"Sixteen and Dying": Lurlene McDaniel's Fantasies of Mortal Endangerment

Nathalie op de Beeck

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Narratives of Illness

When I checked a stack of Lurlene McDaniel novels out of the library, the librarian warned me to get a box of tissues ready. “I used to teach fifth grade,” she said, holding up a copy of McDaniel’s hospital drama Too Young to Die. “When they read this, they bawled like babies. Even the guys.” Too Young to Die, the story of a sixteen-year-old girl’s battle with lymphocytic leukemia, exemplifies McDaniel’s mass-market paperbacks, which have been popular among girl readers since the mid-1980s. In McDaniel’s novels, of which there are more than forty at last count, a high-school-age heroine contends with a mortal threat. The librarian’s casual statement, which refers to a pre-middle-school readership and expresses surprise that “even the guys” cried, speaks volumes about the implied audience and affective power of McDaniel’s novels.1 The remark testifies to the cathartic pleasure of reading about girls in physical and psychological distress.

McDaniel’s formula, to quote another of her titles, is that Someone Dies, Someone Lives. In a typical novel, an all-American teen has her plans for dat-

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Nathalie op de Beeck teaches in the Department of English at Illinois State University. Her essays include “‘The First Picture Book for Modern Children’: Mary Liddell’s Little Machinery and the Fairy Tale of Modernity” (Children’s Literature 32) and the forthcoming “Anima and Anime: Environmental Perspectives and New Frontiers in Princess Mononoke and Spirited Away.”
ing, summer vacation, or college disrupted by devastating health problems, a sick friend, or the death of someone she loves. When the heroine’s life takes its tragic turn, her ordinary interests in good grades, spring break, and cute boys are displaced in favor of a fascination with sudden illness and death. If she does not get sick herself, she closely observes the passing of a relative, friend, or hospital acquaintance; mundane existence is juxtaposed with extraordinary terror, emphasizing the fragility of life and health. For instance, an overachieving ninth-grader meets and cares for the HIV-positive child of a drug addict in *Baby Alicia Is Dying*, an unapologetically moralistic work that calls attention to marred innocence, socioeconomic class, and heteronormative sexuality. A cheerleader finds out she needs a bone-marrow transplant from a relative in *Mother, Help Me Live*. A healthy girl, who once underwent chemotherapy after a misdiagnosis with cancer, watches her stepfather sicken and die in *Until Angels Close My Eyes*. And the heroine of *The Girl Death Left Behind* learns that her entire immediate family (both parents and two siblings) has been killed in a car wreck. None of these heroines have the agency to change their unlucky situations. Yet despite their extreme bodily and/or mental stress, all maintain a stiff upper lip; although their bodies visibly change due to illness and pain, and they display the affective evidence of tears, they stubbornly refuse the possibility of balancing discomfort with the physical pleasure that might give them temporary relief. These virtuous virgins perform their physical and psychological suffering in a stoical way, inspiring their peers with their ability to bear pain and their uncompromising morality.

McDaniel’s fiction suggests that beyond evaluating mass-market romance and gothic tales for adult women, critics need to investigate how popular children’s and YA literature prescribes standards of feminine behavior. These tales of adolescence, written in a breezy, uncritical literary style, reach a popular audience and condition young readers to anticipate stories about drastic events and arrested development. They blithely yoke the sentimental, didactic mode of nineteenth century literature to the technological thriller and corporeal horror stories of today. Novels like *Too Young to Die* exploit young readers’ anxieties about illness, accidents, and loss. They call attention to the weakness of the child and adult body, and in particular imply the adolescent female body’s vulnerability to disease and injury. Simultaneously, these books imply a middle-class, conservative female readership; reinforce traditional family roles for women and men; recommend all-accepting passivity over a futile, implicitly feminine rage; and advise abiding faith in a heavenly future, despite unreliable saviors and devastating misfortune. These successful and formulaic books, populated by virtually interchangeable teen characters, attest to the marketability—and utter conventionality—of literature that glorifies physical and emotional anguish, self-sacrificing behavior, and lingering deaths for girls. There are many fruitful ways in which McDaniel’s narratives may be unpacked, in terms of disability studies, psychoanalytic theory and
the issue of masochism, histories of moral and religious literature, and genres like the survivor autobiography and the self-help book. This essay principally seeks to show how a specific set of coming of age novels interpellates an inexperienced and body-conscious readership of children and teenagers, and how these books urge a girl readership to embody a traditional feminine subjec-
tivity. The disciplinary discourse of McDaniel's novels, and other mass-mar-
ket fictions that foreground the feminized bodies of sick or injured young
people, needs to be read through the lens of corporeal feminism.4

In McDaniel's novels, the heroine becomes a passive observer of her own
discomfort, pain, and treatment, or to the suffering—often the death—of a
loved one. The reader, meanwhile, derives spectatorial pleasure from the suf-
ferings of the heroine and her coterie.5 The heroine witnesses medical tech-
nology interpenetrating with her own body or the body of a close friend or
relative, and readers watch her placing resolute faith in drugs, machines, phy-
sicians, and sometimes angels who might grant "one last wish." Even when
the frightened heroine's faith does not effect a cure, the reader is given to
know that true faith is enough: the "good" sufferer triumphs even in death.
Readers of McDaniel's fiction get secularized sermons, supplemented with
melodramatic death watches and medical definitions for killer diseases. The
effect is to make readers wary of their own and their loved ones' changeable
bodies, which are liable to betray them at any moment. Special attention at-
taches to the unruly body of the girl, who either notices abnormal physical
changes that signal disease, gets in or copes with an accident, or struggles to
quell her desires when she senses the stirrings of sentimentalized first love—
in other words, lust.

In an account of young cancer survivors who enjoy McDaniel's work, Linda
Goettina describes these illness narratives as harmless fun: "These books told
wonderfully weepy tales in which illness and love were the primary ingredi-
ents. As I read the story of an adolescent waiting for a heart transplant, I
found myself caught up in the world McDaniel depicted. I didn't have to
struggle to understand allegory or symbols—there weren't any. . . . Because
they require so little of the reader, they are ideal for a quick read before bed,
or on the beach during summer vacation, when relaxation is the top priority"
(12–13). Yet the reader's hunger for and apparent investment in the "illness
and love" narrative must be questioned. These repetitive, death-obsessed novels
may qualify as "trash," as Goettina asserts in her celebratory article, yet they
have a peculiar and disturbing power. What is satisfying about reading Six-
teen and Dying, whose sexually inexperienced, drug-free heroine develops
AIDS after a tainted blood transfusion? What is so relaxing about reading
"Christmas Child" (a selection from Starry, Starry Night: Three Holiday Sto-
ries), in which teenager Melanie learns her mother's pregnancy has gone hor-
rribly wrong?6 What accounts for the perverse success of these novels, which
emphasize teenage girls' self-restraint, physical and spiritual purity, and un-
witting self-destruction from within?
In their packaging and plotting, McDaniel's novels foreshadow tragic events and incite reader curiosity about sex and dying. The illustrated covers of these paperback novels set a somber, not to say unromantic, mood. In a typical illustration, a grave young woman stands with eyes averted, as though deep in thought. Sometimes a solemn young man glances at her with concern, but often she is alone. These images convey gravity without anxiety, much as sympathy cards convey sorrow and hushed silence after an initial shock. Yet for all the emphasis on tragedy, some aspects of the imagery and packaging insist that the focal point should not be death at all, that a reader who fixates on the erotic longing, crushing pain, and death is missing the revelatory possibilities of all three. For instance, McDaniel's biographical note and epigraphs imply a therapeutic value for the illness narratives. This paratextual information adopts a distinct self-help rhetoric that colors, but does not adequately justify, the dark narrative content. Recent editions include a photo of McDaniel in white clothes, comfortably seated on a light-colored couch. A caption explains, "Lurlene McDaniel began writing inspirational novels about teenagers facing life-altering situations when her son was diagnosed with juvenile diabetes." The caption does not say how McDaniel's son is doing, but it establishes McDaniel's sickroom credentials. It indicates that the author has intimate knowledge of an ailing child and that she metaphorizes not only his illness but her own fears in her fiction. The blurb also designates the novels "inspirational" as opposed to morbid, and the situations as "life-altering" rather than ruinous.

McDaniel writes novels of transformation, in which a startling diagnosis or accident instantly alters a girl's life and interrupts the so-called "courtship" stage of womanly existence, perhaps permanently. These novels acknowledge that a girl arriving at a perceived threshold between childhood and womanhood might feel ambivalent about growing up. She cannot refuse to grow or to face adulthood, except perhaps by taking her own life, an amoral act that would contaminate her utterly because it entails selfishness and not self-sacrifice. She also knows she will become a woman—with womanhood's attendant sexual, maternal responsibilities—unless an unforeseen calamity prevents her. In these novels, mortal illness or tragedy effects an intervention, putting off one crisis by creating a new one. Illness or death impedes development by allowing an adolescent to be attentive to her physical body, yet diverting her own (and others') attention away from that body's sexual potentiality. Courtship and marriage, requisites of the fairy tale, are deferred.

McDaniel's books ensure that something inhuman and irrational—a chance event—violates the forward momentum of youth and the girl's expected continuum into adulthood. On the one hand, illness and grief prematurely force the naive heroine out of childhood inexperience, and endanger her at a physiological and psychological level. On the other hand, illness and grief enable
her to put off conventional adulthood. Even if the heroine has a normative heterosexual interest in boys, and even if she has attained an enviable social position (like the leukemia-afflicted cheerleader in *Mother, Help Me Live*), she must turn her attention to survival rather than dating and school activities. She may receive kindness from the men in her life, and she may desire a boyfriend or fiancé. Yet while she is ill or distracted she is unlikely to become a girlfriend, bride, or mother. Her debased state—and the emotional baggage it entails—wards off all but the most stalwart protectors. Even if her disease and pain are not communicable, she is contaminated by association with illness, and her initiation into adult sexuality is delayed; meanwhile, her condition becomes her very own, her corporeal possession and her all-encompassing lover.

Metaphorically, the girl's body and mind forge a life-partnership with her abjection, and do so without her consent. The adolescent girl metaphorically submits to rape by disease, or allows another person's illness to monopolize her. Notably, McDaniel relies on a third-person perspective to establish each precarious situation. Rather than write first- or second-person narratives with shock endings, McDaniel creates an omniscient outsider who describes the heroine's powerful feelings, creating the illusion of psychological intimacy while maintaining a safe physical distance from the abject body. The implied girl reader is invited to identify with the suffering body, emotional distress, and process of succumbing to illness or grief—a process analogous to "seduction" in the romance.

Further, McDaniel invents narratives in which the savage persecutors, the demon lovers, are not human but pathological or corporeal. The enemy permeates the feminized body, either as a genetic flaw or a caprice of indifferent Nature. No one, or at least no human being external to the diseased body, is at fault in these medical scenarios; the innocent heroine simply must admit her limitations, surrender to fate, and submit to the professional knowledge of experts. She dreads the loss of her physical or psychic self, and steels herself to await the unpredictable outcome. Even though she has license to speak frankly to adults about illness, thus potentially wielding adult power through language, the potential killer affects an incommunication and ensures her powerlessness. For instance, the heroine of *Till Death Do Us Part* endures radiation treatment, only to learn that her brain tumor has not shrunk. Her neurologist promises to recommend another specialist. "You just want to be rid of me because *you* can't fix me!" she snarls, as her parents watch in dismay. "I don't have anything left to say to this man. Except, thanks for nothing!" (TD 128–29) The girl plays the thankless child with her doctor and parents. Her condition lets her speak truth to power, even as she realizes that her anger is in vain and the "experts" lack the ability to heal her. Any attempt to express resistance or occupy a mature subject position is bound to fail for the protagonist, who learns to bear her pain and accept a subordinate role in society.
Across decades when “girl power” has been a mobilizing slogan, McDaniel’s novels absolve female characters from decision-making and depict a retrograde, anti-feminist playing out of the Freudian oedipal drama. Her heroines may be spiritually strong, but they lack physical and emotional resources and they always look to men for stability. They are patients and patience personified. “Etymologically, patient means sufferer,” Susan Sontag writes. “. . . That illness can be not only an epic of suffering but the occasion of some kind of self-transcendence is affirmed by sentimental literature and, more convincingly, by case histories offered by doctor-writers” (125). McDaniel foregrounds both suffering and transcendence; her characters’ sweet passivity, not their active heroism, makes them extra-special to those around them.

McDaniel’s gentle characters are exceptional, too, because their lives could be cut short at any instant. The heroines and their friends and relatives often die, but if so, they die the sort of redemptive deaths reserved for angelic children like Little Eva of Harriet Beecher Stowe’s *Uncle Tom’s Cabin* (1852), Beth March of Louisa May Alcott’s *Little Women* (1868, 1869), and more recent characters like the rough but angelic street kid Johnny Cade of S.E. Hinton’s *The Outsiders* (1967). Jane Tompkins describes Little Eva’s death, which results in the conversion of an atheist slave, Topsy, as one that is “most often cited as the epitome of Victorian sentimentalism” (127). She complicates this reductive reading by explaining,

> In *Uncle Tom’s Cabin*, death is the equivalent not of defeat but of victory; it brings an access of power, not a loss of it; it is not only the crowning achievement of life, it is life, and Stowe’s entire presentation of Little Eva is designed to dramatize this fact.

> Stories like the death of Little Eva are compelling for the same reason that the story of Christ’s death is compelling; they enact a philosophy, as much political as religious, in which the pure and powerless die to save the powerful and corrupt . . . The tale shows that by dying even a child can be the instrument of redemption for others, since in death she acquires a spiritual power over those who loved her beyond what she possessed in life. (127–28)

Little Eva brings about a Christian conversion. Likewise, the deaths of *Little Women*’s Beth and (much later) *The Outsiders*’ Johnny resonate with Little Eva’s dramatic passing. In *Little Women*, when Beth dies, her family rallies and two weddings follow. Even the careerist Jo adapts to heteronormativity and motherhood. In *The Outsiders*, when 16-year-old Johnny dies—albeit not by fading away, but from injuries sustained while rescuing small children from a burning church—his street-tough friends begin to renounce violence. Similarly redemptive child deaths can be found throughout literature, and not just fiction for young readers. The myth of the redemptive child and the good death is established early and often. “When the spiritual power of death is combined with the natural sanctity of childhood, the child becomes an angel endowed with salvific force,” Tompkins writes. She argues that the popularity of Little Eva reflects “a pervasive cultural myth which invests the death
of an innocent victim with just the kind of power that critics deny to Stowe's novel: the power to work in, and change, the world” (129–30).

Tompkins claims that the nineteenth-century sentimental novel has a capacity to point up contradictions between worldly and spiritual ambitions. Even if Lurlene McDaniel is no Harriet Beecher Stowe, her twentieth- and twenty-first-century narratives indicate a continuing cultural need for accounts of grievous suffering and redemptive death. In McDaniel's novels, the dead person rests in peace and inspires survivors to improve themselves. Lois Keith, in her study of disability in young-adult literature, wonders whether sentimental fiction retains an eager audience today: “To the modern reader, the religious and moral teaching of these writers [of nineteenth century domestic dramas] may seem heavy handed” (70–71). Yet in the past quarter-century, McDaniel's popular novels have succeeded despite heavy-handed dealing in sentiment, religion, and moralistic goodness. While McDaniel's protagonists face peculiarly modern catastrophes like chemotherapy and car accidents, their deaths enrich ordinary people's lives much as Little Eva's did.

**Repression and Redemption**

McDaniel's novels deal in a repressive discourse, exaggerating the restrictions that govern adolescent life. These books map regimens for living in which freedom is not an option. Their heroines embody moral lessons in chastity, charity, and humility, and look askance at greed and temptation. They find love, so long as it remains tragic and physically unfulfilled. While they are suffering, they do not transgress, and even if their diseases appear to be irrational punishments for sins they did not commit, they accept the pain and fear without too many unseemly complaints. Whereas some feminist authors and critics view the unruly or “monstrous” body as a potentially liberatory metaphor, McDaniel posits adolescent physiological transformation and psychological revolt as abnormal and horrific. Again and again, she depicts bodies undone by disease or accident, and heroines undone by furious anger; she represents female bodies and subjectivities allowing themselves to be controlled and rendered docile, either by voicing an allegiance to blind faith (in science, money, or angels), relaxing into death, or both.

Whereas corporeal pleasures are fleeting in these novels, many flavors of paranoia, torture, and death are offered for readers' delectation. Trouble arrives via commonplace indicators like headaches, listlessness, or a cough. For instance, the main character of *Sixteen and Dying* recalls the first, banal signs that she is HIV-positive: "I had a rash and my glands swelled up. The doctors thought I might be having a reaction to the antibiotic they were giving me" (SaD 13). Such details—which readers, but not the heroines, recognize as prologue to something much worse—add to the suspense. Extreme pain, however, is left to the reader's imagination. The unpleasant aftermath of ugly procedures gets more attention than the clinical details and the immediacy of
needles and blood. Treatments occur in a brief paragraph or offstage, while lingering symptoms and physicians’ sanitized rhetoric reinforce the reader’s awareness of the heroine’s plight. In *Mother, Help Me Live*, two doctors tell a girl that a bone-marrow transplant from a family member might help her beat leukemia: “Sarah had been given a chemo treatment that morning, and she was feeling queasy. Sores had formed in her mouth, and her gums throbbed. But she listened attentively. . . . ‘What we look for in matching donor and recipient is HLA compatibility.’ Dr. Gill drew busily on a legal pad. ‘. . . [W]e’ve discovered that if six proteins found on the surface of white blood cells match the proteins of your cells, we have an optimum, six-antigen match’” (*MH* 8–11). The girl’s abject condition, emphasized by her post-chemotherapy nausea, stands in contrast to the doctor’s precise language and objectification of her condition.

*Too Young to Die* introduces an anxious protagonist who goes to the hospital after purple bruises appear on her legs. “Melissa wanted to ask him [the doctor] what he was testing for, but she sensed he would not say. . . . She wanted to run out of the room screaming, but instead she offered a brave smile that in no way reflected the terror she was really feeling” (*TY* 47). Ultimately Melissa is assigned to get a “lumbar puncture” and a “bone marrow aspiration.” She doesn’t know what to expect—and even when she is told, the jargon is foreign to her. “The test doesn’t hurt as much as the results,” quips Ricter, a handsome male college student whom Melissa meets in the hospital. Ricter has lost a leg to “osteogenic sarcoma—bone cancer,” (51, 62) and he assumes a teaching role because he has gone through the fear and pain before.

When Melissa learns she must undergo chemotherapy, but is unclear on what this procedure will involve, the grim but flirtatious Ricter laments her soon-to-be-compromised beauty: “Unexpectedly, his hand reached out, caught her chin, and lifted it. . . . ‘Jesus, you’re pretty.’ There was a sadness in his whispered words she didn’t understand. . . . ‘Too bad about your hair,’ [he said]” (64–65). Although Ricter is condescending and his touch uninvited, Melissa does not recoil from him. She passively accepts his patronizing treatment, and accordingly begins to worry about disfigurement. She determines to cut her “waist-length” black hair, which has been much stroked and admired by the novel’s young men. “‘It’s got to come off,’ Melissa said woodenly, fighting fiercely to hold back her tears. ‘I’d rather take it off myself than have the chemotherapy do it for me.’” Notably, Melissa does not “take it off [herself]” but finds someone to do it for her. Her best friend “combed the dark, thick hair, slipped the scissors into the shining mass next to Melissa’s ear, and cut. . . . The silence in the room was broken only by the steady snip of the metal blades” (67–68). This rape of the lock, a violation of the female body, takes three pages. Afterward, Melissa begins a romantic relationship with the physically damaged but healthier Ricter, who appreciates her as she used to look.
While the text demystifies an invasive treatment and cultivates sympathy for the teenager, it also assumes an outward signifier of femininity—Melissa's black hair—as the basis for female identity. The abrupt change of hairstyle functions similarly to the ritual marks of punishment to which Foucault refers, making the girl's internal condition outwardly visible even before medical procedures have altered the appearance of her body. Elizabeth Grosz has argued that “[Foucault’s] work has not left a space for the inclusion of women’s accounts and representations of the various histories of their bodies that could be written. That does not mean that the metaphor of the social inscription of corporeal surfaces must be abandoned by feminists, but that these metaphors must be reconfigured, their history and in complicity with the patriarchal effacement of women made clear” (159). Per Grosz’s demand, critics can view the McDaniel heroine as embodying the specifically female corpus, on whom are inscribed the marks of contagion and medical science. With the alteration of her external traits and her acquiescent complicity in this superficial transformation, the McDaniel heroine becomes unique, set apart from her peers. Yet she fears—and ultimately those fears are realized—that an unconventional appearance will invite pity and cause her to be alienated from those who used to be her friends. Handsome, healthy boyfriends, often athletes, are the first to abandon the girl, who wears her abjection like the latest fashion; when Melissa of Too Young does lose her hair to chemotherapy, the novel concentrates on her new wig and on the sterile face mask that keeps her from infection when her immunity is low.

Likewise, when the heroine of Till Death Do Us Part takes a “drug to reduce brain swelling,” she worries less about its efficacy than about whether it will make her unattractive. The side effects include “[w]ater retention, puffiness, and an incredible appetite’ . . . April had always been tall and slim, . . . and she didn’t like the idea of a forced weight gain. ‘I’ll look like a freak,’ [she said]” (TD 36). April’s soccer-playing boyfriend beats a hasty retreat, and April, like Too Young’s Melissa, finds new love with a fellow patient. Till Death also includes a disfigurement scene in which a doctor tattoos small dots on April’s neck to ensure the proper alignment of brain scanning equipment, and “carefully shave[s] away a hank of April’s thick red hair at the base of her skull” (TD 51–52). The “hank of thick red hair” signifies the past healthy growth of the individual, while the jarring, meaty word “skull” implies a dissection, as though the girl’s individuality is lost along with the accessories of conventional beauty. In both Till Death and Too Young to Die, the reader observes the young patient’s docility as she disfigures her body first with scissors, then with prescribed drugs and harsh medical procedures, in hope of effecting a cure and returning to normal. Descriptions of unplanned haircuts parallel operating room scenes, making visible the horrors visited upon the female body and bringing that body into compliance.
Illness Narratives and the AIDS Crisis

McDaniel's illness narratives reinforce the virtues of abstinence and self-sacrifice, and warn teens away from the vices that might lead to an impure, non-redemptive, or suicidal death. It is no coincidence that the first of these narratives were published in the mid-eighties. These are post-AIDS pieces, written in the consciousness of an epidemic that—at least in its early years—frightened teenagers and adults, called international attention to condom use and changed sexual practice. AIDS is a condition that the most advanced medical science cannot quite contain, and so “AIDS reinstates something like a premodern experience of illness,” writes Susan Sontag (122). Prior to the 1980s, “[m]edicine had been viewed as an age-old military campaign now nearing its final phase, leading to victory.... The advent of AIDS has made it clear that the infectious diseases are far from conquered and their roster far from closed. Medicine changed mores. Illness is changing them back.... Fear of sexuality is the new, disease-sponsored register of the universe of fear in which everyone now lives” (160–61). McDaniel's novels reflect this “universe of fear” and construct contemporary teenagers who observe the AIDS crisis sorrowfully, but accidentally—as the unfortunate recipients of someone else's tainted blood, or as the caretakers of innocent, infected babies rejected by irresponsible parents.

Few McDaniel characters contract communicable diseases, and they generally take time to reassure their friends (and readers) that they are not a threat. Sixteen and Dying is an atypical novel with an HIV-positive main character. Anne goes for a checkup because “[n]agging tiredness had drained [her] for months... her vision blurred while she was doing schoolwork, her appetite was poor, and she was losing weight” (SaD 7). At the hospital, a blood specialist asks her whether she has a boyfriend. “No, I’m not really into dating,” she answers, and an omniscient narrator confirms that “Anne had a few friends who were sexually active, but she certainly wasn’t” (9–12). After Anne's father stands up for her by insisting, “Anne doesn’t even date” (12), the specialist determines that Anne has contracted HIV from a blood transfusion. Anne's mother is dead, and her father cannot do anything to save her. She grieves for her mother and for her own condition: “What had she done to deserve such a terrible sentence as AIDS? First, the loss of her mother, now the loss of herself” (17). Anne reflects that she will die a virgin, sexually “pure” but afflicted with a syndrome that implies transgressive sexual practice or drug use. AIDS simultaneously acts as a protective barrier to the virgin body and places the sick girl in a realm between lost childhood and unreachable adulthood. Sixteen and Dying resolves the difficulties of growth by shutting off its heroine's access to a normative developmental script.

Baby Alicia Is Dying gives an alternative, outsider's account of AIDS. In this novel, a ninth-grader named Desila volunteers at a center for HIV-positive infants. Its plot exemplifies what Lois Keith terms the “school project” narrative, which brings a normative character in contact with ill or disabled
people. In Baby Alicia, Desila becomes especially fond of the title character, who is implied to be African American. McDaniel coyly writes that Alicia has “dark-skinned cheeks” and hair that is “a mass of black fuzz” (BA 16–17). Alicia’s young mother is in rehab for her cocaine addiction, and when Desila argues that a drug addict has no right to have custody of a child, a nurse puts her mind at ease by explaining, “[S]he can’t simply say she’s fine and get her baby back. She must prove it” (105). Desila, infuriated at the irresponsibility of Alicia’s mother, spies on a monitored visit between the two of them; she is amazed that Alicia’s mother appears to be a teenager like herself. This leads her to a realization: “Suddenly she understood that mature love, marriage, and having babies was truly a logical progression, a natural order that got all out of whack when people jumped into a sexual relationship outside of the framework. For Alicia’s mother the leap into sex and drugs meant forever changing the course of her own life, as well as saddling an innocent baby with a terrible burden. . . . It wasn’t right” (139). Desila’s and, implicitly, the novel’s offensive attitude toward sexualities “outside the [middle-class, heterosexual, white, Christian] framework” goes unquestioned. The story of the maternal teenager—who wants only the best for the unfortunate child—becomes a narrow, classist statement against sex outside marriage, drug use, unwed mothers who are coded African-American, and homosexuality. (After much embarrassed secrecy, a male friend confides to Desila that his uncle died of AIDS.) Ultimately the heroine perceives single mothers, low-income people, drug addicts, and gay men as careless, and regards them with condescending pity. Desila’s capacity for pity is presented as evidence of her maturity.

Self-righteous compassion, a maternal disposition, and a passion for the sanctity of the traditional nuclear family are common to McDaniel heroines. While ninth-grade Desila evinces concern for a dying baby, and leukemia-stricken Melissa of Too Young to Die dotes on a sick toddler in her pediatric ward, older heroines get to play at wifely devotion even as the threat of death overshadows their romances. For instance, the aptly named Till Death Do Us Part concerns a wealthy seventeen-year-old New Yorker named April and a working-class 21-year-old named Mark. April and Mark meet cute at the hospital, where she is being treated for an inoperable brain tumor and he for cystic fibrosis. From the start, readers are assured that Mark is “harmless” (TD 18). He has a racking cough, and says “in a wheezy voice, ‘Don’t worry, I’m not contagious’” (11). Mark does not preoccupy himself with his illness, but flirts incessantly with April. When April notices that her high-school boyfriend, a macho soccer-team captain, cannot handle the drama of illness, she gives Mark a chance: “Everybody knows you can’t catch a brain tumor like you can catch a cold,” April grouses, and Mark readily agrees (43). They begin dating and soon get engaged.

Sexual tension distracts April from her brain tumor, but the main chemistry is of the pharmaceutical variety. When April visits Mark at his apartment and demands to see his bedroom (“‘My roommate’s out,’ Mark said. . . . April’s
heart began to beat faster), Mark reluctantly opens the door to reveal a bracing sight: "the top of his dresser was lined with medicine bottles. And there was a portable oxygen tank tucked into a corner near his bed. The odor of medicine hung in the air" (105–06). April, undaunted, declares her love for Mark a few pages later. "He answered her by sweeping her into his arms and kissing her with an intensity that left her breathless" (114).

April and Mark's romance entails a grim and thrilling acknowledgement of death. Yet despite their passionate kisses, they never even discuss that ultimate death-defying act, sex. This becomes evident when April sighs to Mark's mother that, with luck, she and Mark might have a family someday:

"Mom told me that she's always looked forward to having a grandchild to spoil."
Mark walked into the room, and both women turned toward him. . . . "I . . ."
Mark began, stopped, and then said, "We have to talk."
"Yes," his mother said. . . . "And shame on you, son, for waiting until now to talk to April about this."
"Please," April pleaded. "Will someone please tell me what's going on? . . ."
When Mark looked at her, pain was etched into his face. "I can't give you babies, April. Not ever." (TD 168–69)

April learns that cystic fibrosis has left Mark sterile, but rather than seeing this as a serious omission on his part—or as license to have intercourse without a need for contraception—April sees only an inability to reproduce. The novel presents dating as a virtuous, sexless prelude to marriage, and marriage as an imperative for a woman to bear children, babies "given" by her husband. Sex is replaced by other physical interactions, such as when April drives Mark's car at high speed, or when April insists on learning how to "thump" Mark's upper torso to break up the phlegm that clogs his lungs. In a sweaty scene that focuses on the triangle formed by a man, his mother, and his wife-to-be, Mark's mother demonstrates the procedure on her son:

That night, April watched Mark's mother [Rosa] pound his chest and then his back with cupped hands and a steady rhythm. Mark coughed and gagged and spit up phlegm. April steeled herself, telling herself that this was a way of life for him and once they were married, it would become her responsibility.
"Now you try it," Rosa commanded April.
April cupped her hands and slapped Mark's back.
"Harder," Mark said. "You have to hit harder" . . .
By the time the session was over, perspiration poured off April. Her palms stung and her shoulders ached from leaning over Mark. He straightened, breathing hard, his voice raspy, "That's enough." He went into the bathroom, and April heard him brushing his teeth. (TD 165)

Despite the unpleasant subject matter, the scene reads as a comic analogue to sex. April has to convince herself "that this was a way of life," and is left sweating after she rhythmically pounds on Mark. Mark heads for the bathroom.
after it's all over, and April is left disillusioned by her initiation. Yet this is not sex but a chore related to sickness. The couple's physical bond is cemented by duty rather than mutual pleasure.

If premarital sex is forbidden in McDaniel's novels, so is marriage to an infertile person, who does not embody complete masculinity or femininity, and who might enjoy sex without the goal of pregnancy. True to its title, Till Death Do Us Part ends with death and parting instead of a real wedding or a sexually consummated marriage. Mark takes a turn for the worse and is hospitalized, and a Catholic priest comes to administer last rites. In a tour-de-force scene of morbid jouissance, April puts on her unused, snow-white wedding gown and promenades down a hospital hallway to the room where Mark is gasping his last breaths:

She walked toward Mark's cubicle, the exquisite train of her gown sweeping the floor behind her while the onlookers quietly watched. "You are perfectly beautiful," said one of Mark's favorite nurses. "And what you are doing is wonderful."

At the door, April saw the priest leaning over Mark, his prayer book open. . . . She felt her father take her arm. "I think it's customary for a bride to be given away by her father," he said.

Together they entered the room. . . . [Mark's mother's] expression passed from grief to gratitude. . . . April moved to the bed. . . . "Until death do us part," she whispered.

"Until . . . paradise," he answered.

"I love you."

But Mark was past hearing. (TD 195–96)

April can do nothing for Mark but watch and wait. She remains pure and, because of her own sickness, angelic enough to offer a vision of herself to Mark in his final moments; her promise of marriage is reiterated but forever unfulfilled. In this amazing melodramatic episode, April mimes mature womanhood. She enacts the roles of child, wife, and mother—all of them impotent. April's father treats her as child, daughter, and possession to be "given away" when he steps to her side in the hospital doorway, while Mark's "grateful" mother sees April's act as a kind of ideal: the wedding without sin and the last rites without pain. Mark does not hear April's "I love you," which frees her to say those words to some other man. Brave passivity, rather than the struggle for life, is triumphant, and the would-be bride is left secure and untainted in the bosom of her family, in remission but not clear of her own dangerous condition. The sequel, For Better, for Worse, Forever, sends April on an island vacation with her well-to-do parents, where she mourns for Mark and finds new romance, all the while hoping she stays in remission. A reader is left with the impression that death is the ultimate aphrodisiac.

McDaniel violates the cultural taboo against speaking of death, which might constitute her novels' attraction to young readers, and meanwhile maintains the taboo against sexual awareness. "I have always suspected that authority
figures in our culture protect children from sex because of our cultural desire to protect children from a knowledge of death," writes Roberta Seelinger Trites in her exploration of how young-adult novels introduce the topic of mortality (122). McDaniel, it would seem, constructs sex—or premarital sexual experience—as a fate worse than death. She avoids the obscenity of sex, consensual and otherwise, but foregrounds the obscenity of disease; she specializes in stories where chaste teenagers reconcile themselves to mortality and express their love for friends and parents before it is too late. Her young characters, whether observing someone else's pain or deathly ill themselves, fall in love and communicate their deepest feelings in hospital wards, to the steady beep of monitoring equipment. It seems nothing is more intimate than the hushed conversation at the hospital bedside, the body made vulnerable by invasive surgery or harsh medication, and the cathartic tears wept by mourners. If romance readers identify with the suspense leading to the first kiss and sexual satisfaction, the young reader of McDaniel identifies with the suspenseful process of diagnosis, the climactic buildup to death, and the lull of death's aftermath. The reluctant patient, the frightened parents and friends, and the cool physician establish an atmosphere of sensual excitement.

Further, a reader gains awareness of her own marginal status by relishing the tale of an ailing girl's disempowerment. Trites writes that "[a]dolescents who come to accept [the Heideggerian notion of] Being-towards-death are teenagers accepting (once again) their own limitations. The discourse of death in adolescent literature therefore represents yet another institutional discourse in which the genre serves to simultaneously empower readers with knowledge and to repress them by teaching them to accept a curtailment of their power" (140). By and large, actual teenagers do come under adult pressure to control themselves. They are warned to abstain from sex, avoid alcohol and drugs, drive carefully, eschew selfishness, and pursue a heteronormative marriage and family life. Novels like Till Death Do Us Part acknowledge these everyday limits and add the disciplinary structures of illness and death. Such novels depict the violent process of taming the unruly body, of ensuring that the teenager becomes docile and reflects on mortality at moments when the desire for sensual pleasure seems irresistible.

From Girl to Mother

Marriage and motherhood, of course, constitute other means of legitimating young women's desire. Unsurprisingly, many of McDaniel's novels pertain to the separation of a daughter from her mother and the daughter's transformation into a mother herself. Such narratives imply that a girl's access to tragedy lets her understand the maternal role, which—according to traditionalist thinking—is the logical next stage in a woman's life. Confrontation with mortal fear lends the girl a sudden, adult insight and removes her from any pretension of childhood innocence, at least where mortality (not sex) is concerned.
She gains the kind of wisdom usually learned and earned over years of trial and error, and her knowledge in fact appears to rival her mother’s. All at once, she crosses the threshold into womanhood and destroys any boundary confusion that might entail. She may even support a psychologically weakened mother who, in a reversal, enacts a dependent role.

Until Angels Close My Eyes introduces a teenager, Leah, who follows this daughter-to-mother trajectory. Leah knows the terror of living in a liminal state; she once endured chemotherapy after a misdiagnosis with bone cancer. Now, after that horrible false alarm, she learns that her stepfather Neil has real, recurrent cancer and that her mother has been keeping it a secret. Leah worries for Neil, feels betrayed by her protective mother, and wonders whether she herself is healthy: “Yes, it was true that things looked good for her medically. But then Neil had thought the same thing. He’d thought he was perfectly fine. And now he was sick again” (UA 18). In addition, Leah must console the mother whom she mistrusts.

Leah initially expresses hostility by questioning her mother’s multiple marriages. Leah’s father died “homeless and on the streets... Leah’s mother had married and divorced three more times before marrying Neil” (13). However, Leah learns through conversations with Neil that her real father could not overcome his mental illness: “Often the victim seems perfectly normal... Then something happens ... and he turns into some sort of deranged person,” Neil tells her, and she comes to accept this (147). As Neil worsens and Leah realizes what a solid father figure he would be—if only he would live—Leah begins to appreciate her mother’s flawed choices. Her realization is presented in sympathetic, patronizing terms that echo Baby Alicia Is Dying’s short-sighted epiphany: “Her mother had married to improve her lot in life. Using marriage to better oneself seemed distasteful to Leah, but she realized that her mother had probably considered herself resourceful each time. Leah began to understand why her mother had married... Without a high-school diploma, she’d probably had no choice” (156). Conversations with Neil help Leah “understand” her mother, who “probably had no choice” but to marry, given that she is a high-school dropout. This new knowledge, based on a disdain for those who fail to meet middle-class norms, enables Leah to avoid her mother’s working-class “lot in life,” to install Neil in her father’s place, and to choose a proper boyfriend for herself: an Amish teenager named Ethan.

Ethan, who has had a death in his family too, provides a reliable counterpart to the vulnerable Leah; the girl chooses the pious young man over Dave, an imposing football player from her high school: “Dave’s neck was as thick as a bull’s, his hands were as large as ham hocks... Looking at this boy brought back memories of Ethan, of his gentleness and his quiet, unassuming manner. Dave figured every girl in the school was dying to be noticed by him, and it irked her” (33–34). Dave’s body inspires comparisons to a bull and a pig; he is an uncivilized, beastly “boy” who assumes that teenage girls
are “dying to be noticed.” Leah, made wise by her knowledge that her father figure is near death, embarks on the pragmatic quest of finding another adult male for protection. By choosing the self-restrained Ethan over the brutish Dave, she is free to exercise her newfound, urgent desires for companionship and expose herself to a womanly sexual experience that is equally wished for and dreaded. Her ambivalence makes itself known when she and Ethan must spend a night alone in a house without electricity. Ethan builds a cozy fire, then declares his intentions (or lack thereof):

“I will not dishonor you, Leah,” Ethan said . . . .
“That’s the problem,” Leah confessed. “I don’t much care about my honor right this minute.” . . .
“I love you,” he said into her ear. “And it is because I love you that I will not shame you.”
He made her feel cherished, respected. (102-03)

The dialogue makes clear not only that Leah wants to have sex with Ethan, but that even if she didn’t, Ethan could force himself upon her. It’s Ethan’s call, and he chooses not to “shame” her, never mind that she does not consider desire shameful. That night, Ethan takes a teaching role and introduces Leah to the “old Amish custom” of bundling. They sleep together fully clothed, taking part in an arcane premarital practice that thrills the contemporary girl because she neither has to grow up nor remain innocent. The next morning, Leah “blushed, remembering the night before . . . she was glad he had respected her enough to not take advantage of their situation” (105).

Ethan is presented as more physically powerful and self-controlled than Leah. He is a potent lover/father figure in contrast to the weakening Neil. Rather than “take advantage” of Leah’s presumed weaknesses, which are magnified due to her concern for her stepfather, Ethan does not let her yield to temptation. He proves his moral superiority again at a carnival, when he is accosted by Dave. Although the football player slaps and punches Ethan, the bloodied Amish boy refuses to fight. A misunderstanding Leah berates him:

“I can’t believe you Amish don’t make allowances for hitting a bully like Dave who’s about to do you bodily harm. You’d think you could at least defend yourselves!”
“It is our way, Leah.” Ethan’s voice sounded patient, as if he were explaining something to a child. (173)

Leah, witness to Neil’s illness, needs the support of an honorable pacifist. She cannot be held responsible for herself, and Ethan is worthy of making her choices for her. He keeps her in a divine, virginal state at a time when she needs her prayers to be heard.

Meanwhile, she poses a spiritual test to him, for he weighs his sexual desires against his Amish discipline. Both Leah and Ethan constitute marginal figures who flirt with but do not transgress the boundaries of ill health, sin,
and death. The novel goes so far as to confer the same marginal status on Amish people and cancer patients:

"Separate" was how the Amish referred to themselves. They kept themselves separated from the rest of the world, following the Bible's mandate to be in the world but not of the world. Leah felt a surge of anger [at an Amish man who disdained her for being "English," or secular]. If he thought Amishness made a person separate, he should try having cancer. Now that was separation. (78)

However, after comparing the lifelong spiritual devotion of the Amish (a self-imposed quarantine from American popular culture) to a sick person's temporary sense of unfitness in society, the novel rescinds the offer of unity among diverse groups. At the end of Until Angels Close My Eyes, McDaniel re-divides the star-crossed lovers. Ethan returns to the Amish way of life and Leah forges a new alliance with her mother, continuing her development into womanhood but leaving her virginity (and the novel's core morality) intact. Leah cannot choose to accompany Ethan into his world, nor can he invite her, any more than Leah can make Neil survive. There is nothing Leah can do, nor is she in any way responsible for positive or negative events in her life. In each case, Leah passively awaits an outcome, and in each case, she bravely copes with disappointment; the narrative is much the same as if Leah were ill and recovering herself. Leah's only real choice is whether or not to bond with her mother in a show of womanly solidarity. She is ineffectual both against men's decisions and against illness. At Neil's death, she can only sob, "'I love you, Neil.' Suddenly, the words were not enough. And they were the wrong words. 'Daddy,' she choked. 'I love you, Daddy. I love you'" (221).

By using the word "Daddy," Leah imagines making her stepfather happy. She also pleases herself, for she has found a father just in time; like April, whose "I love you" goes unheard in Till Death Do Us Part, Leah gets to speak the ultimate phrase in the novel's climactic moment and brings herself complete fulfillment. By dying, Neil provides the means by which Leah completes her childhood drama; his redemptive presence lets her lift herself to a higher spiritual and emotional plane. As stepfather, Neil once was a newcomer to the family and therefore a contender for Leah's mother's affection, but with his death, Leah passes into adulthood, learns to love, and develops a forgiving rationale for her mother's choices. The brave teenager benefits from the protective indulgence of her father figure and her male acquaintances—even when the father himself happens to be mortally endangered. Because she is coping with tragedy, the heroine attracts the gentle sympathy of mature men rather than serving as a lust object for immature teenage boys.

**Salvation, Financial and Otherwise**

If considerate male characters typically ease the McDaniel heroine's passage out of sickness, grief, and childhood itself, other saviors make timely appearances

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too. As McDaniel’s novels always imply, a heroine cannot save herself or her loved ones. Even adults are powerless against the invisible, irrational, and inhuman villain of these tragedies. Thus, when a special protector does arrive for McDaniel’s central characters, he, she, or it must have a scientific or supernatural advantage over death or illness. This potential savior therefore might be an expert medical practitioner, an invasive bodily treatment that does war with the illness, or an unconditionally loving guardian angel.

Although a great deal of wishing—as opposed to praying—goes on in these novels, angels make regular appearances in McDaniel’s epigraphs and resolutions. Angels as saviors of (and analogues for) redemptive sick people appear in the climactic moments of many McDaniel texts. For instance, Leah of *Until Angels Close My Eyes* recalls sharing a hospital suite with a mortally ill infant. A mysterious and kind woman, meaningfully named Gabriella, tends to the baby until its death. At the close of the novel, Leah longs for Gabriella’s return, to soothe her dying stepfather, Neil. Although Gabriella does not materialize and Neil dies, the heroine meets a seeming intermediary, an anonymous little girl at a highway rest stop. The child simply hands the girl a white feather, explaining, “It didn’t come off a bird... It’s from our guardian angel. She’s with us on the trip, you know” (*UA* 240). Leah’s wavering faith is restored by this conclusive gesture: Gabriella is still around. The novel implies that medical science treats and sometimes helps heal the sick, but a merciful higher power also assists in the transitions from illness to death, illness to wellness, and grief to renewal. That force, which is no less paternalistic than medical science, manifests in the ethereal, consoling figures of the guardian angel and innocent child.

Alternatively, the savior takes the nonhuman shape of money, donated by an anonymous patron with unlimited wealth and empathy for the suffering central character. Gifts of money often play a role in McDaniel’s romantic narratives of pain and salvation, suggesting that finances radically improve the outlook for the contemporary heroine. Money is the saving grace in McDaniel’s One Last Wish (OLW) series, which includes *Sixteen and Dying; Mother, Help Me Live; Let Him Live; A Time to Die; Mourning Song; Please Don’t Die; and A Season for Goodbye*, to name a few. In a typical One Last Wish volume, a sick character awakens to discover a letter marked with the anagram “OLW” and a fat check to pay for “one last wish.” The letter and check are identical in every case, but for the patient’s name. Each sick child receives the very same four paragraphs, the very same sign-off (“Your Forever Friend, JWC”), and the very same $100,000. The funds from an unknown philanthropist bring spiritual and emotional solace, even though they cannot guarantee the continuation of the sick person’s physical life.

In *Mother, Help Me Live*, 15-year-old Sarah has just been informed that her leukemia is worsening and that her parents and siblings are not potential bone-marrow donors because she is adopted. Her adoptive parents have kept her ignorant of her origins, and she resents that bitterly. She feels a need for
revenge: "[A]ll her life she'd been part of a lie.... She wanted to hurt them the way they had hurt her" (MH 19). Sarah realizes that her family members are not her blood kin, and she unwittingly has placed her fate in their inept hands. "According to the doctor, she needed a [marrow] transplant from a sibling for optimum success. Now she knew there were no siblings. She was alone. Utterly alone" (21). There seems no knight to ride to Sarah's rescue, and the text makes no claims for Sarah's own inner resources or the power of positive thinking. Sarah is angry and desperate as she rests in her hospital bed:

Sarah woke with a start.... She heard the dinner car rattling down the hospital corridor and realized that she'd slept most of the day.... She reached for the buzzer to summon a nurse and saw a long white envelope on her bedside table. She picked it up. Her name was written across it in a beautiful script. She turned the envelope over and discovered it had been sealed with red sealing wax, imprinted with the monogram OLW. "Pretty," Sarah said aloud. "I wonder who..."... She began to read.

Dear Sarah:
You don't know me, but I know about you, and because I do, I want to give you a special gift. Accompanying this letter is a certified check, my gift to you with no strings attached to spend on anything you want....

Who I am isn't really important, only that you and I have much in common. Through no fault of our own, we have endured pain and isolation and have spent many days in a hospital feeling lonely and scared. I hoped for a miracle, but most of all, I hoped for someone to truly understand what I was going through...

Your Forever Friend,
JWC (MH 27–30)

JWC's no-strings-attached letter has all the features a damsel in distress could desire. The ungendered, ageless JWC selflessly denies personal subjectivity and establishes a likeness with Sarah by indicating that the girl is not alone in her suffering. Both JWC and Sarah are alienated, innocent victims ("through no fault of your own") of a potentially fatal condition. Sarah mistrusts her parents—particularly her adoptive mother, and by extension the biological mother who rejected her—but JWC promises "someone to truly understand what [she is] going through."

Readers of other OLW titles will have prior knowledge of JWC's benevolence and of the exact words JWC uses in the letter. In this way, McDaniel makes it easy for informed readers to anticipate and skip ahead to the sick child's grateful reaction. Meanwhile, the character Sarah focuses on JWC's compassionate words and seems to forget the check altogether. Her interest in the letter-writer, not in the monetary sum, indicates her genuine compassion and lack of materialism. Sarah, not the outside reader, is gripped by the letter because she really does share JWC's "pain and isolation." When she finally looks at the dollar amount, she is "dumbstruck.... Her mind raced over hundreds of things she would like to buy, but nothing seemed important enough for such a generous gift" (30). Ordinary commodities will not suffice. Sarah needs to shop like she has never shopped before.
Sarah cannot rely on any individual named JWC. She can, however, rely on JWC's gift to last through her crisis. Sarah cannot divorce herself from disease, or from her treacherous adoptive parents, but the financially loaded JWC becomes her invisible external ally against an invisible internal foe. "Just knowing she had so much money at her fingertips picked her spirits up considerably," the omniscient text reports (31). Sarah wisely decides to use the money to track down her biological mother, who may be a compatible bone marrow donor. Sarah's adoptive mother cooperates in the quest, willing to indulge her sick daughter's wishes to the last. *Mother, Help Me Live* ends ambiguously, when the biological mother refuses to "help [Sarah] live" with a marrow donation. Sarah turns against this unmaternal individual—"she could not find any memory of this woman to whom she was bound by blood" (122)—and the title's plea comes to refer to the adoptive parent after all. *Mother, Help Me Live*—which denies the possibility of a network of mutually supportive women—concludes on the truism that Sarah "knew she had so much to be grateful for, no matter what happened tomorrow" (136).  

**Chastity, Charity, Humility**

In McDaniel's fantasies, strict self-control buys time, and spiritual purity guarantees others' benevolence. If protagonists regulate their bodies by taking their medication and visiting doctors regularly, their plights might come to the attention of the One Last Wish Foundation. However, fate is fickle, and only death provides full narrative closure. Until the time of death, McDaniel's heroines bravely but passively keep their vigils, humble themselves before god, money, and technology, and hope for a visit from an angel.

McDaniel's novels trace characters from their initial diagnosis or shock through a series of hospital visits, medical protocols, and second opinions. In doomed romances like *Till Death Do Us Part*, its sequel *For Better, for Worse, Forever*, and the One Last Wish series, a helpless girl submits to the fatherly ministrations of the medical establishment, either due to her own life-threatening physical condition or that of someone she loves. Typically, the heroine defies a domineering mother, receives firm counsel from her father or his male surrogate, and learns which among her male and female friends will support her in a time of need. She struggles for independence from her parents and grudgingly admits that fickle boyfriends are not worth her while—all the while coping bravely with, and sometimes succumbing to, death. Fighting a terrible illness, or grieving over someone else's slow decline, becomes an agonizing rite of passage akin to menarche or prom night.

McDaniel's stories are chronologically linear, but they suspend the reader in a state of uncertainty from the first pages through the conclusion and sometimes beyond, to a sequel. The heroine—who undergoes or witnesses the violence of a diagnosis and therapy, but seldom beholds the magic of a complete cure—is a borderline case, taking turns for the better and the worse with ev-
Presumably the most desirable outcome, for heroines and readers alike, would be a clean bill of health and a second chance for the ailing person. Yet McDaniel is fonder of remission than full recovery and often leaves the reader in doubt at the conclusion. *Too Young to Die*’s heroine seems to beat leukemia, only to be felled by meningitis in *Goodbye Doesn’t Mean Forever*. The heroine of *Somewhere Between Life and Death*, whose sister dies after a car accident, begins suffering mysterious headaches in the sequel, *Time to Let Go*. In McDaniel’s best-case scenarios, the character rationalizes her own or someone else’s death as a spiritual triumph that banishes pain and inspires the living, leaving the reader romanticizing a prolonged (but not especially painful) death. McDaniel frequently calls attention to her characters’ feeling of being between two worlds, that of sick and well, insider and outsider, child and adult. These two worlds correspond to “earth and heaven (or hell)” in Jane Tompkins’s reckoning of the sentimental novel, although McDaniel’s characters never anticipate a hell after the sweet release of death (Tompkins 138). Infected by disease or awaiting word of a loved one’s death, the heroine walks between the realms of living and dead, between limbo and heaven. She inhabits the hospital, a place of waiting that stands between the diagnosis of illness and fitness, infection and remission, private bedroom, and funeral home. She exists in the time and space of uncertainty, while reserving the potential to redeem those cursed and blessed with love for her.

The adolescent girl, ambivalent about leaving behind childhood ignorance and replacing it with adult experience, recognizes a means of delaying the inevitable in this suspended and suspenseful illness narrative. There is no way to avoid growing up, short of going mad, committing suicide, or being killed. The illness narrative recommends either the third option—in the form of a blameless, lamentable death—or a temporary deferral of adult responsibility due to bereavement. Yet this fantasy, while offering passive acceptance as a haven, does not provide guidance for an autonomous subject, and in fact limits the mobility of the female body; its outlaw bodies, which make only pathological or otherwise undesirable diversions from the norm, wind up closely regulated or deceased. It is no wonder that all of McDaniel’s novels end with the high-school heroine dead or on the brink of some as-yet-unrealized decision about college or career. McDaniel’s practiced illness scenario, which models a sanitized, traditional femininity and glorifies the disciplined female body, leaves its young heroines with few courses of action once they leave the pediatric ward.

**Notes**

My thanks go out to Nancy Glazener, who generously commented on early drafts of this article. I also appreciate the helpful feedback from my readers at the *Children’s Literature Association Quarterly*. 
1. McDaniel's mass-market paperbacks, designated "RL 5, ages 10 and up," are perceived as appropriate for individuals at a fifth-grade reading level. While no great stock can be placed in grade and age ranges, which are based on historically and culturally constructed notions of childhood in the U.S., such age and literacy guidelines show that these paperbacks are seen as accessible for prepubescent and teen audiences.

2. Tania Modleski, in her consideration of mass-market women's novels, treats the reader's position as a guilty pleasure: "Perhaps we have internalized the ubiquitous male spy, who watches as we read romances or view soap operas... [In my critique,] I try to avoid expressing either hostility or ridicule, to get beneath the embarrassment, which I am convinced provokes both the anger and the mockery, and to explore the reasons for the deep-rooted... appeal of the narratives. Their enormous and continuing popularity, I assume, suggests that they speak to very real problems and tensions in women's lives. The narrative strategies which have evolved for smoothing over these tensions can tell us much about how women have managed not only to live in oppressive circumstances but to invest their situations with some degree of dignity" (14-15).

3. In *The Cinematic Body*, Steven Shaviro writes, "David Cronenberg's films focus insistently, obsessively, on the body. They relentlessly articulate a politics, a technology, and an aesthetics of the flesh. They are unsparingly visceral; this is what makes them so disturbing" (126). McDaniel's novels share this fascination with physiological transformation and convey tales of bodily horror via a sentimental, pious discourse. But whereas, according to Shaviro, "[t]he 'revolt' of the body is a direct expression of passion, rather than a pathogenic symptom of its denial" in Cronenberg's representations of transforming, horrific bodies (130), in McDaniel's fiction the "'revolt' of the body" parallels but is not a direct expression of adolescent passion. In McDaniel's conservative illness narratives, emotional and libidinal passions are not so much denied as brought under control, while the sick or hurt body submits to medical interventions.

4. Texts that have guided my thinking include Elizabeth Grosz's *Volatile Bodies* and Donna Haraway's essays on cyborg consciousness and "monstrous" bodies; Jessica Benjamin's study of female masochism, *The Bonds of Love*; Patricia Demers's *Heaven upon Earth*, an exploration of moral and religious tracts; and Carol Clover's text on horror cinema, *Men, Women, and Chain Saws*, both because "the cultural conservatism of horror" (Clover 15) nonetheless finds a mainstream audience and because that audience well knows what to expect from a horror film. (It seems the horror audience has much in common with the thrill-seeking McDaniel reader.)

5. Spectatorial pleasure and the penetrating male gaze in cinema have been theorized by Laura Mulvey ("Visual Pleasure and Narrative Cinema"), Christian Metz, Kaja Silverman, and others. A comparably violent, paternalistic attitude toward the unruly female body drives McDaniel's narratives as well. These novels, tailored to a pubescent audience, exploit the body consciousness of the adolescent female, legislate proper feminine behavior, and associate developing sexual awareness with vulnerability to illness and death. See also Clover 205-30.

6. In the hospital waiting room, "Melanie's heart froze. Something was wrong with her brand-new baby sister" ("CC" 27). Postnatal doctors keep the information secret at first, but the heroine finally learns that the baby is "anencephalic": "[S]he lacks a fully developed brain," a grim physician tells Melanie's father. "I've done a CT scan,
and your baby is missing all of her cerebral cortex.” (40) Melanie’s horror—unavoidable because of her relationship to her mother and the disabled infant—provides the text’s focus.

7. Modleski writes that contemporary “Gothics can be identified by their cover illustrations... The atmosphere is dark and stormy, and the ethereal young girl appears to be frightened” (59). Eve Kosofsky Sedgwick, meanwhile, claims in The Coherence of Gothic Conventions that classic, pre-twentieth-century Gothic fiction can be identified by title (9). Both shorthand definitions apply to McDaniel’s novels, which exploit melancholy illustrations and foreboding titles.

8. Psychoanalytic critic Michelle Massé, drawing on Freud’s essay “A Child Is Being Beaten,” provides an intriguing perspective on narratives of suffering: “The masochist [storyteller] offers her own fantasy to ward off a worse dream or reality. By presenting herself as spectacle, she asserts that she always/already has paid enough. By casting herself as the spectator of sado/masochistic fantasy, she ambiguously signals her distance from the story and characters she so tenaciously represents. In both cases, however, she has no doubt but that someone must suffer, and there is an admixture of pleasure in the spectacle. For by producing the script of a beating fantasy or a Gothic plot, the script writer works to ensure her own agency. Furthermore, even the figure whose position is most passive, the beaten, is recognized and perhaps even valued by dint of her very suffering. She too achieves her own form of agency and object relations via pain: her passivity may control others; her conspicuous and silent suffering can shout an accusation at her tormentors; her abuse may even be used to justify her own later abusing of others” (47–48). The suggestive biography and photo emphasize McDaniel’s role as storyteller and mother, although she technically is not a character in her own fiction.

9. Suicide, an act of supreme autonomy and a desecration of the feminized domestic space, rends the family for which women traditionally are responsible. Even at their lowest moments, McDaniel’s virtuous heroines do not consider taking their own lives, and a productive comparison might be made between McDaniel’s illness formula, which denies girls’ agency, and YA novels about depression and suicide.

10. Although illness is an “it” and not a “he” in McDaniel’s fiction, it could be said to be gendered masculine. Illness figuratively takes the role of an aggressive, unchosen suitor who robs the teenager of childhood and possibly adulthood, assaults her unknowing physical body, deprives her of a secure home, and keeps her from true love with an ideal companion. Further, the suffering or grieving girl’s body is the abject body, as theorized in texts including Julia Kristeva’s Powers of Horror: An Essay on Abjection.

11. Some YA texts, like the fictionalized diary Go Ask Alice (1970), chronicle a traumatized teenager’s life in an epistolary first-person style, then conclude with a surprise “editor’s note” that the journal-keeper has died or committed suicide. Such texts establish the reader/narratee as an intimate of a teenage character and draw on the reader’s empathy or sympathy with the protagonist, but they do not guarantee longterm suffering and lack of resolution like McDaniel’s third-person novels do. In McDaniel’s novels, narrative closure becomes both desirable and dreadful, since the girl or beloved character might never get beyond the brink of adulthood. At the very least, the girl will suffer immensely, and the reader will be along to “watch” her declining or rallying.
12. Cora Kaplan believes that third-person narration "allows a very free movement between masculine and feminine positions, and different discursive genres and registers. . . . [T]he reader identifies with both [masculine and feminine] terms in the seduction scenario, but most of all with the process of seduction." ("The Thorn Birds: Fiction, Fantasy, Femininity." Sea Changes: Essays on Culture and Feminism. New York: Verso, 1986: 134, 142) Likewise, McDaniel's reader may identify with the distressed protagonist, but also experiences the heroine's slide into illness or visceral grief as a suspenseful seduction.

13. In addition to miming the redemptive deaths in sentimental fiction, the bittersweet deaths in McDaniel novels recall those in Puritan conversion tales and Sunday School literature. These contemporary novels, which I read primarily in terms of corporeal feminism, undoubtedly resonate with didactic and religious traditions in children's literature as well.

14. According to Keith, "By the end of the twentieth century, writers still aimed to teach young readers important lessons, but what they wanted them to learn was different. Books became less religious, less sentimental, less about being 'good' in the sense of refined and unselfish and more about a social and psychological exploration of the situations young people might face." (Keith, 195)

15. Donna Haraway writes that scientific study has led to "the 'activation' of the previously passive categories of objects of knowledge. . . . The body, the object of biological discourse, itself becomes a most engaging being. . . . The biological female peopling current biological behavioural accounts has almost no passive properties left. She is structuring and active in every respect; the 'body' is an agent, not a resource." (199–200). Where Haraway's construction of the body is liberating and active, McDaniel's novels persist in constructing the (feminized) body only as the inert object of science.

16. Foucault writes that "discipline produces subjected and practised bodies, 'docile' bodies. . . . [I]t dissociates power from the body; on the one hand, it turns it into an 'aptitude,' a 'capacity,' which it seeks to increase; on the other hand, it reverses the course of the energy, the power that might result from it, and turns it into a relation of strict subjection" ('Discipline 138).

17. Foucault details how the body is made legible in "The gentle way in punishment" ('Discipline 104–31). Similarly, Sandra Lee Bartky, in "Foucault, Femininity, and the Modernization of Patriarchal Power," explores how "the normalizing discourse of modern medicine is enlisted by the cosmetics industry" (137), in its attention to women's outward physical appearance. Mary Douglas's foundational work Purity and Danger explores how menstruation and secondary sex characteristics signify the pure or polluted body; McDaniel's adolescent characters, whether ill or tending the sick, have readable bodies that ward off those who would get too close.

18. Grosz explains, "Implicitly, or without adequately acknowledging it, Foucault talks only about the male body. . . . In The History of Sexuality, Foucault outlines only one specific program of sexualization directed toward women: 'the hystericization of women's bodies'" (157).

19. "The school project, usually social studies or citizenship, is a device by which the central character, sometimes troubled and difficult (male), sometimes worthy and charitable (female), goes off to a 'special school' or day centre, meets a disabled person, learns to be a bit more humble, and goes back to school a better, wiser person" (209).
20. Various cover illustrations depict a white girl holding an African-American baby, but McDaniel never writes that Desila is white or that Alicia is Black.

21. Desila models the conservative, fundamentalist Christian underpinnings of McDaniel's novels, which allude to real suffering and stalwart religious faith. *Till Death Do Us Part* opens with an oddly phrased memorial: "This book is lovingly dedicated to Jennifer Dailey, a victim of cystic fibrosis a lovely flower, plucked up by the angels after fourteen years on this earth, March 12, 1997." Following this epitaph-epigraph, McDaniel quotes a passage from 1 Corinthians that is often read at weddings: "Love is patient, love is kind. . . . Love never fails." Similarly, *Somewhere Between Life and Death* begins with a dedication to "Kaitlyn Arquette, September 18, 1970—July 17, 1989—a flower whose season was all too brief," and a snippet from Ecclesiastes: "To every thing there is a season. . . . A time to be born, and a time to die." Readers who do the math can estimate Arquette's age and speculate on her cause of death before reading this story of a car accident that leaves a 16-year-old in a coma. The biblical passage recurs in the novel, as the comatose girl's family debates taking her off life support. When the girl's seventeen-year-old sister angrily protests, her father counsels, "[I]f they didn't have the [life support] machines in the first place, wouldn't Amy be dead already? There's a saying that everything under the sun has a season, that there's 'a time to live and a time to die'" (*SBLD* 81). McDaniel presents girls as delicate flowers plucked by angels or as distraught mourners who need a male shoulder to cry on. She underpins her lurid narratives of weakened, dying teenagers with allusions to Christian love and hope.

22. In addition, Lois Keith observes how the realistic treatment of death in young adult fiction has changed: "As the twentieth century progressed, . . . topics [such as divorce, death, and sex] once considered too sophisticated, emotionally upsetting or demanding were now deemed appropriate for young readers. . . . However, such subjects did not lend themselves to a simple, sentimental ending. . . . Whereas in Victorian fiction, one could rely on religion or at least parental advice to provide the moral solution, in the second half of the twentieth century, young people are seen as less passive and more responsible for making their own decisions. Rather than seeking solace in God or accepting the advice of the wise adult, adolescents have had to come to terms with the problems they face and reach their own inner peace." (*Take Up Thy Bed and Walk*, 206–207) McDaniel's novels thus constitute a kind of halfway point between Victorian and contemporary YA fiction.

23. *Starry, Starry Night* provides many useful examples of wishing. The three-story collection opens with the "wish I may, wish I might" nursery rhyme and cautions readers, "your wish may be granted, but not always in the way you had imagined. Come now. Hear three wishes made on a starry, starry night . . . wishes made from the heart, with only angels listening" (xiii).

24. By comparison, a hepatitis-infected young man, Donovan, finds JWC's gift on his pillow in *Let Him Live*. Donovan confides in his friend Meg:

"All the letter says is that this JWC understands what I'm going through and wants me to spend it on something I really want."

"So, what do you want?"

"A new liver." He gave a mirthless laugh. "But we both know I can't buy one of those." (*LHL* 45)
By joking about his condition, Donovan acknowledges that neither money nor Meg can save him. However, JWC's check, with which Donovan buys his mother a house, fulfills his role as a masculine provider and changes Meg's outlook on life. Meg had "been given many material things and had never truly wanted for anything.... Not that her parents hadn't taught her values.... But JWC's generous gift... caused Meg to pause and reevaluate her parents' philosophy of life" (LHL 49). Meg reflects on the meaning of JWC's letter, not just the cash payout; she "admitted that the One Last Wish letter and its personalized, informal feeling had impressed her" (LHL 103). Never mind that the letter is exactly the same across several novels, suggesting that these words are anything but "personalized, informal." The invisible JWC restores troubled teens' faith, just as Donovan's eventual yet redemptive death inspires his mother's decision to open a hospice and helps Meg choose to become a pediatrician.

25. According to Eve Kosofsky Sedgwick, "[A]ctive violence on the one hand, active magic on the other, are almost always reserved for liminal moments, for the instant of moving out of or moving into the dungeon" in the classic Gothic thriller (22).

**Works Cited**


