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## **Towards True Sick-Lit: How to Write a Productive YA Novel About Emetophobia**

**George Purves**

### **Abstract**

Emetophobia is a condition that affects a significant percentage of the world's population, and yet it has been largely overlooked by medical professionals and poorly represented in children's literature. While vomit is frequently used for gross-out humour in books for young readers, authentic representation of the emetophobic experience remains woefully scarce. Drawing on Raina Telgemeier's *Guts*, Tuppence Middleton's *Scorpions*, and John Green's *Turtles All the Way Down*, I examine how lived experience, extended metaphor, narrative playfulness, and embedded bibliotherapeutic practices can be harnessed to produce realistic and transformative depictions of emetophobia for sufferers and non-sufferers alike. Applying Katerina Levy's evidence-based bibliotherapeutic framework, I argue that productive sick-lit can lace narratives with therapeutic potential while avoiding romanticised or stereotypical portrayals of illness so commonly featured in the controversial subgenre. By analysing these texts alongside extracts from my own creative practice, I propose a framework for a YA emetophobia narrative that is authentic, hopeful, and marketable beyond its immediate community of sufferers.

**Keywords:** *creative writing for young people, emetophobia, young adult literature, sick-lit, illness narrative*

## Introduction

FROM MY EXPERIENCE, it seems clear that most people do not like vomit; it is uncomfortable, messy, and rather unpleasant. At the same time, most people equally recognise it as a necessary bodily function, helpful for expelling harmful substances and relieving disagreeable symptoms. However, for a small but surprisingly significant number of people, myself included, just the thought of vomit and vomiting sends us into a terrified panic. We suffer from a condition known as emetophobia, an extreme fear of vomiting. In this article, I explore ways to write about emetophobia for young people, drawing on my own lived experience, writing practice, and wider reading.

## Definition

Emetophobia, the specific fear of vomiting, is an anxiety disorder affecting “1.7% to 3.1% of men and 6% to 7% of women”, yet “remains a relatively neglected and poorly understood condition” (Harbor et al., 2025, p.1). Personally, this condition affects my daily life: avoiding social situations, restaurants, and public toilets and transport; constant scrutiny of intestinal sensations; panic attacks; night terrors, etc. But until recently, I had never found a *word* for my disorder; in fact, apart from my mother, I was unaware anyone else suffered from it, or that it was classed as a *disorder*, or even a *disability* (Equality Act, 2010). Finally, after 30 years, it was not a doctor but a *book* that unlocked my condition for me.

## Context

In February 2025, *Downton Abbey* star Tuppence Middleton released *Scorpions: A Memoir* (2025), detailing her struggles with emetophobia. Unaware of the book’s contents (and only a casual fan of the show), I picked it up for another, serendipitous reason: Middleton and I were in the same class at junior school. What I discovered in *Scorpions* was the most authentic, realistic depiction of my own phobia, reflected back at me in the author’s own beautifully written, autopathographic (Couser, 1991, p.65) account. At last, I felt seen, validated, connected, empowered. It inspired me to speak about my struggles with emetophobia and maybe even find a way to better manage them. This got me thinking: could *my* writing have a similar impact on young people suffering with emetophobia?

## Problem

There was, and still is, a distinct lack of emetophobic representation in children’s literature; on the contrary, vomit is often treated as a source of gross-out humour. JK Rowling, arguably the most successful modern writer for young people, is one of the worst offenders: *Harry Potter and the Order of the Phoenix*, for example, contains 12 mentions of vomit and 33 mentions of sick, and depicts a scene in which a crowd “cheers” while children eat sweets that make them “vomit spectacularly into a bucket” (2003, p.368). For some emetophobics, the “mere mention of the word ‘vomit’ trigger[s] anxiety” (Harbor et al., 2025, p.4), and such indelicate treatment of this

subject matter could cause sufferers to feel traumatised and marginalised. In my case, words like ‘vomit’ are not major triggers in isolation, but descriptions that encourage visualisation of the event, such as “spectacularly into a bucket” (Rowling, 2003, p.368, for example, often do cause anxiety, while this particular passage’s focus on the *humour* of the event, the wilfully *self-induced* nature of the vomiting, and its subsequent *celebration* by the crowd, constitute a potentially distasteful rendering for me, personally.

### Need

It is not just a matter of adding a ‘trigger warning’ at the start of such books: research shows that such warnings are not only “fruitless”, but “reliably induce a period of uncomfortable anticipation” (Bridgland et al., 2024). Instead, it is important that marginalised voices, including emetophobic sufferers, be better and more widely represented in children’s fiction. The latest *Excluded Voices* report highlights the need for further equality, diversity, and inclusion when representing disability in writing for young people, stating that, “in fiction, as in life, it is so important to listen to lived experiences when it comes to disability” (Inclusive Books For Children, 2025, p.17). As Levy asserts, in her PhD thesis on the possibilities of bibliotherapy for emetophobia in children, “a book addressing emetophobia would be beneficial for children with a specific phobia of vomiting, as they could connect and identify with a character in a story who has similar challenges and/or fears” (2024, p.17). Middleton echoes my thoughts on this, explaining in the prologue to *Scorpions*: “When I was an oblivious pre-teen discovering the intricacies of a disorder I knew nothing about, I longed to hear stories about people who thought the way I did [in order] not to feel so helpless or alone” (p.4).

### Industry Debate

Elman coined the term ‘sick-lit’ rather pejoratively (2012, p.175), and Garcia also laments that many books in this popular subgenre are “littered with internalized ableism or hurtful stereotypes of illness” (2024, iii).

However, Garcia also believes that a “positive and accurate representation of chronically ill characters in sick-lit [could] be used as a tool to transform preconceptions of illness, destigmatize illness, and to increase compassion towards oneself” (iii). To achieve this, sick-lit could employ Hughes’s “affirmative” and “generative” models, encouraging depictions of illness as a “positive identity”, celebrating the “innovation and resourcefulness of people with disabilities” (2017, pp.189–190).

Others warn against illness narratives “with extreme characters portrayed as victims or superheroes” and “stereo-typed characters” (Heath et al., 2005, p.569). Indeed, author John Green, whose novel *Turtles All the Way Down* is discussed in greater detail later in this article, has stated that mental illness in particular is “sometimes romanticized”, and that he does not feel his “mental illness has any superhero side effects” (*Vlogbrothers*, 2017). So, avoiding character stereotypes and

narrative clichés, whether negative or positive, and instead leaning into realism and authenticity, seems to be a key to unlocking sick-lit's potential for a truly productive portrayal of emetophobia.

## Methodology

Middleton's memoir was productive for me because it provided authentic, lived experience that served as a narrative mirror of my own experience, as well as helping me work through my condition; it had therapeutic qualities. This provided a sound basis for measuring what a productive emetophobic novel looks like. It is, however, an adult account, and I wondered if there were equally productive accounts of young people with the disorder, so that I could develop a framework of productive YA emetophobic fiction that might underpin my own YA novel, *Dormant* (Purves, 2026), which is currently in development.

Extensive research yielded only one truly qualifying work of emetophobic fiction for young people: Raina Telgemeier's *Guts* (2019), a Middle Grade (MG) graphic memoir about the author's lived experience with the disorder. This novel offers rich grounds for analysis of a nine-year-old's perspective to compare with the adult perspective of *Scorpions*; however, in order to solidify my framework as a legitimately YA-focused one, I needed to find a suitable novel within that age category.

Unable to find a YA perspective on emetophobia, I overcame this research limitation by casting my net wider, eventually landing on John Green's *Turtles All the Way Down* (2017) as an appropriate alternative. The novel sold 129,000 copies in its first week (Publishers Weekly, 2017), was adapted into a movie by Warner Bros. Pictures in 2024, and "accurately and empathetically" (Davis, 2024) depicts obsessive-compulsive disorder from a position of lived experience. As Levy notes, there is "high comorbidity between emetophobia and [...] obsessive-compulsive disorder" and "clinical presentation of emetophobia includes symptoms and features that are present in OCD" (2024, p.4), so *Turtles* qualifies as a useful comparative text, particularly as I aim to fill the publishing gap by producing a YA novel about emetophobia. With these two novels, I had sufficient breadth and depth to perform a thorough thematic analysis and develop a functional framework.

Thanks to the successful work of John Green and others, teen sick-lit remains a highly marketable subgenre. However, emetophobic sick-lit limits its marketability if it serves as a "mirror" (Bishop, 1990) only for the emetophobic community; it must offer something for non-sufferers too. *Guts* and *Turtles All the Way Down* transcend their niche subject matter by providing such a mirror to the experience of being a pre-teen and a teen, respectively, and how this *universal* experience interweaves with the *particular* experience of disorder. Both novels also offer literary pleasures in the form of layered metaphors, narrative playfulness, and experimental elements to enrich the storytelling for every reader. In doing so, these writers present tangible, idiosyncratic, authentic portrayals of disorder that provide a "sliding glass door" (Bishop, 1990) for non-sufferers to enter and experience the illness narrative too. Analysing these

techniques and experimenting with them in my own writing will help me develop a productive Young Adult (YA) emetophobia narrative.

## Analysis

### Metaphor

The irony of writing about mental disorders is that concrete language often fails to authentically communicate abstract experience. As Raina, autobiographical protagonist of *Guts*, narrates during her first therapy session in the memoir, “feelings can exist [...] but words do not always exist” (2019, pp.76–77). Green corroborates: “You can't usually see or hear psychic pain and it's difficult to describe without simile or metaphor” (*Vlogbrothers*, 2017). Both writers employ metaphor as a primary method for presenting their disorders authentically, helping polish the ‘mirror’ of reflective experience for suffering readers, while also providing ‘sliding glass doors’ through which non-sufferers may better connect to the experience.

Harnessing the graphic novel medium’s visual potential, Telgemeier presents her autobiographical protagonist, nine-year-old Raina, as radiating sickly green swirls of nausea when she is anxious. When she is particularly overwhelmed, these swirls dominate the frame, such as during her first panic attack (pp.20–21), signifying the feeling’s all-consuming, uncontrollable nature. This visual metaphor also enables authentic expression of her isolation, where the green swirls separate her from her parents’ attempts to comfort her (pp.23,67) and eventually give way to complete darkness (p.152). Here, Telgemeier implies that mental disorder *causes* the isolation, and as Raina learns coping strategies during her therapy sessions, the metaphorical swirls and the sense of isolation simultaneously dissipate, leaving her with the mental clarity to seek communion with her family (p.175), friends (p.200), and even enemies (p.209).

In *Turtles*, protagonist Aza also uses the metaphor of darkness when demonstrating to friend Daisy what it is like to be in the midst of an anxious episode: in the tunnels of Pogue’s Run, she switches off her torch and explains, “This [...] is what I feel like when I’m scared” (Green, 2017, p.263).

Following peer feedback for one of my pieces that “the voice sound[s] like an adult almost nostalgic of being a kid rather than being from the point of view of a kid” (Tolson, 2025), I searched for a similar all-consuming, radiating metaphor to help readers experience my teen protagonist’s encroaching fear from her point of view. My mother, a fellow emetophobic, used to have a phobia of volcanoes due to their unpredictable, explosive nature and viscous lava flow that reminded her of being sick.

Here is an example of my teen protagonist, Aggie, going through an emetophobic panic attack:

Jonny grinned, baring food-flecked braces, his fingers wiggling through the ventricles of the bloody pig’s heart.

“Aaaaggie, Aaaaggie, look, look” he taunted, shoving his grotesque hand puppet into my face across the dissecting table.

A low rumble, far away, yet unbearably close, began. Was it coming from outside, or from deep within me? Then, the familiar knot of nausea.

I felt my cheeks burning. The sweat seeped through my shirt. I was on fire.

The science lab windows rattled. What was happening?

The heart squelched in Jonny’s hand and his eyes widened in mischievous glee.

“Open wiiiiide, Aggie!”

The corners of my eyes blurred and I blinked hard. Black dots appeared everywhere, threatening to engulf my vision. Rounding the desk just behind Jonny, I caught a glimpse of something viscous and bright red curling its way along the chequered tiles. Towards me.

I backed away from the table and my scalpel hit the floor two seconds before I did.

Then, darkness. (Purves, 2026)

Echoing Green’s sentiments, Aza in *Turtles* confesses that words “do so little to communicate” her disorder, suggesting that “[m]aybe we invented metaphor as a response to pain. Maybe we needed to give shape to the opaque, deep-down pain that evades both sense and senses” (p.231). Her tapestry of metaphor begins with the image of the “spiral”, which “just keeps tightening, infinitely” (p.7), a visual rendering of the “intrusive thoughts” (Harbor et al., 2025) that spin endlessly in the minds of both OCD and emetophobia sufferers.

This metaphor strengthens for the protagonist as she finds new visual manifestations in Yeats’s “widening gyre” (p.150), the endless descending recursion of turtles (pp.244–245) in the imagined construction of the universe (represented as a spiral on the book’s UK dust jacket), and the Pettibon spiral painting, which another character ‘donates’ to Aza, and whose metaphorical power causes it to “follow [her] from one apartment to another” (p.285) in her adult years.

Seeking a similar metaphor to describe this tightening feeling, I landed upon a traumatic memory of kite-flying from my early childhood, which I gave to Aggie and imbued with symbolic power:

I could still feel the kite-string tightening in my grip, the smiling face above me tugging at my palm to get away. What an invisible force, this wind, this elemental horror. I could still feel the tightening, transferred now to my gut, as a force more powerful than I have the strength to hold onto threatened to tug away the remnants of joy from my windblown existence. (Purves, 2026)

This metaphor is repeated throughout the novel, as Aza's does, and reaches its apex at the story's climax, where a carsick student causes Aggie to crash a stolen school minibus. Before she blacks out, Aggie imagines the smiling face of a kite drifting across the night sky (Purves, 2026).

Furthermore, Aza's attachment to the Pettibon painting provides a neat metaphor for the role of the illness narrative itself. As Daisy asserts in response to Aza's cynical dismantling of the concept of a happy ending, "You don't choose what's in the picture, but you decide on the frame" (p.277). Aza's spiral, once an uncontrollable internal sensation, manifests as a visual symbol, contained as a painting within its own frame, and Aza's willingness to carry it through her adult life suggests that it allows safe proximity to her disorder. Perhaps the illness narrative, bound within the frames of each page, is a metaphorical manifestation of the reader's fear, received, as stated by Bion, "in a form it can tolerate" (1962, p.308).

In the spirit of art's ability to re-frame fear in a contained, tolerable projection, Aggie in my novel becomes obsessed with Mark Rothko's Seagram murals. She remembers encountering them at a young age during a school trip, and finds their abstract expressionism deeply disturbing in a way she cannot accurately express in words – do they remind her of the bathroom rug during her traumatic vomiting episode, the vomit itself, the lava flow from a volcano, or something else entirely? A manifestation of the abstract horror of encountering her phobia head-on, the story ends with her brave pilgrimage to the Tate Modern, where she sits quietly in the Rothko room, reflecting on her condition:

The horror was still there, still frighteningly close. The colours pulsed and heaved on the canvas, just as they had done when I was seven, threatening to erupt violently, explosively, through the boundaries of their frame.

And yet, there was no surfeit, could be no eruption. I blinked, and the swirling stopped. I traced the frame with my gaze, feeling the boundaries of the horror, knowing it was contained, somehow, within the safety of the image.

My hands, clutching tightly to the edge of my wooden bench, loosened. I felt the kite string uncoil and slip from my grasp. Easily, gently, without pain.

I took a belly breath, like I'd been told, and stayed. And stayed.

(Purves, 2026)

Middleton frames her entire memoir around the titular image of *Scorpions* that, like her intrusive thoughts, "have occupied [her] head for the best part of thirty years" (p.1). At first they are invasive enemies, "busy little critters" (p.62) that take "root in the smallest, darkest corner of [her] mind" (p.24), but soon she befriends them, interacting with them in screenplay-style dialogue during a panic attack. She asks, "Do you promise I won't get sick?", to which they reply, in sinister monosyllables, "We will", before abandoning her, like Raina in her green swirl and Aza with the torch switched off, until she "can't feel [their] claws" (p.129). This playful, experimental insertion of

scripted dialogue between herself and her imagined phobia constitutes a powerful moment of authenticity: the scorpions' manipulative coercion is given a voice, and both sufferers and non-sufferers alike are allowed in through the 'sliding glass door', positioned in direct interaction with her zoomorphised disorder.

While this narrative playfulness proves effective in Middleton's adult narrative (in another chapter, she ironically presents a 'choose-your-own adventure template to demonstrate how all paths converge into one hopeless destiny for the emetophobic sufferer (p.85–98)), this postmodern, self-reflective metafiction may alienate or confuse younger readers. However, Green also gives a predatorial voice to Aza's anxiety in bold capitals, such as during her climactic hand-sanitizer-drinking sequence: "DO YOU WANT TO DIE OF C. DIFF no but this is not rational" (p.228). The lack of punctuation further emphasises the confused panic of this moment, where her rational and irrational voices physically merge in the sentence.

I decided to experiment with some similar narrative playfulness, borrowing punctuation from text-speak to differentiate between action and thought, and swapping between Aggie's internal intrusive thoughts and external dialogue with her friend Liv:

\*Walks down corridor towards dining hall, ignoring whatever Liv's talking about, praying for the green sign on Visitor Toilet.\* Oh thank God. "Where are you going, Aggs?" To cleanse yourself of the death spores dripping off your hands. "Toilet." \*Approaches toilet door and jumps out of skin as it swings open and a parent emerges.\* Does she look ill? Does she look ill? What has she left in there? \*Stares at parent too long. Weirds her out. Opens toilet door and sniffs.\* Smells like sick. Does it? Yep, definitely. That's just Toilet Duck. Not Duck; Puke. Enough! \*Enters and locks door\* (Purves, 2026)

Through emetophobic metaphor, therefore, the internal abstraction of psychic pain becomes a linguistic manifestation that provides both authentic representation and narrative pleasure.

## **Bibliotherapy**

The therapeutic effect *Scorpions* had on me piqued my interest in the field of bibliotherapy. Bibliotherapy is defined as "sharing books or stories with the intent of helping an individual or group gain insight into personal problems" by "bringing a child or adolescent indirectly to the edge of sensitive issues" (Heath et al., 2005, p.564).

Levy's research into a wide range of bibliotherapeutic texts shows that a total of ten evidence-based practices used in cognitive behavioural therapy (CBT) may be deliberately woven into these texts to provide a narrative path to recovery: "psychoeducation, labeling of body sensations, labeling of emotions, coping thoughts, visual imagery, relaxation, exposure, problem-solving, contingency management, and post-approach processing" (Levy, 2024, p.19). Determining that an average of only

“2.37 evidence-based practices” are utilised in each text included in her study, Levy encourages writers to aim for “more than the average” to optimise the therapeutic benefits to the emetophobic sufferer (p.19). None of my chosen books were consciously designed as bibliotherapy texts, per se, but applying Levy’s framework illuminates their bibliotherapeutic potential, suggesting that conscious embedding of this framework in my own novel will enhance its therapeutic capability for emetophobic sufferers.

While *Scorpions* contains some therapeutic properties, *Guts* and *Turtles* each implement all 10 of Levy’s evidence-based practices. For example, Telgemeier powerfully expresses Raina’s overwhelming sensations through visual labelling, such as the list of fears that gather above her like a swirling storm cloud, eventually depressing her (literally) with bold letters spelling out “pain”, “choking”, “stupidity”, “sickness”, etc. until she is left tiny and alone in the final panel, surrounded by a sea of green (p.75).

Whereas Raina’s pre-linguistic experience of her sensations is rendered pictorially, which is appropriate for a younger reader whose self-awareness may not yet extend to the naming of internal experiences, Aza’s eloquent narration demonstrates a command of linguistic expression that better fits the novel’s YA audience. At the start of Chapter One, Green offers the reader a strikingly honest, multi-sensory depiction of Aza’s sensations during school lunchtime, such as the “disgusting” process of “masticating plants and animals and then shoving them down [her] esophagus” (p.2), listening to the “cacophony of [her] digestive tract” (p.3), and feeling perspiration sprouting throughout her body: “My neck sweats. My boobs sweat. My calves sweat.” (p.7).

The effect of this descriptive immersion mirrors, in linguistic form, Telgemeier’s gathering storm of fears that swirl in spirals and ‘depress’ Raina, and it is interesting that Aza uses the same metaphor of a “spiral” (p.7) as a summative labelling of her emotions.

However, despite Aza’s eloquent labelling, she shares with Raina a similar confusion over the source and meaning of her sensations and emotions. During her first encounter with Davis, she narrates: “My stomach was kind of churning, but I couldn’t tell why. I never understood my body – was it scared or excited?” (p.34). Raina has a similar thought when determining the cause of her gastric distress, which Telgemeier cleverly suggests is a recurring contemplation by dividing her body into four separate settings on the page: “Was puberty to blame for my stomachaches? I don’t know. Was puberty to blame for my sudden panic attacks? I don’t know” (p.120).

The two protagonists’ inability to accurately diagnose the source of their sensations, despite labelling them, demonstrates a shared vulnerability between sufferers of mental disorders, regardless of age, as well as the universal confusion of puberty’s bodily changes.

While *Guts* and *Turtles* employ some evidence-based practices similarly, they also diverge in their rendering of others, revealing a key difference between MG and YA approaches to the bibliotherapeutic process. In both novels, clinical intervention

from therapists (Lauren in *Guts*, Dr Singh in *Turtles*) is prevalent, and these characters encourage their respective patients to engage in the majority of Levy's framework, including psychoeducation, coping thoughts, visual imagery, relaxation, exposure, and problem-solving. However, while both protagonists express uncertainty about their therapists' methods, Raina ultimately accepts and finds transformative benefit from Lauren's advice, while Dr Singh's influence on Aza remains apparently minimal, especially when compared to that of her friends.

Raina's first session with Lauren is characterised by fear and isolation, illustrated concisely through the juxtaposition of Lauren's beaming facial expression with Raina's trembling, wide-eyed frown in separate panels (p.73). However, by the end of the session Raina admits that "one word Lauren said helped a lot: 'Try'", and this demonstration of coping thoughts becomes the mantra Raina eventually accepts at their last session ("I can try" (p.177)), and then adopts in her subsequent problem-solving actions.

Also, Raina comes to trust Lauren's clinical intervention when she successfully uses visual imagery and relaxation to overcome her nauseous panic by employing Lauren's "Feet. Ground. Breathe" (p.156) technique. The extreme close-up of her toes on the carpet emphasises her internal focus on this grounding technique, while the dissipation of the green haze suggests the technique is working.

This technique leads to significant progress in Raina's treatment, as she demonstrates problem-solving to teach the class her breathing method (p.181-182), thereby simultaneously overcoming her fear of public humiliation (a major trigger of her emetophobia) and embodying Hughes's generative model of disability (2017, pp.189-190).

Even more courageous is Raina's kindness towards her antagonist, Michelle, which is directly triggered by Jane's echoing of Lauren's instruction to "try", at which moment Raina performs her breathing technique and phones Michelle, leading to them bonding over their respective illnesses (p.204-208). While Telgemeier admits in her epilogue that therapy did *not* cure her, she does assert that it "all helped" (p.215), and Raina's final triumphant flatulence during a sleepover with her friends, complete with satisfied smile (p.213), suggests that Lauren's therapeutic intervention has enabled her to reframe her bodily issues.

At the beginning of *Turtles*, Aza has already been attending sessions with Dr Singh for five years, and regularly embeds her therapist's visual imagery and relaxation techniques to overcome her thought spirals, such as "exhaling at a pace that would make a candle flicker but not go out" (p.7). However, Aza's disillusionment with the seeming inefficacy of these methods is obvious, as she immediately reveals: "the thought spiral kept tightening anyway" (p.7).

This disillusionment is also apparent during the first session with Dr Singh described in the narrative, where she rejects several evidence-based practices, such as psychoeducation (brushing off Dr Singh's question about intrusive thoughts with the deadpan comment: "they continue to intrude" (p.86)); exposure (rejecting Dr Singh's

encouragement of exposure therapy by stating, “I couldn’t bear the thought of being that scared again” (p.88)); and coping thoughts (replying to Dr Singh’s request to call herself “courageous” with, “Don’t make me do that therapy stuff” (p.89)). Later, just before Aza is in a car crash, this disillusionment reaches its apex, when Aza states of her medical intervention: “Doesn’t work anyway. Nothing does. Three different medications and five years of cognitive behavioural therapy later, and here we are” (p.213).

While Green resists condemning the therapeutic process entirely (Aza eventually admits that “it sort of worked – like everything else” (p.250)), he also does not present – as Telgemeier does – a clear connection between Aza’s clinical therapeutic intervention and her progress towards coping more sustainably with her disorder. Instead, he shows that platonic love holds potential restorative properties, if embraced fully. Daisy is often flippant about her friend’s mental-health struggles (“Holmsy, you’re being irrational” (p.21)), but is also the only person to alleviate her fear (“nothing could deliver me from fear, but then sometimes, just listening to Daisy did the trick. She’d straightened something inside me” (p.66)).

However, Aza’s preoccupation with her disorder holds her back from truly knowing Daisy, which her friend calls out before the cataclysmic car crash, accusing Aza of being “extremely self-centred” and not even knowing Daisy’s “parents’ names” (p.215). This altercation proves transformative for Aza, because the subsequent crash, hospitalisation, and Act Two crisis of drinking hand sanitizer all prompt Aza to apologise to Daisy at the novel’s denouement in order to restore their friendship. Far from Dr Singh’s office, and using none of her techniques, Aza simply asks Daisy, “what do your parents do?” (p.242). This enables Daisy to open up about her mother, prompting her retelling of the turtles story that transforms Aza’s perception of herself: “‘Because it’s turtles all the way down,’ I said again, feeling something akin to a spiritual revelation.” (p.245)

Ultimately, Green suggests that it is by allowing ourselves to “love and be loved” (p.285) that we begin to uncoil the tightening spiral of our minds, and Aza’s discovery of this through friendship rather than through therapy seems appropriate: the YA book’s teenage audience is more likely to accept the uncertain messiness of recovery and the unlikely revelations beyond the psychiatrist’s chair than it is the (also necessary) safety of recovery through clinical intervention, more appropriate for a MG narrative.

## Conclusion

### Future Research

#### 1. *Exposure Limits*

Emetophobia is a condition with an unfortunate ‘feedback-loop’ facet. Unlike with most other phobias, where exposure to the object of fear (spiders, clowns, heights, etc.) merely triggers an extreme reaction in the sufferer, in exposing themselves to vomit, emetophobic individuals risk inducing the very thing they fear most: they may feel sick

or be sick. As such, depictions of vomit and vomiting must be handled with particular care in order not to trigger this feedback loop, especially when considering the particular vulnerability of young people. I would be interested to explore the ways in which writers have tested the limits of linguistic and pictorial exposure, and whether following the model of exposure response therapy (incremental intensity over time) might provide a safe framework for introducing and increasing the exposure to descriptions and scenarios within a YA novel. Since writing this article, I have been made aware of the concept of graphic medicine (Williams, 2026), and would like to explore further how the medium of comics (and perhaps also the typographic elements in verse novels) may enhance the therapeutic potential of YA fiction dealing with emetophobia.

## 2. Intersectional Suffering

Considering the research suggesting that more females than males have emetophobia (Harbor et al., 2025, p.1), I made the decision to write an emetophobic girl protagonist in *Dormant*. As such, it would be useful to explore how far the condition is experienced differently between girls and boys, and how this (and other intersectional considerations) might impact the trajectory of the emetophobic narrative. Indeed, Garcia notes that her chronically ill focus group “expressed an interest in LGBTQIA+ identities who were also chronically ill, male chronically ill characters, and non-white chronically ill characters” (2024, p.32).

## 3. Phobia Fiction

As emetophobia is a very specific condition, I kept my research focused on books depicting characters with either a direct fear of vomit (*Guts* and *Scorpions*), or an adjacent condition with shared symptoms (*Turtles All the Way Down*). Therefore, there is rich ground left untrodden when it comes to depictions of other phobias, particularly within YA fiction, and future thematic analysis across the spectrum of phobic writing could yield interesting conclusions about the depictions of chronic fears more generally.

## Framework

At the end of *Scorpions*, Middleton concludes that “the most important thing is that we have access to help, to stories and examples of ways in which we can manifest our struggles and begin to heal” (p.189). Through this investigation of two sick-lit novels and one memoir, I have established a framework for a productive YA novel about emetophobia:

- Draw from your own authentic, lived experience to ensure sufferers feel represented and connected.
- Aim for accuracy while remaining sensitive to potentially triggering content and avoiding sensationalisation.

- Represent emetophobic characters positively while avoiding stereotypes and clichés.
- Balance emetophobic specificity with the universality of teen experience to widen appeal to non-sufferers.
- Include literary pleasures, such as layered metaphors, narrative playfulness, and experimental elements, to further encourage universal engagement.
- Employ relatable extended metaphors to linguistically manifest abstract sensations and allow for contained, tolerable confrontation with the phobia.
- Embed Levy’s evidence-based CBT practices into the narrative to enhance its bibliotherapeutic potential.
- Offer hope through clinical intervention, while acknowledging the messiness of recovery and avoiding a ‘quick-fix’ solution.

This last point is particularly important for underlining my definition of ‘productive’. As Heath et al. state, productive disability narratives are not ones with “simplistic, ‘band-aid’ solutions with ‘happily ever after’ endings” (2005, p.569). Instead, their productivity is determined by their ability to authentically represent the condition, establish connection between sufferer and character, offer bibliotherapeutic properties, maximise universal appeal by providing insight and enjoyment for non-sufferers, and conclude with “a helpful or at least hopeful message” (Holmes, 2004, p.42).

By employing the framework above in my own creative work, I can offer teenagers with emetophobia the same hopeful feeling I had when I read *Scorpions*, while reaching the widest possible audience with my book and opening a ‘sliding glass door’ to this “neglected and poorly understood condition” (Harbor et al., 2025, p.1).

So, while vomiting remains an unpleasant experience for most, and a terrifying one for some, reading about it does not have to be either of these things. On the contrary, perhaps YA fiction has the potential to finally throw light on the complex fear of throwing up.

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### **Author Biography**

George Purves is currently studying for an MA in Writing for Young People at Bath Spa University, where he is developing his first YA novel, exploring emetophobia. He previously completed a BA in English at the University of Exeter. Alongside his writing, George works as a part-time secondary-school English teacher. Prior to returning to academia, he was an award-winning filmmaker, with short films screened at international festivals. He has also toured the UK with his band, creating narrative-driven concept albums that explore character, psychology, and story across multiple releases.