An Autothanatographical Approach to Paul Kalanithi's *When Breath Becomes Air*(*)

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Abstract

The study undertakes to examine Paul Kalanithi's *When Breath Becomes Air* (2016). For its theoretical framework, the study uses the critical tools of and deliberations on 'autothanatography' as postulated by several critics. It argues that when one is faced with his/ her own mortality, textuality can be instrumental in reformulating the popular phobic avoidant conceptualization of death as the commencement of the transience and the end of the self. It is Kalanithi's cancer diagnosis that foments him to write his 'authothanatography.' In his narrative of the dying self, he unfolds how his professional, smooth familial and social life has been overturned and disrupted under the painful weight of the threatening illness. Kalanithi implements multiple strategies in an endeavour to move out of the defeating and pessimistic story of dying, to terminate his muddled state of life, to shift from diagnostic shock to living with cancer, and to restore predictability, control and production of desires. This is manifested in the struggle to tell his story of illness, to pursue his vocation in literature and philosophy and to restitute the past self. The strategies Kalanithi has utilized contributed to his ability to face terminal illness and mortality with integrity and bravery to make his remaining days redolent.

Keywords: autothanatography, mortality, terminal illness, dying self, body, literature, hope, despair, desire, control

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الملخص

سيرة الموت: دراسة في السيرة الذاتية لكالانيثي "عندما تتحول الأنفاس إلى هواء"

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تتناول هذه الدراسة سيرة الموت لبول كالانيثي "عندما يصبح النفس هواء"، واعتمدت الدراسة في إطارها النظري على "سيرة موت النفس" والتي تناولها العديد من المنظرين. استطاع كالانيثي أن يجعل مواجهة الموت حياة، وذلك من خلال توظيف سيرة الاحتضار أو الأنفاس الأخيرة كأداة في تغيير المفهوم التقليدي للموت، والذي يحاول الإنسان يائسًا الفرار منه ودرءه حيث يمثل بداية النهاية والفناء. وما دفع كالانيثي إلى كتابة هذه السيرة هو إصابته بسرطان الرئة، وقد استطاع من خلال هذه السيرة إبراز كيف اضطره هذا المرض إلى إعادة النظر في مفهومه عن الموت وأوليات الحياة، وكيف فرض عليه تغييرات جوهرية في مسار حياته العائلية والاجتماعية كابن وزوج وأب وحياته العملية حيث حوله المرض من طبيب يعالج المرضى إلى مريض يكافح من أجل البقاء. ولكنه بمثابرته وصبره وتحديه؛ استطاع ابتكار بعض الأساليب التى حولت حياته من الانهزامية واليأس في مواجهة الموت وصدمة أصابته بهذا المرض الخبيث إلى التعايش مع هذا المرض ومحاولة استعادة الأمل كي يبقي على قيد الحياة، كما أنه تطلع إلى تخليد ذكراه؛ وذلك بجعل الأيام القليلة التي سيحياها عابقة بالمعاني والقيم الحياتية والأخلاقية.

الكلمات المفتاحية: سيرة الموت، الفناء، مرض مميت، الجسد، الأدب، الأمل، اليأس، الرغبة، السيطرة

Death, be not proud, though some have called thee
Mighty and dreadful, for, thou art not so,
For, those, whom thou think'st, thou dost overthrow,
Die not, poor death, nor yet canst thou kill me;
(Donne 175)

So long as men can breathe or eyes can see,
So long lives this, and this gives life to thee.
(Shakespeare 21)

Introduction

When faced with terminal illness, the self loses its sense of destination and the map it uses to navigate through life. It is struck, as the narrator in the opening paragraph of Henry James's "The Middle Years" presumes, with the awareness that life at one point would cease to exist, and "what remain[s] of the dose a small glass scored like a thermometer by the apothecary" (103). This perception drives the fatally ill people to devise alternative procedures built around their physical disorders in order for them to adjust to the situation. They often address the questions of how to challenge an impending death as well as how to engender a desire to survive the thought of dying.

In *The Wounded Storyteller*, Arthur W. Frank argues that telling stories is the recourse through which the terminally ill can learn by "hearing themselves tell their stories, absorbing others' reactions, and experiencing their stories being shared" (1). Moreover, stories "repair the damage that illness has done to the ill person's sense of where [one] is in life, and where [one] may be going" (*Wounded* 53). This reparation involves assembling the fragments of the wrecked self into a coherent alternative story. Thereby, the ill are able to reconstruct a new life narrative from the 'narrative wreckage' of terminal and/or chronic illness.[1] In this context, 'wounded storytellers' resort to the discourse of 'autothanatography' for healing purposes in

order to pour out their discontinuous memoirs of anticipating death rather than burying the self in layers of sentimental words.

Susan Bainbrigge defines 'authothanatography' as a discourse of self-narration in which '*thanatos'* (death) replaces '*bios' (life*) (363-364) to underprop the intensity of traumatic experiences of confronting terminal illness, pain and imminent dying. Dwelling upon the term autothanatography, Thomas Couser defines it as "life writing that focuses on the single experience of critical illness" (1). This experience provokes an existential crisis in which the self, as Ivan Callus argues, endeavours to record the "perduring experientiality of … death or more thinkably the process of …dying" ("Learning" 324). The ignorance of the self of the inconceivable and un-knowable abyss of the process of dying is attributed to "the unavailability of death as an experience for the existential subject" as Martin Crowley maintains (Introduction 2). Death cannot be known to the self (359) as Bainbrigge explains. Therefore, writing on or bearing witness to this process turns it into an almost organic and palpable entity. More to the point, life narration of the dying process bears a testimony to "the exploration of the survival of subjectivity through the interior landscape that the 'I' discovers" (Burt, Introduction 10). By narrating the personal experience of dying, the self tries to give a full insight of disease as an ultimately psychic, internal, unanalyzable and unknowable event that is recurrently left out and far less written about.

The domain of 'autothanatography' has propelled the interest of several theorists who offer valuable postulations and insights into the autothanatographical discourse.[2] The incurably ill subjects or the ill bodies are situated at the core of these self-narratives of death. Their critical illness precipitates mindsets and conditions that are often contradictory. They are intermittently entangled to a continuum of ambivalent tropes located between hope and despair, stability and anarchy, survival and imminent decease, as well as expectant triumph and anticipation of further losses and failures.

In his speculations on autothanatography, Derrida speaks about "testamentary writing," ("Coming" 119) as a part of the experience of death. He has observant ruminations of the trace that will remain despite the death of the author. Consistently with the common sense, Derrida points out, "I certainly cannot testify to my death … I cannot say … I should not be able to say: I died or I am dead" (*Demeure* 46). On that account, the self can testify to the imminence of its death rather than to its own death. Derrida investigates the potentiality of experiencing death through a reading of Maurice Blanchot's *The Instant of my Death* (2000). He identifies the narrative as an "autothanatography" (*Demeure* 55) assuming that it is a first-person chronicle of death. In a different vein, Gerrard Nicci assumes that the teller does not only tell the story of how to die, but also how to live and love as s/he is "on the creative threshold between the sublime and the mundane, light and dark, that we can know and what we never will" (cited in Radley 779). Derrida also muses, "The death drive pushing toward autodestruction, toward dying-of-one's-proper-death —the proper is produced here as autothanatography" (*Post Card* 393). Such an apposite death maintains a well-ordered posthumous narrative that traverses the short ephemeral life of the self. Additionally, he avows the inseparability of autothanatography as posthumous (sequel) and autobiography and life writings. Both forms of writing artistically intersect and immortalize the self since they record first-hand experiences in a text that survives the life of its author.

In her discussion of the intersection between autobiographical and autothanatographical discourses, Nancy K. Miller debates that every autobiography is also an autothanatography ("Representing" 12). This is based on the assumption that the expectancy of privation and nonexistence is inevitable. Echoing the same view, Louis Marin regards any self-narration as corresponding to "autobiothanatography" (55). For Marin, possibly the main reason is that in writing life and death, the author embarks on recounting individual and ineffable

experiences. Conjointly, Callus remarks that the term autothanatography "turns on the uncanniest of double genitives – "the writing of the dead"" (428). He endorses that inscribing death into a narrative is not only closely concomitant with the writer's mortal self; it also sheds a very specific light on his life. Thus, it becomes "the script of the living" (437). Similarly, Miller further cogitates that "autobiography—identity through alterity—is also writing against death twice: the other's and one's own" ("Representing" 12). Markedly, both autobiography and autothanatography are inextricable and guide the self to one end: the prospect of annihilation which looms large. However, the text outlives the life of the dead author.

In her extended treatment of autothanatography, Suzanna Egan further hypothesizes that with the death of the writer/ narrator, "the subject becomes an object entirely exposed to being read, entirely dependent on its reader for constructions of meaning" (*Mirror* 212). On the one hand, this signifies that the authothanatographic monologic narrative turns into a dialogic one of a shared experience with the potentiality of being completed by another person after the death of the subject. On the other hand, it underscores the possibility of incorporating similar experiences of other people. Along these lines, the narrative voice turns polyphonic "integrating the anticipation of death into living experiences" (*Mirror* 215). Egan likens it to a specter that hovers over all autobiography since it is the most universal singular experience that cannot die or be ignored. She succinctly delineates its ambiances as "usually unnamed, providing serious impetus to the activity of setting records straight, clearing old scores, avoiding misinterpretation, taking control of the absolutely uncontrollable—the "end" of the story" (*Mirror* 196). Therefore, death writing is not only crucial to the first-hand experience of an immediate fatal crisis, but it also proffers the revealing processes of self-understanding, how that life writing is read, and how mortality has redefined it.

Despite the interconnectedness between autobiography and autothanatography, the trajectories of the two discourses are divergent. Autothanatography does not only cover a short duration and a prominent episode in the experience of the autobiographer (the teller), but also it involves people other "than the dying self often in a dialogue of shared experience" (Egan, "Life"). Rita Charon likewise affirms that there are many tellers in such a kind of narratives rather than the patient herself or himself mainly; the "family members, friends, nurses in the emergency room, interns dictating hospital discharge summaries, social workers, therapists, and all the other doctors who wrote in the medical chart" (4). Thereupon, autothanatographical narratives embrace excursions about family, day by day collections of cogitations about his body facing death, sentiments, reactions, medicine and literature.

So imminent is the impact of the dying experience on the self that it impels corporeal transfiguration or action problems. In his analysis of such problems, Arthur W. Frank demarcates four dimensions by which bodily situational or variant responses to terminal illness may be comprehended. The first has to do with "control." One is subjected to conditions and "forces that cannot be controlled" (*Wounded* 31), the body may either accept subjection or attempts to regain control. The second phase is "body-relatedness." This response implies the condition of becoming either associated with or dissociated from" (33) other bodies. The third has to do with "other-relatedness" or "shared corporeality" (35). It highlights how "the shared condition of being bodies becomes a basis of empathic relations among living beings" (35). Within the domain of this action, ill bodies may respond in two forms. First, they may be "dyadic;" "act[ing] as isolated entities immersed in individual woes and suffering; "[our] pain is [ours] alone" (36). Second, they may be "monadic" as they opt for self-enclosure believing that they are "existentially separate and alone" (36). This arises as a natural

response to chronically ill bodies. Such monadic orientation underscores the inability to find support for the body's suffering and pain. The fourth response maintains an absence or presence of desires or a split into lacking desire and bodies that "remain productive of desire" (38). Thus, terminal illness does not only thrust the body into lacking desire, but it also can propel new premeditations on how to be a body perpetuating desires.

With the combination of these dimensions of "control," "body-relatedness," "other-relatedness" and "desire," Frank generates a matrix of four styles that identify typical and ideal bodies namely; "the disciplined body, the mirroring body, the dominating body, and the communicative body" (*Wounded* 29). They might overlap and exist as intermediate continua. The critically ill bodies adopt these styles to find solutions regarding action problems. The disciplined body defines itself through "self-regimentation" (41). It is dissociated and monadic and its main unresolved crisis is maintained in the loss of control. It thus endeavours to reassert "predictability" (41) through therapeutic regimens like medical treatment. Its ultimate goal is to get well. With respect to the "mirroring body," it defines itself in action of "consumption" (43). It is monadic and seeks predictability like the disciplined body; however, it is associated with itself. Its main problem is how to clothe, groom, cure and enhance and feed itself. In addition, it is very visual and "sees an image, idealizes it, and seeks to become the image of that image" (44). It compares itself to the healthier bodies and thus attempts to recreate a new life narrative from the narrative debris. As for the "dominating body," it defines itself through "force" (46). It "assumes the contingency of disease but never accepts it" (47). Resembling the disciplined body, it is characterized by dissociation from itself and lacks desire. Therefore, it turns forcefully against others. Regarding the "communicative body," it accepts contingency as part of life (49) and is fully associated with itself. Association and contingency are contextualized by the hallmark

of being dyadic and productive of desires. So ideal is the communicative body that it does not live for itself but for others and sees reflections of its own suffering in the bodies of others and thus desires relieving it.

As a matter of fact, Frank does not simply describe the dimensions, styles and forms that ill bodies adopt in their combat with physical deterioration. He goes deeper to unravel the appropriate therapy and solutions of the body's problems with illness. He theorizes that the body is mute and inarticulate; namely, it "does not use speech, yet begets it" (*Wounded* 27). This speech is materialized in telling stories in which the ill body can speak in pain and symptoms. In view of this, stories of illness and death narrated in autothanatographies give twofold voice: personal and social. Dwelling on such a presumption, Frank states "The ill body's articulation in stories is a personal task, but the stories told by the ill are also *social*" (*Wounded* 3). Illness stories have to be told to someone exposing not only the individual pain the body undergoes, but also sharing stories of others who go through similar stories and receiving a sense of reinforcement from the others who are afflicted by its pain. Autothanatographies therefore transcend the confines of personal agonies of the wounded body to tell about the affliction of other related stories.

In light of the above-mentioned speculations, this paper attempts an analysis of Paul Kalanithi's *When Breath Becomes Air* (2016). At an early age Kalanithi, a polymath neurosurgeon, has been diagnosed with a widely disseminated lung cancer "matted with innumerable tumors, the spine deformed, a full lobe of the liver obliterated" (3). As a surgeon, he epitomizes, what Frank identifies as an "interesting comment on cultural perceptions of where medicine places bodies on the continuum from monadic to dyadic" (*Wounded* 36). More specifically, Kalanithi's illness evokes a process of re-appropriation and/or re-culturation of the dying self. He does not

adjust his ill body to the conventional "monadic" orientation of surrendering highlighting its loss of control and inability to find support. Quite the opposite, he embraces a new "dyadic" destination in an endeavour to endorse predictability, control and production of desires. In this respect, Kalanithi has originated a specific interpretation of illness as a reflection on the suffering of the body as well as an anchorage to which the map of life leads. He therefore turns suffering into a testimony on the dying self and its strife to survive.

Disruption of the Linearity of Life

Certainly, Kalanithi undergoes hard times and alternating periods of difficult transitions and challenges. His terminal illness is a watershed that has interrupted the flow of his entire life. His narrative of illness, unlike the traditional linear narratives, is not structured around a conflict which might lead to a sort of resolution of being either triumphant or defeated in the combat against illness and temporality. Correspondingly, disarray dominates his life; "in place of continuity there are breaks and diversions; in place of resolution there is an open-ended conclusion" (Conway 109). Kalanithi again and again finds himself dismally mulling over his ill body and grief at being utterly inundated in mystification and susceptibility.

Consequently, he has lost the fundamental assumptions and the compass of life that might help control the insufferable present or portend important things about the future prospects that are scarcely thinkable. Concurringly, no more progression of an accomplished career is underscored on both the personal and social levels. His illness has evaporated "decades of striving" (16). With the progress of illness, it seems that the present and future life of Kalanithi is thoroughly overturned. It triggers drastic changes in his entire life from a linear sum of his volitions of such roles as a surgeon, a husband and a father into a very problematic series of clipped dashes.

He ruminates "Who would I be, going forward, and for how long? Invalid, scientist, teacher? Bioethicist? Neurosurgeon once again, as Emma [has] implied? Stay-at-home dad? Writer? Who could, or should, I be?" (147). Underlining the tricky part of illness, Kalanithi deliberates that it renders values constantly changing. In this respect, he expounds, "You may decide you want to spend your time working as a neurosurgeon, but two months later, you may feel differently. Two months after that, you may want to learn to play the saxophone or devote yourself to the church" (160-161). Such equivocation and mutability have brought about deeply seated transformations that have dislocated Kalanithi "from doctor to patient, from actor to acted upon, from subject to direct object" (180). He is no longer the main performer or actor on both the professional and social arenas of his life.

a. Professional Life: A Surgeon Turned Patient

As a neurosurgical resident, Kalanithi narrates that he has spent six years examining scores of scans in the "radiology suite, wearing his scrubs and white coat" (3) with all their connotation of superiority and invincibility. Unlike the doctors' customary perception of avoiding death as an enemy, Kalanithi accepts the deterministic cycle of life and death and decides "not to avert his eyes from death" (215) as put by his wife, Lucy. Reflecting on Samuel Beckett's words, Kalanithi ruminates, "One day we were born, one day we shall die…Birth astride of a grave, the light gleams an instant, then it's night once more. I had stood next to the "grave digger" with his "forceps." What had these lives amounted to?" (65).[3] Life is perceived as transitory and every single human being is destined to die. In fact, birth carries within it the seeds of death; it is the beginning of inevitable death. Kalanithi indicates that death is an experience that "comes for all of us … as living, breathing, metabolizing organisms" (114); however, it occurs for each person separately and privately. He further explains that the patients' lives may seem to be controlled by

their doctors yet in reality it is death that has the upper hand. With the imminence of his own death, Kalanithi presumes that "most lives are lived with passivity toward death" (114). No one can conquer death; nevertheless, he believes that it is incumbent upon everyone to challenge mortality.

Indeed, Kalanithi confesses that he acts as an ambassador of death since his supreme goal is not only to save the patients' lives, but also to guide them and their families to understand death and mortality. He cannot abdicate or get released from his moral duty as a physician affirming that the "doctor-self [remains] responsible for [his] patient-self" (183). In his view, doctors have to keep ceaselessly struggling and striving to win for the patients; albeit, he knows that doctors cannot reach perfection, they will lose and their "hands or judgment will slip" (114). He thus purports families to cling to hope and to realize that the "full, vital independent human—now [live] only in the past and that [he needs] their input to understand what sort of future he or she would want: an easy death or to be strung between bags of fluids going in, others coming out" (87-88). The focal point is how to calibrate the understanding and conceptualization of death rather than denying it as Kalanithi believes that "Everyone succumbs to finitude," and suspects that he is "not the only one who reaches this pluperfect state" (198). In this context, he perceives his terminal illness as the utmost gift through which he can say a lot about "the exigencies of chance, necessity and the ways of rising to the unknown" (Radley 780). He posits, "What better way to understand it than to live it? But I'd had no idea how hard it would be, how much terrain I would have to explore, map, settle" (147-148). Engaged in a living experience of death, Kalanithi acquires a deep understanding of suffering, mortality and loss.

Despite Kalanithi's adamant belief in bearing the weighty responsibility of taking care of the patients, he grasps well that his control over the lives of the patients is evanescent. He ascribes such

provisional impact to the fact that once he resolves the patient's acute quandary, "the patient [awakens], extubated, and then discharged, the patient and family go on living—and things are never quite the same" (166). On another plane, he postulates that the power of the physician's verbal interaction is much more permanent, unwavering and commanding than the scalpel, the surgeon's only tool. Yet, they both constitute a source of comfort and relief; namely, words ease the mind, whereas the scalpel eases the disease in the brain. Also, in both cases the ill body keeps on grappling with uncertainties and morbidities on both the psychological and physical level.

With the confirmation that cancer has invaded multiple of his organ systems, Kalanithi is aware that his case maintains a promptly progressing fatal illness characterized by complications and treatment algorithms. As a consequence, he feels physically debilitated, disoriented, lost and depressed and that his identity as a physician "no longer mattered" (119). He finds himself in the same existential dilemma of his patients: his personal identity and imagined future have collapsed. So he droopily declares, "I don't want to die … I [have] planned to do so much, and I [have] come so close" (119- 120). In a stirring tone, he has reflected on how his life has not only been entirely altered, but also shattered due to his illness, "My carefully planned and hard-won future no longer existed. Death, so familiar to me in my work, was now paying a personal visit. Here we were, finally face-to-face, and yet nothing about it seemed recognizable" (120-121). His chronic illness has obliterated his hopes of a well-established medical career and has transmuted him from an insightful doctor to a dying patient.

The scans Kalanithi examined earlier for other people, as a doctor, become his, as a patient. In addition, he is dressed, not in the physician's scrubs and white coat but meekly in a patient's clothing, "tethered to an IV pole, using the computer the nurse [has] left in [his] hospital room, with [his] wife, Lucy, an internist, at [his] side" (3-4).

Elaborating on his being turned into patient, Kalanithi contemplates, “I received the plastic arm bracelet all patients wear, put on the familiar light blue hospital gown, walked past the nurses I knew by name, and was checked in to … the same room where I had seen hundreds of patients over the years” (16). He reminisces his bygone years of work a main actor and/ or a doctor in that room scrawling instructions on the marker board plaintively. He points up that he has repeatedly “explained terminal diagnoses and complex operations … [has] congratulated patients on being cured of a disease and seen their happiness at being returned to their lives … [and has] pronounced patients dead” (16). Arresting lucidity lies at the core of Kalanithi’s remembrance of his past life as a doctor.

In point of fact, Kalanithi’s terminal illness unfolds a process of deepening understanding and self-exploration of affliction and anguish. He recalibrates the perception of what it signifies to be a patient or a doctor. He states, “How little do doctors understand the hells through which we put patients” (102). Besides, he writes, “I knew a lot about back pain—its anatomy, its physiology, the different words patients used to describe different kinds of pain—but I didn't know what it *felt* like” (12). Thus, and so, illness juxtaposes the world Kalanithi has read about with his existential world he himself experiences as a patient.

Evoking a book titled *Death and Philosophy*, Kalanithi meditates, “instead of Lake Tahoe, it was the Hudson River; the children were not strangers, but my friends; instead of a book on death separating me from the life around me, it was my own body, dying” (14). In like manner to the twenty year old man reading a book on death accompanied by four year old children near Lack Tahoe, Kalanithi portrays his appalling state as a dying patient in the company of his friends gathered around him in his house near Hudson River. The compassionate voice that resonates through the association discloses Kalanithi’s desire, as a patient, to share and immerse the

reader with empathy and approachability to the predicament of mortality.

As far as the voice of the neurosurgeon is concerned, Kalanithi still hangs on to the hope that it might be changing like AIDS in the late 1980s. Consequently, he accepts the limitation of resources that allows to delve deeper into his prognosis and declares assertively, "cancer is a battle I'm going to win!" (138). At this phase, he espouses what Frank labels the "communicative" and "disciplined" body styles. Within the spectrum of such styles, Kalanithi assumes the neurosurgeon life he leads before the cancer diagnosis. In such a maneuver, he aims to neutralize the sense of fear and despair that floods his life on the one hand, and to share the afflicting corporeal journey with others on the other hand. Nevertheless, his terminal illness dislodges his identity as he finds himself "Standing at the crossroads" (121). He is torn between two selves: the patient self and the neurosurgeon self. The former admonishes him to "see and follow the footprints of the countless patients [he has] treated over the years" (121), whereas the latter consistently beckons the familiar convulsions of the brain and grapple with keeping it "pulsed and glistened" (116) in order to regain control and expectancy to survive. Frank identifies this course of action as "self-regimentation." Here, the body is in action of making use of therapeutic regimens: "diets, meditation programs can complement or substitute for physicians' prescription" (*Wounded* 42) and medical treatment to get cured.

Having a profound knowledge of lethal illness as a physician, Kalanithi perceives that he can place himself in the world of new findings about the disease. He therefore starts reading about chemotherapy as well as "a raft of more novel treatments that have targeted specific mutations" (126) keeping in mind Alexander Pope's verse "A little learning is a dangerous thing;/ Drink deep, or taste not the Pierian Spring" (126). After contacting a network of "medical colleagues to find out the best lung cancer oncologists" (124) in the

country, Kalanithi and his family opt for Emma Hayward to supervise his case. She is “one of the major national cancer advisory boards” (124) and a world-renowned oncologist who knows when to push and when to hold back.

In fact, the introduction of Emma Hayward gives prominence to Kalanithi’s transformation from a subject acting doctor to an object acted upon patient; namely, “instead of being the pastoral figure aiding a life transition, [he] found [himself] the sheep, lost and confused” (120) as he assumes. In one of his meetings with Emma, Kalanithi poignantly compares his self outside and inside her office as follows,

> In her office, I [feel] like myself, like a self. Outside her office, I no longer [know] who I [am]. Because I [am not] working, I [don’t] feel like myself, a neurosurgeon, a scientist— a young man, relatively speaking, with a bright future spread before him. Debilitated, at home, I [fear] I [am not] much of a husband for Lucy. I [have] passed from the subject to the direct object of every sentence of my life. In fourteenth-century philosophy, the word *patient* [has] simply meant “the object of an action,” and I [feel] like one. (141)

Kalanithi, here, reflects upon the disruption of the order of his life maintained in the concurrent doctor- patient roles. Within the scope of his socially constructed patient role, he feels a sense of objectification, incapacity and invalidity. Emma acts upon him the same way he has repeatedly done with his patients. She undertakes to feed “Tropes of hope, survivorship,[4] battling, and positive attitude” into Kalanithi as if, as Lochlann Jain proposes, he is at the “helm of a ship in known waters, not along stormy and uncharted shores” (170). Emma emboldens him using the same speeches he himself has used thousand times with his patients: “go back to work if he likes to” (125) and “This is not the end” (180). Moreover, she galvanizes him to move out of the traditional discouraging story of the cancer narratives of the

medical “How’s the rash?” (136). Utilizing such stratagems, Kalanithi recognizes that Emma strives to give him “back his old identity and protecte[s] [his] ability to forge a new one. And, finally, [he knows] [what he] would have to do” (167).

However, the voice of the patient still has a hold over him. He emerges unstable, perplexed and does not know how to respond to his aspirations and what kind of alternate story to be told. To increase his connection to life, Emma instigates him to go forward and to hang on to future expectations. Moreover, she assertively recommends that Kalanithi should “recede, spend time with family, and settle one's toes in the peat” (136). Other options have been either to “quit work entirely” or to “focus on it heavily” (136) and both ways are passable. Kalanithi embraces the third choice as an appropriate option because it is profoundly seated in his adamant commitment to his medical profession and moral obligation to the doctoring of the ill. He thereby rekindles the squandered hope which implies “some combination of confidence and desire” (133). To be more precise, he is doubtful about any life expectancy, whereas he is assured of an inescapable death that he is ready to challenge with all his might.

Obviously, the cancer diagnosis of Kalanithi provokes a shift in his vantage point from a purely scientist’s objective outlook towards a philosophical vision of mortality. He therefore plunges deeply into philosophy evoking Darwin and Nietzsche's speculations on ‘striving’ maintained at the core of organism without which life is “like painting a tiger without stripes” (142-143). More than that, he reads few books that directly and wholly address fundamental facts of existence: one of which is that all organisms, whether goldfish or grandchild, die. An example is *How to Die* by Nuland, a surgeon philosopher (51). Consequently, Kalanithi is determined to pursue philosophical brooding issues such as the authenticity and meaning of the nature of human truth, and the plausible possibility of triumph in his confrontation with mortality. In other words, the potential of the

text lies not simply in the facts about dying or struggling to stay alive, but it is riddled with metaphysical questions pertaining to "whether to live or die [and] what kind of life is worth living" (71), "What make[s] life meaningful enough to go on living?" (71) and "If the unexamined life was not worth living, was the unlived life worth examining?" (31).

As a scientist, Kalanithi postulates that doctors are entrusted with bringing their prospects of cure and survival into the experiential realm of reasonable possibility. The fundamental reason is that patients are merely preoccupied with their "existential authenticity" (134) rather than scientific knowledge or statistics. They theorize that such knowledge is a product of the repeatedly fallible human hands and thus it cannot reach perfection or absolute truth. Along these lines, scientific knowledge might be improbable and "inapplicable to the existential, visceral nature of human life, which is unique and subjective and unpredictable" (170). On the basis of this scientific presumption, patients should not have any illusions about the prognosis of death. They have to respond to it, face it and continue to create meanings. Kalanithi spells out that the aspiring metaphysicians struggle towards "the capital-*T* Truth, but [they] recognize that the task is impossible—or that if a correct answer is possible, verification certainly is impossible" (172). The fundamental reason is that doctors cannot give definite true prognoses of terminal illness. Kalanithi thereby proposes that the relationship human beings form with "each other and the world … is never complete" (172).

In his impressive reflections on such an argumentative question about the inconclusiveness of truth, Kalanithi remarks, "each of us can see only a part of the picture. The doctor sees one, the patient another, the engineer a third, the economist a fourth, the pearl diver a fifth, the alcoholic a sixth, the cable guy a seventh, the sheep farmer an eighth, the Indian beggar a ninth, the pastor a tenth" (172). Truth therefrom renders sundry interpretations. He further adds, "Truth comes somewhere above all of them, where, as at the end of

that Sunday's reading: the sower and reaper can rejoice together" (172-173). In Kalanithi's approach to truth and meaning, he avers that we need each other's stories, "One sows and another reaps" (173). Highly pensive is Kalanithi's philosophical treatment of the timeless question about truth and human knowledge. In his view, no one individual can contain any of them and thus no one is capable of sowing and reaping everything; namely, the whole picture can be seen only collectively and communally.

This philosophical perception cherishes and calls for a genuine interconnection to realize who we are as individual persons who interact to disseminate knowledge to each other throughout our lives. It also induces the tendency to listen to the voices of the afflicted sufferers as the embodiment of one of the most burdensome and substantial duties incumbent upon all human beings. Reflecting on the considerable influence of the magnitude of listening to the utterances of the sufferers, Frank argues that listening for the other implies in a way or another listening for ourselves. Therefore, the ethic of listening constitutes a predominant and potential moral act in postmodern times because "The moment of witness in the story crystallizes a mutuality of need, when each is *for* the other" (*Wounded* 25).

Notwithstanding, the sufferers' voices are easy to ignore, because their spoken form is recurrently characterized by irresoluteness and mixed messages, especially before being edited and re-appropriated to be read by the healthy. On her part, Rita Charon contends that after listening to her patients skillfully and mindfully, she has to cohere their "extraordinarily complicated narratives—told in words, gestures, silences, tracings, images, laboratory test results, and changes in the body" (4). In such a maneuver she attempts to make a provisional sense according to which she may act. In the same vein, Kalanithi believes that it is highly essential on the part of the doctor to be perseverant, to listen adeptly to their patients to mitigate their woes, and to stir up their hopes of survival. Congruently, he

indicts such physicians who do not listen or even try to save the patients. An illuminating example is "when a patient comes in with a fatal head bleed, that first conversation with a neurosurgeon may forever color how the family remembers the death, from a peaceful letting go ("Maybe it was his time") to an open sore of regret" (86-87). The neurosurgeon here does not feel the "unique suffering invoked by the severe brain damage" (87) and does not even listen to the voice of the sufferer. He has just thwarted the patient and the family that there is no place for the scalpel or predictability of survival.

b. Social Life: Family, Friends and Peers Turned Caregivers

The disruptive impact of Kalanithi's cancer diagnosis extends to his smooth familial and social life. Driven by full dedication, sympathy and attention, the family including his wife and parents, the peers and seniors are all turned into medical caregivers managing manifold medications and supplements. They are all keen on securing Kalanithi's present and making his remaining time the best it can be. Meeting the exigencies of his critical illness, Kalanithi's family engages in a flurry of activity that might redirect his life smoothly from that of a doctor to that of a patient. Conspicuously, their doctoring role supersedes the familial one; for example, they "[have] set up an account with a mail-order pharmacy, [have] ordered a bed rail, and [have] bought an ergonomic mattress to help alleviate the searing back pain" (126). His father looks supportive and emphasizes that "modifications were capitulations to the disease" (126). He also rekindles Kalanithi's hope and desire by indicating that his son is able to beat the monstrous attack of the disease and would somehow be cured.

With respect to Lucy, she considers taking care of Kalanithi "the most important doctoring role of [her] life—while supporting his ambitions, listening to his whispered fears as [they embrace] in the safety of [their] darkened bedroom, witnessing, acknowledging,

accepting, comforting" (217). In fact, she tracks every symptom with a meticulous medical care. She also helps Kalanithi type out the sequential details of his current illness and tries to bring together all the doctors to maintain the interpretive deductions straight. Besides, she is fully solicitous noticing that Kalanithi's smooth skin that she loves is now pockmarked with severe acne, with blood thinners and constant bleeding. To be more specific, all of Kalanithi's identified handsome aspects have been erased; albeit, he is "happy to be uglier and alive" (135). In a commiserative response, Lucy solidly confirms that she loves Kalanithi's skin "just the same, acne and all" (135). So consummative are Lucy's words; however, they do not fully alleviate Kalanithi's terminal condition, imminent loss of control and incapability of implementing a plan for a future that is definitely unrecognizable.

Reciprocally, Kalanithi unfurls his love for Lucy. He tells her that she should remarry because he could not imagine the thought of her being alone. To protect her, he intends to refinance the mortgage immediately and carry through a variety of new financial necessary instruments. Living for others rather than for himself highlights Kalanithi's endorsement of the communicative body style. His altruistic attitude has stirred Lucy enough to reaffirm that he is "fiercely committed to ensuring the best for me, in our finances, my career, what motherhood would mean" (217) throughout his illness. Thereupon, Lucy regards the illness as a "nutcracker" because she thinks of its implication as a way to get them back to the nourishing state of their marriage. She explains that they "[hang] on to each other for his physical survival and our emotional survival" (216). Moreover, they joke sarcastically with their close friends that the "secret to saving a relationship is for one person to become terminally ill" (216).

As a matter of fact, caregiving and support culminates in Kalanithi's last days. Lucy and his family strategize with the "on-cologist about his top priority: preserving mental acuity as long as

possible" (203). Then, they gather with the physician and impregnate the concluding scene with strengthening words of love and respect after his tormenting decision to remove the breathing support in order to start morphine administered before death sets in. Tears glistening in his eyes, Kalanithi expresses a sense of obligation and gratefulness to his parents and wife. Moved by Kalanithi's bravery, the physician states, "Paul, after you die, your family will fall apart, but they'll pull it back together" (211) due to the example he has set. Additionally, his brother Suman says, "Go in peace, my brother." With my heart breaking, I climbed into the last bed we would share" (211). Lucy is grateful to him for loving her whispering, using his pet name, "You're a brave Paladin" (212). She goes further and adds "Even while terminally ill, Paul was fully alive; despite physical collapse, he remain[s] vigorous, open, full of hope not for an unlikely cure but for days that [are] full of purpose and meaning" (219).

Lucy illustrates that one of the many gifts manifested in illness lifts the lid about the essence of mortality: it is not an end in itself, but a path taken to attain a purpose and a meaning. In an excruciating moment, she further explicates, "Now we held hands in his coat pocket during walks outside after chemotherapy … even when the weather turned warm. He knew he would never be alone, never suffer unnecessarily. At home in bed a few weeks before he died, I asked him, 'Can you breathe okay with my head on your chest like this?'" (217). The words divulge that warmth, reciprocal devotion and intense love lie at the core of Kalanithi and Lucy relationship. Even as Kalanithi gets sicker, they emerge inseparable and as close as they have been during lectures as medical students. In an effort to alleviate the distressing impact of the indescribable and agonizing concluding scene, the family exchanges loving anecdotes that bring warm memories. Lucy states, "we all took turns weeping, studying Paul's face and each other's with concern, steeped in the preciousness and pain of this time, our last hours all together" (213). Such familial and

communal care and concern sustain Paul to deal with each of the stages of his terminal illness "with grace —not with bravado or a misguided faith that he would "overcome" or "beat" cancer but with an authenticity that allowed him to grieve the loss of the future he had planned and forge a new one" (219).

Even after Kalanithi's death, Lucy continues to feel veneration, love and appreciation alongside the sorrow, emptiness and heartbreak. The few years she has spent with Kalanithi have been for her the "most beautiful and profound of [her] life, requiring the daily act of holding life and death, joy and pain in balance and exploring new depths of gratitude and love" (219). It has never occurred to her that she "could love someone the same way after he [has] gone" (223). Notably, Lucy assumes that "caring for [their] daughter, nurturing relationships with family, publishing this book, pursuing meaningful work, visiting Paul's grave, grieving and honoring him" (224), constitute a way to continue to take part in the life she has created and imagined with Paul. She documents that "Paul died on Monday, March 9, 2015, surrounded by his family, in a hospital bed roughly two hundred yards from the labor and delivery ward" (202) of Cady. Two days after Kalanithi's death, Lucy writes a journal entry addressed to Cady: "When someone dies, people tend to say great things about him. Please know that all the wonderful things people are saying now about your dad are true" (225). Lucy's love is exactly the same after Kalanithi's death.

Certainly, in her explanatory epilogue, Lucy elucidates Kalanithi's great contributions as a neuroscientist and neurosurgeon. She acknowledges that he has helped numerous patients and their families overcome challenging and life-threatening moments in their lives. And, *When Breath Becomes Air* becomes a sequel to and another way of helping others. She regards it as a contribution that testifies that "he [is], and would have continued to be, a good person and a deep thinker" (224). Although the storytelling of his dying self

does not make his loss any less painful, it underscores how he has found meaning in his strife to survive.

Forms of Challenging Mortality

Appreciably, with his hopes dispelled and his whole life overturned under the painful weight of the threatening illness, Kalanithi finds himself lost in a "featureless wasteland" (148) with "no tractions in the reams of scientist studies, intracellular molecular pathways, and endless curves of survival statistics" (148). In a stirring tone, he writes, "The monolithic uncertainty of my future was deadening; everywhere I turned, the shadow of death obscured the meaning of any action. … I woke up in pain, facing another day—no project beyond breakfast seemed tenable" (149). In consequence of lacking desires, Kalanithi manipulates a self-conscious mode of life that might help him generate and develop innate desires and familiarize his dying self with the predicament of mortality. More specifically, he inaugurates an exploration of a trajectory that might orient and sustain him in his combat against mortality. To face his death, Kalanithi embarks on implementing multiple forms of poetics manifested in telling his story of illness, pursuing his vocation in literature and philosophy, connecting to the past, having a child and adopting tortoise-like approach of living.

To terminate his muddled state of life and to shift from diagnostic shock to living with cancer, Kalanithi resorts to storytelling as the embodiment of two commanding weapons that he manipulates as shields in his fierce strife against evanescence and obliteration: words and memory. He states "Words have a longevity I do not" (199). To secure such imperishability, he feels committed to narrate his afflicting experience of illness in *When Breath Becomes Air.* Anatole Broyard, a theorist who is similarly suffering the terminal illness of prostate cancer, resounds Kalanithi's painstaking

perspicacity of the necessity of the stories of illness for both the ill and the listeners,

> My initial experience of illness was a series of disconnected shocks, and my first instinct was to try to bring it under *control by turning it into a narrative*. Always in emergencies we invent narratives. We describe what is happening, as if to confine the catastrophe. When people heard that I was ill, they inundated me with stories of their own illnesses, as well as the cases of friends. Storytelling seems to be a natural reaction to illness. (19-20 *emphasis mine*)

In like manner to Broyard in *Intoxicated by My Illness* (1992), Kalanithi aims to reclaim authority and regain control over his ill body. He strives to construct a new life narrative that might help him survive and go on instead of succumbing to biomedical expertise. They both reject the stories of victimization imposed on the ill as objects of pity. Telling their autothanatographies, Kalanithi and Broyard assert their own personalities as individual subjects reiterating Frank's presumptions on the four dimensions of "control-contingency" combinations. That is to say, the critically ill do not merely recapture control over their ill bodies, but also they turn such bodies dyadic and productive of desires of a meaningful dying experience.

Correspondingly, autothanatographies do not simply denote texts on terminal illness nor do they merely reflect the experience of it. Rather, such narratives are regarded as "an intersubjective product that creates meaning and coherence in life" (Levy 8) as well as "antibodies against illness and pain" (Broyard 20). In other words, they attest to the autothantographers' determination to create meaning out of mortality and resist the threat of disintegration. On the basis thereof, the patient's outlook towards illness has to be changed from that of a disaster, depression or panic to that of a narrative and a story through which he/ she can make a sense out of chaos and disorder.

As a matter of fact, Kalanithi's infatuation with literature inspires him to write his aesthetically valuable self-dying narrative as a remembrance and a meditation that is not written from a medical crude perspective of a physician, but from the viewpoint of a physician who is literary oriented. Literature resonates so profoundly in his mindset that he writes, "I had spent so much time studying literature at Stanford and the history of medicine at Cambridge, in an attempt to better understand the particularities of death, only to come away feeling like they were still unknowable to me" (53). In all respects, reading literature does not only provide Kalanithi with the richest springboard for wisdom, moral reflection and more general insight into mortality, but also intensifies his desire of human connections and/ or "other-relatedness" to share his suffering with others and face up to his illness. Underscoring his acclimatization with suffering, Kalanithi stresses, "Drowning, even in blood, one adapts, learns to float, to swim, even to enjoy life, bonding with the nurses, doctors, and others who are clinging to the same raft, caught in the same tide" (81-82). In this regard, Kalanithi's main concern is not only to offer his own personal struggle against mortality and ephemerality, but also to reconcile with his new physical self that is handicapped by the constraints of his illness. He also embarks on transcending the individual existential challenge of mortality to share with the reader his painful insights about death and mortality.

Kalanithi reinforces his desire for human communion through reading a broad spectrum of literary works, memoirs and autothanatographies of cancer patients. He has read "anything by anyone who [has] ever written about mortality" (148). Examples of such works include Sol- zhenitsyn's *Cancer Ward,* Tolstoy's *Ivan Ilyich,* B. S. Johnson's *The Unfortunates,* Nagel's *Mind and Cosmos,* Kafka, Woolf, Montaigne, Frost, and Greville. Many other authors resonate in Kalanithi's deliberations on Vladimir Nabokov, Joseph Conrad and T. S. Eliot's *The Wasteland*. More to the point, he remarks, "I [have]

found Eliot's metaphors leaking into my own language…. Nabokov, for his awareness of how our suffering can make us callous to the obvious suffering of another. Conrad, for his hypertuned sense of how miscommunication between people can so profoundly impact their lives" (31). In this sense, incorporating others' dying experience and outlook of suffering rather than portraying only his personal anguishes, Kalanithi's *When Breath Becomes Air* has crisscrossed the confines and boundaries of the traditional autobiographical subject as a self-narrative.

On a different level, Kalanithi evokes the dilemma of prominent literary artists such as Samuel Beckett and T. S. Eliot as a therapy to soothe his pains, stimulate a desire to go, and to reconnect with the world when death looms large. Despite his weakness and debilitation, he repeats the contradictory mantra of Beckett's seven words, "I can't go on. I'll go on" (149). These words function as a spring of solace and encouragement to take a step forward, probably desperate, but with a deep wish of having a hope. Further to the point, Kalanithi has cited Eliot's "The Waste Land" more than one time for the same rationales.[5] Facing the problem of "WICOS" or "Who Is the Captain of the Ship?" (189), he recalls Eliot's "Damyata": 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" (418-423; 42). For a similar purpose of the ship that needs just one proficient captain who understands the surroundings and other factors that might help cross the "impassable sea" (149), Kalanithi's ill body needs one expert physician to orient the group. Otherwise, cacophonic results loom large with the many controversial views of specialists such as "medical intensivists, nephrologists, gastroenterologists, endocrinologists, infectious disease specialists, neurosurgeons, general oncologists, thoracic oncologists, otolaryngologists" (189). Kalanithi has reached a near-fatal level of deterioration because of pantheon of specialists' discord and lack of a

unifying single point of view in relation to his case. Put differently, many cooks spoil the broth. Here, Kalanithi announces that Emma is the captain of the ship.

In his last Saturday, “The Waste Land” has revived Kalanithi one more time. He recites loudly and from memory “April is the cruelest month/ Mixing memory and desire, stirring / Dull roots with spring rain” (1-4; 31). Ironically, the lines are characterized by topsy-turvy and depressing aura; however, they have been recited with the hope that there may be another life. Utilizing the aesthetic value of literary works in Kalanithi’s confrontation with mortality is not merely specific to Kalanithi’s broad range of reading of popular literary works, but it extends to the way he writes *When Breath Becomes Air*. His self-narrative is in fact pervaded by a large number of quotations from popular literary works. In addition, it is distinguished by meticulously utilized literary paratexts including the title, foreword, prologue, epigraphs, epilogue and titles of the two parts.

A focus on the title of the text reveals that it is based on a verse from Brooke Fulke Greville's poem: “You that seek what life is in death, / Now find it air that once was breath.” Greville's short poem constitutes the opening epigraph of the text. During a time in which he was very sick writing and reading a poetry book, Kalanithi tells his wife “I think I came up with the title for my book: ‘When Breath Becomes Air?’” It is definitely a “focusing” title since it suggests “which of the contending themes should be given center place in interpreting the work and organizing one’s appreciation of it” (Levinson 35). The title is also “hermeneutical” and “function[s] as guides to interpretation” (288) as presumed by John Fisher. The main reason is that it encapsulates a broad spectrum of correlations: “breath” and “air” are inseparable words that epitomize parallels between particular and general, internal and external, and

ephemerality and permanence. With the absence of air, breath and/or life cease to exist and mortality dominates.

Another literary paratext is maintained in Abraham Verghese's foreword to the text. It accentuates the inseparability of the discourses of autobiography and autothanatography. Verghese states "to begin with" or "to end with" and "the foreword to this book might be better thought of as an afterword" (xi). In the context of Kalanithi's diagnosis, Verghese excogitates "I became aware of not just his mortality but my own" (xii). These words echo Frank's concept of "other relatedness." Stories of illness affect the listeners and guide them not only as witnesses of the reconstruction of the identity of the ill, but also unravel a sense of solidarity and reassurance that someone else supports them in their torturing experience. In this manner, Kalanithi's autothanatography transcends the physical and temporal confines to assure that he is still immortal and lives to "profoundly influence the lives of others after [he is] gone, by [his] words" (xix) as put by Verghese. The notion of permanence and transcendence is highlighted in Kalanithi's opening lines of the prologue citing T. S. Eliot's "Whispers of Immortality," "Webster was much possessed by death/ And saw the skull beneath the skin;/ And breastless creatures under ground/ Leaned backward with a lipless grin" (2-4, 47). Kalanithi makes use of Eliot's allusion to John Webster, Renaissance playwright who demonstrably investigates the nature of death in his works, to emphasize his penetrating vision of death. To be more specific, death is inevitable and all are doomed to die; however, man can be immortalized and continue influencing others after death through a contribution of meaningful works. In light of Kalanithi's struggle to find meaning and develop the ability to cope with the "inextricability of life and death" (222), Lucy contends that what happened to him is tragic and heart-rending rather than a tragedy.

With respect to the epilogue, it emerges as a meditating monologue on how Lucy can live on and manage the hardships of life

without her beloved husband. She opens it with an obituary and remembrance of Kalanithi who has left her two spacious bequests of Love and pain. She alludes to Emily Dickinson's "You left me – Sire – two Legacies" that reads "You left me, sweet, two legacies, — /A legacy of love/A Heavenly Father would content,/ Had he the offer of;/ You left me boundaries of pain/ Capacious as the sea,/ Between eternity and time,/ Your consciousness and me" (201). These verses are highly significant since they do not merely locate literature as a spring of solace and comfort, but also imply how the sick man possibly sees everything as a metaphor: he might enjoy illness as well as suffer it. A perceptible case in point of this oxymoronic outlook of "love" and "pain" is manifested in Broyard's affirmation, "I'm infatuated with my cancer" (7) and "I've been feeling exalted since I heard the diagnosis" (23). He further envisages his critical illness as a kind of revelation and a "great permission, an authorization or absolving" (23). At the core of such permission lies the exploration of desires. The fundamental incentive beneath the oxymoronic outlook of the terminally ill is that they strife to counter the deconstructive nature of their critical illness through appropriating themselves with the new disordered life imposed on them.

Coming to terms with his illness, Broyard takes on some strategies that are totally different from Kalanithi's. He begins taking tap-dancing lessons, something he invariably wants to do. He maintains, "I think that only by insisting on your style can you keep from falling out of love with yourself as the illness attempts to diminish or disfigure you" (25). Broyard proceeds, "it would be good therapy … for cancer patients to buy a whole new wardrobe, mostly elegant, casual clothes" (62). For the autothanatographers, the diminishment and disfigurement of the self are much more frightening than dying since they might augment self-abhorrence and thus turns it into a monster. For this reason, an implementation of good body

narcissism and a style that might keep it from falling out of love with itself exemplify a good therapy that creates the will to survive.

In regard to the titles of the two parts of the self-narrative, “In Perfect Health Begin,” and “Cease Not till Death” they are artistic contrivances drawing on Walt Whitman’s “Song of Myself.” Both titles are emblematic of Kalanithi’s oxymoronic journey from a physician to a patient. They also demarcate an intersection between his autobiography and autothanatography. The first part opens with an epigraph citing Ezekiel’s words 37:1-3, “The hand of the LORD was upon me, and carried me out in the spirit of the LORD, and set me down in the midst of the valley which was full of bones … And he said unto me, Son of man, can these bones live?” (19). This quote is as informative as the titles of the two parts since it denotes the interconnectedness between life and death. In part one, Kalanithi is mainly preoccupied with recounting the many autobiographical mysteries of his childhood: his personal life in the desert valley of Arizona, his marriage, his friends and other familial issues. He also tells about the movement of the family from Bronxville, New York to Kingman, Arizona encouraged by the reasonable cost of living that enables them to pay for their two sons to attend the colleges they have aspired to. He further relates how his mother has been always anxious about the future and education of her children. Furthermore, he recounts the love story of his Christian father and Hindu mother and how they have eloped from southern India to New York City to start a new life. He also unveils how such a marriage has led to years of familial rifts.

Additionally, Kalanithi reveals the oscillation he has confronted between the two cherished fields of literature and medicine as he “wasn't sure where [his] life was headed” (40). He feels literature provides “the best account of the life of the mind, while neuroscience [has] laid down the most elegant rules of the brain” (31). Yet, his reading of Jeremy Leven’s *Satan: His*

Psychotherapy and Cure by the Unfortunate Dr. Kassler, J. S. P. S. represents the watershed that puts an end to his fluctuation and indeterminacy between literature and neurosurgery. He narrates, “Neurosurgery [has] attracted me as much for its intertwining of brain and consciousness as for its intertwining of life and death” (81). He therefore decides to study medicine.

According to Kalanithi, medical school has brought him to an in-depth knowledge of the correlation between the meaning of life and death and the truly life-and-death struggles and decisions. In the first year, he glimpses his share of death grasping it, uncloaking it, and seeing it eye-to-eye, unblinking and peeking around corners. Everywhere, the specter of death hovers before his eyes and he is frequently confronted by cadaver dissection and suffering to which he is inured. He underlines many instances of dead cases in order to understand death and how people treats it; for example, an alcoholic who has bled to death, “a pathologist dying of pneumonia” and “a man who’d had a minor neurosurgical procedure to treat lightning bolts of pain that were shooting through his face”(77).

In light of Kalanithi’s reflections, neurosurgery is momentous for three reasons: Firstly, it will not only empower him to trespass the invasive physical assault in every imaginable way, but also to see “people at their most vulnerable, their most scared, their most private” (49). The privilege of such direct experience has led Kalanithi to live in “a different way, seeing death as an imposing itinerant visitor but knowing that even if [he’s] dying, until [he] actually die[s], [he is] still living” (150). Secondly, connected with the huge duties, neurosurgeons are “also masters of many fields: neurosurgery, ICU medicine, neurology, radiology” (72). Thirdly, he mentions that he pursues medicine to “bear witness to the twinned mysteries of death, its experiential and biological manifestations: at once deeply personal and utterly impersonal” (53).

Another significant politic of challenging mortality is evinced in the first part of the text which underscores how Kalanithi uses retrospection, nostalgia and reminiscence to intertwine his chaotic present with his past in an attempt to reconstruct and regain control over it. He thereby harks back to the past younger self stories of childhood, college, marriage and the option for medicine as a vocation. He further recollects the fleeting moments of hiking, camping, running, and throwing his giggling niece high in the air. In addition, he recalls his happy time with Lucy in their medical school. However, he desperately illustrates that such a set of activities are associated with a man he no longer is. As a result, he mourns, “I sat staring at a photo of Lucy and me from medical school, dancing and laughing; it was so sad, those two, planning a life together, unaware, never suspecting their own fragility” (126). Recuperating such memories, Kalanithi reclaims “a minimal control over narrative teleology” (Egan, *Mirror* 5).

Though the politic of thinking back and looking into the past younger self generates a desire and an anticipation of a future, Kalanithi distractedly feels that such a future is unapproachable in comparison to the future of his healthy peers. He argues, “My senior peers [are] living the future that [is] no longer mine: early career awards, promotions, new houses” (147). Furthermore, their bodies can still tolerate standing for a grueling eight-hour surgery. At this phase of illness, Kalanithi upholds a visual “mirroring body” style as he aspires to recreate his miserable ill body in the image of his healthy peers who are happily engaged in “grants, job offers, publications” (147). Yet, he still looks forward to having the chance to reconnect with and restore his former self. This self implies that he would be surrounded by success, expectancy and ambition that might amend the fractured future. He muses, “Tomorrow, I told myself, would be a better day … Still, I was determined to restore my life to its prior

trajectory" (154-156). Kalanithi speculates that with his cancer under control, he will be victorious in his contest against mortality.

Moving to part two, "Cease Not till Death," Kalanithi relates his dying experience after cancer diagnosis with a determinacy to challenge mortality and to keep illness under control. He opens it with an epigraph citing Michel de Montaigne's essay, "That to Study Philosophy Is to Learn to Die." It reads as follows "If I were a writer of books, I would compile a register with comment, of the various deaths of men: he who should teach men to die would at the same time teach them to live" (119). This epigraph is functional in two ways: on the one hand, it verifies his incessant desire to survive and live on, albeit, he is at the end of his life. Like Montaigne, he has to strive to survive and live rather than succumbing and awaiting death. Both of them realize that if they remain under the sign of death and mortality, they will only end up being a little more than registrars or record keepers. On the other hand, it points up 'other relatedness' reverberating sundry deaths of people and highlights the intersection of life and death and the new style that the body acquires as disciplined body. He strives to be a contributor and to do something tangible that engages him with the actual affairs of world. Moreover, he briefly but movingly embarks on sundry topics that are closely concomitant with his dying experience: religion and eventual return to God, underscoring human values, understanding time and its impact on the terminally ill whose death looms large.

Yearning for fatherhood emerges as another strategy to be added to the previously mentioned ones that Kalanithi makes use of in confronting mortality. In a similar vein to his remembrance of the past, Kalanithi's quest for fatherhood tends to revitalize and enliven his desire in life. For him, to have a child signifies predictability and empowerment of the self. Nevertheless, he is hesitant and wonders whether he and Lucy "should go ahead and have a child, or what it meant to nurture a new life while mine faded. Nor did it tell me

whether to fight for my career, to reclaim the ambitions I [have] single-mindedly pursued for so long, but without the surety of the time to complete them" (139). Kalanithi's prognosis in fact stands in the way of fulfilling the desire of having a child. He is afraid of leaving his beloved Lucy husbandless and childless as well after his death. Putting an end to his indetermination, Kalanithi makes up his mind and remarks that "rearing children added another dimension" to their "human relationality" (142). Indeed, Kalanithi and Lucy always crave to have a child and are both "impelled by the instinct to do it still, to add another chair to our family's table" (142). Kalanithi thus turns to Lucy for the final decision because she will be the one to raise the child on her own, and at the same time take care of him as his illness progresses. Notably, such a choice underpins Kalanithi's desire not only to survive and "continue to live, but also to live after death" (Derrida, "Learning" 26) since the child outlives the death of parents. In any case, the situation would be more painful; nonetheless, he realizes that "the easiest death [isn't] necessarily the best. We [talk] it over. Our families [give] their blessing. We [decide] to have a child. We [will] carry on *living*, instead of *dying*" (144 *emphasis mine*).

To the contrary of Kalanithi's aspirations, the birth of Cady announces an addition to the tangled and oscillating phase of his life. He wishes he will be able to live long enough that Cady may have a memory of him. In a touching note, Kalanithi muses, "I [have] thought I could leave her a series of letters—but what would they say? I don't know what this girl will be like when she is fifteen; I don't even know if she'll take to the nickname we've given her" (199). Cady, of course, exemplifies a future that overlaps briefly with Kalanithi's. As a seminal moment in her parents' life, Cady has brought joyful moments and dynamism in the midst of sorrow. They are extremely delighted contemplating Cady's bright eyes and calm nature. Kalanithi writes, "Day to day, week to week, Cady blossoms: a first grasp, a first smile, a first laugh. … A brightening newness

surrounds her. As she sits in my lap smiling, enthralled by my tuneless singing, an incandescence lights the room" (196). Nonetheless, her birth propels him to see time "now double-edged: every day brings me further from the low of my last relapse but closer to the next recurrence—and, eventually, death" (196). It is a real problematic mess as he is in the dark of when he will die and at the same time he might die sooner than he expects. In view of this, Kalanithi has to make up his mind to take one of two paths to live his short and truncated life fully. The first path is that of frenetic activity; namely, to "live life to its fullest, to travel, to dine, to achieve a host of neglected ambitions," whereas the second path is the "tortoiselike approach" (197). In other words, the two strategies resemble a race between a tired hare and a tortoise. If one of them makes too minor steps or spends much time planning, the other will win.

Certainly, there is no clear-cut answer about which path to be taken. For Leming and Dickinson, many of the individuals with life-threatening diseases consider living life to its fullest is an appropriate approach to "continue to hold jobs, go to and from treatments" (196). Endorsing a similar perspective, Frank notes that it is not the duty of the ill to get well but "to express their illness well …. [Because] those who express their illness live their lives fully to the end of the illness" (*Will* 127). Given that his main problem is the consumption of the body deterring the ability to move about and fulfill a host of goals, Kalanithi prefers the tortoise-like approach. He cogitates, "If time dilates when one moves at high speeds, does it contract when one moves barely at all? It must: the days have shortened considerably" (197). For him, how to live the remaining days is a matter of quality rather than quantity. On the one hand, the tortoise-like strategy ensures moving slowly, doing what he can do steadily and meticulously throughout his remaining days. He declares, "I plod, I ponder. Some days, I simply persist" (197). On the other hand, he resists the frantic activity of the hare approach that basically focuses

on the quantity rather than the quality of lived days. Elaborating on the two approaches, Kottler and Carlson note, “Although [Kalanithi has] raced through his days, like an oldster he now considers himself a tortoise rather than a hare” (194).

The Dying Self between Hope and Despair

Hope and despair are psychological states which entangle the lethally ill as well as their caregivers during strenuous crises, vicissitudes and transitions. Kalanithi’s implementation of the aforementioned strategies in his combat against mortality moves him out of the defeating and pessimistic story of dying. Frank identifies such a story as “Chaos story” wherein feelings of vulnerability, futility, powerlessness and disorientation prevail. Instead, he seeks to live by another alternative story of rehabilitating his shattered life. Frank labels this alternative story as a “quest” story. It is characterized by openness to adjust to the changing life event of terminal illness, developing new valued body-self relationships and transcendental hope of survival. Nevertheless, plausible outcome and predictability of such “quest” story seems as wavering as everything else. Kalanithi's state gets worse and his body has grown noticeably weaker and sicker and he has suffered excruciating pain. He confesses the radical changes of his body and identity, “No longer was getting in and out of bed to go to the bathroom an automated subcortical motor program; it took effort and planning” (125). Even in his physical therapy Kalanithi feels exhausted and humiliated since he is not even lifting weights yet, he is just lifting his legs. He writes, “My brain [is] fine, but I [do] not feel like myself. My body [is] frail and weak—the person who could run half marathons [is] a distant memory—and that, too, shapes your identity” (140). He further undergoes “a deep fatigue, a profound bone-weariness setting in” (183).

On that account, the physical therapists recommend a list of equipment to facilitate Kalanithi's transition to his home; for example, "a cane, a modified toilet seat, and foam blocks for leg support while resting. A bevy of new pain medications [is] prescribed" (125). Delving deeper into portraying his weariness and deterioration, Kalanithi argues that he feels definitely collapsed with all the sources of pleasure in life such as eating and drinking taste like a salt lick. In spite of such convolutions and adversities, Kalanithi still clings to his desire and hope of "regimentation" and restitution of sense of control. Glimpses of hope are rekindled again with the news that the chemo is off and he will have a treatable mutation with a little white pill. He writes "I soon [begin] to feel stronger. And even though I no longer really [know] what it [is], [I feel] it: a drop of hope. The fog surrounding my life [has] rolled back another inch, and a sliver of blue sky [has]peeked through" (135). Afterwards, Kalanithi's appetite returns and he puts on a little weight. Seemingly, Kalanithi generates a powerful desire of survival that outperforms the corporeal metamorphoses of his ill body.

Kalanithi's unswerving pursuit for restitution of his past life and self culminates in his declaration, "In the face of weakness, determination set in. Day after day I [keep] at it and every tiny increase in strength [has] broadened the possible worlds, the possible versions of me" (140-141). Consequently, his strength has improved and a relief washed over him since his cancer seems stable and this in itself is considered a success; albeit, he is still limited by back pain. As the captain of the ship, Emma tells Kalanithi that he is well enough. Therefore, they can start talking about what his life might be with the "chaos of the past months [receding and], a sense of a new order settling in" and his "contracted sense of the future [begins] to relax" (147). Manifestly, the vacillating states of Kalanithi's dying self between hope and despair and sturdiness and fragility move in a vicious cycle from which there is no way out. Correspondingly,

Kalanithi envisages his terminal illness as a complicated revolutionizing process rather than a one-time event maintained in death. He demarcates such complication of illness twice upholding miscellaneous interpretations. First, he classifies the process of his illness into crucial junctures in human existence ranging from "defeated," "pessimistic," "realistic," "hopeful," to "delusional" (134). Then, he divides it into five clichéd stages of grief: "Denial – Anger - Bargaining - Depression – Acceptance" (160). The two processes are cyclic and characterized by unpredictability/ changeability between optimism and pessimism, hope and despair, realism and delusion, and anger and bargaining which in turn augments the affliction of the self.

Kalanithi occasionally upholds the aforementioned cycles in a reversed order. At some other points, he accepts his fate and slips into depression due to his inability to pursue his career. He confesses the fragility of his faith and wonder, "God, I have read Job, and I don't understand it, but if this is a test of faith, you now realize my faith is fairly weak" (162). After bargaining, anger sets in: "I work my whole life to get to this point, and then you give me cancer?" (162). Finally, Kalanithi reaches the state of denial and inconclusiveness. He ponders that the only way to get out of the 'chaos story' is to traverse it all backward verifying that he will live for a long time. He thus can go forward again; albeit, he is inundated into depression all over again. He cynically contemplates, "Grand illnesses are supposed to be life-clarifying" (161). He is conclusively doomed to die; however, he does not know how much time is left for him or when death will happen.

With morbidity reaching a near-lethal level, Kalanithi's desires and chances of survival fade away. He therefore has to accept his moral responsibility and prepare his self for its own erasure. In one of the most painful and heartbreaking moments in the narrative, he minutely traces his corporeal deterioration after one of his chemo sessions, "My kidneys [begin] to fail. My mouth [becomes] so dry I

could not speak or swallow…. [I have been] transferred to the ICU. Part of my soft palate and pharynx [have] died from dehydration and peeled out of my mouth" (188-189). Kalanithi gets so withered that he can see his bones against his skin. Moreover, at home he hardly holds his head up and lifts a glass of water using both hands. Depressed and despondent, Kalanithi recollects how miscellaneous therapeutic regimens take more than one line and all ends with no promising outcome. He argues, "First-line therapy (Tarceva) [has] failed. Second-line therapy (chemo) [has] nearly killed me. Third-line therapy … [has] made few promises" (193). In his current critical state, treatment is not an option since experimental trials will not accept him. Such a worsening of bodily illness has left Kalanithi debilitated with many aspects of his customarily daily life lost.

Trying to alleviate his fretfulness and resuscitate hope, Emma tells him that he has "five good years left" (193). Yet, Kalanithi dwells only on the present moment and expresses incertitude about what the span of five years may unfold: "I may be dead. I may not be. I may be healthy. I may be writing. I don't know. And so it's not all that useful to spend time thinking about the future—that is, beyond lunch" (197). Moreover, his thoughts turn so cloudy and unpredictable that he, for the first time, feels entirely conquered in facing the abyss of his mortality. He presumes that doctors are no longer generators of hope since they themselves "need hope, too" (194). Such words deconstruct the patient doctor's relationship and turn it into "nothing more than two people huddled together" (194).

On that premise, Kalanithi's tone is that of a suppliant and pleading body rather than that of an authoritative augur or a true believer in an oriented future or a deferred gratification. He cannot decide upon the direction of action he should espouse, how he can reach his full potentials and true identity, and what tense he is living in now. He wonders, "I am a neurosurgeon," "I was a neurosurgeon," or "I had been a neurosurgeon before and will be again"?" (198).

Furthermore, he surmises on the muddled conjugation of verbs "Have I proceeded beyond the present tense and into the past perfect? The future tense seems vacant" (198). Evidently, Kalanithi's terminal illness has changed his relationship with time. It seems that "time stops; the present expands, with a focus on the here and now; the future is uncertain" (286) as posited by Pascal and Sagan. Under the impact of cancer, Kalanithi's awareness of time as well as temporality acquires a new dimension. The uncertainty of a possible future propelled Kalanithi to mourn his past life and expand on the moment in which he is still alive in the bustling world. He feels the imperative to defeat the person in him who is moving towards an unknowable and unmanageable future. Correspondingly, motivated by the ticking clock, Kalanithi writes relentlessly fueled by the purpose of changing the present moment and reconnecting, as a normal being in the earthly world, with ordinary daily living.

However, Kalanithi's transitory revivification and expectancy of future have been wiped out with the neurologic decline accompanied with an anticipation of losing meaning and agency in his last days. This phase is extremely agonizing and he has nothing to do but to accept and recognize the limitations of the situation. In the last Saturday of his life, "Paul sang to Cady and bounced her gently in his lap. She grinned widely, oblivious to the tubing that delivered oxygen to his nose. His world [becomes] smaller" (204) and he is no longer able to write anything. The narrative, in a sense, is derailed by such a rapid decline and the manuscript for this self-narrative is "only partially finished, and Paul now [knows] that he [is] unlikely to complete it—unlikely to have the stamina, the clarity, the time" (204) as remarked by Lucy in the epilogue. He asks his family to publish his manuscript in some form. He wants to ensure that if he goes in body, he will remain permanent and present in his self-narrative the same way like all precedent literary artists. With the help of Andy Ward, the vice president and editorial director for nonfiction at Random House,

Lucy writes down the conclusion through a *tour de force* epilogue. She has also included emails Kalanithi has posted to his college friends four to five years ago.

The concluding scene is highly moving and saturated with incongruous feelings of love, compassion, depression and agony. Entirely collapsed, Kalanithi tells Lucy, “I want everyone to know that even if I don’t see them, I love them. I cherish their friendship, and one more glass of Ardbeg won't change that” (204). Then, he stops the medication that is meant to control proliferating cancerous cells to announce in an unwavering soft voice “I’m ready” (210). Perceptibly, in his dying reflections, Kalanithi sentimentalizes and emotionalizes neither the ferociousness of cancer nor dying since “Dying in one's fourth decade is unusual now, but *dying* is not” (215) as he assumes. Quite the reverse, he “[has] confronted death—examined it, wrestled with it, accepted it—as a physician and a patient” (215). Lucy reports that he wonders, for much of his life, whether he can face death with integrity and “in the end the answer [is] yes. I [am] his wife and a witness” (224). In an email to Robin, his best friend, he writes that what he is aiming for is “Not the sensationalism of dying, and not exhortations to gather rosebuds, but: Here’s what lies up ahead on the road” (215). In this way, he transforms the dying scene from lamentation and dirge into a commemoration and remembrance. Along the same lines, Broyard does not sanitize death and wants to turn it into some kind of celebration or a birthday. He declares, “I want an untamed, beautiful death. So I think we should have a competition in dying, sort of like Halloween costumes” (65). Facing death dauntlessly, Kalanithi and Broyard affirm that it announces the onset of a new life rather than the end of being one in the world.

Accordingly, Kalanithi makes every effort to reformulate such an intricate experience facing mortality to help understand it and to make life meaningful. Arthur Kleinman assumes that “in the long,

oscillating course of chronic disorder, the sick, their relatives, and those who treat them become aware that the meanings communicated by illness can amplify or dampen symptoms, exaggerate or lessen disability, impede or facilitate treatment" (8). In view of that, Kalanithi's personal narrative "does not merely reflect illness experience, but rather it contributes to the experience of symptoms and suffering" (Kleinman 49). Along these lines, telling illness narrative is a revelation of suffering and at the same of time it is a means through which the self grapples with shaping, creating and communicating suffering experience effectively and profoundly. On his part, Kalanithi conveys such a message as follows,

> When you come to one of the many moments in life where you must give an account of yourself, provide a ledger of what you have been, and done, and meant to the world, do not, I pray, discount that you filled a dying man's days with a sated joy, a joy unknown to me in all my prior years, a joy that does not hunger for more and more but rests, satisfied. In this time, right now, that is an enormous thing. (199)

These words spell out a moral message of hope, permanence and longevity through providing a record and a book in which words testify to a joyful and mollifying irretrievable past. The cessation of breathing puts an end to Kalanithi's woes and painful vacillation, yet significantly the narrative, left unfinished, secures him what he has aspired for; continuity and transcendence of time and space.

Throughout the narrative of his dying self, Kalanithi does not only contribute to understanding and encountering his mortality bravely, but also to the potentiality of "survivorship." Mulling over this issue, Derrida explicates that the meaning of survival "is *not to be added on* to living and dying. It is originary: life *is* living on, life *is* survival [la vie *est* survie]. To survive in the usual sense of the term means to continue to live, but also to live *after* death" ("Learning" 26). In *When Breath Becomes Air,* Kalanithi certainly blossoms,

thrives and survives. His self-narrative corroborates his aspiration for longevity and triumph over earthly transience and decadence. He answers Bentham's rhetorical question: "can a farther use of the dead to the living" be found? What is the good that can be extracted from the dead? In what way can the dead, through their bodies, contribute "to the common stock of human happiness?" (qtd. in Bozovic 246). Kalanithi has gone only in body, but he is still living on and continues to live beyond death due to "the way he conveys what happened to him—passionately working and striving, deferring gratification, waiting to live, learning to die—so well" as presumed by Janet Maslin. In light of this, forgetting about Kalanithi as brilliant polymath or *When Breath Becomes Air* is not an option.

Conclusion

Despite the grim and unsentimental undertone of *When Breath Becomes Air* presenting a *tour de force* portrayal of a man facing his mortality, it represents thoughtful excursions and reflections on family, literature, medicine, truth, knowledge and survival. In chronicling his autothanatography, Kalanithi has the chance for impersonating a spirited seer, a brilliant polymath and a fluent sayer who does not romanticize the afflictions of his fatal illness or the excruciating experience of dying. On the contrary, he engages in moral actions turning his suffering into a testimony on the dying self and its strife to survive. Armed with his perseverance, ambition and desire, he has challenged mortality devising his own specific poetics; namely, story-telling, idolization of literature, remembrance of the past younger self, yearning for fatherhood, and tortoise-like approach as a way of living.

Utilizing such poetics effectively, Kalanithi challenges terminal illness and mortality with integrity and bravery, makes his remaining days redolent and sown with impactful morals the reader

can reap, and reformulates the popular phobic conceptualization of death and finitude. For him, death is not merely an end of the earthly life, but it is a celebration of the birthday of another life. In other words, Kalanithi has created his own interpretation and vision of death which does not rest on the avoidant customary belief of death as the commencement of the transience and the end of the self. He has challenged it through meaningful reminiscences maintained in his ledger and story that outlive his dead body. Accordingly, the intrinsic impetus that lurks beneath telling his autothanatography is an adamant belief that it has the potential of immortalizing his self and outlasts his dying body that has produced it.

Notes

1. Narrative wreckage: Arthur Frank uses this concept to demarcate the point at which the mortally ill person loses sense of self and temporality. Hence, the need arises for a life narrative that might engender the desire to continue.
2. Notable among these theorists are Jacques Derrida, Paul de Man, Nancy K. Miller, Maurice Blanchot, Ivan Callus, Susanna Egan, Susan Bainbrigge, Louis Marin, Thomas H. Kane, Jeremy Tambling, Laura Marcus, Linda Anderson, Susan Sontag, Judith Butler and Felicity Nussbaum. Among the narratives of autothanatography are those written by Eric Michael, Christina Middlebrook, and Nancy K. Miller.
3. A quotation from Samuel Beckett's *Waiting for Godot.*
4. Survivorship: a questionable term used to describe people living with cancer.
5. "The Waste Land:" T. S. Eliot has composed most of the poem in the midst of a nervous breakdown at a Lausanne, Switzerland, sanitarium in late 1921.

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