highlighted by Stella's perspective on the important experiences she missed, such as the senior trip to Cabo and the class excursion to the art gallery. Stella's inability to develop social attachments and collective memories is reinforced by her frequent travels to the art museum and Cabo, which symbolise not only the activities themselves but also her emotional and social alienation. This phenomenon, taken in a broader context, is similar to the diasporic experience of yearning for a connection to a group or location that seems unattainable. Stella suffers a similar detachment from the formative memories of her adolescence as diasporic people do from the cultural and social experiences of their native country. The emotional terrain of her displacement is highlighted by the recollections of what she could have participated in but had to miss out on because of her illness. These memories evoke feelings of desire and loss. These lost opportunities are tinged with yearning for a life that eludes us all the time. According to Ahmed, they are "happy objects," representations of a wanted but unachievable happiness. The trip to the art museum and the vacation to Cabo are not just occurrences; they symbolise a normative developmental trajectory from which Stella is excluded, highlighting the affective economy of her life that lacks joy and connection.

Will remembers the "freedom that makes my (his) fingertips itch." by recalling the time when Jason and he slid "around on the icy pond down the street from his house, the cold sinking deep into our bones as we (they) played.", "chucking snowballs at each other, making snow angels" (59). His memories of happy winter

days act as emotional touchstones, tying him to a period of freedom and normalcy that is very different from his current situation of being confined by medicine. Emotions are connected and influence our sense of identity claims Ahmed (9). Will's youthful enthusiasm and spontaneity are captured in his recollections, which flow through his affective economy and impact his relationship with the present while emphasizing his emotional dislocation from a better, happier past.

Will's yearning for these bygone days is comparable to that of diasporic people for their alienated motherland in the context of diaspora. The 'homeland' that these recollections symbolize is an idealized past in which Will was free from the weight of disease and able to participate in everyday activities. This yearning for the past emphasizes how out of place he feels in his present existence, just like a diasporic person feels cut off from their cultural origins. His affective dislocation is reinforced by the contrast between his prior independence and present restraints, highlighting the emotional toll that his disease has taken on him. In the same way that cultural artefacts preserve a diasporic person's sense of identity throughout relocation, these memories provide him with emotional sustenance by tying him to his past self and offering brief moments of escape.

Through the lens of Sara Ahmed's affect theory, the theme of memory significantly influences Stella and Will's experiences, demonstrating their affective displacement. Stella struggles to keep a connection to her past despite her illness, but her sister's artwork captures her memories and gives her a sense of continuity and home in the sterile hospital setting. Similarly, Will's yearning for the freedom and normalcy that his present medical condition denies him is highlighted by his nostalgic memories of spending winter days with his friend Jason. Their emotional and social isolation is highlighted by these deeply felt recollections, which serve as touchstones linking them to better, more carefree times. Stella and Will, trapped between the worlds of their past, negotiate the complexity of their diasporic existence through their recollections.

#### **4.2.3 Alienation**

In *Five Feet Apart*, the emotional alienation experienced by ill characters is intricately woven with the concept of diaspora as described by Safran's traits, which often involve feelings of separation and longing. The protagonists, Stella and Will,

both suffer from cystic fibrosis, a condition that physically isolates them from others. This separation mirrors the diaspora experience where individuals are alienated from their homeland or community.

Stella's meticulous regimen embodies a desire for control in a life dictated by illness, underscoring her sense of otherness and emotional isolation. Her affinity for routine is not just a health necessity but also a coping mechanism to bridge the emotional distance between her and a life of normalcy that seems perpetually out of reach. Will, conversely, embodies a rebellious spirit against the constraints imposed by his disease, highlighting a different facet of alienation—frustration and yearning for connection free from the boundaries of illness.

Stella mentions the isolating and alienating impact of her disease as she says, "I miss the feeling of being touched. The feeling of human connection, of someone else's skin on mine. It seems like a small thing until you can't have it anymore" (89). This quote highlights Stella's profound sense of isolation. Due to the risk of cross-infection, she must maintain physical distance from others, which intensifies her emotional alienation and longing for connection. According to Safran, diaspora is not solely about physical displacement but about the layers of identity forged in the contact zones of difference. In this context, Stella and Will navigate their identities as patients, young adults, and lovers, each layer complicating their yearning for connection. The isolation they experience is not just about illness; it encompasses their shared dreams, aspirations, and the bittersweet nature of their affection.

Ahmed's theory enriches this understanding further, emphasizing how emotions shape interactions and create bonds—even in absence. The sense of longing that fills the air between Stella and Will carries weight, forging an intense connection that transcends their physical limitations. Each glance, each brush of hands—even if fleeting—stirs a complex tapestry of feelings: desire, frustration, hope, and despair.

As they exist five feet apart, the emotional diaspora they endure highlights the stark reality of their conditions. It reveals the depth of human connection—how intimately intertwined we are, even when separated by barriers dictated by circumstance. The momentary touch becomes an act of rebellion against their illness, a defiance of the isolation that seeks to engulf them.

In their world, the feeling of touch symbolizes more than just skin on skin; it represents a longing for normalcy, resilience in the face of adversity, and the affirmation of love that persists despite the distances imposed upon them. Through this lens, we witness not just the physical separation but the emotional complexities that shape their lives—transformative experiences that resonate deeply within the heart of the viewer, inviting us to reflect on our own understanding of connection, presence, and the indelible impact of longing.

Will reflects on the loss of control of his life by stating, “I’ve been living on borrowed time, with no chance of getting better. Every treatment, every medication I’ve tried hasn’t worked. CF will kill me, one way or another” (140). Will's reflection underscores his alienation not just from others, but also from hope and the future. His illness makes him feel detached from the possibility of living a normal life, leaving him feeling exiled within his own body. Ahmed's theory of affect posits that emotions are not merely individual experiences but are shaped by social contexts and collective histories. In *Five Feet Apart*, the characters' emotional states are not only influenced by their conditions but also by societal perceptions of chronic illness. The shame, fear, and longing that permeate their interactions reverberate throughout their lives, creating an environment charged with affective intensity.

Will’s statement about living on "borrowed time" illustrates a crippling awareness of mortality that infuses his relationships with a sense of urgency yet also despair. This awareness generates an oppressive atmosphere, wherein every moment is tinged with the potential for loss. The fear of illness not only alienates them from each other but also cultivates a broader sentiment of disconnect with the outside world—a reality that remains indifferent to their suffering.

Stella narrates the limitations of her illness as she states, “This whole time I’ve been living for my treatments, instead of doing my treatments so that I can live” (250). This quote reveals Stella’s internal alienation. She feels trapped by the strict regimen required by her illness, leading her to feel distanced from a life of freedom and spontaneity, marking a sense of exile from the life she wishes she could live. Through the lens of Sara Ahmed's affect theory; we can understand Stella's emotional landscape as a reflection of how societal norms and expectations shape affective experiences. The medical environment, with its rigid structures and constant

reminders of her limitations, alienates her from the world that exists beyond hospital walls, reinforcing feelings of isolation even in spaces that should foster community.

Stella's position as a "diaspora in her own homeland" highlights the dissonance between her physical location and her emotional state. Although she is surrounded by friends, family, and medical staff, she often feels like an outsider, disconnected from the joy and spontaneity of typical adolescent experiences. Her illness spaces her in a liminal zone, where emotions like fear, frustration, and longing intersect, creating a complex web of affective entanglements. As she navigates her treatments, she grapples with the realization that her life is dictated by the rigid structures of her medical regime, rather than her own desires or aspirations. This tension amplifies her sense of otherness—not just as a patient, but as a young woman yearning for autonomy and connection.

Will's emotional detachment is further noted in one instance as he states, "I'm so used to being by myself, used to the weight of my life resting entirely on me. It's better this way. Less painful"(175). Will expresses his emotional isolation here, choosing to remain distant from others because he believes it will protect him from additional pain. This emotional detachment serves as a form of self-imposed exile. Sara Ahmed's affect theory is pertinent in understanding Will's emotional landscape. Ahmed posits that emotions are deeply social and relational, shaping how individuals connect with their environments and communities. Will's alienation is not merely a personal plight; it is a response conditioned by the societal perceptions surrounding illness and difference. As he navigates a world that often emphasizes what he lacks—normalcy, touch, the typical teenage experience—he internalizes these feelings, leading to a disassociation from both himself and those around him. The pain of his emotional isolation is bolstered by feelings of guilt and fear that arise from the possibility of intimacy with others, particularly Stella, who represents a world he longs to be part of, yet is taught to keep at arm's length.

Ultimately, Will's journey highlights a critical commentary on the human condition. His alienation serves as a poignant reminder of the struggles faced by those living with invisible ailments, which grapple not only with their physical limitations but also with the emotional burdens that come from societal misconceptions. In *Five Feet Apart*, Will becomes a symbol of the universal fight against isolation, illustrating

how the absence of connection can simultaneously be both a source of pain and a misguided form of self-preservation.

### 4.2.3 Idealization

In William Safran's framework of diaspora, one of the defining traits is the idealization of the homeland, where individuals or groups hold an idealized view of their place of origin, often through a lens of nostalgia and longing. When applied to emotional diaspora in *Five Feet Apart*, this idealization is reflected not in a geographical homeland, but in the characters' longing for their pre-illness lives or the concept of a "normal" life free from the constraints of chronic illness. Using Sara Ahmed's affect theory, which emphasizes how emotions shape our orientation to the world and our relationships, we can analyze how this idealization generates emotional landscapes for the characters.

The characters' yearning for their past, or rather, an idealized vision of what their lives could be without the constraints of illness, mirrors Safran's fourth trait of diaspora: the idealization of homeland. This longing is not merely about physical spaces but deeply rooted in emotional landscapes they envision—representing health, freedom, and connection, untethered by the relentless demands of their illnesses. For illustration Stella desires, "I want to be fearless and free. It's how I should be living. It's how everyone should be living" (238). Stella's desire for a life without fear and constraints reflects the idealization of a world she feels she's exiled from—a life where cystic fibrosis doesn't dictate her choices. In Ahmed's terms, this longing is shaped by affective economies, where emotions circulate and attach to particular ideals (in this case, the idea of freedom and normalcy). Stella's emotional orientation is toward an idealized, distant past or a future she cannot attain, shaping how she relates to her current, restrictive reality. The affect of longing—for freedom and normalcy—reinforces her sense of emotional exile from her own life.

Will tired of being identified by his illness idealizes a life where his illness is not a constant reminder of what he has become, he believes, "For once in my life, I want to be around someone who doesn't constantly remind me of the death sentence hanging over my head. I want something more than treatments and dying" (108). Will's statement reveals his emotional alienation from the life he's forced to live—one centered around illness and mortality. His longing for "something more"



represents an idealization of life beyond cystic fibrosis, an imagined world where he can experience joy, love, and spontaneity without the looming reality of death. According to Ahmed, emotions like frustration and desire orient Will away from the present and toward an unattainable ideal, further deepening his sense of emotional exile. His affective relation to this ideal life contrasts sharply with his current situation, highlighting the emotional rift that mirrors a traditional diasporic longing for an idealized homeland.

Stella is also frustrated by not being in control of her life because of her diseases idealizes a life without having to worry about death, for example she states, “This whole time I’ve been living for my treatments, instead of doing my treatments so that I can live” (250). This quote reflects Stella’s realization that her life has been defined by her illness, and in that realization, there is a deep-seated longing to regain control and live a life not centered on treatment. Ahmed’s affect theory helps explain this through the affect of frustration and disillusionment—Stella’s emotions are shaped by the gap between her lived reality and the idealized life she wishes she could lead. The constant orientation toward treatments leaves her emotionally disconnected from a fuller life, symbolizing her emotional diaspora from her former self, one that existed before her illness dictated her every move.

Will is grappling with the reality that despite all of the treatments and medical interventions, his condition will ultimately be fatal. It is a moment where he voices his acceptance of his fate, and it underscores his sense of hopelessness and emotional detachment from the future. He tells Stella that, “I’ve been living on borrowed time, with no chance of getting better. Every treatment, every medication I’ve tried hasn’t worked. CF will kill me, one way or another” (140) Will’s statement reveals a resignation to his fate, but it also hints at the idealized future he feels robbed of. According to Ahmed, emotions like hopelessness and grief are shaped by a loss of potential futures, and this affects how individuals relate to their present. Will’s grief over the life he could have had or the possibilities CF has taken from him illustrates how the affect of loss orients him toward an idealized version of life that he can never access. This emotional disconnect from his future potential can be seen as a form of emotional diaspora, where he is exiled from the life he imagines for himself.

Both Stella and Will exhibit an idealization of a "homeland" that isn't geographical, but rather an idealized, healthy life—a life free from the constraints of chronic illness. Through Sara Ahmed's affect theory, their emotional experiences of longing, frustration, and grief can be understood as shaping their orientation toward this ideal. These emotions create a sense of emotional exile, where they are alienated from the lives they wish they could live, just as traditional diasporic communities long for an idealized version of their homeland. This emotional diaspora shapes their identities and experiences, reinforcing the centrality of emotions in both individual and collective experiences of dislocation.

#### **4.2.3 Community**

Particularly when analysed in the context of Sara Ahmed's affect theory, Stella's establishment of a YouTube community provides a crucial illustration of how diaspora communities can operate as essential support networks. Her online network fosters a common space for emotional expression and mutual support, while also raising awareness about cystic fibrosis in the difficult terrain of her physical condition and the limits it imposes. This platform serves as a virtual diaspora, bringing people together who may be separated by their particular physical conditions but are bound by common battles and experiences.

Ahmed argues that emotions are a social phenomenon that unites groups rather than merely being personal. Stella's YouTube channel serves as a medium for the spread of affect, as her tales of adversity and resiliency inspire sentiments of community and acceptance. This emotional bond is essential to building a coherent community out of a collection of people with comparable conditions. Stella encourages a sense of connection and familiarity among her viewers by validating and amplifying other people's stories through her films in addition to sharing her own. Even though it is virtual, this group has the same supportive dynamics as real diaspora communities, where a strong link is formed by a shared experience of relocation and a yearning for a similar origin or condition. Stella's presence in this community serves as a reminder of how virtual spaces may break down physical barriers and establish affective attachment and support networks, which are vital for helping people deal with the difficulties and loneliness that come with long-term medical conditions. Her friend Poe is also a CF patient in the hospital and together they form a mini-

community as he is “the only one who really gets it. We’ve fought CF together for a freaking decade” (17) as Stella does not fully belong the world of healthy people and Poe is the only person whom she can fully relate.

Stella, however, convinces Will to do the treatment as she has “control issues” and “needs to know that things are in order” (90). Stella downloads her CF app that works as a reminder for medications and treatments, furthermore, she organizes his med cart and they both follow up their regime together through Skype. They both bond over their condition as Will says “She shows me her technique for taking pills with chocolate pudding. Which is freaking genius. And delicious. We breathe in our nebulizers, and do our IV drips, and mark off treatments and meds together in her app.” Moreover, they bond through sharing mutual experiences due to CF such as Stella mentioning her disappointment in missing out on her school’s senior trip and Will also relates to it as he misses out on many of his plans and lives “vicariously through their (his friends) texts and social feeds” (93). Will, Stella and Poe form their little “affective community.” Affective communities, according to Ahmed, are crucial because they give people a place to communicate and express their feelings in a protected setting. For marginalized communities, who might not have the same possibilities for expression and support in mainstream society, this might be particularly crucial. Similarly, Diasporas also formulate community as Safran emphasizes the notion of displacement and longing for return as central to understanding diasporic communities furthermore, Diasporas maintain strong ties with both their homeland and host country. Therefore, Will states that his bond with Stella made him “realize for the first time, in a long time, I don’t really feel alone” (97). The emotional diaspora also manifests as collective mourning. Patients and staff come together to remember Poe when he dies and offer condolences to one another. This shared emotional experience fosters a sense of community and solidarity.

According to Sara Ahmed's theory, Stella's YouTube community is an example of an affective community, which unites people who are separated by their physical problems through common feelings and experiences. Through the use of this virtual platform, which crosses traditional geographic barriers, people with cystic fibrosis may interact, exchange stories, and offer support to one another. By use of her movies, Stella cultivates a feeling of unity and group identification, converting personal accounts of medical solitude into a unified, encouraging community. This

dynamic shows how affective communities can help people who might otherwise feel marginalized in their daily contexts by providing emotional support and a sense of communal belonging. This helps people feel less alone and dislocated.

#### **4.2.6 Identity**

In *Five Feet Apart*, Stella Grant and Will Newman's identity are intricately woven through her experiences with cystic fibrosis (CF), shaping their sense of self and their interactions with the world. Using Sara Ahmed's affect theory as a lens, we can delve into the emotional and social dimensions that define their identities.

Living with cystic fibrosis, Stella must adhere to a strict treatment regime to manage her condition, which includes frequent medication, breathing treatments, and physical therapy. These medical requirements often take precedence over typical activities that her healthy friends may engage in without hesitation. This isolation prevents her from enjoying the kind of carefree interactions and shared experiences that her peers without the condition take for granted. She is torn between the routine of the world with healthy lungs and herself with "low functioning lungs" (4). Stella's existence is characterized by regular doctor's appointments, trips to the hospital, and awareness of her precarious condition. Her particular hardships and sacrifices because of her disability are highlighted by the striking difference between her life and that of her friends. These hardships and sacrifices have an affective impact on her identity as she struggles to miss out on her trip and prioritise her health requirements. Ahmed's affect theory posits that emotions are not just internal states but are produced through interactions with the world and others. For Stella, the continuous cycle of medical appointments and hospital stays creates a specific emotional landscape. The regularity of these medical interventions and the hospital environment itself become spaces where her identity is continuously constructed and reconstructed. These routines instil a sense of vigilance and hyper-awareness of her body's fragility, anchoring her identity in a constant negotiation with illness. This emotional diaspora highlights the challenges of living with chronic illness and the emotional and psychological struggles that arise from being away from one's usual support systems and daily routines. Despite, their physical proximity within the hospital the characters face emotional and psychological distances as they grapple with their health conditions and the restrictions imposed by CF.

Shame is a feeling of inadequacy or unworthiness that results from the belief that one has failed to meet the standards or expectations of oneself or others. Ahmed contends that shame and guilt are social phenomena with a strong foundation in power relations rather than personal experiences. Ahmed disputes the idea that shame is a feeling that comes from personal inadequacies or failures. Rather, she contends that those in positions of authority frequently inflict shame on marginalized communities. The society maintains hierarchies and prejudice by stigmatizing particular identities or behaviours. In Stella's case she feels guilt and shame as she has internalized society's expectations and her illness does not allow her to make many choices such as her not being able to go to Cabo.

Stella has adapted to her condition as she believes that the hospital has "been her home away from home" (8) since she is dispersed not only physically but emotionally from her original centre to another place (Safran). Despite living in a different place, the diaspora establishes strong ties to the new community and people like Stella developed relationships with the hospital staff and patients; creating a small CF community. This feeling of "home away from home" is born out of the sense of belonging and creating a new identity. Some may fully embrace their new home, while others might struggle with their sense of belonging and experience feelings of nostalgia or homesickness for their homeland or past self. Stella's CF affects her sense of belonging. Moreover, after the death of Abby, Stella feels a sense of responsibility in living to keep her parents together as they could not handle losing their elder daughter. Hence, while she is used to the hospital and her routine, she is anxious to return to health as she states "But this time I feel anxious, restless even. Because of wanting to get healthy, I *need* to get healthy. For my parents' sake" (9). Stella's struggle to get better for her parent's sake can be related to diaspora by exploring the idea of maintaining cultural connections and responsibilities to one's homeland while living in a different country.

Ahmed's concept of the "affective economy" is crucial in understanding Stella's identity. Emotions circulate between bodies and within spaces, influencing social relationships. Stella's role as a caregiver within her family and her friendship circles underscores this. Her identity is deeply entwined with her sense of responsibility for others, such as her deceased sister and her parents, whose emotional well-being she constantly considers. The circulation of care and anxiety within her

familial relationships underscores how Stella's identity is constructed through affective bonds that emphasize duty and self-sacrifice.

Her loneliness and alienation are amplified when she sees a couple entering the hospital “holding hands and exchanging glances.” She wonders “what it would be like to have somebody look at me (her) like that. People are always looking at my (her) cannula, my (her) scars, my (her)

G-tube, not at me (her)” (23). This statement emphasizes how her medical equipment and outward manifestations of her sickness serve as affective markers, influencing how people see her and interact with her. In this way, her identity is essentially reduced to her ailment. According to Ahmed's theory, emotions are relational and emerge through encounters. For Stella, this means that she feels othered and alienated because people are always staring at her medical devices rather than her as a person. Stella's sense of self is entwined with emotions of invisibility and longing for meaningful human connection because of the external attention on her sickness rather than her personality. Thus, these affective experiences shape her identity, highlighting the critical role that social and emotional connections play in the development of the self, especially for those who are unwell or chronically ill.

Will's chronic disappointment and despair derive from years of fighting a particularly drug-resistant strain of cystic fibrosis (CF), which has made him cynical of treatment efficacy and the prospect of a life beyond his sickness. Ahmed claims that emotions are shaped by social interactions and cultural context in addition to personal experiences (9). Will experiences a pervasive affective state of pessimism that affects how he interacts with the outside world and causes him to fight against the stringent medical procedures meant to treat his illness. This affective posture shows itself in his unwillingness to follow his treatment plan and his propensity to push limits, which come to define who he is. Will defies the rules his disease has burdened him because Stella recognizes his tactic as “it somehow makes you feel in control” (28). Thus, a cyclical affective experience that culminates in disengagement from hopelessness solidifies his sense of futility and loneliness and shapes his identity. This emotional state marks him as someone who is not only living with CF but is also greatly impacted by the emotional weight of chronic illness, which affects how he perceives himself and how others see him.

His isolation journey begins in the story when he is back in his hospital room and notices his friends are gone; he feels as if his “life span wasn’t already going to be ridiculously short, B. cepacia will cut off another huge chunk of it by making my (his) shitty lung function deplete even faster than it already has.” Furthermore, his mother is willing to find a cure for the incurable, “even if it means cutting me (him) off from everyone” (33). He finds it a huge relief that his friends are half an hour away from the hospital “so they can come to visit me regularly and fill me in on everything.” He also feels they’re the only ones in my (his) life who don’t treat me (him) like a lab rat.” His condition affects him so much that he feels that the disease is the only thing that is his identity rather than other things that are part of his identity. People with illnesses have different attitudes and outlooks to life; however, each prefers to travel back to the kingdom of wellness. Will is no different. He wants to get well and if not at least he wants to live a life as a healthy person. He cannot wait until there are “no more hospitals. No more being stuck inside white-washed buildings all over the world as doctors try drug after drug, treatment after treatment, none of them working.” Hence, he believes as Safran’s concept of Diaspora states that a diaspora feels he will not be fully accepted in his host society, therefore Will feels “alienated and insulated” from it, but because he finds that the kingdom of wellness is his ultimate home, he tries to return to it by living his life his way, undictated by his illness and hence is affected by his displacement.

While discussing affect, James Martin claims that “emotions serve to *situate* subjects about their world, orientating them towards its objects with degrees of proximity and urgency, sympathy and concern, aversion or hostility (2).” Hence, Will’s rebellious outlook on life is because he does not want a simple disease to be in control of his life depriving him of choices. He is estranged from his family and has lost friends to the disease. This isolation can lead to a sense of loneliness and disconnection from the world outside. Will’s defiance of medical advice regarding cross-infection shows his willingness to take risks. He seems more willing to live on his terms, even if it means jeopardizing his health. This risk-taking behaviour is partly a manifestation of his desire for autonomy. His tough exterior and sarcastic demeanour serve as a shield to protect himself from the emotional vulnerability that comes with facing a life-threatening illness. This mask conceals his fears and insecurities.

On the other hand, Stella's self is depicted as highly organized and structured in her daily life. Her disease demands adherence to treatments, medications, and infection control measures, which has made her disciplined and routine-oriented. As Ahmed states, "The way we are moved by others and the world around us not only defines our emotional landscape but also shapes our sense of self and our connections to others. Our ability to feel and be affected, to navigate these emotions, constitutes our lived reality and our potential for change (9)." "Stella's condition leads to physical isolation from others, as she must maintain a minimum distance of six feet from fellow CF patients to prevent cross-infection. This isolation can lead to feelings of loneliness and longing for human connection. Her obsession with her health is a coping mechanism and a response to the constant threat to her illness.

When Will notes, "She was so different in the videos I watched. I wonder what changed. Is it all of this? All the hospital stuff? The pills and the treatments and those whitewashed walls that push in on you and suffocate you slowly, day by day" (60). He reflects on how the affective environment of the hospital and the relentless routine of medical interventions shape their identities. Ahmed's affect theory posits that emotions are relational and formed through our interactions with the world. The suffocating atmosphere of the hospital, with its relentless regimen and sterile surroundings, generates a collective affective experience that impacts both Stella and Will. These emotions—frustration, confinement, and a sense of suffocation—circulate between them and their environment, shaping their identities. For Stella, the shift from her vibrant online persona to a more subdued self illustrates how these external pressures influence her emotional state and, consequently, her sense of self. Similarly, Will's reflection on these changes underscores how his own identity is entangled with feelings of despair and entrapment caused by the constant presence of illness and institutional control. This shared affective experience underscores the profound impact of chronic illness on their identities, revealing how their sense of self is continuously negotiated within the emotional and physical confines of their medical reality.

In the novel Will and Stella visit the NICU and see the baby's "tiny chest, struggling to rise and fall, struggling to continue breathing" Such sight affects Will in such a manner that he feels his own "heartbeat in my (his) chest, my (his) own weak lungs trying to fill with air from my (his) mad dash through the hospital." Stella is



filled with hope by such a sight that she tries to inspire the same fight in Will as she says “she’s fighting for her life... she doesn’t know what’s ahead of her or why she’s fighting. It’s just instinct, Will. Her instinct to fight. To live.” However, Will’s pessimistic nature comes as an affect of CF as he believes that he “lost that instinct a long time ago. Maybe at my fiftieth hospital, in Berlin. Maybe about eight months ago when I contracted B. cepacia and they ripped my name off the transplant list” (75).

Will's reaction to the sight of the baby fighting for breath is one of acute physical and emotional resonance. He feels his heartbeat and struggles to breathe, a direct affective response that Ahmed’s theory would describe as a bodily reaction shaped by his chronic illness. This moment underscores how Will's identity is marked by a pervasive sense of hopelessness and resignation. His pessimistic outlook, as he reflects on losing his "instinct to fight" after contracting B. cepacia and being removed from the transplant list, reveals how prolonged exposure to medical routines and setbacks has deeply influenced his sense of self. Will's rebellious nature and desire for independence can be seen as a reaction against the confinement and lack of control imposed by his illness and medical treatments. His identity, shaped by these affective experiences, embodies a form of diaspora within his own body, where he feels exiled from a life of normalcy and hope.

In contrast, Stella’s response to the same sight is filled with hope and inspiration. She sees the baby’s instinctive fight for life as a powerful metaphor for her struggle. Stella's identity is deeply intertwined with a sense of responsibility and resilience, shaped by her adherence to medical protocols and her desire to maintain control over her condition. Ahmed’s affect theory helps us understand how Stella’s emotions circulate within her relationships and environment, reinforcing her determination to live and to inspire others, including Will. Her acceptance of her condition and the structured routines of her treatment signify her ability to find purpose and meaning within the constraints of her illness. This perspective shapes her identity as someone who not only survives but also seeks to motivate others to fight.

The differing perspectives of Will and Stella in the NICU highlight how their identities are shaped by their emotional responses to their illness. Stella’s optimism and structured approach to her treatment reflect an identity rooted in resilience and hope, whereas Will’s despair and resistance underscore an identity marked by

disillusionment and a longing for autonomy. These affective responses illustrate how chronic illness acts as a form of diaspora, where both characters experience a sense of displacement from a life unburdened by CF. However, their emotional landscapes differ significantly, shaping their identities in unique ways: Stella's through a proactive embrace of her condition, and Will's through a defiant struggle against the constraints it imposes.

Stella's identity takes a minor turn when she is in the operation theatre wondering if she followed her regime religiously and took her medications at the scheduled time and yet she is lying about going into surgery as she wonders "all of my obsessing over my regimen for nothing" (139). She begins to understand Will's rebellious nature as she too wants to live her life and is at a point where she is unsure if she will have the time to ever live without her disease taking over the life she has left. She wonders "to all the things I (she) have avoided out of fear of getting sicker, only to find myself lying here anyway, about to go into another surgery" she may not survive (140). At this moment she finds returning to her healthy self is impossible.

Ahmed believes "guilt involves a turning back on oneself, a turning that produces the 'self' as the subject of the action and its failure, as well as the means of addressing such failure (26)." This statement highlights how guilt, as an affect, involves self-reflection and recognition of one's actions and their consequences, thereby playing a crucial role in the formation and negotiation of identity. Nurse Barb's guilt can be understood as an affective state, as it is a strong and negative emotion, she experiences due to her role in separating Stella and Will. Barb is adamant about keeping Stella and Will separate because of her own experience and guilt when she permitted two cystic fibrosis patients to coexist as her experience with illness has affected her. She is committed to ensuring that such a catastrophe never occurs again.

Will tries to avoid Stella after Barb confronts him about the threat he poses to her, but she refuses to allow him. Will takes on more responsibility as Stella behaves increasingly erratically.

Stella convinces Will that while he has b. cepacia they can follow safety measures because "As CFers, so much is taken away from us. We live every single day according to treatment, pills... Most of us can't have children, a lot of us never

live long enough to try. Only other CFers know what this feels like, but we're not supposed to fall in love with each other... So, after all that CF has stolen from me - from us- I'm stealing something back." she sets the rule to five feet apart instead of six (172). The separation that is forced upon them by CF results in an emotional disconnect as they cannot engage in close physical contact or intimacy, which is a fundamental aspect of human connection. The emotional diaspora is characterized by a profound longing and desire to be closer, both physically and emotionally. The enforced separation leads to frustration and feelings of helplessness. Furthermore, their emotional diaspora is marked by fear and concern for each other's health. This emotional diaspora shapes their identities as individuals dealing with cystic fibrosis. It affects how they perceive themselves and their relationships, leading to personal growth and self-discovery.

Poe, Stella's best friend and fellow cystic fibrosis (CF) patient, represents a significant emotional anchor in her life. His death is a pivotal moment that triggers a deep affective response, reshaping Stella's sense of self and her approach to living with her illness. Ahmed's affect theory emphasizes that emotions are relational and shape our interactions and identities. Poe's death catalyzes a powerful affective shift in Stella, moving her from a state of controlled resilience to one of raw vulnerability and introspection. This tragic event forces her to confront the fragility of life with CF more directly than ever before, evoking profound grief and a reevaluation of her priorities. Poe's death forces Stella to reorient her understanding of what it means to live with CF. According to Ahmed, emotions like grief and guilt can create new pathways for identity construction. Stella's grief over Poe's death leads her to reconsider her approach to life and relationships. It catalyzes her decision to take more risks and to live more fully, despite the constraints of her illness. This shift reflects a profound transformation in her identity from one of cautious control to one that embraces vulnerability and the unpredictability of life.

Stella recalls memories with Poe and is disappointed that he is no more therefore "for the first time in all" her years at the hospital she feels the "whitewashed walls closing in on" her and her "chest tightening" (221). Will tries to comfort Stella crossing the boundary his disease has set is reminded of the fragility of life and decides to leave the hospital; afraid he poses a threat to Stella due to his b. cepacia. They meet each other outside the hospital and as they look back at the hospital, they

agree it “sure looks better behind us” (229). Their escape from the hospital could symbolize their desire to break free from the constraints of their condition and experience life more fully, even though it poses risks to their health. “No to-do list, no suffocating hospital, no obsessive regimen, no one else to worry about” (230). The hospital walls vanish and they feel they can return to their original homeland which is the world outside the hospital and live and make choices as a healthy person would. Stella is also willing to let go of the opportunity of new lungs as she believes “new lungs mean hospital and meds and recovery. It means therapy, potential for infection, and enormous pain. But most importantly, it means I’d be apart from Will now more than ever. Isolation, even, to keep *B. cepacia* far away from me” (231). She does not want to be locked within the hospital walls again and become isolated once again. Furthermore, Will serves as a community whom she connects with, and has compatibility with and being without him would mean losing that connection and being alienated in a world with whom she feels home at, even Will confesses that “you make me want a life I can’t have” (236). Each of the characters’ has to set their priorities and perhaps this is where their identity transforms.

Affect theory focuses on how emotions, sensations, and intensities shape individuals' experiences and interactions. In the case of Will and Stella, their decision to leave the hospital is driven by their emotional connection and desire for intimacy, which transcends the physical constraints imposed by their illness. Their affection for each other creates a powerful affective bond that motivates them to challenge conventional boundaries and restrictions.

Moreover, their diaspora identities as individuals with cystic fibrosis add another layer of complexity to their decisions. Diaspora identity often involves a sense of displacement, longing, and negotiation of multiple cultural and social affiliations. For Will and Stella, their shared experience of illness creates a unique form of diaspora identity, characterized by a sense of marginalization within the broader society and a search for connection and solidarity within their community of individuals with cystic fibrosis.

Leaving the hospital can be seen as an expression of agency and resistance against the limitations imposed by their condition and by societal expectations. It symbolizes their desire to reclaim control over their lives and to assert their own

identities beyond the confines of illness and medical institutions. In this way, their decision embodies the affective dimensions of diaspora identity, reflecting how emotions, desires, and relationships shape individuals' experiences of belonging and exclusion.

The freedom they feel is short-lived as Stella falls into the ice pond and Will struggles to save her with his lungs “Every single breath is a struggle... he gasps for air trying desperately to fill his lungs” while giving Stella CPR. “Every breath he gets, he gives it to me (Stella)” (242). When they return to the hospital, Will persuades Stella to have the transplant. Will understands that being there will always be harmful to Stella when she is having surgery. He waits for her to awaken in the courtyard outside her room while stringing up the park's lights. Will bids Stella farewell over the phone and hangs up.

Will's decision to leave Stella can be related to the concept of emotional diaspora in the sense that it results in a dispersion or scattering of emotions and feelings. Emotional diaspora often refers to the wide range of emotions experienced by individuals or characters due to significant life changes or events. When Will decides to leave Stella, it creates a profound emotional impact on both of them. Stella experiences a sense of loss, abandonment, and sadness. Her heart breaks as “tears stream down my (her) face as I (she) feel(s) him walk away, much farther than the five feet that we agreed on” (265). She has grown emotionally attached to Will, and his departure leaves her emotionally scattered and struggling to cope with her feelings leaving her once again dispersed from her original centre (Safran) losing a community where she feels belonged and now feels alienated. She had grown emotionally attached to Will, and his departure left her emotionally scattered and struggling to cope with her feelings.

Likewise, Will's decision to leave is not taken lightly, and he too experiences a complex emotional diaspora. He may feel a mixture of guilt, love, and a sense of self-sacrifice, as he believes his departure is in Stella's best interest to avoid the risk of infection. The emotional diaspora highlights the complexity of their relationship and the difficult choices they have to make due to their health condition.

Will being emotionally diasporic keeps some form of connection with Stella as he holds on to memory and vision of Stella through “happy objects” ( 1) such as

her YouTube videos and her app. Happy objects, a concept by Sara Ahmed can be related to certain items or symbols that hold special significance for the characters and evoke positive emotions. He feels at ease to find

Stella breathing well. “There’s no struggle. No wheezing. It’s perfect and smooth. Effortless” (270). Sara Ahmed believes that happiness is a complex and multifaceted emotion. Stella and Will experience a mix of happiness, sadness and acceptance. This aligns with Ahmed’s exploration of how happiness is not a one-dimensional, universally attainable state but rather a nuanced and context-dependent emotion. Stella feels that “we need that touch from the one we love, almost as much as we need air to breathe. I never understood the importance of touch, his touch... until I couldn’t have it” (270). Will still finds himself “wishing I (he) hadn’t left, reliving the moment of walking away, my legs like cement blocks, being pulled like a magnet back to her window. I (he) think(s) that pull that hurt, will always be there. But all I (he) have to do is see her like this to know it was worth it a million times over” (271).

Ahmed emphasizes the importance of considering intersectionality in discussions of happiness (8). Stella and Will’s identities as individuals with CF and their experiences of love and sacrifice intersect with their pursuit of happiness. Their identities and circumstances influence how they perceive and experience happiness. To survive they have to be separated, however, at the end of the novel eight months later, Will is on his way to Brazil, and Stella is on her way to Rome. Will is happy to “finally going to *see* places I’ve (he) dreamed of” (272). Stella is thankful to Will for giving her “so much more life to live. So much more *time*. Aside from his love, it was the greatest gift I could ever receive” (272). Stella’s health has improved with her new lungs, and while Will remains sick, he sticks to his regimen. At the airport, Stella and Will lock eyes and approach one another, making sure they stand five feet apart. They both are relieved that they are alive.

In *Five Feet Apart*, the themes of displacement, memory, community, and identity are intricately interwoven and can be analyzed through the lens of Sara Ahmed's affect theory alongside William Safran's characteristics of diaspora. Ahmed's framework helps to elucidate how emotions circulate among the characters, particularly the protagonists Stella and Will, shaping their experiences of illness and

isolation. Their physical displacement confined within the hospital walls and bound by the imperative to maintain a safe distance, mirrors the emotional and psychological displacement characteristic of diasporic communities.

## CHAPTER 5

### EMOTIONAL DIASPORA IN *ME BEFORE YOU*

#### 5.1 Introduction to *Me Before You*

Will Traynor, the protagonist of Jojo Moyes' novel *Me Before You*, goes through a tremendous emotional exile marked by a spectrum of contradictory emotions and sensations. Several themes impact this emotional journey, including displacement, memory, and loss.

The experience of being uprooted or detached from one's usual surroundings or sense of belonging is an integral subject in *Me Before You*. Will Traynor, a successful and daring young man, is paralyzed from the neck down following a devastating accident. This abrupt alteration in his physical ability causes a huge shift in his life. Will, who was once active and independent, is now confined to a wheelchair and dependent on others for his basic needs. As a consequence of his dislocation, he feels alone and detached from the world he formerly knew.

Another important element in the narrative is memory. Will's accident affects not just his physical ability, but also his cognitive skills, specifically his memory. He has difficulty recalling events from his past and frequently feels frustrated and confused as a result. As he recalls his past life his emotional diaspora is intensified as he struggles with the notion of losing his identity and the person he once was.

The concept of loss is possibly the most important in *Me Before You*. Will's injury takes away his physical ability, freedom, and, eventually, his desire to live. As he travels through this mental wilderness, he feels tremendous sadness for the life he previously had and the future he imagined.

The examination of these issues in *Me Before You* allows readers to dive into Will Traynor's and Louisa Clark's complicated feelings. Will's emotional diaspora is caused by his dislocation from his old life, his memories, and the tremendous feeling of loss he feels. These themes interweave to provide a moving and thought-provoking story that delves into the depths of human emotion.



## 5.2 Analysis of *Me Before You*

### 5.2.1 Displacement

In her groundbreaking work on affect theory, Sara Ahmed explores how emotions can shape and displace individuals, creating a sense of emotional diaspora (Ahmed, 2004). This concept is particularly relevant when examining the character of Will Traynor in Jojo Moyes' novel *Me Before You*, whose emotional displacement and sense of identity are profoundly impacted by his physical disability and the subsequent loss of his independence.

Will Traynor, a once-vibrant and successful businessman, is left quadriplegic after a motorcycle accident, forcing him to confront a new reality that is vastly different from the life he once knew. As Ahmed posits, emotions are not simply internal experiences, but rather "social and cultural practices" that shape our interactions with the world around us (9). For Will, the loss of his physical autonomy and the societal perceptions of his disability trigger a profound emotional displacement, as he struggles to reconcile his newfound identity with the person he once was.

According to Ahmed's affect theory; it is crucial to focus on the "affective dimensions" of power, which are the sentiments and sentiments connected to power relationships. This might involve emotions of inferiority, embarrassment, and shame for those with disabilities. Social norms and expectations can internalize these emotions and reinforce them, which can result in low self-esteem and a hateful attitude towards oneself (11).

Additionally, Ahmed emphasizes the value of "embodied experience" in comprehending power dynamics, because disabled people's bodies are frequently perceived as "other" or "different," they feel alienated and disconnected from their bodies (11). For those with disabilities who are already marginalized and alienated from society, this can be very difficult.

Will is a diaspora as his physical self is compromised and is shifted to the "kingdom of sickness" (Sontag). His healthy self and emotional state are now dislocated and he cannot come to terms with his new lifestyle. The theme of displacement and loss is evident. He is viewed as an alien in society as we see the

struggles of a person with a disability in contrast to the ignorance of the able-bodied. Furthermore, Will also loses his identity as people around him also reduce him to a “person in a wheelchair” or “cripple”. The displacement in his life due to the accident is referred to as emotional diaspora. Will experiences emotional diaspora as seen by his emotional state. He struggles to adjust to his new life and is often reminded of some aspects of his previous existence, similar to conventional diaspora who are scattered from their origin (Safran). Will sincerely enjoyed his previous life and had high hopes for the future, but they were all taken from him in an instant, and it is difficult for him to comprehend that he has lost his independence and the capacity to carry out the activities he enjoyed. He must also confront the possibility that things may only become worse. He has to cope with that every day, which causes him a significant lot of emotional strain.

People with disabilities are frequently required to perform "emotional labour" in order to justify their inclusion. They can be required, for instance, to conceal or downplay their impairment in order to appear "just like everyone else"(Ahmed). As seen in the novel Lousia takes care of Will and comes to the conclusion in the first couple of weeks that she “saw that he seemed determined not to look anything like the man he had been; he had let his light-brown hair grow into a shapeless mess, his stubble crawl across his jaw. His grey eyes were lined with exhaustion, or the constant discomfort...They bore the hollow look of someone who was always a few steps removed from the world around him” (53). She finds that his feeling of loss, isolation and displacement has led her to the idea that “if it was a defence mechanism, whether the only way to cope with his life was to pretend it wasn’t him it was happening to” (53). She grapples the sensitivity of this subject and realizes “that his condition was not just a matter of being stuck in that chair, of the loss of physical freedom, but a never-ending litany of indignities and health problems, of risks and discomforts.” (57)

Will’s hurt is evident when he throws his photographs after the friends visit. This shows he is affected by the revelation, blames his disability and because of his disability he feels cannot be accepted by his society as Safran suggests that the diaspora feels they truly do not belong in the host society. The difference is that while Will is a physical citizen of his surrounding however, his disability works to isolate and alienate him emotionally.

Being a diaspora, Will regards his original state and life as his true home “and as place to which he would eventually return” (Safran) as Nathan his medical nurse tells Lousia that initially “he was pretty determined. He’d come pretty far in rehab” (91). However, “with no improvement” he has lost hope. Will's new life is difficult for him, and he obviously feels helpless because his recovery initiatives, which he has been doing for a year, have yielded no results. “He's not going to walk again, Louisa. That only happens in Hollywood movies.” Will is currently experiencing a number of physical pains. His physical condition is not what it ought to be. His vitals might drop quickly when he is unfit, which has led to multiple hospital visits. Louisa believed that while she does not know the amount of discomfort Will suffered, but “it was more than he let on” (105).

According to Ahmed, power dynamics have an impact on both social and cultural structures as well as individual experiences with emotions (21). Will's disability is frequently depicted as a tragedy and a cause of misery rather than as a source of courage and empowerment. This framing contributes to the social stigma against disability and the idea that bodies with disabilities are less important than those with competent bodies. This notion intensifies feelings of displacement and loss.

In one instance, Louisa, Nathan and Will were headed to the stalls for food but the stall ladies made it difficult to enjoy food as the “counter pretended to not look” at them and they were “monitoring Will out of the corners of their eyes, periodically muttering to each other when they thought” Will, Lousia and Nathan weren't looking. They would pass comments like “*poor man*” or “*what a terrible way to live*”. Lastly, they faced trouble with navigating the wheelchair back to the parking as they “couldn't get the chair even halfway across the grass to the car.” Will was hopeless and disappointed. Lousia went to ask for help but she was in disbelief when “so many people could turn down a cry for help when it involved a wheelchair stuck in mud.” Louisa lied to a group that Will was an ex-soldier who got injured in Iraq, it is then she gets help. However, Will “just looked grim”. His experience constantly reminded him of his powerless arms and legs and his disable state. People around him either saw him as a problem or pitied his fate. He was an alien to the society. He opens up to Louisa that “every single place I go to now people look at me like I don't belong”

(206). Lousia remembers all the mistreatment and agrees that people outside him treat him “as if he were a different species” (206).

Ahmed, "explores the social realm and circulation of emotions" and is regarded as a seminal work in the field of affect theory, which seeks to ontologize affects, or put other nonlinguistic forces like feelings, emotions, and other expressions of emotion into categories to typify their socio-biological function (9). Like other critical theorists, Ahmed maintains that affects and emotions are cultural practices that are internalized rather than being general terms for fundamental bio-psychological states. Emotions as behaviors are examples of material rhetoric; they possess agentic authority, dictate ways of life, and serve as entryways into the socio-material universe. Ahmed's research examines how feelings give bodies meaning and ideas. According to Ahmed, "boundaries that are lived as worlds" are created by social relationships that are based on the surfaces of bodies and the cultural politics of emotion (12). To put it another way, emotions function as sorting processes that either align bodies with communities or exile them, a process that disproportionately harms minority's populations. In essence, Ahmed concentrates her research on the issues of what it means to be a body in society, how various bodies are perceived and how bodily characteristics is applied to social structures. In the normal world, people have choices, independence, and power that help them move around. The world is structured in a way that is accessible to the most of population who are not disabled. People with a disability find it hard to survive in a world that sees them as an exception case, with different car parks, different entrances, and different areas. Furthermore, their plight is amplified when able bodies look at them with sympathy and pity, which further intensifies their feelings of disability if not being able to get up on their own was not a challenging task itself. There is also a prejudice that “sticks” as Ahmed mentions with the disabled person (18). Being a diaspora they feel isolated and alienated (Safran). They are seen as commodity, identified by their wheelchair and assumed to look like “Quasimodo” as Lousia’s sister remarks. Hence, with their no choice of mobility, medicine dictating their life, feeling of exile in their homeland and wasting away in front of their bedroom window, confined to their home, people like Will believe death is their ultimate freedom as they have no freedom in living.

### 5.2.2 Memory

Memories include feelings and sensations that are profoundly established in our bodies and psyches as well as memories of past occurrences. In other words, memories are more than simply ideas; they are also physical events that affect our life and shape who we are (Ahmed 22). Memory plays a vital role in the novel as it does in diaspora studies; in this example the photographs are a painful memory for Will as he feels he is alone in his plight. The memory serves that because of his loss of movements in the limbs he cannot have love or friends. He has lost his charismatic and daring self and been reduced to dependency. The memories also remind him that he would never be able to get up on his own and do the things he loved to do.

Louisa asks Will about his previous life and ambitions. Will told her while he did not have much time after work he tried to do something such as “rock climbing at any indoor centre, and squash”, he went to concerts and “tried new restaurants” to which Louisa remarked that “it’s easy to do those things if you have money”, Will replies he went “running” as well. Will continued to tell her about his life that he tried to “learn new languages for places” he thought he might visit, he would meet his friend “or people he thought were my (his) friends”. He would plan trips and try new things “that would frighten me (him) or push me (him) to my (his) limit” (264). He further added that he loved his job because he “worked out what would make me (him) happy, and I (he) worked out what I (he) wanted to do” (264) and his job offered him happiness. Louisa suggests if he had led a smaller life maybe his new life would be easier to adjust. Will contradicts the idea because he “will never, ever regret things I’ve (he’s) done. Because most days, if you’re stuck in one of these, all you have are places in your memory that you can go to.” Will like a diaspora is in connection to his previous life or kingdom of health through memory but also views it as his achievement of his former true self. Safran suggests that diasporas retain a memory and think of achievements in connection to their previous life. This shows Will is an emotional diaspora.

Will shares his experiences around the world, the adventures he has been on and the thrills he has experienced. When Will talked about his previous life the recalling of the experience would take him back to his former self. “When we had these conversations he became like a little boy in my class, the boy who had distanced

himself from us by venturing away” (250) as Louisa describes. Louisa inquires if he could go anywhere at this moment where would he visit to which Will replies “Paris. I would sit outside a café in La Marais and drink coffee and eat a plate of warm croissants with unsalted butter and strawberry jam” (252). Louisa suggests that they could visit Paris, however Will refuses. “I don’t want to go there in this thing... I want to be in Paris as me, the old me. I want to sit in a chair, leaning back, my favorite clothes on, with pretty French girls who pass by giving me the eye just as they would any other man sitting there. Not looking away hurriedly when they realize I’m a man in an overgrown bloody pram” (253). Will does not want to taint his pleasant with the probable bad experience he will have because of his condition. He wants to capture the myth of homeland as his ideal true home; this is an experience of emotional diaspora. He knows that the day he visits Paris “in this bloody contraption”, all those memories, those sensations will be wiped out, erased by the struggle to get behind the table, up and down the Parisians kerb, taxi drivers who refuse to take us (Louisa and Will), and the wheelchair bloody power pack that didn’t charge in a French socket” (253). He knows he cannot return to his former self therefore Will wants to cherish his past affect of the place.

Sara Ahmed in her work on memory has coined the term “stickiness” to capture how emotions attach themselves to objects, bodies and spaces to make some memories stick (15). This stickiness accounts for why some memories may have a lasting influence, recurring with vivid feelings. This is because affect is sticky and it is through this stickiness that memories are infused with feelings which in turn shapes how we remember and experience the past. Such is this case where memories of Paris are so emotionally charged. Before his accident, Paris signified happiness, liberty, and exhilaration – feelings that have lingered with his memories of the city. These memories are so vivid that even after several years, they can trigger feelings of loss and yearning. This is why Will refuses to visit Paris as a ‘cripple’; he wants to retain those memories of the city as a place of life and joy. He worries that if he goes back to Paris now, these positive memories would be replaced with frustration and sadness. When Will decides not to go back to Paris, he wants to preserve the intensity of the feelings associated with the past events, which is what Ahmed described as the stickiness of affect that defines how people interact with their memories and how they perceive themselves and the world in the process.

As Louisa's six-month contract is coming to an end she is worried that when the contract comes to an end and she fails, Will will go by his plan. She plans a luxurious holiday that assists quadriplegics in activities like bungee jumping and diving however, Will falls sick due to pneumonia. Nathan explains that when Will falls sick he looks hopeless and undetermined to live. Having cared for him for two years he has seen Will woke up "screaming because in his dreams he's still walking and skiing and doing stuff just for those few minutes...he literally can't bear the thought of never doing it again" (399). Day by day Will seemed "exhausted with life, tired of our interference" as if slowly removing himself from life. Sara Ahmed's concept of "affective resonance" refers to how certain memories echo with emotional intensity, linking past and present experiences in a way that continuously influences one's emotional state (20). For Will Traynor in *Me Before You*, the memories of his past life—when he was able to walk, ski, and fully engage in physical activities—resonate powerfully within him. This resonance is evident in the way he wakes up screaming from dreams where he experiences these activities once more. These dreams serve as a temporary return to his former self, amplifying the pain and frustration of his current physical limitations when he awakens.

Will's affective resonance with his past experiences intensifies his emotional turmoil. The vivid dreams, where he is walking and skiing, create a powerful contrast with his waking reality, making the sense of loss even more acute. This emotional echo of his past life is so intense that it becomes unbearable for him to think about the permanence of his condition. The affective resonance of these memories underscores the deep connection between past and present emotions, showing how past joys and freedoms continue to impact Will's current emotional landscape.

Through this lens, Ahmed's idea of affective resonance is illustrated in Will's ongoing struggle with his memories. The emotions attached to his past experiences persistently reverberate in his present, shaping his identity and emotional responses. This continuous emotional echo highlights how affective memories are not static but dynamically influence one's sense of self and reality over time.

However, for Louisa Will accepts a trip to Mauritius where he finds a brief freedom of autonomy. Louisa falls in love with Will and confesses her feelings; Will reciprocates the same feeling but refuses the relationship because he believes "I can't

be the man I want to be with you. And that means that this... just becomes another reminder of what I am not” (423). Louisa tries to convince him that the wheelchair does not define him he thinks otherwise. “You never saw me before this thing. I loved my life... I loved my job, my travels, and the things I was. I loved being a physical person. I liked riding my motorbike, hurling myself off buildings. I liked crushing people in business deals... I led a big life... I am not designed to exist in this thing—and yet for all intents and purposes it is now the thing that defines me. It is the only thing that defines me” (426). Ahmed's concept of affect underscores that Will's identity crisis is not merely about physical incapacity but about the loss of the affective experiences that made his life meaningful. His memories are saturated with emotions that continue to define his sense of self, making it difficult for him to reconcile his past identity with his present reality. This struggle illustrates the powerful role of affect in shaping and sometimes fracturing our identities, especially when the sources of our affective fulfillment are lost or altered.

### **5.2.3 Alienation**

Will Traynor's experience of emotional diaspora can be understood through William Safran's trait of alienation from the homeland, where individuals feel disconnected from their place of origin. In Will's case, his "homeland" is not a geographical location but his former life—his vibrant, active existence before the accident that left him quadriplegic. Will is emotionally exiled from this past, unable to return to the life he once knew, which leads to a profound sense of alienation. This can be analyzed through Sara Ahmed's affect theory, which emphasizes how emotions shape our relationships to the world and to ourselves (5).

Will shares his inner frustration of being reduced to a man in a wheel chair who cannot accept his host state of disability with Louisa as he says, “I loved my life. I really loved it. I can't be the man I want to be with this... thing, this shadow of myself” (195). Will's reflection reveals his deep emotional disconnection from his former self, which he idealizes as a time of freedom, strength, and independence. According to Ahmed's affect theory, emotions orient individuals toward or away from objects—in this case, Will's feelings of loss and grief are orienting him away from his present reality and pulling him emotionally toward an idealized past that he can no longer access (9). His emotional alienation arises from the profound gap



between his current life and the life he longs for, mirroring the diasporic experience of being cut off from one's homeland. This emotional displacement shapes Will's identity and his interactions with others, as he distances himself from relationships and activities that remind him of his past.

His alienation is further seen when he states being trapped in this new reality, for illustration, "You have no idea how this feels. To be sitting in this chair, completely powerless, to know how small and limited my world has become" (120). Will's sense of powerlessness and entrapment underscores his emotional alienation from his current existence. In Ahmed's terms, emotions like frustration and despair shape how Will relates to his body and the world around him (8). He is oriented away from his present circumstances, unable to reconcile his new limitations with the expansive, adventurous life he once lived. His world, once filled with possibilities, now feels "small and limited," reflecting the emotional boundaries he experiences as part of his emotional diaspora. This alienation shapes his relationships, as he pushes away those who try to offer comfort, unwilling to accept this new reality.

With the contrast to his previous life it is seen he cannot accept this alien state as he says, "I had a life, Lou. A real life. I didn't just exist. I lived. I was a doer. I made things happen. I felt alive" (220). This quote emphasizes Will's emotional orientation toward his past, where he felt "alive" and "made things happen." Ahmed's theory helps explain how emotions like nostalgia and longing create an affective distance between Will and his current life, pulling him emotionally toward the memory of his former self (6). His sense of alienation is rooted in this emotional diaspora, as he is exiled from the life he believes was meaningful and worth living. This idealized version of his past life becomes an emotional "homeland" that he can never return to, deepening his sense of loss and alienation in his current state.

He rejects adapting to the life of disability as he is robbed of his identity and has become alien to what he identified himself pre disability as he states, "I don't want to be in this world. I'm not meant to exist in it like this. This isn't a life" (275). Will's rejection of his new reality demonstrates his complete emotional dislocation. According to Ahmed, emotions like hopelessness and rejection can orient individuals away from certain aspects of their lives, making it impossible to feel at home in their

current circumstances (7). Will's refusal to "exist in this world" highlights the emotional rift between his current and former life. His feelings of alienation are so profound that he no longer sees his current existence as a life at all, reflecting the deep emotional exile that characterizes his experience of emotional diaspora. His past life, which he idealizes, becomes an unreachable emotional homeland, and his refusal to adapt signifies the extent of his emotional displacement.

Will Traynor's experience of emotional diaspora in *Me Before You* mirrors Safran's concept of alienation from the homeland, with his "homeland" being his former life, full of freedom, adventure, and control. Sara Ahmed's affect theory helps explain how emotions like grief, frustration, and longing orient Will away from his present reality, deepening his emotional alienation and reinforcing his sense of exile from the life he once knew. His emotional identity is shaped by this disconnection, as he struggles to reconcile his past and present, ultimately rejecting the idea of adapting to a life that feels foreign to him. His idealization of his pre-accident life as a time of vitality and agency emphasizes the emotional and psychological exile that defines his experience.

#### **5.2.4 Idealization**

Will Traynor's pervasive sense of alienation is poignantly captured through his interactions and reflections, mirroring the emotional estrangement often felt by members of a diaspora who idealize their homeland. As Sara Ahmed explores in her work on affective economies, emotions can circulate to reinforce associations and anxieties about belonging and estrangement. For Will, the disconnection from his previous life—a life marked by vitality and global exploration—is palpable.

He often reminisces about his past adventures with wistful regret, conveying a profound sense of loss and yearning for a time when he felt whole and unconfined by his physical limitations. This mirrors the experience of diasporic individuals who, though physically disconnected from their homeland, maintain an idealized image of it in their minds.

Will's alienation is exacerbated by his surroundings. Despite being at home, the environment feels foreign and oppressive, much like how a diasporic person may feel misplaced in their current location while holding onto idealized memories of their homeland. The tension between Will's internal longing and external reality creates a

sphere of emotional disconnect, which resonates with Ahmed's ideas on how emotions can bind us into and alienate us from particular places and identities.

Will tells Lou about his previous life reflecting on the life he lives which has caged him, he says, "I had a life, Lou. A real life. I didn't just exist. I lived. I was a doer. I made things happen" (220). Will's words express his deep sense of nostalgia and longing for his former life, which he idealizes as the only time when he truly "lived." According to Ahmed's affect theory, emotions shape how we relate to our environments and past experiences. Will's affective orientation is rooted in his attachment to the idealized version of his pre-accident life. His nostalgia not only creates an emotional distance from his current reality but also amplifies his sense of loss and disconnection. In this emotional diaspora, Will views his former life as the "real" one, while his current existence feels like mere survival, contributing to his ongoing emotional exile.

He greatly feels for the life he has lost, for illustration, he says, "You have no idea what I lost. I used to travel, I ran companies, I climbed mountains. I was a man who loved his life" (148). This quote highlights Will's idealization of his past achievements and experiences. Through Ahmed's lens, Will's affect of grief and nostalgia for his past shape his current emotional state, orienting him away from his present condition and making it harder for him to accept his reality. His past life, filled with adventure, power, and control, becomes a symbol of everything he believes he has lost. This emotional attachment to an idealized version of his past life contributes to his emotional diaspora, as he remains emotionally exiled from the life he is forced to live now, constantly comparing it to what he once had.

He refuses to adapt to this new life, for example, "I don't want to live feeling like this. I'm not meant to be like this. I was supposed to have more" (185). Will's refusal to accept his current life reflects his idealization of the life he believes he was "supposed" to have—one filled with possibility, control, and physical ability. According to Ahmed, emotions like frustration and resentment direct Will's orientation away from his present and toward an idealized, unattainable future. His emotional attachment to what he "should" have had, and his rejection of his current life, deepens his sense of alienation. His idealized vision of a life full of potential and

fulfillment becomes a psychological “homeland” that he cannot return to, trapping him in a state of emotional exile.

Will’s trip to Paris in *Me Before You* offers a poignant example of the theme of idealization. Throughout the novel, Will talks about Paris as an iconic destination he experienced during his pre-accident life, filled with adventure and vibrancy. However, after his accident, the memory of Paris takes on an idealized form, symbolizing the life he can never return to—his metaphorical “homeland” of freedom, autonomy, and joy.

Will reflects on Paris as a place that once made him feel alive—a symbol of the vibrancy and agency he had before his accident. Now, as a quadriplegic, his memories of Paris only reinforce his sense of alienation from that former life. Through Sara Ahmed’s affect theory, we can understand that Will’s feelings of grief, nostalgia, and longing orient him away from his current reality, making his present life feel even more foreign and distant. His emotional attachment to Paris emphasizes how disconnected he feels from the sense of freedom and adventure that once defined him. Lousia suggests that they visit Paris since he enjoys the memories of it, however Will refuses because he says, “I don’t want to go to Paris. I want to be in Paris as me, the old me. I want to sit in a chair in a tiny little bistro, drinking wine, and watching the sun set over the Seine, in the company of someone who doesn’t see me as a burden. I want to be me again” (230).

This quote underscores Will’s sense of alienation from his former self. He is not only physically unable to experience Paris in the same way, but emotionally he feels that going there in a wheelchair would intensify the disconnection from the life he once had. Will’s longing to “be me again” reveals his emotional exile from his past, idealizing his pre-accident life and emphasizing the alienation he feels in his current reality.

Paris, in this sense, becomes an idealized symbol of his lost homeland—the life he lived before his accident. The emotional intensity with which Will clings to these memories underscores his alienation from his current existence. He is emotionally and psychologically exiled from the very aspects of life that once gave him meaning, much like how diasporic individuals feel estranged from their homeland. Will’s inability to reconnect with that version of himself intensifies his

emotional isolation, as the gap between his past and present becomes more insurmountable.

Will Traynor's idealization of his pre-accident life in *Me Before You* mirrors William Safran's concept of idealizing a lost homeland in traditional diaspora. His former life—marked by freedom, adventure, and agency—becomes a metaphorical homeland that he longs for but can never return to. Through Sara Ahmed's affect theory, this idealization can be understood as an emotional process where nostalgia, loss, and frustration orient Will away from his present reality, intensifying his emotional alienation. His idealized vision of his past self prevents him from accepting his current life, contributing to his emotional diaspora and shaping his identity as someone exiled from the life he once knew. This emotional rift, rooted in his idealization of a better, unattainable past, plays a central role in his struggle throughout the novel.

### 5.2.5 Community

Louisa joins chat rooms for quadriplegics to plan visits for Will so he can see the positivity in life so he does not attempt assisted suicide. While Will does not join the disabled community, Louisa's narrative shows that like diaspora, quadriplegics form communities to survive. This shows disabled can be viewed as a diaspora because to survive they form communities like Diasporas (Safran). She learns many people are struggling with spinal injuries "leading hidden lives...aided by friends or family, or sometimes, heartbreakingly alone" (267). One person replied to Louisa "If your guy was a bit of a player too, then he is going to find it extra hard" adjusting to a new life. Another replied to her saying "I have been stuck in this chair eight years now, and my life is a constant round of humiliations. Can you put yourself in his shoes? Do you know how it feels like to not even be able to empty your bowels without any help? To know that forever after you are going to be stuck in your bed/unable to eat, dress, or communicate with the outside world without someone to help you? To never have sex again? To face the prospect of sores, ill health and even ventilators... We SCIs (spinal cord injured) know that very little is in our control – who feeds us, dresses us, washes us, dictates our medication... who are the AB (able-bodied) to decide what our lives should be?" (271)

Sara Ahmed's idea of "affective communities" is about how groups of people are brought together by shared emotions, experiences, and feelings (25). In the novel, the quadriplegic's chatroom serves as an example of an affective community, where individuals with similar physical conditions come together to share their experiences, and emotions, and support each other.

The quadriplegics chatroom in the novel is a virtual space where individuals who have experienced similar life-altering injuries connect and communicate. This chatroom becomes an affective community because it is bound by the shared experiences of physical limitation, pain, frustration, and the emotional struggles that come with being quadriplegic. Members of the chatroom find solidarity and understanding in one another, which helps them navigate their daily lives and emotional landscapes. The chatroom offers a space for affective resonance, where the members' shared experiences and emotions reinforce their connections. The discussions and interactions in the chatroom help members articulate their feelings, validate their experiences, and provide a form of emotional support that is deeply rooted in their common reality. This sense of community can be empowering, as it allows members to share coping strategies, offer encouragement, and provide a sense of hope and solidarity.

Sara Ahmed's concept of affective communities can be connected to the idea of diaspora communities, as both are formed through shared experiences and emotions that bind individuals together despite physical distances. In *Me Before You*, the quadriplegics chatroom serves as an affective community for those who have experienced similar life-altering injuries, much like how diaspora communities are formed among people who share a common homeland, culture, or history but are geographically dispersed. Both communities often utilize virtual spaces to maintain connections and support each other. The quadriplegics chatroom in *Me Before You* is a virtual space where members can communicate, share stories, and offer support, reflecting how diaspora communities use digital platforms to stay connected across distances. These virtual interactions help sustain the emotional bonds and communal identity despite the lack of physical proximity.

### 5.2.6 Identity

Ahmed's Affect theory highlights the significance of emotions in shaping our experiences and identities. In the context of disability, emotions such as shame, guilt, and anxiety are often internalized by individuals with disabilities, perpetuating negative self-perceptions and low self-esteem (9). For instance, a person with a physical disability may feel ashamed of their body, perceiving it as broken or defective. These emotions are not inherent to the individual but are rather instilled by societal attitudes that stigmatize and marginalize people with disabilities. Ahmed's theory suggests that these emotions are not individual psychological responses, but rather, they are shaped by cultural norms that devalue and pathologize disability. By recognizing the cultural construction of these emotions, we can begin to challenge and dismantle the ableist ideologies that perpetuate them. As seen in the novel, Louisa takes Will to watch horse riding the outing results in a disaster due to many reasons. As soon as they arrived the grass parking was wet and they faced difficulty with the wheelchair as "the wheels sank several inches into the mud." This made Will "uncomfortable" (183). The dehumanizing treatment of the disabled is evident as soon as they enter as the staff lady informs them of the direction of the entrance "the disabled entrance is over there." Louisa states that "She said *disabled* like someone entering a diction contest. Will was not comfortable at an outdoor meal as he was "not overly fond of being spoon fed in front of strangers" (188). Hence, Louisa finds a place where they can eat in private, she prays that the staff "don't make him feel awkward" but the staff refuses her as she does not carry a premier area badge as the place only served the Premier badge holders. Louisa negotiates with the receptionist and begs her "it's really important he has a good day" (190). The receptionist offers other places but Louisa is ready to fight hence, "other diners had begun to turn in their seats, curious about the altercations by the door. I (She) could see Will looking embarrassed now." Moreover, the "gaze of diners" landed on Will which expressed "faint pity and distaste" (192).

Ahmed's Affect theory underscores the importance of bodily experiences in shaping our identities. For individuals with disabilities, their bodies are often perceived as deviant, abnormal, or broken, leading to feelings of inadequacy and shame (10). However, Ahmed's theory encourages us to rethink the relationship between the body and identity, highlighting how cultural norms and societal attitudes

shape our bodily experiences. For instance, being a diaspora, Will regards his original state and life as his true home “and as a place to which he would eventually return” (Safran) as Nathan his medical nurse tells Louisa that initially “he was pretty determined. He’d come pretty far in rehab” (91). However, “with no improvement” he has lost hope. Will's new life is difficult for him, and he feels helpless because his recovery initiatives, which he has been doing for a year, have yielded no results. “He's not going to walk again, Louisa. That only happens in Hollywood movies.” Will is currently experiencing several physical pains. His physical condition is not what it ought to be. His vitals might drop quickly when he is unfit, which has led to multiple hospital visits. Louisa believes that while she does not know the amount of discomfort Will suffered, “it was more than he let on” (105).

Will's new life was not only emotionally hard for him but also, he suffered despite being paralyzed. “There were all sorts of things that caused him pain. There were general aches that came with the loss of muscles... There were stomach pain from digestive problems, shoulder pains, pain from bladder infection...He had stomach ulcers from taking too many painkillers early on in his recovery” (122). At times he would burn up as he could not regulate his temperature. Louisa sympathized that “Will also got headaches – a side effect, I (she) thought, of his anger and frustration. He had so much mental energy and nothing to take it out on. It had to build up somewhere” hence his cold demeanour. He did not show vulnerability when he was in pain and “occasionally he would just seem to disappear as if the only way he would cope with the sensation was to absent himself from his own body.” Louisa believed “it seemed unfair that despite the fact he could not use them (limbs), or feel them his extremities should cause him so much discomfort” (122). Will's life required dependency and simple things like scratching his ear or drinking his favorite drink were choices he was deprived of. He knew he could not be fully accepted in his host society as his limitations did not allow him to do so.

Will is deeply unhappy because he really loves his former life, and the fact that he is unable to experience it the way he wants to makes him feel that way. Will's disability is frequently used to define him and make him appear less important or capable than his peers who are able-bodied. This disability affects his emotional state provoking loneliness, shame, and embarrassment, all of which Will feels throughout the story. He tells his mother that this is not the life he desires as he says “I don't want



to live like this, mother. This is not the life I chose. There is no prospect in my recovery, hence it is a perfectly reasonable request to ask to end it in a manner I see fit” (141). Will is a natural leader; it is in his nature to take charge and be heard; according to his mother Camilla Traynor, he is the sort of person whose words are always heard. Therefore, with his demand to end his life, she could imagine his former powerful and arrogant demeanour. “He was a man who was used to being heard. After all” (141). Will's mother finally complied with his request two weeks after his initial suicide attempt. She did not decide to assist her son in committing suicide; rather, she did it because she was out of options. She feels helpless because of her constant worry that may attempt suicide once more. Camilla is aware that once Will makes up his mind about something, he is incapable of letting go of it and will continue to pursue it. Hence, she has only six months to encourage him to live or else he will die by assisted suicide. Camilla also realizes in her fury that all around her “were things that could move, bend and grow and reproduce” but Will has become alien to these things as he was once “vital, charismatic, beautiful” and has now become this “*thing*. Immobile, wilted, bloodied, suffering” (142).

Sara Ahmed's idea of orientation introduced in her book a concept that can be applied to various aspects of life, including the experiences of quadriplegics. Orientation, as defined by Ahmed, refers to how individuals are directed towards or away from certain objects, spaces, or bodies (21). In the case of quadriplegics, their physical condition restricts their ability to move freely and conventionally engage with the world. This lack of mobility can significantly impact their orientation.

Quadriplegics often face numerous challenges in navigating through physical spaces and interacting with others. They may require assistance or specialized equipment to move around and perform daily tasks. This reliance on external support alters their orientation towards their bodies and the world around them.

Ahmed argues that orientation is not only about physical movement but also about how individuals are situated within social structures and power dynamics (22). Quadriplegics may experience marginalization and exclusion due to societal norms that prioritize able-bodiedness. Their limited mobility can lead to feelings of isolation and dependency on others. Will suggests Louisa read the book *The Red Queen*. The book was “all about a kind of battle of survival. It claimed that women didn't pick

men because they loved them at all. It said that the female of the species would always go for the strongest male...She couldn't help herself. It was just the way nature was" (245). Although Louisa did not agree with the argument of the author Will was adamant that the writer was right as he did not deem this life fit in his homeland which had become foreign to him. "Will was physically weak, damaged, in this author's eyes. That made him a biological irrelevance. It would have made his life worthless" (246). It is a frequent misconception in society that persons with impairments are incapable of loving or being loved. This viewpoint has its roots in ableism, which is the prejudice or discrimination towards those who have disabilities. From an affect theory perspective, such societal attitudes towards disability can deeply impact an individual's sense of identity. The emotions associated with being perceived as "biologically irrelevant" and "worthless" can have profound effects on how Will perceives himself and his place in society. These societal judgments may shape his self-perception and contribute to feelings of inadequacy, frustration, and even self-doubt. Given this, individuals with disabilities frequently experience marginalization and exclusion from interpersonal interactions. People with disabilities may feel unworthy of love or like a burden to others as a result of this exclusion, which can cause them to feel unsuited for love. Hence, Will's disability affects his perception but also excludes him from his society emotionally not physically; making him a diaspora.

Will finally let the cat out of the bag and tells her he is planning to attempt suicide through Dignitas as he cannot adapt to this new life; this situation can never be home for him as his isolation, hopelessness, alienation, and limitations consume him. Hence, ending his life means "no more chair. No more pneumonia. No more burning of limbs. No more pain and tiredness and waking up every morning already wishing it was over" (427). Death is the only place he can escape, as he has lost the passport of the kingdom of wellness. "I'm only going to get increasingly unwell and my life, reduced as it is, is going to get smaller... There are a host of conditions encroaching on me... I don't want to be in pain anymore, or trapped in this thing, or dependent on anyone..." (428). He asks Louisa to be there for him during the last moments of his life; Louisa is hurt and denies his request. However, Louisa also cannot let go of him without a final goodbye or not knowing his last moments therefore she visits him in Switzerland where he is going to take his last breath. Will

tells her “This is the first thing I’ve been in control of since the accident” (469). This statement can be examined through the lens of affect theory, particularly concerning agency, autonomy, and emotional empowerment. In Sara Ahmed's affect theory, emotions are not just passive reactions but can also be sources of agency and control, shaping how individuals navigate their lives and assert their identities.

Following his life-altering accident, Will experiences a loss of physical autonomy and agency, which profoundly impacts his sense of self and control over his own life. The accident has rendered him quadriplegic, leading to a significant loss of bodily autonomy and the ability to engage in activities that once brought him a sense of control and purpose. In this context, Will's statement reflects a reclaiming of agency and control over his decision-making process.

From an affect theory perspective, Will's assertion of control represents emotional empowerment, wherein he actively asserts his agency in a situation where he has previously felt powerless. By making a decision that he feels aligns with his values and desires, Will is reclaiming a sense of control over his life trajectory. This emotional empowerment is significant in shaping his self-perception and sense of agency in the face of adversity.

Furthermore, Will's statement highlights the role of emotions in mediating experiences of control and agency. Emotions such as determination, resolve, and self-determination likely play a crucial role in Will's ability to assert control over his circumstances. These emotions serve as sources of motivation and resilience, enabling him to navigate the challenges posed by his disability and make decisions that are meaningful to him.

In summary, Will's statement reflects a reclaiming of agency and control over his life trajectory, which can be analyzed through the lens of affect theory. It illustrates how emotions can serve as sources of empowerment and resilience, shaping individuals' perceptions of control and agency in the face of adversity.

Sara Ahmed provides a valuable framework for understanding the portrayal of disability in the novel *Me Before You*. Will Traynor, is a quadriplegic that experiences a range of emotions and desires that challenge societal norms and expectations. Will was devoid of choices that he once could make and failed to adhere to the ableist society's expectations; hence, suicide seemed like the only choice he could make.

Being a diaspora body, he felt excluded from his surroundings and because he could not return to the “kingdom of health” and be his rebellious former self, his exile from life seemed the only possible choice he could make. Being a diaspora that falls under Safran’s concept Will was displaced from his former life and altered his identity, he could not accept his condition and hence felt alienated not only from his former self but also from his surroundings, he desired to return to his emotional home required him being physically abled which was impossible and therefore because he felt immensely isolated, departing from life was a tool of liberating himself emotionally.

### **5.3 Discussion**

The relationship between affect theory and emotional diaspora is one of mutual enlightenment. Affective exile, in which the feelings and experiences of the diasporic subject are exiled or displaced from their original setting, is one of the ways that emotional diaspora shows how experiences of displacement and dislocation can result. On the other hand, affect theory offers a framework for comprehending how emotions are intertwined with and influence social and political structures. It can also assist us in comprehending how the experiences of the emotional diaspora are shaped by and influence the social and political context in which they take place.

This makes emotional diaspora and affects theory two interconnected ideas that can aid in our comprehension of the intricate and nuanced character of feelings of displacement and dislocation. We can better understand how the experiences of the emotional diaspora are formed by and shape the social and political context in which they occur by looking at how emotions are invested in and shape social and political systems. Furthermore, it is seen that both emotional diaspora and sick literature have common themes such as displacement, memory, alienation, idealization, identity and lastly, formation of community.

Emotional diaspora and physical diaspora are two distinct concepts that refer to different aspects of human experience and displacement. While both involve a sense of being uprooted from one’s original home or community regarding the type of relocation and how it affects people, they are different. Emotional diaspora deals with the idea of the emotional experience of being parted from their original home or sense of home. It includes the emotions of longing, separation, and nostalgia that people could feel when they are emotionally shifted due to the displacement from their

original sense of self and home. Migration, forced relocation and voluntary relocation are mainly known to intensify emotional diaspora, but mishaps like chronic sickness and disability also cause emotional diaspora. The different lifestyles, peculiar conditions, hospital confinement and physical limitations see people with sickness as alien and abnormal. They are excluded from the ableist society. Despite being alien in society, emotional Diasporas strive to keep ties with their former life through memory. They form a community in which people sharing the same loss come together to support each other and relate with one another. Individual differences exist in how emotional displacement affects oneself. While some people can go through an intense sensation of loss, homesickness, or identity crisis, others might settle in more quickly.

Physical diaspora, on the other hand, refers to the real physical dispersion or movement of a group of people from their original homeland to various regions throughout the world. Political unrest, business opportunities, or natural disasters are only a few causes of physical diaspora. It entails relocating to a new area with distinct cultural customs, lingo, and social systems after leaving one's own country.

In William Safran's influential work on diaspora, he outlines several characteristics that define the diasporic experience. These characteristics, such as consciousness of a shared homeland, desire for return, and cosmopolitanism, can be applied to various contexts, including the portrayal of disease in the novel *Five Feet Apart*. This thesis explored how Safran's framework helps us understand the diasporic nature of the characters' experiences with illness and the implications it has on their identities and relationships.

The first characteristic of diaspora posited by Safran is the consciousness of a shared homeland. While typically associated with geographic origins, this concept can be extended to include shared experiences of illness. In *Five Feet Apart*, the characters Stella and Will are both diagnosed with cystic fibrosis, making them part of a diasporic community of individuals who share a common medical condition.

A sense of displacement, dislocation, and disorientation are characteristics of the state of diaspora, according to affect theory. This is demonstrated by the fact that Stella and Will both have cystic fibrosis, an illness that has a tremendous impact on their bodies and way of life. They both struggle continually to control their symptoms

and keep themselves healthy, which may be a major source of worry and concern for them.

The consciousness of this shared homeland influences Stella and Will's identities and perception of self. Their disease becomes a central aspect of their lives, shaping their daily routines, aspirations, and relationships. This shared identity with other individuals living with cystic fibrosis creates a bond that extends beyond their physical proximity, and they feel a sense of belonging to a larger community. The social and medical environment of the characters' lives as well as their personal experiences impact their memories of their prior lives in the framework of *Five Feet Apart*.

Stella has cystic fibrosis and must live in a hospital because of it. The hospital's antiseptic and clinical setting is meant to keep her safe but also limits her freedom and autonomy, which has an impact on her memories of her previous existence. The medical treatments Stella receives, like her daily IV infusions and the ongoing observation of her vital signs, also have an impact on her memories of her previous life. In addition to being unpleasant and painful, Stella feels exposed and helpless as a result of these effects.

Will, on the other hand, recalls memories differently. As a recipient of a lung transplant, Will's memories of his former life have been impacted by the pain of the procedure and his fear of being rejected. Will's recollections are also influenced by the social and cultural influences in his environment, such as the urge to fit in and the stigma associated with receiving a transplant. There is a "collective vision, myth, or memory" among sick people that corresponds to a shared history. In the case of individuals with chronic illnesses, such as the characters in *Five Feet Apart*, this collective memory is formed around the experiences of their illness, treatment, and the community that arises from shared struggles and resilience. Chronic illness often brings individuals into frequent contact with healthcare systems, support groups, and others facing similar challenges. This creates a collective memory that includes the common experiences of medical procedures, hospital stays, and the emotional highs and lows of managing their conditions. These shared experiences forge a sense of solidarity and understanding, which can be seen as a collective myth or vision where

individuals find strength and identity in their communal struggle and hope for a better future or improvement in their condition.

This collective memory is often maintained through storytelling, whether in support groups, online communities, or personal narratives shared among peers. These stories contribute to a communal history that validates individual experiences and provides a framework for interpreting their lives within a broader context of chronic illness. This shared history becomes a source of comfort and empowerment, reinforcing a collective identity that transcends individual isolation. In *Five Feet Apart*, this concept is evident as the characters Stella and Will navigate their cystic fibrosis within the confines of a hospital. Their interactions with each other and other patients create a microcosm of this larger collective memory. The rules they follow, the fears they share, and the dreams they dare to have are all part of a collective vision shaped by their experiences with illness. This collective narrative, while deeply personal, is also universal among those who live with chronic conditions, illustrating the powerful role of collective memory in shaping identity and community within the context of illness.

Affect theory alters the characters' emotional experiences, interpersonal interactions, and recollections in addition to their memories. A relevant framework for understanding how the characters in *Five Feet Apart* remember their prior lives is provided by affect theory overall.

Another significant characteristic of diaspora is the longing for a return to the homeland. In the context of *Five Feet Apart*, the yearning for a return manifests as a desire for a cure. Stella and Will dream of a future where they can lead normal lives, free from the constraints and uncertainties imposed by their illness. This desire for a return to a healthy state imbues their lives with hope and motivates them to endure the challenges of their treatment. Their relationships with their physical environs and with one another are shaped by the powerful subjective experiences of displacement, attachment, and desire. Their emotional states entangle through affective contagion, influencing and intensifying their needs for a sense of familiarity and belonging. The longing for a return in the novel is not limited to an individual's desire for personal healing. It extends to the larger cystic fibrosis community's collective aspiration for medical advancements and breakthroughs. Stella, with her determination to maintain

her treatment regimen, becomes a symbol of hope for others within the diasporic community. Her unwavering commitment to her health represents a collective desire for a future where the burden of disease is alleviated. Safran's fourth characteristic emphasizes the cosmopolitan nature of diaspora, where individuals navigate multiple cultural, social, and emotional spaces. In *Five Feet Apart*, Stella and Will's experiences with cystic fibrosis expose them to a broader network of people, including healthcare professionals, support groups, and organizations dedicated to raising awareness about the condition.

The cosmopolitanism inherent in their interactions creates opportunities for connection and mutual understanding. Stella's videos act as a platform to share her experiences and connect with others living with the disease, fostering a virtual diasporic community. By forging these connections, she and Will expand their worldview beyond their immediate surroundings and gain insights into the diverse ways in which cystic fibrosis impacts individuals globally.

Regardless of their real location or health status, the characters can connect and build connections in this virtual environment because it is a secure and open environment. Stella and Will, for instance, develop a friendship that goes beyond their proximity through their online discussions about their worries and hopes for the future.

Through their common experiences of hospitalization and treatment, the characters also come together to form a community. All of the characters are Saint Grace Hospital patients, and their shared difficulties and everyday routines foster a sense of familiarity and unity. For instance, Stella and Will seek out one another's support and understanding when they each face treatment difficulties. Being affected by cystic fibrosis together fosters a sense of community.

Stella and Will's experiences align with Safran's notion of a shared homeland, desire for return, and cosmopolitanism. Their shared identity as individuals living with cystic fibrosis forms a basis for their consciousness of a shared homeland, while their desire for a cure represents a longing for a return to a healthier state. Additionally, the cosmopolitan nature of their interactions expands their connections beyond their immediate surroundings, creating a sense of belonging to a global cystic fibrosis community.



The emotional diaspora profoundly shapes Will and Stella's identities, serving as a constant reminder of their mortality and the confines of their condition. In response, they adopt emotional detachment as a coping mechanism, suppressing feelings to maintain control. However, this detachment obstructs meaningful connections, as fear of vulnerability limits self-expression. Their identities become intertwined with illness rather than their true selves.

Moreover, the emotional diaspora obstructs the full experience of joy and happiness. The preoccupation with managing their illness leads to a neglect of life's simple pleasures, exemplified by Stella's fixation on her treatment regimen. In essence, the emotional diaspora in *Five Feet Apart* results in identity detachment, interpersonal challenges, and an inability to embrace genuine happiness

In the novel *Me Before You* by Jojo Moyes, the concept of diaspora is explored through the character of Will Traynor, who becomes disabled after a tragic accident. Will's experience as a member of the diaspora community is characterized by a sense of displacement, longing for home, and a struggle to maintain his identity. Will Traynor's experience in *Me Before You* mirrors the concept of emotional diaspora as characterized by William Safran's criteria, while also resonating with Sara Ahmed's affect theory. Safran's framework identifies several characteristics of diaspora, such as dispersal from an original homeland, maintaining a collective memory, experiencing alienation in a host country, a desire to return, and an ongoing relationship with the homeland. Due to the affect of disability, Will views his home which is now unfamiliar to him; negatively due to his negative feelings, such as dissatisfaction and despair. Due to his physical state, he associates his house with feelings of restriction, constraint, and loss. This unfavourable mental state affects how he perceives and interacts with his physical surroundings at home. For instance, Will feels disconnected from his home surroundings due to his poor relationship with his parents and his inability to participate in activities that were once meaningful to him. His distressing feelings are made worse by his family members' lack of emotional support and understanding, which makes it harder for him to feel at home. According to affect theory, Will's body sensations affect how he perceives and engages with his physical surroundings at home. His inability to move around and interact freely in his home surroundings is hampered by the physical obstacles and difficulties he confronts as a

result of his paralysis. This further affects his sense of unease or discomfort and detracts from his sense of belonging.

The character of Will Traynor can be seen as an embodiment of the diasporic experience of disability. Before his accident, Will had a fulfilling life, where he thrived both personally and professionally. However, his debilitating injury caused a rupture in his sense of homeland, leaving him psychologically and emotionally displaced. This sense of displacement is a fundamental aspect of the diasporic experience, wherein individuals who were once able-bodied find themselves detached from their previous "homeland" of physical ability.

Will's "dispersal" from his original homeland is an emotional and psychological shift from his pre-accident life of autonomy and physical ability to a new reality defined by his quadriplegia. Ahmed's affect theory emphasizes how emotions act as forms of orientation, directing us toward or away from certain objects, people, or pasts. For Will, his pre-accident life represents an affective homeland—a site of positive affective attachments and memories. His dispersal from this state results in a profound reorientation, where he is emotionally exiled from his past life and forced into a new affective space marked by loss and frustration.

The idea of "home" encompasses not only a physical location but also a psyche and an affective one. Home is a location where one feels comfortable, and secure, and has a sense of belonging. It is frequently connected to memories and experiences that help define one's identity. Will's home and his past are closely intertwined, and his memories of the past impact his experiences in the present.

Will is forced to face the trauma and suffering he has been avoiding as he goes back to his childhood home following his injury. He works with the complicated feelings that come up as a result of this encounter because the house he once knew and loved is now a source of discomfort and dread.

A significant characteristic of diaspora is the desire for engagement with the homeland. In *Me Before You*, Will's longing for engagement with his previous life and abilities is a driving force behind his choices. He seeks to engage in activities that remind him of his former self, such as travelling and adventurous pursuits. This desire for engagement is not only a personal quest for fulfilment but also indicative of the longing experienced by individuals with disabilities to reconnect with their lost sense

of homeland, their former selves. This technique takes into account both the actual physical space of the home and the affective and emotional regions that it conjures.

In Ahmed's terms, emotions circulate and create what she calls "affective economies," attaching value to certain memories and objects. Will's memories of his past life are imbued with affective intensity, creating an emotional economy where his former experiences hold significant weight and value. This collective memory functions as an anchor, emotionally binding him to a past that is no longer accessible. This emotional attachment to his past life amplifies his sense of displacement in his current reality, reinforcing his emotional diaspora.

Will's vibrant and adventurous nature undergoes a significant shift following his accident, marked by emotional turmoil, isolation, frustration, and hopelessness arising from his disability. These emotions contribute to the formation of a new identity centered around bitterness and resentment. Ahmed discusses how emotions can create boundaries, making certain bodies feel out of place or excluded. Will's sense of alienation in his post-accident life reflects this idea of affective displacement. He feels estranged from his surroundings and the people around him, as his current life starkly contrasts with the autonomy and freedom he once enjoyed. His emotional responses—frustration, bitterness, and sorrow—are not just personal feelings but also reflect broader social dynamics that marginalize those with disabilities. This affective exclusion intensifies his emotional diaspora, as he feels emotionally and socially dislocated from his previous community and self.

Moreover, Will's emotional diaspora does not just shape his self-perception but also influences how society views him. The common societal lens of pity or sympathy towards individuals with disabilities exacerbates their sense of loss and diminishes their self-worth. This external perception reinforces Will's negative self-image, making it challenging for him to embrace an identity that integrates his disability.

It is crucial to emphasize, however, that emotional diaspora is not the sole determinant of one's identity post-disability. While it significantly influences one's outlook, factors like resilience, support systems, and personal growth also play pivotal roles in shaping an individual's identity after a disability.

Before his accident, Will is characterized as an active, adventurous, and successful man, whose life is filled with vitality and opportunity. However, following a tragic accident that leaves him quadriplegic, Will experiences a profound shift in his emotional and psychological landscape. This shift can be understood as an emotional diaspora, wherein the individual is not geographically displaced but is emotionally and psychologically uprooted from their previous sense of self and life trajectory. Will's desire to return to his "homeland" of his pre-accident life illustrates Ahmed's concept of "affective sticking," where certain emotions or desires stick to bodies, creating lasting effects. This longing to return is an affective attachment that continually orients him toward his past, preventing him from fully engaging with his present reality. This emotional attachment creates a loop of affective intensity, where his desire for his past life constantly reinforces his feelings of loss and his inability to reconcile with his current situation.

Sara Ahmed's affect theory is particularly useful in analyzing Will's experiences because it emphasizes how emotions function as forms of orientation that shape the way individuals experience their world and their sense of self. In Ahmed's framework, emotions are not merely private experiences but are socially and culturally mediated, influencing and being influenced by social contexts and interpersonal interactions. For Will, memory serves as a powerful affective force that continually orients him toward his past life, evoking feelings of loss, frustration, and alienation. His memories of a life filled with physical activity, independence, and professional success contrast sharply with his present reality, where his autonomy is significantly limited. This juxtaposition creates an emotional dislocation—a form of emotional diaspora—where Will is metaphorically exiled from his former life, continuously haunted by what he has lost.

Ahmed's concept of affective economies, where emotions circulate and attach to specific bodies and objects, helps to illuminate how Will's memories are not static but are dynamically charged with affective intensity that shapes his interactions and relationships. Will's memories of his past life are imbued with a sense of loss and nostalgia, which affect his interactions with others, particularly with Louisa Clark, his caregiver. These memories are not just personal recollections but are deeply tied to his sense of identity and his emotional responses to his current circumstances. The affective charge of these memories creates a barrier to accepting his new reality, as

they constantly remind him of a past that is no longer accessible, thereby intensifying his sense of displacement and emotional exile.

Furthermore, Ahmed's discussion of how emotions can both stick to bodies and move between them is evident in the way Will's emotional state affects those around him. His emotional diaspora is not an isolated experience but rather spills over into his relationship with Louisa, who becomes emotionally entangled in Will's affective world. Louisa's attempts to reconnect Will with life through new experiences and adventures are often met with resistance, as Will's memories anchor him to a past that he cannot move beyond. This anchoring effect of memory underscores the theme of emotional diaspora, as Will is unable to fully inhabit the present or envision a future beyond the shadow of his former self.

Even though Will cannot physically return to his past life, he maintains an ongoing emotional relationship with it, which Ahmed would describe as an "emotional residue" that shapes his present interactions and self-perception. His affective ties to his past life persist, coloring his current experiences with a sense of longing and mourning. This emotional residue prevents him from developing a new identity that incorporates his disability, keeping him in a state of emotional diaspora, where he is neither fully in the past nor fully present in his current life.

The community aspect is highlighted through the relationships that Will forms post-accident, particularly with Louisa. Despite initial resistance, Will becomes part of a community that includes his caregivers, his family, and eventually Louisa. This community provides support, understanding, and a sense of belonging, which are essential for navigating his new identity.

A collective vision or myth in *Me Before You* is the idea of finding meaning and joy despite limitations, a common narrative among those living with disabilities. Will's ultimate decision to pursue assisted suicide is a poignant and controversial element that underscores his struggle with this collective vision. His story, while deeply personal, reflects broader themes of autonomy, dignity, and the search for a life worth living, which resonate within the disabled community and beyond.

Thus, in *Me Before You*, the collective memory and shared history among people with disabilities are portrayed through the emotional landscapes of the characters, their relationships, and their individual and collective struggles. The

narrative underscores the importance of community, shared experiences, and the continuous negotiation of identity in the face of life changing circumstances.

In summary, Will Traynor's post-disability identity is undeniably impacted by the emotional diaspora, transforming him from an outgoing person to someone bitter and resentful. Yet, acknowledging the multifaceted nature of this transformation, including societal perceptions and personal growth, provides a more comprehensive understanding of the emotional diaspora's impact on post-disability identity

Ultimately, *Me Before You* serves as a poignant reminder that disability is not only a physical condition but also a transformative experience that questions established notions of identity, belonging, and self-discovery. Through its nuanced portrayal of disability as a diasporic experience, the novel encourages readers to empathize with the struggles faced by individuals living with disabilities and to reconsider their own perspectives on societal inclusion and personal fulfilment.

By applying Safran's concept and Affect theory, we gain a deeper understanding of how disease can evoke diasporic experiences. The characters' struggles and aspirations become part of a larger narrative that transcends the boundaries of their immediate circumstances. This analysis highlights the importance of recognizing the multifaceted nature of illness and disability and the impact it has on individuals' identities, relationships, and sense of belonging. Through the experiences of characters, the novel explores the complex emotions, attachment, and desire for engagement that accompany the diasporic experience of individuals with disabilities. The authors effectively highlight the challenges and journeys faced by those impacted by disability, prompting readers to reflect on themes of identity, compassion, and the limitations of societal constructs.

## CHAPTER 6

### CONCLUSION

This study has examined the diaspora discourse in the characters of sick literature, where the sick characters are affected by their illness as it impacts their sense of identity as they adjust to their post-illness life. This adjustment affects them because of the emotional displacement they feel as they become alien to the environment they once belonged. Their sense of identity was once defined by their able-bodiedness was now challenged as society sees not them as a person but rather as their G-Tube, oxygen bag, and wheelchair. The stigmatization and prejudice alienate them from society and their condition requires them to miss out many events. Like conventional Diasporas, these emotional Diasporas face loss, memory, isolation, alienation and wishing to return to their “imagined homeland” in their original state of wellness.

As they adjust to changes in their physical, social, and emotional well-being, people and families dealing with chronic illness or disability face a serious problem: emotional diaspora. Unwell people may feel disconnected from their pre-illness life, alone, or lose their identity as a result of the emotional upheaval they undergo. To effectively build interventions and support systems that enhance emotional resilience and improve the overall quality of life for those impacted by chronic illness and disability, it is important to comprehend the emotional dynamics of disease-related suffering.

The introduction further provides a general overview of sick literature as it is a new emerging field. Illness-related narratives are narratives that give insights to the struggles of the “others” in society that are challenged due to their condition. These narratives are called sick literature which is a subcategory of Young Adult Literature. Their struggles are linked to the emotional diaspora that affects them as they are displaced emotionally in a society they once belonged. This debate is then related to the Diaspora discourse in which there is evidence given on how diaspora is an affective process and how the Diaspora discourse is evolving. Finally, by establishing through definitions my debate continues on the affect emotional diaspora has on

identity which is a crucial part of Diaspora. The introduction states the analytical concept and theory that are used to carry out this research.

Over time, the term "diaspora," which originally described the dispersion of a certain ethnic or cultural group from their birthplace, has changed. Safran's definition of diaspora introduces new aspects, such as emotional diaspora, to expand the conversation around this term. According to Safran, emotional links and connections to one's own country also play a significant role in defining a diaspora, in addition to physical exile. The emotional displacement that people who have never physically left their place of origin but feel a strong feeling of attachment and desire for it the experience is taken into account by this enlarged definition. Groups that have been split apart by health issues often exhibit emotional Diasporas, since members of these groups find it difficult to retain close links to their identities and lives before their illnesses where physical displacement does not occur.

Safran enables a more comprehensive view of the struggles encountered by diverse groups worldwide by extending the meaning of diaspora. It acknowledges that a person's identity as a member of a diasporic community is shaped by more than just their physical relocation. Emotional ties are just as important in forming cultural norms and preserving a feeling of identity.

The themes in Diaspora Studies, particularly displacement, memory, alienation, idealization and community, intersect meaningfully with Sick Literature through the concept of emotional diaspora. In traditional diaspora, individuals experience physical displacement from their homeland, while in Sick Literature, characters experience a similar kind of dislocation—an emotional and psychological estrangement caused by illness. Both fields explore the notion of exile, but instead of being separated from a physical homeland, sick characters are exiled from their previous, healthier selves and lives. In *Five Feet Apart* and *Me Before You*, characters like Stella, Will (from *Five Feet Apart*), and Will Traynor (from *Me Before You*) undergo this emotional exile, longing for a past that is out of reach and struggling to find meaning in their present circumstances. The intersection of these two fields expands the study of diaspora to include not only physical displacement but also the emotional and psychological exile experienced by those dealing with chronic illness,



showing how dislocation can occur both across geographic borders and within one's own body and mind.

Some who disagree with the concept may contend that it loses its original meaning and becomes more ambiguous when referring to different kinds of migration experiences. Safran's method, however, is to add to conventional understandings rather than to destroy them by offering fresh viewpoints.

In both *Five Feet Apart* and *Me Before You*, the sick characters endure their emotional diaspora by confronting the emotional alienation brought on by their illnesses. Stella and Will (in *Five Feet Apart*) experience a profound sense of isolation due to cystic fibrosis, which forces them to maintain physical distance from each other, heightening their emotional disconnection from the world around them. Similarly, Will Traynor in *Me Before You* is emotionally exiled due to his quadriplegia, which leaves him alienated from his former, active life and distanced from those around him. He struggles with a sense of bitterness and hopelessness, feeling cut off from his pre-accident identity.

These characters face emotional displacement not just from their bodies but from their imagined futures—lives they believed they would live but now seem impossible. The emotional distance created by their conditions mirrors the feeling of displacement in diaspora studies, where individuals long for a homeland they cannot return to. However, through relationships—whether Stella and Will's emotional connection or Louisa's relationship with Will Traynor—the characters find ways to navigate their emotional diaspora. Their connections to others provide moments of emotional grounding, helping them endure the painful realities of their conditions, even as they remain exiled from the lives they once envisioned.

The evidence from the chosen works of fiction namely, Jojo Moye's *Me Before You* and Racheal Lippincott's *Five Feet Apart* establishes that it is extremely difficult to live with a disability, both physically and emotionally. People with disabilities frequently experience a distinct emotional diaspora that is marked by emotions such as loneliness, dissatisfaction and on occasion despair. The everyday obstacles and biases they face from society are a major cause of this emotional battle. Isolation is one of the main affects that people with disabilities go through. When individuals deal with physical challenges that limit their capacity to fully engage in

daily activities, they feel cut off from society. Their mental health suffers as a result of these emotions of alienation and loneliness brought on by this sense of isolation. In addition, people with chronic illness or disability frequently become frustrated when they come across social barriers that restrict their freedom and opportunity. These barriers, which can include inaccessible structures or unfair hiring procedures, affect people's sense of self-worth and power. Their emotional condition suffers as a result of having to fight these obstacles all the time, which results in bitterness and rage. A persistent battle with one's physical limits and social biases leads to a depressing and dismal feeling. Many sick people may find it challenging to deal with these intense emotions if appropriate support networks are not in place as we see in the works of sick literature.

The strength of such an approach to diaspora is that it unveils the problem that merits thought and attention is how emotional diaspora affects a sick person's identity. The dispersal or scattering of emotions, frequently brought on by catastrophic events or long-term disease, is referred to as emotional diaspora. A major sickness diagnosis can have a profound impact on a person's emotional health and cause their identity to become fragmented. First of all, emotional diaspora can make people doubt who they are. Illnesses can have a physical and psychological toll that can make people feel helpless and like they no longer have control over their lives. A person may experience this as feeling cut off from their former identity and finding it difficult to make sense of their current circumstances. Moreover, interactions with others may be impacted by emotional diaspora. Friends and relatives may find it difficult to comprehend how the sick person's behavior or feelings have changed, which can cause tension in their relationships. The disintegration of identity is worsened by this isolation since people may feel misinterpreted or abandoned by those closest to them. Furthermore, emotional dispersion can impede a sick person's ability to heal. Research has indicated that feeling good about oneself is essential for healing from disease. However, it can be difficult for patients to nurture the positive emotions needed for healing when their emotions are disorganized and difficult to control as a result of trauma or a chronic illness.

Emotional diaspora is central to the development of a new emotional identity for the sick characters in these narratives. The characters' illness-induced dislocation forces them to rebuild their sense of self around new emotional landscapes shaped by

their limitations. In *Five Feet Apart*, Stella's obsession with controlling her illness shifts as she begins to prioritize living more authentically, even within the constraints of her disease. Will, too, learns to experience moments of connection and joy despite his initial emotional withdrawal. In *Me Before You*, Will Traynor's journey is marked by a deep emotional transformation; despite his initial desire to end his life due to the limitations imposed by his quadriplegia, his relationship with Louisa challenges him to find meaning in the life he has, even as he ultimately chooses his own fate.

Using Sara Ahmed's affect theory, these transformations can be understood through the emotional economies that shape the characters' experiences. Emotions such as grief, frustration, and desire circulate between the characters and their environments, orienting them toward new ways of being in the world. These emotions actively reshape their identities, moving them from feelings of alienation to forms of acceptance, resilience, and connection. Through their emotional diaspora, they develop new emotional identities that are more nuanced, acknowledging both the losses they have endured and the ways in which they have learned to live within their new realities. This emotional reconstruction parallels the traditional diasporic process of forming hybrid identities, where the past and present converge to create something new, allowing them to live in emotional exile while still finding ways to connect and thrive.

This thesis asserts that displacement does not have to be geographical it can be an affective process in other words called emotional diaspora. Drawing a nexus through Safran's definition of Diaspora with Sick Literature, it is seen that sick characters endure emotional diaspora similar to conventional diaspora where they are removed from their origin of pre-illness life, build connections through memory and myth of homeland and lastly maintain boundary in their postillness life. This subsequently affects their identity as they adjust to the new conditions their disability/sickness demands.

To conclude, this study has addressed several significant issues which shows that the affect of emotional diaspora within chronic illness and disability, utilizing the works of Rachel Lippincott and Jojo Moyes to apply William Safran's diaspora concept. By advocating for the recognition of sick literature as an underrepresented academic field, this study expands the scope of diaspora theory beyond its traditional

focus on immigrant experiences. The exploration of illness and disability has provided nuanced insights into the profound impact on individuals' perceptions of self, reality, and priorities. Additionally, the integration of affect theory has allowed for a thorough analysis of the emotional and psychological dimensions in sick literature, revealing the intricate relationship between affect and identity within marginalized experiences. This research urges a paradigm shift, emphasizing the importance of understanding and appreciating the emotional diaspora inherent in chronic illness for a more holistic comprehension of the human experience.

## 6.1 Recommendation for Study

Based on the analysis of emotional diaspora within the narratives of *Five Feet Apart* by Rachael Lippincott and *Me Before You* by Jojo Moyes, using affect theory as a critical lens, this thesis has illuminated various pathways by which characters navigate their emotional and physical spaces, forming diasporic identities that transcend traditional boundaries. The findings have opened up several avenues for further research, which are outlined below:

- Future research could explore the theme of emotional diaspora in other literary genres, such as fantasy or science fiction, to understand how different settings and contexts influence the emotional dynamics and diasporic experiences of characters. This could help in delineating how genre-specific elements contribute to the shaping of emotional identities.
- This thesis focused on Western narratives. A fruitful area of further investigation would be a cross-cultural analysis that examines how emotional diaspora is portrayed in nonWestern sick literature. Such studies could uncover unique perspectives on how different cultural backgrounds influence the portrayal of illness and emotional coping strategies.
- Integrating affect theory with other theoretical frameworks such as disability studies or psychoanalytic theory could enrich the analysis of emotional diaspora. This interdisciplinary approach would allow for a more nuanced understanding of how emotional and physical ailments intersect with identity, social interactions, and personal growth.

- Investigating the therapeutic potential of sick literature through empirical studies involving readers from various demographics could provide insights into how such narratives can aid in emotional healing or coping strategies for individuals experiencing similar diasporic emotions due to illness or disability.

These recommended areas for further study aim to broaden the understanding of emotional diaspora in literature and its impact on both the individual and collective level. By pursuing these avenues, future research can continue to uncover the complex interplay between affect, identity, and diaspora in literary contexts.

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National University of Modern Languages, Rawalpindi

Faculty of Arts and Humanities

Department of English

**Thesis Title: Emotional Diaspora in Sick Literature: A Textual Analysis of Racheal Lippincott's *Five Feet Apart* and Jojo Moyes' *Me Before You***

Scholar Name: Filza Dilshad Pathan Program: MPhil English Literature

Registration No: 26-MPhil/EngLit/Rwp/S21 Supervisor: Ms. Khushbakht

### **Findings of the Study:**

- The current study has widened the study of conventional diaspora and analyzed emotional diaspora which refers to a community of individuals who, due to significant life changes-such as chronic illness or disability-find themselves emotionally and socially exiled from their home community.
- By using William Safran's concept of diaspora this study reinterprets his framework to describe a different kind of exile-an internal, emotional one.
- This study has found common themes such as displacement, memory, alienation, isolation, community and identity, in both diaspora and sick literature.

**Conclusions/Implications:** Emotional diaspora profoundly reshapes sick characters' identities as they "migrate" from their original, healthy selves to a host existence defined by illness. This shift forces them to reassess their values, goals, and self-perception, constructing a new identity centered on resilience and acceptance. The emotional exile of illness drives them to seek community with others who understand their struggles, forming a supportive network that validates their experiences and provides a sense of belonging. This migration also challenges societal expectations around health, independence, and productivity. Through this journey, they redefine themselves beyond traditional norms, embracing an identity marked by resilience, shared empathy, and a community that values them authentically.

## **Future Research Recommendations:**

- **Genre Exploration:** Future research could analyze emotional diaspora in genres like fantasy or science fiction to understand how different settings impact characters' emotional experiences and identities.
- **Cross-Cultural Analysis:** Comparative studies on Western and non-Western sick literature could uncover how cultural differences shape portrayals of illness and emotional coping.
- **Interdisciplinary Approaches:** Integrating affect theory with disability studies or psychoanalytic theory may provide a nuanced view of how emotional and physical ailments influence identity and social connections.
- **Therapeutic Potential:** Empirical research on the effects of sick literature could explore its role in emotional healing, offering coping insights for readers facing similar struggles with illness or disability.

NATIONAL UNIVERSITY OF MODERN LANGUAGES, RAWALPINDI  
DEPARTMENT OF ENGLISH

MPHIL ENGLISH (LITERATURE)

SUPERVISOR CERTIFICATE

It is stated that the scholar Filza Dilshad Pathan has incorporated all the changes which were suggested by the Thesis Defense Committee in the final draft of the MPhil thesis titled: Emotional Diaspora in Sick Literature: A Textual Analysis of Rachael Lippincotts' *Five Feet Apart* and Jojo Moyes' *Me Before You*

I have ensured that all the suggestions have been incorporated in their essence.

Name of Research Supervisor: Ms. Khushbakht

Signature of Research Supervisor: F08



Date: 20/11/2024

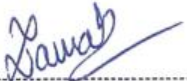
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DEPARTMENT OF ENGLISH

MPHIL ENGLISH

REVIEW OF FORMAT CERTIFICATE

It is stated that the scholar **Ms. Filza Dilshad Pathan (Spring 2021, MPhil English Literature)** has correctly formatted their document as per the guidelines of **NUML, Rawalpindi** in the final draft of the MPhil thesis titled Emotional Diaspora in Sick Literature: A Textual Analysis of Rachael Lippincotts' *Five Feet Apart* and Jojo Moyes' *Me Before You*.

Name of Focal Person: Dr. Zainab Younus

Signature of Focal Person: 

Date: 16 November, 2024