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Paul Kalanithi's when breath becomes air depicts: The interplay between illness and healing

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Abstract
When Breath Becomes Air by Paul Kalanithi is a narrative autobiography that narrates the trauma of illness, which can also be characterized as an autopsy narrated from the point of view of the author. In this paper, we intend to examine the text as a work of fiction that narrates what it is about to heal and recover. As the story unfolds, the narrator's attitude and understanding of life and mortality alter dramatically, and this, in turn, leads to the narrator's feeling of relief and recovery at the end of the story. It is also expressed in the paper that narrative can also be viewed as bridging the gap between the worlds of medicine and literature.

Keywords: Trauma, narration, autobiography, recover, mortality

Introduction

Narration of illness was one of the axes of literature. But autobiography as a field of study emerged in his 1950s autobiography is often defined as the story of illness that is a mixture of two words: "Autobiography" and "Pathology". The term "pathography" was used by Anne Hunsaker Hawkins in her 1993 [9] monograph Her Reconstructing Illness, she states: study at pathology refers to texts that have authors or authors write about the experience, whether it's your own illness or someone else's illness a close friend or relative. G. Thomas Couser then added the term "Autobiography" in his 1997 text Recovering Bodys: Diseases, Disabilities, and Life Writings to Distinguish These Works from Written by the Sick to Written by Others life. Arthur Frank postulated in The Wounded Storyteller that body, Disease and Ethics (1995) has been around for a long time. Illness storytellers' tendency to create their own retellings experience. This not only allows the narrator to "change fate" as Frank said, it also establishes the experience an empathetic bond with the reader. Merciful audience (xi). No more writing about illness let the sick man repair only the damage that the disease has due to his/her life path and his/her self-understanding, but they also serve a basic function of simply letting people go I know what happened (Frank, injured xi). Autobiography is the narration of the human experience a person who is particularly vulnerable to disease, disorder, or disability mental disorder. The sick of this genre are like that traumatized subjects in the larger context of trauma research. But in this genre, the term "trauma" goes back to defining understanding trauma as physical wounds physical injury change in a person's outlook on life body after a traumatic event also, writing autobiography as a call to action for it social exclusion of the sick like the word itself it is an autobiography, a traumatized subject narrator. They study how disease disrupts construction of self by altering the course or length of life that is medical history.

The purpose of this paper is to examine Paul Kalanithi when breath becomes air, it's a story to tell illness trauma and recovery from it. The text shows how the narrator's articulation process is a literary process, a more cathartic process. This will contributes to recovery and healing. The text also serves to:it bridges the two fields literature and medicine. Pole Kalanithi is an Indian-American neurosurgeon and author of from when the breath becomes air. The book was published after his death published by his wife Lucy on January 12, 2016 Kalanithi. She also contributed an epilogue to the book. He has spoken to students at Stanford University and conducted interviews on his concerning his condition and profession. An autobiographical account of Kalanithi's sickness and life, When Breath Becomes Air. His life revolved on his disease after receiving a stage IV metastatic lung

cancer diagnosis, and the book describes this. Even though he was unwell, Kalanithi was a practising neurosurgeon. He is able to manage his disease because to his profession.

He also has a degree in English literature in addition to his human biology degree. In his latter years, he begins to read literary works. His two passions, neuroscience and literature, have a significant impact on his life and perception of mortality. Due to his near proximity to the sickness in Kalanithi, the emphasis is placed more on the illness phase and his attempts to cope with it. Through the past, he "accelerates," and through the disease phase, he "decelerates." There is a greater emphasis on the trauma of the sickness because the narrative does take place retrospectively, but the narrator has not yet achieved the physically recovered state or the reconciled self. In Kalanithi, nostalgia and the veneration of the past are absent.

Interplay Between Illness and Healing

In Kalanithi, there is a significant distinction in that there is no bodily healing; as a result, the past is no longer a constant part of his existence. The disease phase causes Kalanithi to become so engrossed in the present that he forgets about the past or the future. He is unable to recall the past due to the trauma of his disease and his effort to deal with it in his present. Kalanithi also lacks any specific moment or recollection from his history that might have contributed to his strong sense of self.

No "frequency" can be found in his narration. The conflict between the narrator and focalizer stops Kalanithi from having the type of objectivity that would enable him to find strength and hope in his history since the storyteller is the ill self. To feel full and identified, Kalanithi does not turn to his history. His career, which he entered after receiving his disease' diagnosis, gives him his deepest sense of self. He claims that his identification as a doctor did not matter at the time of his cancer diagnosis. But after receiving the diagnosis, he rebuilds his identity as the doctor in an effort to rediscover himself. When Kalanithi was given a cancer diagnosis, he started to practise neurosurgery more often. He has a better sense of self mentally during his sickness thanks to his work as a neurosurgeon. His illness-related trauma and narrative are contemporaneous, so he is also dealing with some future uncertainty. He is unsure about his prognosis for recovery from his sickness. He continues by saying that he had learned to realise that the simplest death after spending so many years coping with it was not very good. Toward the end, he switches the emphasis from "death" to "life." In the early stages of the sickness phase, he considers death and the transience of life, but as the phase progresses, he accepts life with its transience and starts to live each day as it comes. His desire to have the kid also stems from his resolve to live life beyond his disease. He learns to embrace his condition and does not allow it limit his life.

In the final chapter of his book, he claims that the most apparent reaction to realising one's own death was to enjoy life to the fullest. He starts to put more emphasis on living life than on dying after accepting his mortality. He is aware that he would die someday, so he may as well make the most of this voyage and the time he has left. As a result, death no longer fills his thoughts. His view on life is improved as a result of this acceptance. Towards the end, he does develop a strong sense of self, but throughout the disease period, he also struggles with identity issues. Although the retrospective narrator begins by discussing the significance of literature in his life before medicine, the story actually starts with the telling of his childhood and career. In the opening paragraph, he declares his preference for writing and reading. To better comprehend the human mind, he earns degrees in both literature and neurology.

His master's thesis from his final year, "Whitman and the Medicalization of Personality," was highly regarded, although it did not really please his English department. The fundamental goal of the autopathography genre may be seen as being reflected in his thesis. In mentioning this specific occurrence, Kalanithi is reflecting on his own life, which is torn between literature and medicine. His internal conflict between wanting to be a doctor and a writer is reflected in the topic of his research thesis. It might also be viewed as an example of the Autopathography genre, which combines the fields of medicine and literature. He can better grasp his disease thanks to his medical work, whereas he gains a greater understanding of life by reading and writing. The value of literature returns to his life when he decides to write and express his life, even though his ability to deal with the sickness comes from his practise and his care of other sick people.

The same decision he had to make while deciding between medicine and literature as a graduate returns to him in this life. He "decelerates" the portion of his childhood narrative that discusses literature while "accelerating" the portion that discusses the other parts of his upbringing. The intention is to highlight the influence that books has had on his life. The other time his identification as a neurosurgeon gets muddled is when he is receiving treatment and is required to follow instructions from another physician. This is challenging for Kalanithi to accept because he is a doctor and has experience offering medical advice and treating patients on the opposite side of the table. When Kalanithi switches from being the doctor to being a patient, he is no longer the topic; nevertheless, when he writes, he is once again the subject. 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). although Kalanithi's career and practise have contributed to his well-known personality, he also has a second identity that stems from his passion for reading, which he confronts in the final stages of his life.

Because he does not physically recover, the boundary between the focalizer and the storyteller is essentially nonexistent in Kalanithi. He cannot clearly distinguish himself from the focalizer and the narrator due to the lack of bodily healing. He does, however, experience some psychological healing in that he is able to accept and comprehend his disease and, consequently, his death. His capacity to narrate is a result of his psychological rehabilitation. The engagement and encounters Kalanithi has with the patients he treats provide him the skills necessary to "encode and process" the trauma. His awareness of life, with all its challenges and disappointments, is expanded by witnessing the pain and anguish experienced by the sick individuals. He recalls a variety of experiences from his medical career, but the trauma of the ill patients and the fatalities he has seen are the main emphasis of this remembrance. Kalanithi makes an effort to embrace death

and mortality as a fact of life by recalling the deaths several times. He talks about an instance when he claims, "The first birth I watched was also the first death," and he cites a number of people who he saw pass away in his first year (54). He tells about the twins that pass away 24 hours after being born. "One day we were born, one day we shall die, the same day, the same second," says Kalanithi in response to learning of this death. When a baby is born next to a grave, the light briefly shines before night returns (60).

The retrospective character of the narrative is what gives the story its depth and understanding of life and death. When Kalanithi views these occurrences, he is personally battling death. In addition to Kalanithi's own anguish, the mother who lost her twins also experiences trauma. Because of his own sickness, he can relate to the mother. Due to his line of work, Kalanithi is exposed to the trauma of many different people, which, when considered retrospectively, impacts and modifies his own trauma. The individuals he served during his work prior to the sickness were only "patients." However, as he looks back in retrospect from the sickness phase, the focalizer in him better understands their pain since his "patients" have transformed from being "patients" to being humans, which is why he can empathise with them more. Because literature gives Kalanithi the knowledge to deal with the trauma of his sickness, he frequently alludes to the books he has read and quotes from it. Because literature gives his life purpose in his eyes, the intertextuality he uses in his narrative enables him to have a humane understanding of life. Kalanithi often recalls lines from literature that mirror his inner ideas rather than always recalling any one particular experience or memory from the past. Kalanithi was admitted to the ICU for almost a week at that point, and when he wakes up, he describes how his doctor, Emma, was the captain of the ship, keeping him calm amidst the chaos of hospitalisation. This makes him think of a line from T.S. Eliot, "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 (191).

Being a doctor gave Kalanithi a sense of control over life, but now that he is unwell, he recognises that this power is evaporating. Before his sickness, Kalanithi believed he was the ship's captain because he managed the ship of his "patients," bringing them comfort and serenity. But because he is now a passenger on the ship instead of a sailor, he must understand the voyage from the perspective of the passenger. And he acquires this knowledge through books. He finds most of his solutions and reflections of his ideas and circumstances in literature. Kalanithi's healing process is aided by the act of writing itself. He is able to make sense of his circumstances via the expression of the trauma and the experience of the disease. The retrospective narrator is able to view the numerous deaths of the various patients he treated in the past as more than just medical failures and cases, and through them, get an understanding of life's finiteness. The retrospective narrator approaches these situations from a more philosophical perspective and, as a result, has a more complete understanding of his own situation and place in life. He investigates these facets of life as a result of his sickness.

He takes a step closer to embracing what he has realised as he continues the process of expression. For him to comprehend and absorb the mortality and frailty of life he had encountered via the sickness, it had to be spoken and articulated. The personal or medical therapies Kalanithi has undergone are not especially detailed in his tale. His story might be categorised alongside the other testimonies. But intriguingly, Kalanithi gives us access to both the patient's and the doctor's points of view. Although autopathographies are sometimes referred to as the "patient's tale," this story also includes the doctor's perspective. The often exalted image of the doctor as the giver of life and the saviour is exposed for the weakness it is. The word "healing" and the word "saviour" are frequently used to describe the doctor, who treats patients' illnesses and eases their suffering. In contrast to this image, the tale demonstrates the powerlessness and lack of control a doctor has over his sickness. This demonstrates how physicians are also people. However, Kalanithi's Doctor Emma somewhat reinforces the idea of the doctor as the "saviour." He is unable to delegate responsibility of a patient's disease to another physician due to his own status as a physician. But over time, he caves and allows Emma to treat him.

The physicians even live by and believe in their "saviour" image, which is where Kalanithi's resistance to seeing himself as a "patient" and Emma as the doctor comes from, even if it is the patients that elevate the doctors to a God-like position. This story describes the trauma of a doctor who becomes a "patient," as opposed to autopathographies, which describe the anguish and trauma of the unwell. Being both the disease's subject and its object causes trauma for Kalanithi. His distress stems not only from his status as the "patient," but also from his change from the position of the doctor to the "patient." His situation is made more challenging by the irony of his existence, in which he can heal and revive so many others yet is unable to do the same for himself. The narrative conveys the doctor's and the patient's dual concern, which is absent from the other autopathographies. Numerous studies have found that the act of writing is freeing. It is thought to improve one's feeling of self.

The legitimacy of the genre of autopathography stems from the therapeutic potential that writing possesses. According to one of Robert J. Lifton's studies, dealing with any traumatic event or experience involves making an effort to project it outwards through either talking about it or writing about it. Lifton is an American psychiatrist and author best known for his psychological study of the causes and effects of wars as well as his theory of thought reform. Similar to this, in autopathographical al narratives, the sick persons obtain a psychological reconstruction of the self via their articulation, giving the sickness and the trauma it inflicted significance. Their narratives serve as a testament to the power of writing, which enables them to transform their experience into ways that can heal them. These narratives not only discuss how awful it is to be sick, but also articulate and demonstrate the courage and strength through which they live past the illness. The sick person who assumes the role of the narrator experiences catharsis via the narrating process. They provide diversity to how people see sickness and the lives of those who have it. They evoke the readers' sympathies and make it possible for them to find courage and support in these experiences.

The world of medicine can also be viewed through autopathographical narratives. They describe and discuss those patient experiences with reference to the illness that are neglected and unstated in the medical records. They provide an experience element to the medical data in addition to providing information such as facts and

numbers. In Kalanithi's tale, the doctor's and the patient's dual perspectives are highlighted, offering a different viewpoint to the medical records. While the experience of the sick person is not taken into consideration in the medical records, there is also no room for the doctor to provide a humanistic and sympathetic point of view. The doctor's experiences of observing the numerous births and deaths are vividly described in Kalanithi's tale. It depicts the pain of both the patient and the doctor.

Conclusion

The autopathographical narratives describe the individual's personal touch with death. They depict the person's pain and dread as well as how it alters their perspective on life in general. In Kalanithi's story, we can observe how his perspective on life and death has changed. He shifts his attention away from the negative aspects of life and away from viewing death as something to be dreaded in favour of a more upbeat viewpoint. Death is not in control of his life; rather, he accepts it and goes about his daily activities with the knowledge that it cannot be avoided.

Death is not in control of his life; rather, he accepts it and goes about his daily activities with the knowledge that it cannot be avoided. He is able to overcome his anxiety of his disease thanks to his acceptance of death, which furthers his psychological rehabilitation. The process of writing and verbalising the event has a redeeming impact on Kalanithi. He passes away while writing the book, and his wife, Lucy Kalanithi, publishes it after his passing. Lucy Kalanithi describes the book's epilogue as recounting Kalanithi's life's journey. She describes how Kalanithi began writing the book while he was still an active neurosurgeon and proceeded through his oncologist appointments and treatment.

His story takes on the character of a person who switches from one intense career to another and, in doing so, learns to accept his or her own death. Additionally, autopathography serves as a link between literature and medicine. The genre and these stories in particular demonstrate the therapeutic and restorative power of literature. Literature cannot be maintained apart from other academic subjects in the modern world. With a genre like autopathography, there is an interaction of the numerous disciplines, and the boundaries between the fields break down. The tales employ literary approaches to discuss an experience that the medical community ignores; in doing so, they transform from being merely records used to study medicine into potent literary narratives about trauma, reconciliation, and hope.

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