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Disability as Identity: Emotional Politics and Social Construction in John Green's *The Fault in Our Stars*♣

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Abstract

John Green's The Fault in Our Stars offers a deep exploration of disability, illness, and the strong desire for identity within the changing terrain of disability studies. Set in a world of teenage life affected by serious health issues, the story follows Hazel Grace Lancaster and Augustus Waters as they face big questions, deal with loss, and value their relationships. Green shows characters living with the long-term effects of cancer not as helpless victims but as complex individuals with their own choices and dreams. The story challenges the romantic view of illness and questions common beliefs that ignore or stereotype disabled people. Through Hazel and Augustus's emotional connection, the novel explores the challenges of disabled youth dealing with love, grief, and lasting impact. This study looks at The Fault in Our Stars through the lens of disability studies, discussing how John Green recognizes disability as part of identity instead of a limitation. This analysis relies on three main theoretical ideas: Susan Sontag's discussion of illness metaphors, Sara Ahmed's theory on emotions and their flow, and the social model of disability, which sees disability as caused by social barriers rather than individual flaws.
Keywords: Disability Studies, Theory of Conflict, stigma, affliction, spoiled identity

Introduction

Living with disability can be a rich cultural experience because it fosters a unique way of seeing the disabled individuals. It is shaped by historical, medical, and ideological frameworks. In recent times, the portrayal of disability is often tied to symbolic, ethical narratives that appear empowering narratives but paradoxically perpetuate inequality. However, John Green opposes such portrayals by offering a genuinely emotive portrayal of disabled youth. Lennard Davis, a Disability Study theorist, defines: the word "Disability" is always associated with frugal living, inaccessibility, struggle, and impairment (Davis 12). Dan Goodley says, "Disability culture is rich in creativity and proud slogans of liberation, including 'Piss on Pity,' 'Disabled is Proud,' and 'People First.' A key task of disability studies is to tap into these affirmative understandings of the productive, impaired body and mind, while examining how disablism is enacted at the level of the psyche, culture, and society" (Goodley 10). Similarly, John Green's *The Fault in Our Stars* offers a powerful contribution to medical humanities by depicting the real-life experiences of terminal

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conditions and disability through the perspectives of young protagonists. Through the characters of Hazel Grace Lancaster and Augustus Waters, Green challenges illness narratives that characterize the sick and suffering as people resigned to passive resignation or fatalism. Instead, it challenges prevailing perceptions of social norms, self-reliance, and beauty in imperfection. Through the characters' deep emotional connection, as well as their experience of suffering, and adversity, the novel explores the convergence of disability and emotional resilience. *The Fault in Our Stars* rejects stereotypical depictions of illness that either idealize affliction or show disabled individuals as invisible. Instead, it challenges perceptions about normalcy, analyzes the medical gaze, and invites readers to observe and stand as spectators to witness the mental realm of disabled youth.

The review literature concerning this novel reveals how scholars have examined various aspects of this work. Annisa Patmarinanta, in her article, "A Study on the Characterization of the Main Character in *The Fault in Our Stars* (2016), emphasizes the personalities of Hazel and Augustus, and examines the character traits of Hazel and Augustus by describing them as depressed, lovers of books, fighters, stubborn, chivalrous, kind, and loyal. Yessy (2023), in her article, "The Man's Struggle in Dealing with Life's Conflict as seen in John Green's *The Fault in Our Stars,* focuses on issues as inner conflict and external pressure faced by the characters with the help of Wallen and Warren's theory of conflict. Kirkman (2019), in the article titled, "How *The Fault in Our Stars* illuminates Four Themes of the Adolescent," and unveils the perception that teenagers with special needs will have a self-determined choice about their life and death. Anwar Deeb (2016), in the article titled, "Moments of Infinite Joy Within a Limited Time: The Concept of Time in John Green's *The Fault in Our Stars*," has used narratological analysis of time as propounded by Paul Ricoeur - the first being cosmological time, and the second psychological time. When he discusses cosmological time, he views it as the unstoppable flow of time and continuous irreversible flow of time. On the other hand, psychological time is subjective, shaped by human experience as it moves through past, present, and future. In literary discourse, and especially in the context of disability studies, the moment a human being becomes disabled, whether through natural or accidental circumstances, his/her scarred psyche oscillates between linear temporal moments. Morris, in his article, "Pain Demands to Be Felt: Language and Power as Structures in John Green's *The Fault in Our Stars* (2019), examines the adolescent struggle to come to terms with the hierarchical organization of power. This study examines how Green's novel challenges historical narratives around illness and disability and brings into focus the emotional complexities experienced by those living with terminal conditions. Further, this study seeks to employ Sara Ahmed's "affect theory" to shed light on how *The Fault in Our Stars* entangles historical and cultural narratives while emphasizing the emotional, social, and poignant valence of afflicted people. John Green is an American author known for his young adult fiction which often addresses identity, mental health, and the struggles of adolescence.

Materials and Methods

This research uses a qualitative descriptive approach. It combines close textual analysis with a framework from disability studies. This study employs a qualitative-cum-descriptive research approach, using textual analysis. The primary source for this study is John Green's novel *The Fault in Our Stars* (2012), which is critically examined. The study draws on some of the theoretical concepts related to disability studies, with particular reference to a serious affliction like cancer. It employs Susan Sontag's metaphorical analysis of illness, Sara Ahmed's concept of affective economies, and Rosemarie Garland Thomson's concept of the social model of disability.

Disability Studies

Disability studies emerged as a field when disabled individuals organized activist movement to express their sufferings, conditions, and struggles faced by them, and their voice began to gain prominence in the late 1960s. Disabled people in the U.S.A., U.K., and other European countries wanted people to change the notion of disability. They urged that disability should not be seen as an individual's problem but as a challenge shaped by political and social structures. Disability theorists such as Tom Shakespeare and Nicholas Watson in their essay propose three main elements to develop the field of disability studies. "The first idea is that disabled people are marginalized, and the second notion is that disabled people constitute a minority group, and the third is that the problem of disabled people should be considered as a social rather than a medical model" (Shakespeare and Watson 14-15). Building on various views about disability studies, various models emerged to understand and frame disability. The social model of disability creates anthropological and social norms to suggest that the societal response to people with disabilities, creates anxieties among them to face the world. In 1976, the Union of the Physically Impaired Against Segregation (UPIAS) marks the critical distinction between 'impairment' and 'disability.' It defines 'impairment' as "a person with an imputation or having a disabled limb, whereas 'disability' refers to the disadvantages or limitations in activity imposed by modern social structures, which systematically exclude disabled individuals from full participation in mainstream social life."

As a result, scholarly engagement with disability as a field of inquiry grew significantly. Numerous theorists have contributed their concepts to show how people with disabilities are segregated and marginalized in society. Mildred Blaxter, a Disability Studies theorist, talks about the problems of family relationships and social life among disabled people. Peter Townsend says disability can be understood in many ways, and he gives five concepts to understand disability: first as a kind of loss that is physical, psychological, or an abnormality; the second notion is that it includes chronic medical conditions: the third is that disability is a restriction or limitation in performing everyday activities independently; the fourth is that disability involves socially deviant behavior patterns, influenced by both societal and individual expectations; and lastly, he views disability as a socially assigned status or identity (Townsend 686-688). Robert A. Scott especially focuses on the problems faced by blind individuals in America. Dr. Scott explores how organizations for the blind are addressing the issues and evaluates the effectiveness of their interventions (Scott 191). Mike Oliver a key proponent of the social model of disability, argues that "many of the challenges faced by disabled individuals stem not from their impairments themselves, but from society's lack of accommodation and inclusivity" (Oliver 214).

The disability theorist, Erwin Goffman argues that stigma is not inherent in the disabled people but it is socially produced through the restrictions that are imposed upon them, and also through the "interaction between a disabled person and their social context, in the relationship between the stigmatiser and the stigmatized." Goffman's stigmatized people include the visually impaired, people with hearing impairments, the handicapped, the deformed, and people with speech disorders (Goffman 240). For Goffman, stigma among disabled people is not because of their deformed condition but because of the barriers and prejudices society constructs. Paul Hunt believes that the impairment in disabled people doesn't lie in the personal defect but in the treatment they receive from their surroundings (Hunt 146). Hunt doesn't consider disability as a medical condition that can be cured but as a social issue rooted in the societal attitudes which keep aside disabled people as "others." Rosemarie Garland-Thomson says that disability should not be

seen as a ‘sign system’ which regards the disabled body as ‘other’ and ‘abnormal’ and it differentiates between the ‘normal’ from the ‘abnormal’. The society categorizes this body as ‘unfit,’ ‘unstable,’ and ‘lacking’ (Thomson 198). This forms the idea that meaning is created through difference and opposition, and it is therefore, contrasted with the idea of ‘able-bodiedness’ and it questions what it means to be normal? Anita Ghai, in her article, “Disabled Women: An Excluded Agenda for Indian Feminism” (2006) writes that “disability refers to bodies that have become dis-embodied because of constructions around them, that create a total invisibility of the disabled individual” (Ghai 147).

The concept of affliction further provides insights about how the disabled and afflicted are emotionally burdened by the perception of the public. It is closely connected to people living with diseases, dealing with impairments, and feeling helpless or hopeless, even when undergoing treatment. Susan Sontag explicates how societal narratives and metaphors surrounding illnesses like cancer and tuberculosis have drilled pain, stress, and dejection in patients. She cites the views of Dr. Menninger by saying that doctors usually avoid using specific names of certain illnesses that will harm patient’s emotions and will increase patient’s emotional burden. A disease like cancer is viewed as a monster or devil entering the body rather than being seen as a medical condition. The real solution is not to hide the truth from the patients but to change these frightening ideas by removing the metaphors that surround the illness (Sontag 7).

Alice James, a diarist and author, sister of the novelist Henry James (1848-1892), dies of cancer. However, a year before her death, she makes an entry in her journal about her afflicted state as “this unholy granite substance in my breast” (James 13). George Groddeck gives his remarkable views on cancer and anticipates the views of Wilhelm Reich, by saying that among all the theories of cancer, the verisimilitude about it is that it progresses through various stages and ultimately ends in death. Reich equates cancer with death, suggesting that it is a catalyst that both mixes and speeds up the life-ending process (Groddeck 19). Karl Menninger says that "the very word 'cancer' is said to kill some patients who would not have succumbed to the malignancy from which they suffer" (Menninger 6). Sontag further supports the theory that emotional distress may contribute to the onset of cancer, which is supported by findings indicating that a significant proportion of patients—ranging from two-fifths to two-thirds—report prolonged feelings of dissatisfaction or depression, often linked to the loss of a parent, partner, spouse, or close friend" (Sontag 50). She also compares and contrasts the Victorian and American cancer patients' psychology by saying that while American cancer patients often recall a persistent sense of loneliness and emotional isolation beginning in childhood, Victorian-era patients portray their lives as densely populated with responsibilities—ranging from work and familial obligations to repeated experiences of loss. Even 19th century cancer patients are thought to be afflicted by this disease because of a lack of intense feelings and emotions. According to Sontag, "many people believe that cancer is a disease of insufficient passion, afflicting those who are sexually repressed, inhibited, unspontaneous, and incapable of expressing anger" (Sontag 5). However, the notion changes after several decades, and cancer is not commonly linked to emotional blunting but to intense emotional reactions such as chronic anger, prolonged sadness, or persistent guilt. To support this argument, there are various notions expressed by writers who have associated cancer with anger, rage, destructive tendencies, unhealthy fixations, and toxic emotions. Marjo Kaartinen observes that writers like Bryan Cornwell state that "sorrow and other disturbances in the mind, easily convert a scirrhus (cyst) into a cancer" (Kaartinen 9). Surgeon Richard Guy explains that patients with breast cancer are, "the dull, melancholic, peevish, and passionate, and are more difficult to be relieved, than the lively, cheerful, easy, and placid" (Richard 10).

Discussion

John Green's *The Fault in Our Stars* (2012) presents poignantly the existential condition and the perspectives of Hazel Grace Lancaster and Augustus Waters, who live with thyroid cancer and osteosarcoma respectively. Hazel, the novel's narrator, offers a voice that is both direct and critical of the ways society romanticizes or sympathizes with those living with incurable diseases. Her resistance to participation in an emotional support group for cancer patients and her poignant observations about her condition suggest how affliction is often presented through stereotypical portrayals. Hazel at one point acknowledges that "cancer is not a side effect of dying; cancer is a side effect of life" (Green 67). This statement reflects the idea of Sontag, who expresses that disease, should not be treated as a metaphor for weakness but should be accepted as an ordinary part of life.

Affect theory explores how emotions circulate through and between afflicted bodies. The afflicted bodies absorb and contemplate emotions like compassion, anxiety, and terror. Hazel and Augustus share humor, irony, and intimacy; subverting the emotional response expected from terminally ill and they challenge socially accepted emotional norms that are attributed to afflicted people. While Hazel initially embraces life and idealism to cope with her illness, Augustus addresses his physical decline, and is forced to wake up to reality and face the emotional reality of affliction. His prosthetic legs and Hazel's oxygen tank symbolize how sickness reconstructs identity, agency, and autonomy. The afflicted people's bond was not a sentimental tale but a tale marked by complication, fragility, and introspection.

> "I told Augustus the broad outline of my miracle: diagnosed with Stage IV thyroid cancer when I was thirteen. Not that I'd ever been anything but terminal, but when I got into that clinical trial, Laughter in the Dark, they found that the drug slowed the growth of tumors. It didn't shrink them, but it slowed them. I'm on the drug now—Phalanxifor—and have been since I was fourteen. I'm probably the only person you've ever met who's actually dying of cancer" (102).

Hazel's narration expresses realistic emotions and she acknowledges and understands that death is inevitable, but in her case, it was imminent. According to Sara Ahmed, emotions are always linked with cultural practices, which are, in turn, bound up with bodies and identities. Hazel's affective expressions imply the desperate yet imperative need for either emotional bravery or submissive endurance from people with illness.

Sara Ahmed's concept of "affective economies" offers a critical view to understand how emotions circulated in society to shape disability discourse, often perpetuate displacement through feelings such as disgust, fear, and pity. In disability studies, 'affective economies' helps us analyse how bodies are inscribed with emotional significance and social value, where emotions are conceived not as private feelings, but are generated and transmitted through social and institutional networks. These circulating emotions, cast disabled and afflicted people as objects of pity, evoking sympathy, undermining their autonomy. Sara Ahmed asserts, "Emotions such as hate involve a process of movement or association, whereby feelings take us across different levels of signification, not all of which can be admitted in the present" (Ahmed 44). In the novel, both Hazel and Augustus experience complex emotions such as pain, love, and loss that moves beyond their personal expression and into a mutual emotional terrain where feelings are mediated through cognitive recall, tropes, and expectations. Pain has often been described as a "private, even lonely experience, as a feeling that I have that others cannot have, or as a feeling that others have that I myself cannot feel" (Kotarba 15). Hazel at one point says, "I'm like. Like a rotting robot. I'm super smart. I can read all the books. But I can't breathe and I can't get around and I don't know how to be a person anymore" (Green 106). This reflects Hazel's intense experience of estrangement caused

by her illness. The metaphor 'rotting robot' conveys the deep struggle between her mind and body that characterizes her experience of terminal illness. This metaphor is not just used for aesthetic articulation but to communicate the intangible pain that weakens the self. The inner struggle aligned with Elaine Scarry's views that "physical pain—unlike any other state of consciousness—has no referential content, "it was not of or for anything. It was precisely because it took no object that it, more than any other phenomenon, resisted objectification in language" (Scarry 4). The state of consciousness or metaphors associated would definitely have its referential content. For example, the picture of fire would symbolize anger, wrath, power, or the real burning fire in a very alternate positive notion, but the word, 'physical pain' does not have any referential content, as it was something to be felt. "That's the thing about pain," Augustus said, and then glanced back at me. "It demands to be felt" (Green 63). These words by Augustus, prove that the emotional and the physical pain in the afflicted person are unavoidable, and Augustus accepts the fact that the pain is intensely private. This notion also highlights the view that disability studies, and medical humanities strive very hard to exactly represent the emotions like pain. The International Association for the Study of Pain had adopted the views on pain by saying that it was highly personal, that went well beyond fundamental perceptual response. It was not merely a kinaesthetic sensation but a complex interplay of psychological distress and emotional struggle. The experience of pain involved an intricate relationship between bodily feelings of distress and unpleasant emotional experience, making it a complex phenomenon (Chapman 153).

This notion proves that pain is an emotionally intricate experience not solely determined by sensory stimuli but also by emotional dynamics and semiotic interpretation. This aligns with Hazel's existential contemplation while living with cancer. "Cancer kids are essentially side effects of the relentless mutation that made the diversity of life on earth possible. [...] But you know what? We're as likely to hurt the universe as we are to help it, and we're not likely to do either" (Green 191). She attributes no overarching or cosmic reliance to her illness, instead framing it as accidental, unpredictable, and impassive, and she accepts that pain is deeply personal. The existential confrontation with illness as an unintended consequence of nature, also shapes Hazel's emotive response, to both her body and the people around her. Hazel's articulation of affective control and embodied acceptance is evident in her remark, "I couldn't be mad at her for being so dumb, like I couldn't be mad at my lungs for sucking at being lungs" (198). It confirms Hazel's perception of the innate uncertainty and instability of both physical illness and human conduct. From this perspective, John Green challenges the prevailing emotional structures, which reduce the disabled people to passive entities of pity and empathy. The author further illustrates pain not simply as a medical or personal experience but as an affectively intense and socially constructed phenomenon. Building on Sara Ahmed's concept of circulation of emotions, the novel shows it through language and social processes that mediates the interpretation and affective experience of disability and affliction through the characters of Hazel and Augustus. Hazel's emotional lucidity, especially when expressing her detachment from her own body, intersects the complex relation between pain, identity, and existence. While pain, as Ahmed and Scarry suggested, often resists clear expression and normative understanding, life and hope offer a different perspective of affective circulation.

The theory of Sara Ahmed in relation to disability studies can also be related to the positive emotions such as hope, faith, and love. These emotions are not simply personal sentiments, but as Ahmed explained, they gain power and meaning within social and cultural contexts, and also the emotions that should be circulated, and shared to create a space which included and accepted the disabled or afflicted as people with a proud identity. "Emotions work to bind the collective, to

make bodies 'stick' to each other, or to the surfaces of objects" (Ahmed 23). Emotions such as love, hatred, fear, and anger create a social connection that brought individuals into a community. In the context of disability studies, those emotions bring the afflicted or disabled into a community in which they all shared a common experience. "I fell in love the way you fall asleep: slowly, and then all at once" (Green 125). Between Hazel and Augustus, love stood as a powerful tool. Love could not be considered as a single entity; rather, it was a feeling that helped both of them to find meaning for their existence. The bond between them helped each other to challenge life with hope.

> "To say that emotions are social means that they do not belong to individuals alone, but are part of the social and cultural practices that produce bodies and worlds" (Ahmed 10).

This emphasizes the fact that the emotions are constructed and subjective, and they can be shaped and intersected within cultural and social contexts. Disability as a state of life or a condition that was capable of bringing in enjoyment, creating identity, and living life in its own terms, stands validated.

Furthermore, Ahmed's notion of emotions as cultural practices allows us to see how emotions like hope and faith can act as tools of resistance within the disability community. Hope, in this context, is not merely a passive waiting but a radical act of imagining futures where disabled bodies are not marginalized or pathologized but are instead valued and celebrated. Faith, similarly, could be understood as trust in one's self and in a collective that nurtures and supports difference. These positive emotions work against the dominant narratives of pity or tragedy that often surround disability. Instead, they offered alternative emotional economies where pride, joy, and solidarity circulated and bound the community. By embracing such emotions, the disabled community reclaimed agency and authorship over their own narratives, fostering spaces that not only accepts but affirms disabled lives as whole, meaningful, and richly interconnected.

Conclusion

The Fault in Our Stars presents a rich and detailed view of disability. It uses Sara Ahmed's theory of affective economies to explore how emotions serve as a strong way to experience, understand, and express disability and suffering in a social setting. By following the flow of emotions like pain, love, and hope among characters, the story shows how these shared feelings shape a group understanding of affliction. It emphasizes that disability is not only a personal challenge. It is a common experience that influences how people see and handle it. The connection between Hazel and Augustus illustrates this idea well. Their relationship goes beyond romantic love to include humor, vulnerability, and resilience. This creates space for inclusion and mutual recognition. Through their interactions and those with their larger community, the novel shows how disability and chronic illness can create a complex emotional landscape. Those affected are not merely objects of pity or medical discussion. They are active participants in making meaning, building connections, and redefining their lives on their own terms. In the end, the story highlights the power of shared emotions. It demonstrates how emotional exchanges can challenge social stigma and promote solidarity among people facing disability and illness.

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