



ILLNESS AND HEALING IN PAUL KALANITHI'S *WHEN BREATH BECOMES AIR*.

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ABSTRACT

This paper looks at Paul Kalanithi's *When Breath Becomes Air* as an autopathographical account that narrates the trauma of the illness. It aims to examine the text as narrating the process of healing and recovery. The text traces the change in attitude and understanding of the narrator of life and mortality which further leads to the sense of recovery that the narrator achieves. The paper will also look at the narrative as bridging the gap between the medical world and literature.

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INTRODUCTION

Narration of illness has been one of the axis of literature. But Autopathography as an area of study emerged in the 1950s. Autopathography is often defined as illness narratives. It is a blend of the two words: "autobiography" and "pathography". The term "pathography" was used by Anne Hunsaker Hawkins in her 1993 monograph *Reconstructing Illness: Studies in Pathography* to refer to texts in which the author or authors write about the illness experience, be it their own or that of a close friend or relative. G. Thomas Couser then added the term "Autopathography" in his 1997 text *Recovering Bodies: Illness, Disability and Life Writing* to distinguish those works written by the ill person from those written by others in their lives. Arthur Frank postulated in *The Wounded Storyteller: Body, Illness and Ethics* (1995), that since ages there has been a tendency for an ill storyteller to create a retelling of his/her experience. This not only allows the narrator to "turn fate into experience," as Frank has termed it, but it also establishes an empathetic bond with the reader, rendering the storyteller a sympathetic audience (xi). Further, writings about illness not only allow the sick person to repair the damage the illness has caused on his/her life's path and in his/her self-understanding, but they also serve the basic function of simply letting people

know what has happened (Frank, *Wounded* xi). Autopathography is the narration of the experience of the person, prone specifically to a disease, a disability or a psychological disorder. The ill person in this genre is like the traumatized subject in the larger purview of trauma studies. But in this genre the term "trauma" goes back to the definition of trauma being understood as a wound on the body- as a physical wound. A person's changed perspective on life and the body post the traumatic event manifests itself in autopathographical writings, as well, as a call to action against the societal marginalization of the ill. As the word itself suggests it is an autobiography, with the traumatized subject as the narrator. They explore how illness disrupts the construction of the self by changing the course or length of life. It is the patient's tale. This paper aims to examine Paul Kalanithi's *When Breath Becomes Air* as a narrative that talks about the trauma of illness and the recovery from it. The text shows how the process of articulation for the narrator is alongside being a literary process, more of a cathartic process. This enables and contributes to the recovery and healing. The text also act as a bridge between two discipline; literature and medicine. Paul Kalanithi was an Indo-American neurosurgeon and the author of *When Breath Becomes Air*. The book was posthumously published on the 12th of January 2016 by his wife Lucy Kalanithi. She also contributes the epilogue to the book. Kalanithi was a well known neurosurgeon and had published essays in *The New York Times*, *The New Yorker* and other

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leading newspapers and magazines. He had addressed students at the University of Stanford, given interviews about his profession and about his illness. *When Breath Becomes Air* is an autopathographical narrative about Kalanithi's illness and life. He was diagnosed with stage IV metastatic lung cancer and the book narrates about his life revolving around his illness. Kalanithi was a practicing neurosurgeon even during his illness. His profession helps him cope with his illness. Apart from his degree in human biology he was also a graduate in English literature. He turns towards literature during the latter part of life. His two interests- neuroscience and literature play an important role in his life and his understanding of his mortality. In *Kalanithi*, because of his closeness to the illness, the focus falls more on the illness phase and how he was trying to cope with it. He "accelerates" through the past and "decelerates" through the illness phase. The narration does happen retrospectively but the narrator has not reached the physically healed or the reconciled self, it does not come from the healed phase which is why there is a larger focus on the trauma of the illness. There is the absence of longing and the glorification of the past in *Kalanithi*.

The absence of physical recovery in *Kalanithi* marks an important difference, because of which for him the past becomes only a part of his life, he does not return to it repeatedly. *Kalanithi* becomes so involved in the present, which is the illness phase that he does not think of either the past or the future. The trauma of the illness and his struggle to cope with the illness in his life is too strong for him to be able to remember the past. Also, *Kalanithi* lacks any one event or memory from the past that builds his strong sense of self. There is no "frequency" in his narration. Because the narrator is the ill self, the struggle between the narrator and focalizer prevents *Kalanithi* from having the kind of objectivity that allows him to locate strength and hope in his past. *Kalanithi* does not look back into his past for a sense of identity and completeness. He achieves his strongest sense of self from his profession which he involves himself into after his diagnosis of the illness. When he was diagnosed with cancer he says how his identity as a doctor did not matter at that time. But he builds back on his identity as the doctor post the diagnosis in an attempt to find the self. *Kalanithi* becomes more of a practicing neurosurgeon after he was diagnosed with cancer. Through his practice as a neurosurgeon he psychologically builds a stronger sense of self during his illness. His narration takes place alongside his trauma of the illness; hence there is the element of uncertainty about the future in him. He does not know for sure if he will survive his illness.

He hopes to survive but he also knows as a doctor himself that the chances of survival for him are the least. For him it becomes important to make the best use of his life and profession. It is with this realisation that the narrator moves distinctly away from the focalizer. The narrator tries to come to terms with the illness and cope with his life. He begins to treat more and more people in an effort to help as many as possible with their battle between life and death. As a doctor he is aware of his closeness, in terms of time, with death. For *Kalanithi* the ill period holds many moments that contribute to the sense of self, than his past. He becomes a father towards the end of his life. He agrees with his wife and they decide to have a child after he was diagnosed with the illness. The idea of having a child gives *Kalanithi* a new reason to look forward to in life. On being asked if having a child would only make his death more painful he says "... life isn't about avoiding

suffering" (143). He says further that after so many years of living with death he had come to understand that easiest death was not the best. He shifts the focus from "death" to "life" towards the end. In the initial period of the illness phase he looks at death, the mortality of one's existence but as he moves ahead in the phase, he embraces life with its mortality and begins to live life as it comes. He acquires the acceptance of the illness, and does not let the illness limit his life; he tries to live life beyond the illness, which is where his decision to have the child also comes from. He says in the last part of his book that the most obvious response to the realization of mortality was to live life to its fullest. With the acceptance of mortality he begins to focus on living life than on dying. Death no more preoccupies his psyche because he is aware that eventually he is heading towards death and therefore, he might as well make the best of this journey, of the time that he has at hand. This acceptance gives him a more positive outlook towards life.

He does establish a strong sense of selfhood towards the end but he also grapples with questions of identity at different points in the illness phase. Though the plot begins with the narration of his childhood and adulthood, the retrospective narrator begins by narrating the importance of literature in his life before medicine. He establishes his inclination towards literature and writing in the very first section. *Kalanithi* believed that "Literature provided a rich account of human meaning" (30). He gets his degree in both literature and neuroscience in an attempt to understand the human mind better. His final year master's thesis was titled "Whitman and the Medicalization of Personality", the thesis was well received but did not quite impress his English department. His thesis can be read as reflecting the basic aim of the genre of Autopathography. *Kalanithi*'s mention of this particular incident is a reflection of his own life caught between medical science and literature. The topic of his research thesis mirrors his internal divide between wanting to be a doctor and a writer. It can also be seen in a way as representative of the genre of Autopathography which brings in together two disciplines, i.e. medicine and literature. For him his medical practice provides the capability to understand his illness better whereas, literature and writing help him understand life. Though his strength to cope with the illness comes from his practice and his treatment of others who are ill, when he decides to write and articulate his life the importance of literature comes back in his life. The same dilemma that he faced as a graduate, the choice between medicine and literature, comes back in his life. In the narration about his childhood, he "decelerates" his narration about literature and "accelerates" the narration about the other aspects of his childhood. The purpose is to draw attention to the impact that literature has had in his life.

The other time when his identity as a neurosurgeon blurs is during his treatment, when he has to receive treatment and follow the directions of another doctor. For *Kalanithi*, who is himself a doctor and has been on the other side of the table giving advice and curing ill people, this becomes difficult to accept. *Kalanithi*'s shift from being the doctor to an ill person puts him in the position of the object from the subject, though he regains his position as the subject with the act of writing. This confusion and crisis is articulated best in his own lines, "Like my own patients, I had to face my mortality and try to understand what made my life worth living... Torn between being a doctor and a patient, delving into medical science and turning back to literature for answers, I struggled..." (139). In the case of *Kalanithi* though his profession and practice

become his well known identity there is also the other identity that arises from his love for literature, which he confronts towards the latter part of his life.

The distinction between the focalizer and the narrator is almost absent in Kalanithi because he does not heal physically. The absence of physical healing does not allow him to establish the clear distinction from the focalizer and the narrator. But he does heal to some extent psychologically wherein he is able to reconcile and understand his illness and therefore his mortality. It is this psychological healing that gives him the ability of narration. For Kalanithi the ability to “encode and process” the trauma comes from his profession, from his interaction and encounter with the people he treats. The suffering and trauma of the ill people opens him up to the understanding of life with all its hurdles and setbacks. He recollects a number of incidents from his medical practice but the primary focus in this recollection is the trauma of the ill people and the deaths that he has witnessed. The multiple recollections of the deaths serves as a means through which Kalanithi attempts to accept death and mortality as the nature of life. He lists a number of people who he saw dying during his first year; he talks about an incident where he says “The first birth I witnessed was also the first death.”(54). He talks about the twins who die within twenty four hours of their birth. On being informed about this death Kalanithi quotes “One day we were born, one day we shall die, the same day, the same second...Birth astride of a grave, the light gleams an instant, then its night once more.”(60).

This kind of depth and understanding about life and death comes because of the retrospective nature of the narrative. Kalanithi looks at these events from a time when he is himself fighting death. The trauma of the mother who lost her twins adds to the trauma of Kalanithi himself. He is able to empathize with the mother because of his own illness. Kalanithi’s profession exposes him to the trauma of various others which when looked at in retrospection alters and affects his own trauma. During his practice before the illness, the people he treated were mere “patients”. But when he looks back retrospectively from the illness phase the focalizer in him understands their trauma better, his “patients”, from being “patients” become people, which is why he is able to empathize better. Kalanithi, often makes references to books he read and quotes from literature, it is because literature provides him the understanding to cope with the trauma of the illness. The use of intertextuality in his narration allows him a kind comprehension of life, because literature for him provides the meaning to his life. Instead of a constant recollection of any particular event or memory from the past, Kalanithi repeatedly quotes lines from literature that reflects his inner thoughts. Towards the latter part when Kalanithi was admitted in the ICU for almost a week, he wakes up saying how his doctor Emma was the captain of the ship lending him a sense of calmness in the chaos of hospitalization and this reminds him of T.S.Eliot where he quotes, “Damyanta: The boat responded, Gaily, to the hand expert with sail and oar, The sea was calm, your heart would have responded Gaily, when invited, beating obedient To controlling hands”(191). Kalanithi’s position as the doctor gave him a sense of control over life, but with the illness he realizes that this control is slipping away. Before the illness Kalanithi thought that he was the captain of the ship because he controlled the ship of his “patients”, lending comfort and calmness to them. But the shift in his role from the sailor to that a passenger in the ship

requires him to comprehend the journey from the passenger’s perspective. And this understanding comes to him through literature. It is in literature that he finds most of his answers and reflections of his thoughts and situations. Through the very act of writing Kalanithi engages in a process of healing. The articulation of the trauma and the experience of the illness helps him come to terms with his situation. He turns towards Tolstoy’s *Ivan Illyich*, Solzhenitsyn’s *Cancer Ward*, memoirs of people with cancer and anyone who had ever written about mortality, and expresses the need to turn towards language with the help of these works. It becomes important for him to translate his experience into language in order to understand it better. He says “... And so it was literature that brought me back to life.” (149). The retrospective narrator is able to look at the many deaths he witnessed in the past of the different people he treated as not mere medical cases and failure but through these understand the mortality of one’s life. The retrospective narrator looks at these cases from a more philosophical view point and through this attains certain comprehensiveness about his own condition and position in his life. His illness leads him into exploring these aspects of life. Further through the process of articulation he moves a step further into accepting what he has understood. His encounter through the disease with the mortality and fragility of life had to be vocalized and articulated for him to understand and internalize it.

Kalanithi’s narrative does not particularly impart information about the personal or about the medical treatments he has received. His account can be placed with the other testimonial pathographies. But interestingly in Kalanithi we find the dual perspective of both the ill person and the doctor. Though autopathographies are primarily called the “patient’s tale” here is a tale that also puts forth the doctor’s tale. The image of the doctor which is often valorised as the saviour and giver of life is stripped open to its frailty. The doctor is often associated with “healing”, “saviour”, as someone who cures illness, who looks into others’ suffering and provides them comfort. As opposed to this image, in this narrative we see a doctor’s helplessness and lack of control over his illness. This shows how doctors are humans too. But again the image of the doctor as the “saviour” is reinforced to some extent in Kalanithi’s doctor Emma. His own position as the doctor does not allow him to pass the control over illness to another doctor. But he gradually gives in and accepts Emma as his doctor. While it is the people who elevate the doctors to a God like status, the doctors even live by and believe in their “saviour” image, which is where Kalanithi’s reluctance to see himself as a “patient” and Emma as the doctor comes from. While Autopathographies narrate the suffering and trauma of the ill people, this tale narrates the trauma of a doctor who becomes a “patient”. Thus for Kalanithi the trauma comes from being both the subject and the object of the illness. For him, the trauma comes from not just being the “patient” but also from his shift from the position of the doctor to the “patient”. It is the irony of his life, where he is able to cure and bring back so many people to life but he can’t save himself, which makes it more difficult for him. The narrative expresses the dual concern of both the doctor and the ill person, which is not seen in the other Autopathographies.

The act of writing, by a number of researches, is considered to be liberating. It is believed to provide a better sense of self. The emergence of the genre of Autopathography has its credibility in the power of healing that the act of writing

possesses. Robert J. Lifton, the American psychiatrist and author, known well for his psychological study of the causes and effects of wars and his theory of thought reform, has shown through one of his studies that coming to terms with any traumatic event or experience involves the attempt to project it outwards through either talking about it or by writing about it. Similarly, in the autobiographical narratives the ill people through their articulation gain a psychic rebuilding of the self making meaning out of the illness and the trauma caused by it. These narratives not only talk about the awfulness of being ill but also articulate and show the courage and strength through which they live past the illness, their narratives stand as testimony to the capacity of writing which helps them transform their experience into ways that can heal them. Through the process of narration the ill person takes on the role of narrator achieve a sense of catharsis. They bring in multiplicity to the perceptions about illness and the life of the people with the illness. They draw the readers' empathy and enable and allow the readers to draw strength and support from these narratives.

Autobiographical narratives also act a window to the medical world. They narrate and talk about those experiences of the ill people regarding the illness that remain ignored and unarticulated in the medical records. They provide more than just the facts and figures to the medical records; they render an experiential value to the medical records. Kalanithi's narrative becomes an alternate perspective to the medical records where in the dual perspective of both, the doctor and the ill person, is brought out. While the medical records do not take into account the ill person's experience, it also does not allow space for the doctor to put forth a humanistic and empathetic view point. Kalanithi's narrative brings out the doctor's experience of witnessing the many deaths and births. Alongside the ill person's suffering it also shows the doctor's suffering. The autobiographical narratives articulate the close encounter of the person with death. They capture the trauma and fear of the person and how it changes their understanding of life itself. We see in Kalanithi's narrative the shift in his attitude towards life and death. He moves from focusing on the darkness in life, from looking at death as that which to be feared towards a more positive outlook of life. He does not let death control his life, he accepts it and lives life with the understanding that death is inescapable. His acceptance of the mortality of life allows him to transcend the fear of his illness, which further leads to his psychological recovery. For Kalanithi the act of writing and articulation of the experience renders a redemptive effect. He dies while writing the book and the book is posthumously published by his wife, Lucy Kalanithi. In the epilogue of the book, Lucy Kalanithi talks of the book as tracing Kalanithi's journey in life. She says how Kalanithi started writing the book when he was still a practicing neurosurgeon and continued writing through his appointments with the oncologist, through his chemotherapy. Kalanithi through the book wanted to help people understand death and face it.

Kalanithi through his narrative gives out a message to the "death avoidant" (WBBA, 215) society, to not avert from death. His narrative becomes the tale of a person who transforms from one passionate vocation to another and through this comes to terms with life with its mortality. Autobiography also acts as a bridge between literature and medical science. The genre and specifically these narratives show the power of literature to heal and recover. In the contemporary world literature cannot be kept in isolation from the other disciplines. There is the intersection of the various disciplines and the binaries between the disciplines collapse with a genre like Autobiography. The narratives use the literary techniques to talk about an experience that the medical world overlooks, in their articulation of this experience they move from being just records used for medical understanding to powerful literary narratives about trauma, reconciliation and hope.

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