

**Language and Pain in Camilo José Cela's *Pabellón de reposo*: Reading and Writing
Therapy in the Age of Consumption**

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In *Pabellón de reposo*, Spain's Nobel Prize-winning author Camilo José Cela builds on the literary traditions of writing about illness and about sanatoria. Cela was admitted to sanatoria in 1931 and 1942, at a time when tuberculosis was a major public health concern in Spain and elsewhere, before the discovery of the first antibiotic cure for the disease in 1943. *Pabellón de reposo* was published in instalments in 1943 and was reportedly banned in some sanatoria by doctors who feared Cela's melancholic characters might hinder the recovery of their patients (Cela 1957: 13). The wards of Cela's narrative are populated by languid poets and solitary young beauties who while away their days obsessing over their illness, their former life, and their death. *Pabellón de reposo* is heir to a Romantic aestheticization of tuberculosis and its sufferers, but the novel also anticipates more recent concerns in the medical humanities with the therapeutic benefits of reading and writing.

Pabellón de reposo was conceived in the twilight years of consumption. The novel was published during a period in which the bacterial aetiology of tuberculosis was understood but before the disease was medically treatable with antibiotics. Cela's text thus presents a peculiar assortment of deep-seated medical and cultural myths about consumption, intermingled with a more modern understanding of the disease. Romantic ideas about consumption as an illness of emotional imbalance and artistic sensibility jostle alongside late-nineteenth-century therapeutics prescribing clean air and a rest cure, as well as early-twentieth-century surgical procedures, such as a technique pioneered by Vincenzo Monaldi for the drainage of pulmonary

cavities. Writing at a time when sanatoria were on the verge of obsolescence, Cela captures the end of an era in the history of medicine. A tuberculosis diagnosis represented a death sentence for many patients before the discovery of effective antibiotics. Cela's characters occupy a liminal space in the medical and cultural history of tuberculosis: they assume only partially the saintly aura of the disease's Romantic past and, at the same time, they lack the hope that the discovery of streptomycin would soon provide (Kronik 1986: 106). In the context of an illness that deprived many sufferers of the expectation of recovery, Cela puts forward his ideas about the therapeutic value of reading and writing as means of coping with the psychological toll of living with tuberculosis in a sanatorium. Cela (1957: 11–13) alludes to the popularity of his novel among sufferers of tuberculosis in a prologue he penned for the second of three editions that appeared in the decade following the initial serialized release. In that same prologue, he vowed that his intention in writing the novel had been to help the ill. This article proposes to take the author at his word. It traces Cela's ideas about reading and writing therapies and analyses the bibliotherapeutic and narrative models by which Cela proposes to contribute to his readers' wellbeing. Ultimately, this article examines how the physical and emotional suffering of tuberculosis is articulated in *Pabellón de reposo* and disentangles Cela's thoughts about the ways this suffering can be processed within artistic media that make sense of pathology and integrate the experience of illness into a narrative conceptualization of the self. In its representation of the tribulations of sanatorium patients and of the reading and writing therapies through which these patients seek to alleviate their anguish, *Pabellón de reposo* offers a window onto a specific moment in the history of medicine. But the novel's merit cannot be reduced to its status as a chronicle of how tuberculosis was endured and treated before the age of antibiotics. This article takes up the challenge of a critical medical humanities that sees writing about disease and the scientific study of disease as entangled practices (Fitzgerald and Callard 2016; Viney, Callard, and Woods 2015; Whitehead and Woods 2016). It is predicated on the

idea that by paying attention to the language of pain we can come to a better understanding of pain itself. The linguistic and narrative forms through which pain is expressed are integral to its identity, and illness cannot be understood independently of the narratives—scientific or otherwise—used to describe it (Hurwitz and Bates 2016). *Pabellón de reposo* represents pain and suffering vividly. It offers metaphorical descriptions of the immediate sensation of bodily pain derived from the symptoms of tuberculosis and from surgical interventions used in its treatment. In addition, it provides elaborate meditations on suffering, that is, on the secondary emotions produced by extended reflection on pain, which follow in the wake of the primary experience of actual or imagined tissue damage (Price 2017: 116–19). Cela's *Pabellón de reposo* is a valuable companion text for a critical medical humanities concerned with the ways in which pain and suffering are constituted and palliated through literary forms.

The article is structured in two parts. The first situates the polemic surrounding *Pabellón de reposo* in the circumstances of Cela's cultivation of a provocative public persona and in the context of prevailing controversies over the potential benefits and harms of reading. Cela makes a pretence of brushing aside doctors' and patients' anxieties concerning the possible dangers of reading about illness, but in reality his novel makes a thoughtful contribution to debates about bibliotherapy. This part of the article teases out Cela's complex attitude toward literature and illness based on the authorial persona's interventions in *Pabellón de reposo* and on Cela's autobiographical narration of his own use of reading to cope with illness. The discussion explores how Cela's views coincide with recent bibliotherapeutic research that resists simplistic assumptions about the curative potential of reading and writing and advocates a nuanced understanding of the variability of readers' responses to illness narratives. The second part of the article analyses the diverse and richly layered representations of literary creation and consumption in *Pabellón de reposo*. It explores how the patients in Cela's text conceptualize their experience of illness and alleviate their suffering through the creative pursuits of reading

and writing. Cela employs a variety of narrative voices to survey the coping mechanisms that can be put to use with chronic illness. This part of the article identifies the different therapeutic properties attributed to reading and writing in Cela's novel: first, literature as a repository of aesthetic frameworks for processing pathological experience; second, the capacity of literature to provide an escape from the loneliness that illness entails; third, literature as an impetus and mechanism for the exploration of identities disrupted by sickness; fourth, the role of literature in integrating the experience of ill health into patients' biography and changing sense of self. A guiding thread in this discussion is the poise with which the novel balances a Romantic conception of tuberculosis with an enlightened view of the experience of sickness and suffering. *Pabellón de reposo* shows sensitivity to the literary and Romantic lenses through which tuberculosis has been viewed while it provides an unsentimental assessment of how humanistic pursuits interact with pathology and pain.

Cela the Polemicist, and Debates in Bibliotherapy

Pabellón de reposo was Camilo José Cela's second novel. It was published in serialized form in the Falangist weekly *El Español* in March–August 1943 (Foster 1967: 34) and marked an abrupt shift in style and subject matter from the author's debut a year earlier. Alluding to the eponymous antihero whose murderous adventures comprise the main action of his first novel, Cela (1953: 10) characterized his second as 'anti-Pascual'. *Pabellón de reposo*, by contrast, is regarded as Cela's 'novela de la inacción' ['novel of inaction'] (Zamora Vicente 1962: 81) and as a 'placid, poetic version of *La familia de Pascual Duarte* [...] the first novel elevated to the realm of calm poetry' (Kirsner 1963: 36).¹ The shocking violence and immorality of *La familia de Pascual Duarte* (1942) provoked impassioned responses among early readers. Revelling in a grotesque portrayal of the life and crimes of a social pariah, the novel inaugurated the literary

style of *tremendismo* and succeeded in catapulting its author to fame. While Cela's political background ensured his first novel encountered few hurdles following its initial inspection by Franco's censors, the significance of the text was altered by its passage into the public sphere, where the act of self-expression by the novel's monstrous protagonist assumed a subversive complexion in its symbolic rupture of the silence to which figures of Pascual's ilk were condemned (Monleón 1994: 269–70). A second edition was banned in 1943, and Cela earned a reputation for provocation that he would cultivate in his second published novel. Set in a sanatorium and narrated by patients suffering from tuberculosis, *Pabellón de reposo* is constructed in two parts, each containing seven chapters, which are arranged symmetrically on either side of a central interlude, and followed by an epilogue. Each of the chapters comprises extracts from writing produced by patients who record their impressions of life in the sanatorium in memoirs, letters, and diaries. In the second part of the novel, these narrators return in the same order to recount a progressive decline in their health and their increasing despair as they face an imminent death. The central interlude registers the activity of the staff in the sanatorium—doctors, nurses, cleaners, and cooks—whose lack of empathy for the patients under their care is registered by the detached gaze of an omniscient narrator. The interlude opens with a meeting of the board of directors of the sanatorium in which the resident physician reports on the death rate of the last year and whose bleak figures reinforce the teleological pull of the narrative toward the eventual demise of all seven narrator-protagonists. The patients' first-person narratives are interrupted twice by an intrusive authorial presence as Cela exploits the serialized form of publication to polemicize on the reception of the novel. Halfway through chapter six in the first part, Cela (1957: 94) interpolates a note in which the authorial persona reveals that a phthisiologist friend has written to ask that he suspend the serialization of his narrative owing to its deleterious effects on tuberculosis patients. Cela's doctor friend alludes to the peculiar emotional sensitivity of residents of sanatoria and reports that his patients'

unbalanced psychological state has been aggravated by their reading of the novel and their identification with the characters in Cela's work. Expressing his reservations, the authorial persona decides to press ahead with publication. He argues his doctor friend is mistaken in seeing 'fantasmas dañinos donde sólo existen tenues e inofensivas neblinas' ['noxious phantoms where there are only faint and harmless shadows'] and exhorts any navel-gazing patients misled by his narrative not to wallow in their misery in the same way as his fictional characters: 'Que no se identifique nadie con estos pocos afortunados tipos de mi ficción' (Cela 1957: 96) ['Let nobody identify with these hapless fictional types']. Cela stresses the novel is the figment of his imagination and defends the fictional status of his characters as artifice, not as representations of actual or desired patient behaviours. Cela argues his characters are negative examples designed to spur his readers to root out those pernicious thoughts and habits they identify in themselves: 'Todo es artificio y traza –decía Don Quijote– de los malignos magos que me persiguen. ¿Por qué vosotros, buenos amigos, [...] no pensáis en algo parecido? Id contra vuestros malignos y mágicos perseguidores' ['All is artifice and illusion, said Don Quixote, devised by the evil sorcerers who pursue me. Dear friends, why not follow this example? Turn against your evil and magical pursuers'] (Cela 1957: 96). Don Quixote rationalizes those aspects of the surrounding world that jar with his imagined reality of knights errant and imputes any apparent incongruities to the tricks of evil sorcerers. Cela suggests that those readers who see themselves reflected in his characters are prey to a similar delusion when they invoke the 'fantasmas dañinos' of Cela's fiction as the cause of or justification for their pathological fantasies. If consumptives make sense of their illness using the semiotic framework of his fiction, Cela argues, that is surely no fault of his. But even as the authorial persona evades responsibility for the effects of his fiction on readers, there is a sense that this dismissive attitude conceals a discerning contribution to the debate over the impact of illness narratives on the ill. It is significant that Cela adduces Don Quixote—a deluded reader of

chivalric romance who imagines he is living out the knightly adventures about which he has read—in defence of *Pabellón de reposo*. Don Quixote is the archetype of a poor reader, one who is unable to distinguish fiction from reality and who allows literary frames of reference to warp his understanding of the world. Thus when Cela emphasizes the fictional nature of his sanatorium and its patients, he is not negating the potential influence of reading on those suffering from the disease depicted in his work; rather he is making a case for healthy reading practices that do not seek simply to emulate the actions and thoughts of fictional characters.

The benefits of narrative therapy and bibliotherapy for physical and emotional wellbeing are well documented by health researchers. The expressive writing paradigm developed by James W. Pennebaker in the 1980s, which encourages participants to write about traumatic, stressful, and emotional experiences, has been demonstrated to improve outcomes for both non-clinical and clinical populations with a variety of health problems (Baikie and Wilhelm 2005). The effectiveness of expressive writing in improving physical and psychological health is thought to derive from its promotion of the cognitive processing of emotionally charged experiences and from the organization of these experiences in a coherent narrative (Baikie and Wilhelm 2005: 341–42). The use of bibliotherapy as a clinical tool particularly in the field of mental health is a well-established practice with illustrious roots in the ancient Greeks' intuition of the healing properties of books (McCulliss 2012: 24). The effectiveness of traditional self-help bibliotherapy, especially when used in combination with cognitive behavioural therapy, has ample support (Pantalon, Lubetkin, and Fishman 1995: 216), and there is growing evidence of the efficacy of creative bibliotherapy with fiction (Detrixhe 2010: 61–62). The mainstream model of creative bibliotherapy is predicated on the selection of works of fiction that deal with topics that are comparable to the problems faced by the subject. Thus the bibliotherapeutic process begins with the act of identification and of seeking parallels between one's own problems and those represented in the work of fiction, followed by the

experience of catharsis and emotional release, and ends with the application of insights from the reading experience to one's own problems (Pardeck and Pardeck 1984: 196). There is little empirical evidence for the exact mechanisms by which creative bibliotherapy is thought to expand insight into one's condition and achieve cognitive and behavioural change. Paul Montgomery and Kathryn Maunders (2015: 43) observe that creative bibliotherapy is underpinned by the workings of cognitive behavioural therapy in its emphasis on identifying, challenging, and altering negative thoughts. The suitability of a given work of fiction for particular individuals and pathologies is a fraught question in bibliotherapy. While some researchers prescribe books with happy endings, successful coping strategies, surmountable crises, and optimistic outlooks that guard against readers' despair or depression (Coleman and Ganong 1990: 328–29), a case can be made for literary works that encourage a more complex process of critical engagement. In her analysis of the applications of creative bibliotherapy for the treatment of eating disorders, Emily Troscianko (2018: 206) suggests that emotionally difficult reading experiences and stories without comforting conclusions might serve as a type of exposure therapy by encouraging readers to confront troublesome stimuli in the fictional world and to develop their responses to unsettling realities. Troscianko (2018: 206–08) problematizes the traditional bibliotherapeutic model based on readers' identification with similar characters and extraction of lessons that can be applied to real-life problems and observes somewhat counterintuitively that reading about characters that suffer from and then overcome the same illness as the reader does not tend to produce improvements in mood and associated psychological benefits. Cela's novel frustrates simplistic assumptions regarding readers' engagement with illness narratives. *Pabellón de reposo* eschews the conventions of optimism and happy endings, and its focus on distressing and unpleasant realities is consistent with bibliotherapeutic research that stresses the value of ambivalence and difficulty in the reading experience. In his novel, Cela portrays scenes of reading and writing that complicate

the connections between pathology, narrative, and therapy. There is little sense of a straightforward reading or writing cure; rather the novel stages a variety of instances of textual consumption and creation that encourage reflection on how narratives can be beneficial in coping with illness—and how sometimes they can be harmful. The multiplicity of narrative perspectives enables experimentation with a range of adaptive and maladaptive cognitions and emotions in connection with illness. By juxtaposing disparate responses to sickness, Cela compiles a variegated representation of pathological experience that serves as a defence of creative therapies while entertaining the possibility of their potential pitfalls.

The second intervention by the authorial persona in the polemic over the supposed detrimental effects of reading on tuberculosis patients occurs at an identical point in the second part of the novel. Midway through chapter six a second imperious note from the author informs us of another request to suspend the publication of *Pabellón de reposo* by a tubercular friend who is troubled by the author's work and by the havoc he suspects it will wreak on those with the disease (Cela 1957: 189). In the second of these authorial asides, Cela is identified explicitly by name and by the matching biographical details divulged in the letter (Foster 1967: 47), which generates the impression that that these epistolary endeavours to derail the serialized publication of the novel are genuine. Dean William McPheeters (1959: 59) surmises there is good reason to doubt their authenticity: 'Critics unfavorable to Cela have noted his tendency to become involved in noisy polemics; here one suspects him of inventing a controversy that does not exist.' Whether or not the letters interpolated in *Pabellón de reposo* are real, what is nevertheless clear is that Cela gives voice to concerns over the reception of pathographies prevalent at the time (Velázquez Velázquez 2018: 856–58). Debates over the appropriateness of different fictional works continue to feature in bibliotherapeutic research today (Troscianko 2018: 205–06). By including in his novel the arguments of his detractors—imaginary or otherwise—and his response, Cela indicates his position on the debate. For Cela, literature has

an important role to play in responding to and alleviating the misery of sickness. This role is certainly more complicated than one of modelling an optimistic outlook and encouraging readers' identification and emulation, but reading and writing are nevertheless a fundamental ingredient in the therapeutic mix Cela prescribes for his isolated and suffering readers.

In his prologue to the second edition of *Pabellón de reposo* Cela (1957: 12) claims he was inspired to write the novel by personal experience, a disclosure on which he subsequently elaborated (Cela 1962: 131). Cela suffered from tuberculosis and had been confined in sanatoria as recently as the year before publication of his novel. Emboldened by the parallel between the author's life and the subject matter of the novel, some critics have ventured to identify one of the narrator-protagonists as an autofictional version of Cela himself (McPheeters 1959: 52; Foster 1967: 37; García de Nora 1990: 56). But in light of Cela's autobiographical accounts of his experience in sanatoria, it seems that a more persuasive connection between *Pabellón de reposo* and its author can be drawn on the basis of the themes of the novel rather than the identity of the narrator. Cela's personal account of his illness and treatment toys with generic features of the *Künstlerroman* in its suggestion that he enters the sanatorium a boy and emerges an artist. The use of the third person accentuates Cela's heroism and imbues the events with an epic quality. Cela places special emphasis on the role of reading in his victory over the disease. He describes long periods of rest marked by the reading of José Ortega y Gasset and by the stoic commitment to persevere through all seventy volumes of the Rivadeneyra collection of Spanish classics. He sees each completed tome as an incremental step in his mastery over tuberculosis: 'Se cura y vuelve a la vida con mentalidad de triunfador, de hombre que ya ha probado que sabe superar las circunstancias adversas. "No soy un enfermo y en cambio, sí soy un hombre que ha leído más, mucho más, y mejor que los demás hombres de su edad." [...] Se proclama escritor' ['He gets better and returns to life with a winner's mentality, with the assurance of a man who has proved he knows how to overcome adversity. "I am not sick; no, I

am a man who has read more, much more and better than other men his age.” (...) He declares himself a writer’] (Cela 2011: 181–83). In his chronicle of the experience of undergoing treatment for tuberculosis Cela gives prominence to reading rather than to the more traditional therapies prescribed by his physicians. He makes a compelling case for the role of reading in promoting self-discipline, introspection, and psychological development, and suggests that this rudimentary course of what today might be regarded as bibliotherapy was partly responsible for his eventual cure. Cela’s autobiographical account distils the conceptual premises underlying *Pabellón de reposo*. The presentation of his struggle with the disease as a battle waged in the mind as much as in the body owes something to the long-established custom of linking the physical condition of consumption with psychological disorders such as melancholy. Cela’s prologue to the second edition of *Pabellón de reposo* reinforces the psychological dimension of the fight against tuberculosis and singles out the rest cure as the origin of the debilitating emotional and behavioural impact of living with the disease. With a series of colourful metaphors, Cela (1957: 12) portrays the psychological impact of tuberculosis as a degenerative torpor induced by the narcotic effects of enforced inactivity, which he likens to the temptations of drugs, suicide, and extramarital sin. The sanatorium movement was dogged by anxieties over the institutionalizing effects of the rest cure (Bynum 140–45). Furthermore, the association of consumption with resignation is a key feature of nineteenth-century cultural representations of the disease (Sontag 1978: 23–24). In his prologue, Cela (1957: 12) gives voice to these social anxieties and cultural tropes: he uses the metaphor of a lump of sugar dissolved in water to articulate the desire for self-annihilation that accompanies extreme idleness and compares the allure of inaction to an adulterous affair.

Clark Lawlor (2007: 16) traces the association of consumption with lovesickness and melancholy to the humorism of Classical medicine. By the eighteenth century, consumption was idealized as a disease of sensibility and spirituality, and its status as a mark of refinement

and aesthetic sensitivity shaped the Romantic mythology of consumption that held sway in the Victorian period and persisted even after Robert Koch's discovery of the tubercle bacillus in 1882 (Lawlor 2007: 43–44; 186–87). Cela's account of his treatment for the disease in his autobiography shows the pervasive legacy of the belief in the psychological origin of physical maladies such as consumption, a belief that endured until the late nineteenth century, according to Lawlor (2007: 21). Susan Sontag (1978: 54) cites a medical textbook that listed 'depressing emotions' among the causes of tuberculosis as late as 1881, a year before Koch's discovery. Equally palpable in Cela's account of his illness is the Romantic myth of consumption as the glamorous disease of artistic sensibility. By fusing the story of his genesis as a writer with the account of his illness, Cela plays the part of the tormented creator and affiliates himself with the pantheon of consumptive geniuses. Cela's self-stylization has hit the mark with at least one critic: Santiago Prieto (2003: 31) goes as far as to claim that tuberculosis made a significant contribution to Cela's talent as a writer. But Cela's faith in the therapeutic properties of reading is conveyed with an earnestness that suggests these pages of his autobiography cannot be reduced to the self-fashioning of a tubercular artist.

The use of sanatoria in locations with fresh air where consumptives could rest and recuperate predated the rise of germ theory. With the discovery of the communicability of tuberculosis these institutions attained a new purpose for isolating the sick and for teaching patients to manage their illness hygienically (Bynum 2012: 127). In an era in which the bacterial aetiology of the disease was recognized, consumption went from being a fashionable illness to a public health problem (Bynum 2012: 109–10). The stigmatization of the ill was an inevitable corollary of the discovery of the infectiousness of the disease, and Cela was presumably well acquainted with the sense of isolation that characterized life in sanatoria. Each of the narrator-protagonists of *Pabellón de reposo* is plagued by loneliness. Cela's emphasis on reading in his account of his treatment for tuberculosis must then be understood in relation to the varied

cultural and medical tropes that had accrued around the disease over time: an association with melancholy and emotional disorders, the Romantic legend of artistic genius, and the sanatorial experience of social stigma and isolation all feed into Cela's conflicted artistic inheritance. Cela's autobiography offers a glimpse of the author's understanding of the disease, which is developed in *Pabellón de reposo* and on which the novel is predicated: tuberculosis is an illness of the body and of the mind. Reading and writing, in this sense, emerge as therapeutic activities that mitigate the isolation imposed by tuberculosis. As an accompaniment to the treatment of the somatic symptoms of the illness, reading and writing are the handmaidens of the necessary psychological therapy that Cela prescribes for the sick as a communicative tool that will enable them to escape from confinement in sanatoria and from the solitude of chronic illness.

Reading, Writing, and Coping with Illness in Pabellón de reposo

The seven narrator-protagonists of *Pabellón de reposo* are identified only by the number of their room in the sanatorium. Divested of the trappings of their former lives and selfhood, the narrators are bounded by their institutional identity as patients. From their writing we are able to glean details about their existence prior to admission: patient number 52 is a thirty-two-year-old university graduate who is writing a memoir in which he brings a nostalgic and cerebral gaze to bear on his past life; number 37 is a young woman who records her blossoming relationship with patient 52 in a diary; number 14 is an adolescent poet whose life has been marked by tuberculosis since the death of his mother and who reflects on his illness in his memoir through the prism of his cherished Romantic poets Nicomedes-Pastor Díaz, Percy Bysshe Shelley, and John Keats; number 40 is a young socialite who writes about the torments of her transition from a life of dances, soirées, and high-society receptions to the bleak world of the sanatorium; number 11 writes impassioned letters to a lover whom he hopes to marry

once he recovers; number 103 writes about her love for another patient who was released and has since died and interpolates their correspondence in her memoir; number 2 writes letters to a business associate who is managing his financial affairs while he is confined in the sanatorium. Cela's patients inhabit the upper echelons of society, and the rarefied ambiance of the sanatorium is redolent of Thomas Mann's *The Magic Mountain* (Ilie 1971: 96–99). But for all their social distinction, Cela's patients lack the most basic feature of an individual identity. According to Óscar A. Pérez (2015: 235), their anonymity reflects attitudes toward tuberculosis in Francoist Spain, in which references to numbers of hospital beds were part of an effort to sanitize the public image of the disease by subsuming it under the raw statistics of a public health programme to build clinics and sanatoria. The Francoist battle against tuberculosis obscured the identity of individual sufferers who were represented metonymically by the numbers of beds occupied or, conversely, the number of beds released by the patients' eventual demise. There is also a sense that in its portrayal of anonymous patients, *Pabellón de reposo* registers a shift in attitudes toward tuberculosis as a result of the increasing medicalization of the disease as it became better understood from the late nineteenth century. Lawlor (2007: 189) observes that the transition from nineteenth-century sickrooms to hospitals and sanatoria had the effect of depersonalizing the experience of illness and of removing patients' sense of control as they became 'more a pair of lungs to be examined than a suffering individual'.

Using the act of writing to reconstruct moments of their past life, Cela's patients struggle against the imposition of an identity marked by pathology. Patient 40 records her torturous reconciliation with her illness in a 'cuaderno de bitácora' ['log book'] (Cela 1957: 171), which contains fragmentary and varied entries focused on the psychological repercussions of life in the sanatorium and on the different stages of her treatment, with interspersed reminiscences of life in the city to which the patient yearns to return. From the window in her room, number 40 gazes obsessively at the distant city, which serves as a painful visual reminder of her dislocation

from the 'kingdom of the well' to the 'kingdom of the sick', to borrow Sontag's (1978: 3) memorable metaphor. The character's obsessive ruminations about the evening she fell ill give expression to the distressing experience of passing through the threshold separating the healthy from the sick:

Tosí un poco [...] Noté un calor que me abrasaba el pecho, un extraño regusto en la boca; noté que las fuerzas me faltaban [...] La boca se me llenó de sangre... Mi traje de organdí azul celeste, con el que tan mona estaba, según mi pobre caballero de aquella noche [...] que mudó de color cuando me oyó toser, se quedó salpicado de borbotones de sangre... en el parquet encerado del salón, un charco de sangre quedó como señal del mundo que dejaba, del mundo que en momentos de pesimismo me parece que jamás volveré a habitar. Mi juventud quedó en aquel salón. Aquella noche entré en la tierra ignorada.

[I coughed a little. (...) I noticed a burning heat in my chest, a strange aftertaste in my mouth; I felt myself getting weak (...) My mouth filled with blood... My sky-blue organdie dress, in which I looked so cute, according to the poor gentleman with me that evening (...) who changed colour when he heard me cough, was spattered by spurts of blood... a pool of blood lay on the polished parquet of the drawing room as sign of the world I was leaving behind, a world that in my pessimistic moments I feel I will never again inhabit. I left behind my youth in that room. That night I entered the realm of the unknown.] (Cela 1957: 66–67)

The horror of the scene is constructed through the measured accumulation of progressively troubling symptoms, which are concentrated in a few brief moments: what begins as a slight cough morphs into a burning sensation and a strange taste, followed by fainting, a splutter and then pool of blood. The contrast of colours and textures contributes to the vividness of the

description. The sky blue of the narrator's dress represents the vitality of a woman in her prime; the red specks of blood that stain the garment are a fatal premonition of youth cut short. The narrator's skin and the fine cotton of her dress are juxtaposed with the hard wood of the floor, upon whose polished surface she fears she will never dance again. The floor is emblematic of the past she is leaving behind, and the pool of blood on its surface typifies her future. The reaction of her ashen-faced dance partner, whose complexion grows whiter as the blood flows redder, rounds off the grisliness of the scene.

In the early stages of her narrative, patient 40 refuses to accept her illness and defies her categorization as a patient of the sanatorium. Her struggle to hold on to the memories of a time before she was ill and her resistance against the clinical identity imposed on her are articulated in number 40's reaction to the stamping of her possessions and clothing with her room number (Cela 1957: 61–62). She describes the acclimatization to life in the sanatorium as an exhausting battle of attrition waged silently in her mind. At first, the impact of the illness is registered principally in psychological terms as suffering imposed by the social exile intrinsic to her condition. The ubiquitous number of her room appears to the patient in a malicious and teasing dance that continually evokes her new status as an invalid. She resists this newly imposed identity by trying to suppress the memory of her room number, which invades her reveries as she struggles to cling to a former identity unmarked by illness. As well as encapsulating and aggravating the patient's psychological torment, the number is also a harbinger of her bleak prognosis: printed in red, the colour of 'una herida' ['a wound'] and of 'sangre' ['blood'] (Cela 1957: 62), the number foreshadows the physical deterioration and blood loss associated with the progression of the disease. Worse still, the number reminds the patient of the now-deceased previous occupant of her room; it is an ominous symbol of the end that awaits her too.

Patient 40's narrative is punctuated by expressions of despondency and loneliness (Cela 1957: 67). In the absence of sympathetic interlocutors, she uses her log book to reflect on her

diagnosis and treatment. She records the vicissitudes of her illness and her conflicted emotional responses, as well as her deliberations over whether to undergo surgery, and her narrative assumes the qualities of a medical diary with notes on the pneumothorax to which she eventually decides to submit (Cela 1957: 67–69). Patient 40's decision to submit to the procedure is an implicit recognition of the gravity of her condition and marks her reconciliation with her status as a patient. By the second part of her narrative, the tenor of her reflections is more impassive as she registers a progressive decline in her health and eschews the optimism of an increasingly unlikely cure. Her acceptance of her condition is symbolized by her changed attitude toward the numbers stamped on her clothing. Once the numbers fade, she wishes they were stamped again. Her identity as a patient is preferable to the anonymity of her approaching death (Cela 1957: 163–64). As her condition worsens, the notebooks that have accompanied her through her trials and in which she has attempted to make sense of her illness and integrate it into the narrative of her past life are taken away from her on the doctor's orders, as Cela polemicizes the use of narrative therapy in his portrayal of the attitudes of medical professionals who assert that writing is detrimental to the treatment of patients (Cela 1957: 166). The views of the medics who expound their views on the causes of their patients' deterioration in the interlude contribute to the novel's ostensibly ambivalent attitude toward the therapeutic benefits of writing: 'Hemos observado que crece el número de desequilibrios nerviosos entre nuestros clientes. [...] Casi todos aquellos clientes en quienes hemos visto esos trastornos se dedican a escribir con toda pasión sus diarios o sus memorias. Pienso que quizás haya llegado el caso de aconsejarles que abandonen la literatura' ['We have observed an increased rate of nervous imbalance among our clients. Almost all the clients in whom we have witnessed these disorders dedicate themselves passionately to writing their diaries or memoirs. I think the occasion has arisen to advise them to abandon literature'] (Cela 1957: 114). And yet by recording the descent into madness of his narrator who finds herself at a loss in the absence of her writing therapy,

Cela leaves readers in little doubt regarding the benefits of writing for terminal patients struggling to reconcile themselves with death: ‘La señorita del 40, sin raíces, navegó a la deriva. El desenlace no se hizo esperar demasiado –Dios es misericordioso–; pero hasta que llegó fueron sus días un sucederse de suplicios sin fin’ [‘The young lady in room 40 was without roots and cast adrift. The end arrived before long – God is merciful – but before it did, her days were an endless torture’] (Cela 1957: 166). Without her “cuaderno de bitácora” de este difícil navegar mío’ [“log book” of this difficult voyage of mine’] (Cela 1957: 171), she floats rudderless through the remaining hallucinatory days of her life, unable to construct a self-narrative drawing together happy past and pathological present. Patient 40’s tragic descent into perpetual confusion as death draws nearer articulates Cela’s conviction that the act of writing is synonymous with self-awareness and offers a means of coping with the psychological toll of chronic illness.

Shlomith Rimmon-Kenan (2002: 11–13) explains that illness narratives are often motivated by the sense of self-estrangement resulting from the physical and psychological changes caused by illness. The disruption of identity sets in motion the recounting and restructuring of memories with the aim of forging a sense of continuity with the present. Rimmon-Kenan’s observations on the impulses underlying the retrospective pathographical gaze help to explain the urgency with which Cela’s characters cling to moments from their past. Patient 52 looks back with nostalgia on moments from his life before entering the sanatorium and records his impressions in written form. He seeks to recover these moments, encapsulated in a series of objects that symbolize his past life, as a source of solace in a present marked by illness. Thus he recalls rusty tins and old newspapers as he endeavours to conjure up the décor of life in the city (Cela 1957: 25–27). Recalling his amorous conquests, patient 52 expresses the desire to capture the beads of sweat of lustful maids in a peculiar museum of his youth (Cela 1957: 28–29). The preserved beads of sweat serve as a metaphor for patient 52’s obsessive

recording of the minutiae of his previous existence and for the act of writing itself, which embodies an antiquarian urge to hold on to the fragile remnants of the past that are thrown up in these nostalgic reveries. Although patient 52 sees this nostalgia as an albatross from which he seeks to be freed (Cela 1957: 29), the feverish compulsion to hold on to the smallest details of his former life and to use the written word to recreate his past continues to accompany the narrator amid the deterioration of his health:

No paro ni un instante de echar sangre. [...] La muerte la veo cerca y ya me voy familiarizando con la idea. Después de todo, ¿para qué desear vivir eternamente, cuando la vida tan pocos goces nos ha proporcionado? Estoy fatigado y con pocas ganas de escribir. Quiero, sin embargo, cumplir lo que me prometí e ir dejando, cuartilla tras cuartilla, estos últimos y atormentadores tiempos míos.

[I cannot stop spewing blood for an instant. (...) I sense death closing in and I am beginning to get used to the idea. After all, who would want to live forever when life has offered us so few joys? I am fatigued and lack the will to write. However, I want to fulfil my promise to myself and to consign to sheet after sheet the torments of my remaining days.] (Cela 1957: 127)

The urgency of writing increases in proportion with the worsening of his symptoms. As the narrator testifies to the failure of his treatment and loses his grip on life, he embraces linguistic creation as the sole means of revisiting the cherished places to which he no longer entertains the hope of returning (Cela 1957: 129–30). Writing enables patient 52 to transcend the limitations of the present, to recreate the past, and to live vicariously in the world of his imagination. Patient 52's narrative embodies the escapist potential of linguistic creation to break free from a diseased body and from a present marked by pain and by hyperconsciousness of the finite nature of existence.

The act of narration is intimately connected with the desire to escape solitude in *Pabellón de reposo*. Patricia Stanley (2004: 347) observes how communities of illness such as sanatoria encourage the stigmatization of the sick and contribute to their ostracism. Social and cultural intolerance leads to an association of illness with alterity. According to Stanley (2004: 358–60), the act of storytelling helps to mitigate the isolation of illness by binding patient and listener in a community of caring that transforms the inherent meaninglessness of suffering into the possibility of salvation via the connections between human beings. The appeal for company amid the experience of isolation and suffering is rendered vividly in patient 37's diary entries:

Hoy tuve dos veces algo de sangre; quizá sea de la garganta, quizá de la nariz. [...] Cuando tengo algún esputo rojo, ya es sabido: suben las décimas, suben las pulsaciones, suben las respiraciones, sube la velocidad de sedimentación... Lo único que baja y baja sin parar es el peso, que no hay quien lo detenga. Estoy preocupada, profundamente preocupada. Quizá sea lo mejor seguir el consejo del médico: una Monaldi, preparatoria de una pequeña plastia de cinco o seis costillas. ¡Es horrible, horrible, no tener a nadie a quien preguntar, no tener a nadie a quien decir: ¿qué hago?, ¿me opero?, ¿no me opero?; no tener a nadie a quien pedir un poco de cariño, un poco del mucho cariño que necesito! ¡Ay, Dios mío, Dios mío! Soy la mujer maldita, la señalada; soy la mujer a quien nadie puede besar en la boca, porque un mal terrible y pegadizo le come las entrañas.

[Today I bled a little twice; perhaps it was the throat; perhaps the nose. (...) When I spit blood, all the rest follows: my temperature goes up, my heart rate goes up, my breathing goes up, my sedimentation rate goes up... The only thing that goes down and down non-stop is my weight; nothing can arrest that. I am worried, deeply worried. Perhaps it is best to follow the doctor's recommendation: a preliminary Monaldi, then a minor plasty

of five or six ribs. It is horrible to have no one to call on, to have no one to ask: What should I do? Should I have the operation? Should I not? It is horrible to have nowhere to turn for a little affection, just a little of the great deal of affection I need! Oh Lord, oh Lord! I am the accursed one, the woman who has been singled out; I am the woman whom nobody can kiss on the lips because a terrible contagious affliction is eating her insides.] (Cela 1957: 38–39)

In lamenting the lack of interlocutors with whom to discuss her treatment, patient 37 implicitly registers her mistrust of the medical staff who insist on surgery. Her misgivings are entirely reasonable. The surgical procedures practised in sanatoria of the period were high-risk. Helen Bynum (2012: 155) lists potentially fatal air embolisms, pleural shock resulting in temporary failure of the heart, and subcutaneous emphysema among the complications associated with pneumothorax. According to Bynum (2012: 155), medics in sanatoria—who often lacked surgical training—were keen to carry out these procedures to enhance their status and prove they were actually doing something for their patients. The treatment proposed for patient 37 comprises the drainage of a pulmonary cavity followed by a thoracoplasty in which a number of ribs will be removed to allow a permanent lung collapse and the resting of the affected lung. Leaving aside the pain of such a procedure and the sensation of suffocation that accompanied a collapsed lung, patients who survived a thoracoplasty were left with a disfigured body, and many suffered long-term respiratory problems as a result of decreased lung capacity (Bynum 2012: 156). Patient 37 attests to the pain of the operation—and to its negligible results—in the second part of her narrative:

¿Para qué me ha servido la Monaldi que tanto me dolió y que tantas estériles horas me tuvo sujeta al aspirador [...] Tuvieron que puncionarme en la misma pantalla de rayos, sentada sobre la mesa de neumos. Me pincharon dos veces; la segunda, cuando encontraron la cavidad, creí morir; una sensación como de fuego me invadió el pecho,

y un caudaloso sudor casi frío se desprendió de todo mi cuerpo. Hay instantes en los que una piensa que más valdría, ciertamente, hacerse a un lado del camino y dejar paso franco a la muerte, que nos abrazaría con suavidad y cariño. ¿Para qué ha servido esta plastia, que me ha deformado el cuerpo y va camino de torcerme el espíritu? ¡Ah, si yo hubiera tenido a quien preguntar: ¿qué hago?, ¿me opero?, ¿no me opero?; si yo hubiera tenido a quien pedir un poco de cariño, un poco nada más del mucho cariño que necesito!

[What was the point of the Monaldi that hurt so much and that had me hooked up on the suction pump for all those worthless hours (...)? I had to be punctured on the very X-ray screen while I sat on the pulmonology table. They made two perforations; when they found the cavity on the second go I thought I would die; a burning sensation rushed through my chest, and streams of cold sweat poured from every part of my body. There are moments when one thinks that it would surely be preferable to step to one side and to make way for death – to submit to its gentle and affectionate embrace. What was the point of this plasty, which has left my body deformed and, sure enough in its wake, my spirit warped? Ah, if only I had had someone to ask: What should I do? Should I have the operation? Should I not? If only I had had somewhere to turn for a little affection, no more, just a little of the great deal of affection I need!] (Cela 1957: 139–40)

Once again patient 37 deplores the absence of compassionate listeners. Her mournful refrain from the first part of her narrative is repeated almost verbatim here but with an added poignancy generated by the shift from the present tense ‘Es horrible [...] no tener a nadie’ [‘It is horrible (...) to have no one’] (Cela 1957: 39) to the counterfactual ‘si yo hubiera tenido a quien’ [‘if only I had had someone’] (Cela 1957: 140). Number 37 regrets having undergone surgery: the thoracoplasty has left her physically deformed and emotionally broken; and there is the

suggestion that she would have made a different choice had she received disinterested advice. Socially isolated by the stigma of tuberculosis, number 37 attempts to compensate for the lack of warmth and sympathy with books. She begins her very first diary entry by disclosing her request that patient 52 lend her some reading material (Cela 1957: 37). Later in her narrative, she alludes to the act of reading and describes the gloomy subject matter of her borrowed book of poetry, whose progressively demoralizing effects she registers in successive entries (Cela 1957: 40, 141). Consistent with the ambivalent treatment of writing therapy, which seems to provide succour to patient 40 and yet is opposed by her doctor, Cela calls into question the effects of reading on his characters and casts doubt on any universally applicable reading cure. Number 37's complaint about the melancholy tone of the poetry chimes with disagreements over the suitability of certain genres and moods that continue to vex research in bibliotherapy (Troscianko 2018: 205–06; Billington and Davis 2019: 199–201). Nevertheless, the occasions on which acts of reading exert a positive influence on Cela's characters outnumber those in which reading is seen in a negative light. Patient 2, the former businessman who previously ruminated on nothing other than financial affairs, is so delighted with his discovery of poetry in the sanatorium that he expresses gratitude at having experienced illness. Separated from his pecuniary concerns, he has discovered a medium through which he encounters new emotions and perceives the world differently (Cela 1957: 200). Cela toys with the Romantic association of consumption with artistic sensibility and emotional refinement: sickness hones patient 2's capacity for feeling and for aesthetic appreciation. There is also the suggestion this book of poetry that has softened the steely spirit of the hardened businessman is the very book of poetry lent to patient 37 and discarded by her, which further muddies the debate over good and bad books for the sick. Other scenes of therapeutic reading include those of patient 103, who quotes verses in her memoir (Cela 1957: 188), and of patient 14, who is comforted by the poetry of Nicomedes-Pastor Díaz and Shelley, which enables him to experience through a Romantic lens

his own consumptive death embellished with a tragic beauty (Cela 1957: 152–53, 156). The acts of lending and borrowing of literary works in *Pabellón de reposo* hint at a broader social function of reading as an activity that strengthens the bonds of community through shared experiences of aesthetic consumption. It is possible that part of the profit of bibliotherapeutic interventions derives from the social nature of the group contexts in which these interventions take place (Hodge, Robinson, and Davis 2007: 102; Billington 2011: 79). Troscianko (2018: 209) suggests that the interpersonal benefits of group reading as a setting for cultivating personal relationships and mitigating against loneliness can be extended to the connection between the reader and the text and its characters, which can sometimes perform the role of real-world friendship for readers. The function of the fictional world as a locus of and opportunity for social interaction can be observed in the relationship between number 37 and number 52 in *Pabellón de reposo*. Although patient 37 rejects the book of poetry lent to her by number 52, a later scene of storytelling shows that she is not entirely insensitive to the enjoyment afforded by narrative art. Number 52's fantastical stories of goblins and witches produce a calming effect on patient 37 (Cela 1957: 142), and there is a similar scene of storytelling in patient 103's narrative (Cela 1957: 188–89). These instances of communal enjoyment of narratives are in some ways an extension of the amorous relationships in which many of the patients of the sanatorium are entangled. The Romantics conceived of consumptives as individuals consumed by passion (Sontag 1978: 20–21), and this association of tuberculosis with a surfeit of desire can be detected, for example, in patient 11, a textbook case of the tubercular lover, whose infatuated—not to mention unrequited—epistolary declarations to his beloved are symptomatic of the thwarted passions characteristic of cultural representations of consumptive death (Sontag 1978: 22). But beyond its cosmetic resemblance to Romantic consumptive passion, the pining of Cela's characters is bound up with their longing for community and with their endeavour to escape solitude through acts of reading and writing.

In the case of 52 and 37 in particular, the shared aesthetic experience of telling and listening to stories brings emotional benefits to the two characters at the same time as it strengthens the bond between them.

Cela's representation of characters overwhelmed by feelings of infatuation and melancholy certainly bears the hallmarks of a Romantic cultural inheritance, but the author's indulgence in these Romantic tropes need not necessarily be understood as incompatible with his more enlightened therapeutic concerns with reading and writing. In her study of *Pabellón de reposo* from a medical humanities perspective, Raquel Velázquez (2018) finds Cela's Romanticism at odds with his endeavour to portray the realities of illness. Robert Kirsner (1963: 36) puts forward a not dissimilar argument in his observation of a contradiction between the style and subject matter of *Pabellón de reposo* and what he perceives as a lack of harmony in Cela's juxtaposition of cruel physical realities and the sublime realm of the imagination. Velázquez (2018) raises more forceful objections to the supposed sugar-coating of horror in the novel. Velázquez (2018: 853–54) asserts that Cela's poetic flair filters out the 'crueldad de la tuberculosis' ['the cruelty of tuberculosis'] and decries the Romantic influences on the ethereal scenes of death depicted in the novel: 'Los propios enfermos [...] han interiorizado la dulzura de la muerte reposada cantada en los libros románticos, y esa es la imagen que ofrecen sus discursos' ['The patients themselves (...) have internalized the sweetness of the gentle death extolled in romantic books, and such is the image offered by their discourse']. Velázquez (2018: 863) contends that these Romantic conceits obscure the truths of illness and suffering revealed in the text: '*Pabellón de reposo* tiene el valor de ofrecernos esa verdad [...] surgida de las entrañas; resultado de haber buceado en los interiores del alma enferma, de la suya, pero también de la del otro, y habernos dado la verdad de su narrativa patográfica, aunque la memoria y las raíces románticas de la enfermedad se hayan encargado de cribar esa verdad' ['*Pabellón de reposo* offers a valuable insight into that truth (...) straight from the heart; it is the result of

having plumbed the depths of the sick self, of his own and also that of the other, and of having offered the truth of his pathographical narrative, although that truth has effectively been filtered through his memory and the Romantic traditions of the illness’]. However, Cela’s aestheticization of death and Romantic depiction of tuberculosis need not be seen in a negative light as misrepresentations of illness. The characteristically Romantic deaths of the novel are the product not of the omniscient narrator or authorial persona but of the patients themselves. Number 52, for example, attributes a sentimental description of 37’s death to the nurse, but the lofty register and elegiac elaboration of the scene seem more consistent with his own style: ‘Me dice la enfermera que parecía una figurita de marfil, con sus alabastrinas manos cruzadas sobre el regazo como en oración, y sus ojos cerrados dulcemente a la vida, como gozosos de haber vuelto a encontrar –¡al fin!– la senda de la dicha’ [‘The nurse tells me that she resembled a little ivory statue, with her alabaster hands crossed in her lap as if in prayer, and her eyes sweetly closed to life, as if overjoyed at having regained – at long last! – the path of happiness’] (Cela 1957: 131). Number 52’s insistence on the celestial aura of his lover’s demise is understandable as a coping strategy: he emphasizes the painlessness and beauty of the scene in order to make the loss of his lover more bearable. Cela’s depiction of the Romantic death, then, is not a falsification but rather a reflection of the way number 52 confronts his lover’s death. Lawlor (2007: 7) stresses the long-standing influence of cultural representations on individuals’ experience of tuberculosis: ‘literary works [...] produce cultural templates for consumption, and [...] writers provided the way for various groups of people to structure their experience of the disease’. Envisaging the pain of tuberculosis through a Romantic lens, Cela’s narrators strive to give meaning to their suffering and to elevate their condition to the artistic realm. The poeticization of death gives aesthetic structure and narrative resolution to a terrible, senseless occurrence. Tuberculosis experienced through Romantic conventions, Cela suggests, makes the disease more tolerable. The use of Romantic tropes is bound up with the narrative perspectives

through which tuberculosis is viewed in *Pabellón de reposo*. These tropes must, in consequence, be understood as part of Cela's endeavour to capture the ways illness is experienced by its sufferers, an area of interest that offers a further point of contact with the medical humanities in their concern with narrative methods in modern medicine and with the symbolic value of narratives in placing the human being at the centre of the healthcare encounter (Hurwitz and Bates 2016: 570). In its experimentation with the narrative media through which illness is experienced and constructed and in its attention to the social and cultural influences on these constructions, *Pabellón de reposo* provides a rich insight into the 'phenomenal form[s] in which patients experience ill health' (Greenhalgh and Hurwitz 1999: 49). The portrayal of illness and suffering in *Pabellón de reposo* is specific to a given place and time: the twilight years of consumption and sanatoria in the early years of Franco's Spain. But the novel also speaks to more universal and contemporary concerns with reading and writing therapies and with the role of narratives in the experience and articulation of illness.

In conclusion, *Pabellón de reposo* gives expression to myriad textures in the phenomenal experience of pathology and probes different narrative and bibliotherapeutic techniques that the characters bring to bear on their afflictions. The novel is testament to Cela's belief in the value of reading and writing as palliatives for the psychological torments of tuberculosis and for the unintended consequences of its treatment. Cela was heavily influenced by the enduring Romantic legacy in the ways the disease was perceived. His novel was written before the discovery of antibiotic treatments, when the rest cure and confinement in a sanatorium still formed the central plank of the medical response to tuberculosis. *Pabellón de reposo* has historical and cultural value in bringing to light the Romantic inflections in the ways tuberculosis was experienced and in depicting patients' encounters with life in the sanatorium and with novel surgical procedures in mid-twentieth-century Spain. From a critical medical humanities perspective, the novel's value resides in its exploration of how narratives can

alleviate the suffering associated with illness. Cela's narrator-protagonists are both readers and writers, and they put their artistic sensibility and craft to use in various ways as they attempt to relieve their pain. Cela's promotion of the therapeutic value of artistic ventures can be explained by the myth of the author's own magical deliverance from tuberculosis recounted in his autobiographical works. But just as Cela presents the benefits of reading and writing therapies, he plays devil's advocate by including the arguments against their use. Cela is alive to concerns regarding writing as a distraction from the business of getting well and reading as an impediment to psychological improvement, particularly when the works used convey an overly negative outlook. The imperiousness with which the authorial persona dismisses these concerns contributes to the polemical self-image Cela projects in his works, but at the same time, the ostensibly dismissive attitude conceals the nuances in Cela's attitude. The variety of acts of textual consumption and creation in *Pabellón de reposo* suggests there is no miraculous creative remedy; rather, the different narrative voices that populate the novel constitute an experiment in the coping mechanisms that can be brought to bear on chronic illness. The novel suggests a number ways reading and writing can mitigate suffering: first, by helping the ill to cope with the brutal realities of their condition by filtering their experience through aesthetic frameworks; second, by alleviating the solitude associated with illness; third, by sustaining the struggle against self-alienation and by enabling the sick to reclaim their identity; fourth, by serving as a mechanism for making sense of one's past life and for adjusting to a radically changed present. It is tempting to dismiss Cela's narrative as a romanticized portrayal of illness from a bygone era. But in its advocacy of reading and writing therapies and in its nuanced intervention in debates over their efficacy, *Pabellón de reposo* offers a prescient contribution to areas of interest that remain central to the medical humanities today.

Notes

¹ All translations are my own, unless otherwise stated.

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