
**Illness Narratives: A Study on Body Image in *When Breath Becomes Air*
by Dr. Kalanithi and *The Cancer Journals* by Audre Lorde**

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Abstract

Terminal illness disrupts not only physical health but also one's self-perception and emotional resilience. This paper explores the interplay of literature, body image and the healing power of narrative in terminal illness through the lens of illness narratives in Paul Kalanithi's *When Breath Becomes Air* and Audre Lorde's *The Cancer Journals*. By examining these autobiographical accounts using a qualitative research approach, the research aims to uncover how Kalanithi and Lorde confront their physical transformations and societal expectations, revealing the deep psychological impact of their illnesses. Kalanithi's struggle with a perceived loss of masculinity and physical capability contrasts with Lorde's challenge to societal norms about female beauty and resilience. The findings advocate for a more empathetic approach in medical and social contexts, highlighting the need for supportive environments that validate the emotional experiences of terminal illness patients. This research illustrates how non-fiction, particularly autobiographies and memoirs, profoundly analyses personal struggles, offering valuable insights into the human experience of illness and resilience.

Keywords: Illness Narratives, Body Image, Self-perception, Psychological Impact, Empathy

Introduction

Literature has long served as a mirror to the human condition, reflecting our deepest fears, struggles, and triumphs. In the context of illness narratives, this reflective power is profoundly evident. By delving into autobiographical and memoiristic narratives, this study highlights how these literary forms provide profound insights into personal struggles that transcend medical descriptions. Through literature, narratives of illness can be explored in-depth, providing a deeper understanding of the subjective experiences of patients and caregivers. Novels, poetry, autobiography, and memoirs can offer valuable insights into the emotional, psychological, and social dimensions of illness that may not be captured by medical textbooks alone. Ultimately, this research paper contributes to a more comprehensive understanding of the holistic dimensions of health and illness by examining the intersection of personal narratives with medical realities.

By examining the autobiographical narratives, Dr. Paul Kalanithi's *When Breath Becomes Air* and Audre Lorde's *The Cancer Journals*, the paper aims to challenge prevailing notions about body image, highlight the universal susceptibility to body dissatisfaction, and explore the coping strategies employed by individuals facing terminal illness, transcending gender stereotypes. This analysis is crucial for understanding the complex interplay between illness, identity, and societal expectations. Body image, the perception and attitude towards one's physical appearance, has been extensively studied across various disciplines. Research indicates that body dissatisfaction is prevalent among men and women, although manifested differently due to societal and cultural influences. Studies have shown that while women often adhere to standards of slimness and attractiveness, men grapple with expectations of muscularity and strength (Fredrick et al. 766-774). This gendered experience of body image issues is further compounded in the context of terminal illness, where physical changes due to disease and treatment can significantly impact one's self-perception. This paper addresses the research question of how terminal illness patients' experiences with body image and their use of literature and writing as coping strategies, conveyed through narrative techniques, contribute to broader societal understanding and support systems.

Discussion

Body Image: A Gendered Perspective

Paul Kalanithi, an Indo-American neurosurgeon, authored the posthumous work *When Breath Becomes Air* published in 2016 by his wife, Lucy Kalanithi. The book explores Kalanithi's life after his diagnosis of stage IV lung cancer. As highlighted in the foreword by Abraham Verghese, the narrative transitions from Kalanithi as a physician treating the dying to him becoming a patient fighting for his own life. While the work explores his early and later years, Kalanithi emphasizes the significance of literature and medicine, stating that "literature provided the best account of the life of the mind, while neuroscience laid down the most elegant rules of the brain"(Kalanithi 30-31). This narrative explores how terminal illness reshapes personal identity and professional roles, emphasizing the literary reflection of these profound experiences.

Audre Lorde's influential work, *The Cancer Journals*, explores the profound impact of breast cancer on the life of a Black feminist lesbian writer. By shifting between personal reflections and political observations, the book explores a range of themes, including the role of prosthetics, the political dimensions of physical appearance, the power dynamics within the patient-doctor relationship, the intersection of feminism and social activism, and the influence of cancer in a capitalist society. In the first chapter, *Transformation of Silence into Language and Action*, Lorde emphasizes the necessity of voicing one's struggle saying that "where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and to share them and examine them in their pertinence to our lives" (Lorde 16). Furthermore, the third chapter, *Breast Cancer: Power vs. Prosthesis*, addresses how the loss of a breast due to cancer

is often perceived as a cosmetic issue, with the "emphasis upon the cosmetic after surgery reinforcing this society's stereotype of women, that we are only what we look or appear, so this is the only aspect of our existence we need to address" (Lorde 49-50). Ultimately, Lorde's narrative highlights the urgent need to address the psychosocial and emotional impact of cancer, challenging the narrow focus on physical manifestations and advocating for a broader understanding of body image and self-acceptance.

Thus, the issue with body image is significant in both books as Kalanithi deals with lung cancer and its effect on his body, and Lorde's struggle with breast cancer, undergoing a mastectomy, and the need for acceptance in society with a deformed figure. Many individuals express apprehension or worry regarding at least one aspect of their body. Frederick and his team approximated that 20% to 40% of women experience dissatisfaction with their bodies. Body dissatisfaction is also observed in men, indicating that 10% to 30% of men exhibit dissatisfaction, with around 69% of male adolescents expressing discontent with their bodies concerning weight. The significance of gender-based disparities in body image should not be dismissed, as research indicates that these differences contribute to various psychological challenges and disruptions in the experiences of both women and men (Fredrick et al. 766-774).

The article, *Objectification Theory*, talks about how media plays a significant role in intensifying the pressure on women to conform to the ideal body image compared to men. This is attributed to the frequent exposure of women to idealized bodies in the media. In Western societies, the societal expectation of adhering to beauty standards is deemed more crucial for women in defining their gender roles than for men (Fredrickson and Roberts 173-206). However, some researchers argue that men still experience challenges related to their body image. Stereotypes that highlight the importance of body functionality for men and body appearance for women could contribute to increased body dissatisfaction and decreased body appreciation in women compared to men. Nevertheless, a strong desire for muscularity, associated with unhealthy exercise and dietary practices, is more prevalent in men than in women and is often perceived as a manifestation of masculinity (Murnen and Smolak 161-172).

As we explore body image issues across genders, it underscores the unique manifestations of these concerns in the context of terminal illness. The narratives of Dr. Kalanithi and Audre Lorde offer rich, gendered perspectives on body image in the context of terminal illness. Both authors provide intimate insights into their experiences, yet their approaches reflect their unique identities and societal roles. Kalanithi's perspective as a male neurosurgeon contrasts with Lorde's viewpoint as a female poet and activist, highlighting the diverse ways in which body image and illness intersect.

Body Image and Masculinity in *When Breath Becomes Air*

In *When Breath Becomes Air*, Dr. Paul Kalanithi intimately reflects on the transformative journey through his terminal illness, highlighting the profound shifts in his self-perception. His narrative captures his struggle with the physical changes imposed by his condition, revealing how these alterations affect his sense of identity. Kalanithi reflects on his deteriorating physical state, noting, "I had grown noticeably weaker. My body, and the identity tied to it, had radically changed. No longer was getting in and out of bed to go to the bathroom; it took effort and planning" (Kalanithi 124-125). In the article published by *National Review*, the writer says that "Men suffer too from the cultural pressure to look perfect" (Miller). Kalanithi's narrative style poignantly reveals the emotional and psychological effects of societal expectations on masculinity during illness. His introspective prose deepens the literary understanding of how these norms impact personal identity and self-worth.

Kalanithi's narrative poignantly captures his struggle with body image through vivid descriptions of his physical decline. "I developed a characteristic severe acne... it was pockmarked and, with my blood thinners, constantly bleeding. Any part of me that identified with being handsome was slowly being erased" (Kalanithi 135-136). His narrative reflects the journey of undergoing radiotherapy and chemotherapy treatments, leading to a physically deformed body as he became frail and vulnerable. It forced him to reevaluate his self-worth, leading to periods of profound introspection. However, even amidst the throes of illness, Kalanithi exhibited remarkable resilience, drawing strength from his medical background to navigate the existential depths of his condition. "A young nurse, with an attempt at cheer, put his hand on my shoulder and said, 'The weight loss has been very effective, I see.' Yes, I had lost some more weight; muscles had dried up and vanished. My legs had grown so weak that I could no longer stand in the shower. I had taken to sitting on the floor as the hot water washed over me" (128-129). These detailed reflections illustrate how the physical manifestation of illness stripped away his previous identity tied to physical strength and robustness. He says, "How little do doctors understand the hells through which we put patients" (122). Kalanithi's narrative technique, employing introspective and detailed accounts of his physical and emotional state, enriches our understanding of the intersection between illness and identity.

Dr. Kalanithi's narrative is deeply influenced by his background as a neurosurgeon, which shapes his understanding and portrayal of his illness. His reflections on his deteriorating body are marked by clinical precision, yet they are also imbued with a poignant vulnerability. "I was not even lifting weights yet, just lifting my legs. This was exhausting and humiliating. My brain was fine, but I did not feel like myself. My body was frail and weak" (Kalanithi 140). To reclaim lost strength and improve his appearance, Paul endeavours to demonstrate his capabilities and masculinity to the world despite a terminal illness. "I started adding reps, weights, and minutes to my workouts, pushing myself to the point of vomiting" (141). This narrative choice underscores the tension between his desire to maintain a sense of capability and the reality of his deteriorating condition.

Dr Kalanithi's narrative, crafted with literary finesse, transcends mere medical documentation, offering a profound exploration of identity through the lens of a terminal illness. His evocative prose captures the psychological upheaval of losing one's physical strength and underscores the broader literary significance of narrative in understanding human resilience. By intertwining personal struggle with eloquent reflection, Kalanithi's work exemplifies how literature serves as a vital tool for delving into the complex interplay of body image and self-perception in the face of mortality. This highlights literature's crucial role in articulating and addressing the deeply personal dimensions of the human experience.

Body Image and Femininity in *The Cancer Journals*

In *The Cancer Journals*, Lorde's evocative narrative explores how breast cancer affects her sense of self and challenges societal expectations while promoting self-acceptance. Her reflections on body image poignantly reveal the struggles women face when their physicality is altered by illness, particularly in a society that often equates femininity with physical appearance. She says, "Prosthesis offers the empty comfort of 'Nobody will know the difference.' However, it is that very difference that I wish to affirm because I have lived it and survived it, and wish to share that strength with other women" (Lorde 56). This statement underscores Lorde's rejection of superficial norms, embracing her altered body as a symbol of resilience rather than conformity. Her narrative, rich in literary depth, challenges conventional beauty standards and highlights the power of authentic self-expression. "I have a duty to speak the truth as I feel it, and to share not just my triumphs, not just the things that felt good, but the pain, the intense, often unmitigated pain" (Lorde 66). Through her raw honesty and narrative technique, Lorde redefines femininity, using her personal story as a literary tool to advocate for a genuine embrace of one's evolving self beyond societal pressures.

Despite the emotional impact of procedures like breast removal due to cancer, women are denied the opportunity to explore and understand their genuine feelings. Instead, they receive swift cosmetic reassurance, dismissing the importance of their emotions and emphasizing appearance as the sole measure of self-worth (49-50). "With this orientation, a woman after surgery is allowed no time or space within which to weep, rage, internalize, and transcend her own loss. She has left no space to come to terms with her altered life or to transform it into another level of dynamic existence" (51). Audre Lorde talks about the negative effects while focusing too much on how a woman looks during a critical time when she is trying to regain herself and reshape her body image. She says this act promotes women dwelling on the past instead of looking towards the future (49). This hinders a woman from understanding herself in the present and accepting the altered aspects of her body. As these changes are concealed under prosthetic devices, she is compelled to privately mourn the loss of her breast as if it were a crime she committed. Another negative effect is that it prompts a woman to concentrate solely on mastectomy as a cosmetic event, disregarding other factors in a broader context that might involve her mortality (50). Thus, Lorde insists that "Women must become free enough from social stereotypes

concerning their appearance to realize that losing a breast is infinitely preferable to losing one's life" (55).

Lorde feels that using prosthetics is not inherently problematic if the choice is made freely, for any reason, after a woman has had the opportunity to come to terms with her altered body (56). However, Lorde emphasizes the idea that a woman can be beautiful even with only one breast. She recounts her initial visit to the doctor's office without a prosthesis, where a nurse insists that wearing one would improve her well-being and that not doing so is bad for office morale. Lorde disagrees with this viewpoint, asserting that the actual truth is that certain individuals find comfort when she conceals the absence of her breast with a prosthesis.

However, a woman who has one breast and refuses to hide that fact ... is seen as a threat to the "morale" of a breast surgeon's office! However, when Moïse Dayan, the Prime Minister of Israel, stands up in front of parliament or on TV with an eyepatch over his empty eyesocket, nobody tells him to get a glass eye, or that he is bad for the morale of the office. The world sees him as a warrior with an honorable wound and a loss of a piece of himself, which he has marked and mourned and moved beyond ... well, women with breast cancer are warriors, also. I have been to war and still am. (Lorde 53)

Thus, she talks about the double standards in society over the body image of men and women. Lorde's narrative style, is profoundly shaped by her experiences as a black woman and a feminist and characterized by its raw honesty and unflinching critique. It is a powerful vehicle for amplifying the collective voice of women facing body image issues during illness. Her evocative prose and personal reflections not only highlight the emotional and psychological dimensions of her experience but also push for a broader societal shift. By intertwining personal struggle with a critique of societal expectations, Lorde's writing underscores the importance of viewing femininity through the lens of inner strength and authenticity, rather than superficial ideals. This narrative approach enriches our understanding of body image issues by emphasizing the profound impact of personal storytelling on challenging and reshaping societal perceptions.

Writing as healing

Writing serves as a profound healing mechanism for individuals grappling with terminal illness, offering a means to voice their experiences and find solace. Illness narrative is a practical approach to coping with the impact of illness. An illness narrative is a story that the patient narrates, and others retell, aiming to give coherence to the unique events and long-term challenges of their suffering. These narratives often reach a broad audience through social media, television, and support group websites or magazines. They serve as valuable resources for patients, offering information and examples on how to cope with illness effectively. Therefore, narratives act as spaces for sharing, discussing, and negotiating experiences with illness and our relationship with it. Through storytelling, various events can be expressed and their meanings explored (Sharf and Vanderford 23- 48).

In *When Breath Becomes Air*, Dr. Kalanithi talks about how writing became a therapeutic tool. Kalanithi earned both Bachelor's and Master's degrees in English literature from Stanford University. As a child, Paul Kalanithi developed a deep fascination with literary writers such as Orwell, Camus, Sartre, Poe, and Thoreau. His initial interest and academic background in English literature play a crucial role in shaping his comprehension of illness and coping mechanisms. During his time in college, Dr. Kalanithi was curious and contemplated questions such as "What gives life its meaning?" He sought answers in the literature (Kalanithi 112). Upon encountering discouraging CT scans for the first time, Kalanithi reflects that a significant chapter of his life has concluded, and he contemplates the possibility of the entire book coming to a close. "One chapter of my life seemed to have ended; perhaps the whole book was closing. Instead of being the pastoral figure aiding a life transition, I found myself the sheep, lost and confused" (Kalanithi 120). The metaphorical representation of life as a book is intriguing, with literary awareness becoming a coping mechanism for him as he grapples with the challenges of his illness. Notably, literature takes a pivotal role in Kalanithi's journey only as his health deteriorates and the prospect of recovery becomes increasingly uncertain (Conley 27). Kalanithi's reconnection with literature signifies his approach to comprehending his circumstances and reconciling with the various potential outcomes of his illness (Conley 22). In the epilogue, Lucy mentions that in the final year of his life, Kalanithi wrote continuously, driven by a sense of purpose and motivated by the awareness of a limited time, which helped him focus on his mental well-being. "Strategies for retaining the mental focus needed to write, despite the punishing fatigues of progressive cancer, were the focus of his palliative-care appointments. He was determined to keep writing" (Kalanithi 214). He says, "The monolithic uncertainty of my future was deadening, everywhere I turned the shadow of death obscured the meaning of any action... and so it was literature that brought me back to life" (149). Lucy later mentions that Paul was very proud of his book, which was like a reward for his love for literature (220).

Similarly, Audre Lorde's *The Cancer Journals* exemplifies how writing serves as a healing practice and a tool for activism. Lorde channels her experiences with breast cancer into her narrative, transforming personal pain into a collective call for empowerment. She writes, "The strength of women lies in recognizing differences between us as creative, and in standing together. Our battles for self-determination, self-definition, and self-respect need to be fought alongside those of our sisters for justice and survival" (Lorde 72). By documenting her journey and engaging with feminist and LGBTQ+ communities, Lorde's writing becomes a vessel for catharsis and social critique. Her work advocates for the visibility and acceptance of altered bodies, using her narrative to challenge societal norms and advocate for broader systemic change.

Both Kalanithi and Lorde illustrate the transformative power of writing as a means of healing and self-expression. Their narratives provide personal solace and resonate with broader audiences, offering insight into the human condition and the

complex interplay of illness and identity. For both authors, writing emerges as a crucial tool for navigating the depths of terminal illness, transforming their struggles into powerful statements of resilience and hope.

Conclusion

This paper explored how the narrative techniques in Dr. Paul Kalanithi's *When Breath Becomes Air* and Audre Lorde's *The Cancer Journals* illuminate the intertwined realms of literature, body image, and writing in terminal illness. The analysis revealed significant gender-specific differences in body image concerns and covered how both authors use writing as a means of healing and self-expression.

The findings underscore the profound psychological effects of terminal illness on body image and self-perception. Kalanithi's use of introspective and reflective writing on feeling a loss of masculinity due to physical deterioration and Lorde's use of autobiographical and activist narrative on societal beauty norms post-mastectomy reveal how deeply physical changes can affect one's identity. Additionally, their distinct coping mechanisms—Kalanithi's intellectual engagement with literature and Lorde's activist stance—demonstrate how literature serves as a powerful tool for exploring and articulating the complexities of terminal illness, offering insights into the varied ways individuals navigate and find meaning in their experiences.

This research contributes by highlighting the crucial role of literature and writing in coping with terminal illness. Dr. Kalanithi himself relied on writing his book as a coping strategy, demonstrating how literature can provide solace, understanding, and a means to process and articulate the experience of a terminal illness. Dr. Kalanithi and Lorde's works show that engaging with literature, whether through reading or writing, offers a profound way to navigate terminal illness's emotional and psychological challenges. Additionally, the narratives differ in their approach. While Kalanithi's prose reflects a clinical and reflective perspective as a neurosurgeon facing his mortality, Lorde's journal entries convey a raw, activist voice that challenges societal norms and emphasizes her journey's personal and political aspects.

The findings advocate for a more empathetic approach by medical practitioners and caregivers in medical and social contexts, emphasizing the importance of acknowledging patient body image concerns. However, it is essential not to overemphasize an empathetic approach at the expense of addressing patients' actual medical treatment and disease management needs. While this research provides valuable insights from two autobiographical narratives, it is limited by the scope of these individual experiences. Future research could expand this work by including a broader range of narratives from diverse cultural and socio-economic backgrounds.

The paper stands as a testament to human resilience, reflecting how patients, through their own narratives, navigate the complexities of mortality and find solace and strength in their stories.

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