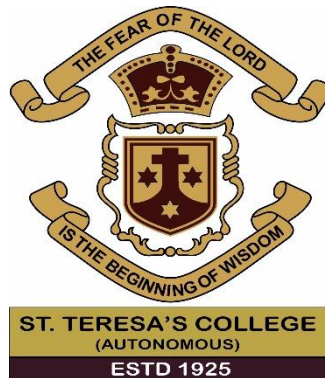


**BATTLING FOR SURVIVAL: A STUDY OF SELECT ILLNESS  
NARRATIVES**



*Project submitted to Mahatma Gandhi University in partial fulfilment of  
the requirement for the degree of MASTER OF ARTS in  
English Language and Literature*

*By*

**ANN LAYA ROSE GEORGE**

**Register No. AM21ENG005**

**II M.A. English**

**St. Teresa's College (Autonomous)  
Ernakulam**

*Supervisor*

**Dr. TANIA MARY VIVERA**

**Assistant Professor**

**Department of English and Centre for Research**

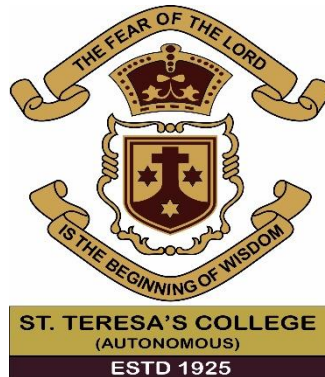
**St. Teresa's College (Autonomous)**

**Ernakulam**

**Kerala**

**March 2023**

**BATTLING FOR SURVIVAL: A STUDY OF SELECT ILLNESS  
NARRATIVES**



*Project submitted to Mahatma Gandhi University in partial fulfilment of  
the requirement for the degree of MASTER OF ARTS in  
English Language and Literature*

*By*

**ANN LAYA ROSE GEORGE**

**Register No. AM21ENG005**

**II M.A. English**

**St. Teresa's College (Autonomous)**

**Ernakulam**

*Supervisor*

**Dr. Tania Mary Vivera**

**Assistant Professor**

**Department of English and Centre for Research**

**St. Teresa's College (Autonomous)**

**Ernakulam**

**Kerala**

**March 2023**

ST.TERESA'S COLLEGE (AUTONOMOUS) ERNAKULAM  
**Certificate of Plagiarism Check for Dissertation**



<b>Author Name</b>	Ann Laya Rose George
<b>Course of Study</b>	M A English Language & Literature
<b>Name of Guide</b>	Dr. Tania Mary Vivera
<b>Department</b>	English & Centre for Research
<b>Acceptable Maximum Limit</b>	20%
<b>Submitted By</b>	library@teresas.ac.in
<b>Paper Title</b>	Battling For Survival: A Study of Selected Illness Narratives
<b>Similarity</b>	1%
<b>Paper ID</b>	719177
<b>Submission Date</b>	2023-04-04 11:40:05

Signature of Student

Signature of Guide

Checked By  
College Librarian



\* This report has been generated by DrillBit Anti-Plagiarism Software

## **DECLARATION**

I hereby declare that this dissertation entitled “Battling For Survival: A Study of Select Illness Narratives” is the record of bona fide work done by me under the guidance and supervision of Dr. Tania Mary Vivera, Assistant Professor, Department of English and Centre for Research, and that no part of the dissertation has been presented earlier for the award of any degree, diploma or any other similar title of recognition.

Ann Laya Rose George

Reg No. AM21ENG005

M.A. English

St. Teresa’s College (Autonomous)

Ernakulam

Ernakulam

March, 2023

## **CERTIFICATE**

I hereby certify that this project entitled “Battling For Survival: A Study of Select Illness Narratives” is a record of bona fide work carried out by Ann Laya Rose George under my supervision and guidance.

Dr. Tania Mary Vivera

Assistant Professor

Department of English and Centre for Research

St. Teresa’s College (Autonomous)

Ernakulam

Ernakulam

March 2023

**An Abstract of the Project Entitled  
Battling for Survival: A Study of Select Illness Narratives**

**By**

**Ann Laya Rose George**

**M.A English**

**St. Teresa's College (Autonomous)**

**Ernakulam**

**Reg. No. AM21ENG005**

**2021-2023**

**Supervising Teacher: Dr. Tania Mary Vivera**

Illness is a condition that has the capacity to threaten a man's mind and body alike. It is a crisis that triggers one's desire to survive it. This project aims to analyse narratives of illness as stories of survival. It looks into how illness narratives act as a registry of the narrator's view of illness and attempts to survive it. For this purpose, two cancer autobiographies, Paul Kalanithi's *When Breath Becomes Air* (2016) and Yuvraj Singh's *The Test of My Life: From Cricket to Cancer and Back* (2013) are taken as narratives exploring the battle of survival. Chapter one aims at providing an overview of the concepts of health humanities, illness narratives, and the psychology of survival. These concepts act as the foundation for the dissection of the texts selected. Chapter two explores a patient's point of view of illness and his fight to survive it. It employs concepts of the psychology of survival to analyse how a person with no prior experience and knowledge of terminal illness deals with the suffering and stigma associated with it. Chapter three examines the perspective of a physician-turned-patient. It analyses illness as narrated by a physician who is acquainted with the nuances of life and death. It uses the concepts of survival psychology to examine how a physician transitioned to a patient survives the ordeals posed by a serious form of a disease. The study exemplifies how illness narratives are testimonies of a patient's desire to survive and exist.

## **ACKNOWLEDGEMENT**

I am deeply grateful to Dr. Alphonsa Vijaya Joseph, Principal, St. Teresa's College (Autonomous), Ernakulam for her help and support.

I extend my heartfelt gratitude to my Supervisor, Dr. Tania Mary Vivera, Department of English and Centre for Research, St. Teresa's College (Autonomous), without whose guidance and encouragement this project would never have been completed.

I acknowledge my indebtedness to Dr. Preeti Kumar, Head of the Department of English and Centre for Research, and all the faculty members for their encouragement and support.

Ann Laya Rose George

## CONTENTS

	Introduction	1
Chapter 1	The Study of Survival in Illness Narratives	6
Chapter 2	Illness and Survival: A Patient's Perspective	15
Chapter 3	Illness and Survival: A Doctor's Perspective	24
	Conclusion	32
	Works Cited	37



## Introduction

Human beings are susceptible to threats to life all the time. Disasters and threats possess an inevitability that makes their appearance in one's life a norm. A person can be subjected to a crisis at any moment which makes him a potential victim. However, not everyone can be a potential survivor. Crisis and predicaments appear in different guises but share a common factor; they jeopardize a person's survival.

The human race, like all organisms, is built for survival. This is how they have managed to exist throughout history. Mankind has encountered predicaments varying in intensity, but they have survived it every time. But when it comes to an individual, the way he confronts the situation varies. An individual battling a threat is entirely on his own. "Survival is a very personal thing - it is a very lonely thing" (Leach ix). Each journey of survival is influenced by the man's personal and social attributes. However, analyzing the responses to a crisis displays some common elements. Humans trapped in disasters tend to exhibit consistent behaviours as responses to the situation. These responses follow a structural pattern, which tends to recur across various types of predicaments.

Illness is a crisis a man has to encounter in his lifetime. It varies in intensity and sometimes can cause a threat to the sense of one's safety and stability. "One of the earliest meanings of the word 'patient' is 'one who endures hardship without complaint'."(Kalanithi 64) Serious illness can be analysed as a means to comprehend the human condition, it is categorized by universal suffering and death. As Arthur Kleinman notes, "Nothing so concentrates experience and clarifies the central conditions of living as serious illness"(1988). Illness creates new purposes, meanings, and experiences, as individuals are forced to deal with suffering, disability, loss of health, and fear of death. It is necessary to interpret and comprehend these life

problems to make them meaningful. This is where the role of illness narratives becomes significant.

Illness narratives are stories of life that act as a key to healing, survival, and transformation. Human beings have to go through trials caused by illness for certain. If it is a serious illness to such an extent that it is life-threatening, it can push the afflicted into physical and mental trauma and suffering. Serious illnesses are life-threatening and life-altering conditions, which cause extreme mental agony and existential crisis. Humans have to navigate through these mental and physical challenges to overcome and heal from the suffering and struggles caused by illness. Personal narratives are a tool for aiding in this mission of survival. As Annie Brewster notes:

It is through our stories that we find meaning and, ideally, integrate challenging experiences into our identity, so that we can move forward with optimal health. It is in sharing our stories without apology that we come to accept ourselves fully, as we are, without shame. Sharing is vulnerable but also the path to empowerment (Brewster 1)

An individual's ultimate mission is to live and exist. When illness endangers his life, he will go through various phases of suffering and survival, which ultimately aims at overcoming the crisis. This thesis aims to analyse illness narratives as stories of survival. It looks into how illness integrates into a person's life and activates his desire for survival. For this, two texts, Paul Kalanithi's *When Breath Becomes Air* (2016) and Yuvraj Singh's *The Test of My Life: From Cricket to Cancer and Back* (2013) are taken as two narratives exploring illness and survival. Both texts are authored by cancer patients/survivors from contrasting life backgrounds and perspectives. The analysis is focused on the individual's take on the unexpected entry

of a life-threatening illness into their lives. It also explores the phases, personal traits, survival tactics, and coping mechanisms adopted by them according to the psychology of survival.

Paul Sudhir Arul Kalanithi (April 1, 1977 – March 9, 2015) is an American neurosurgeon and author. He was born and lived in New York. He graduated with a B.A. and M.A. in English Literature and a B.A. in Human Biology from Stanford University in 2000. He also attended the University of Cambridge and earned an M.Phil in History and Philosophy of Science and Medicine. He attended medical school at Yale University and graduated in 2007, cum laude, and won the Dr. Louis H. Nahum Prize for his research on Tourette's syndrome. He also met Lucy Goddard, his future wife, at Yale. He went back to Stanford for his postdoctoral fellowship in neuroscience and residency training in neurological surgery. Kalanithi received a lung cancer diagnosis in May 2013. After a successful round of treatment, he went back to work as a chief resident, but the disease returned the following spring, necessitating intense chemotherapy. His daughter Cady was born in July 2014, and he passed away on March 9, 2015, at the age of 37.

*When Breath Becomes Air* (2016) is Kalanithi's memoir on his battle with stage four metastatic lung cancer. It follows his course of life from childhood to death and also portrays his contemplations on doctoring and illness. The book shows his transformation from a medical student and doctor and from a patient to a father. It begins with his health deteriorating during the final year of his neurosurgery residency at Stanford University. He was a resident neurosurgeon, proficient in his field, who had a bright future ahead. His life came to a halt after being diagnosed with a type of cancer hard to recover from. He pushed through his residency while suffering from the after-effects of illness and treatment. During this period, he reflects upon the

meaning of life, fate, death, and mortality. His deteriorated marital life with his wife rekindles, and the couple decides to have a child. However, soon his health took a worse turn and he was admitted to the hospital at the same time his daughter was born. Eight months after his child's birth Paul passed away. The book ends with an epilogue written by Lucy Goddard, Kalanithi's wife.

Yuvraj Singh is a former Indian international cricket player. He was born on 19 December 1981 in Punjab. He made his international debut in the 2011 ICC Cricket World Cup and received the Man of the Tournament. He was diagnosed with cancer in 2011. After undergoing treatment, he returned to international cricket in 2012. He has received civilian honours such as Arjuna Award and the Padma Shri. He retired from cricket in 2019. YOUWECAN is his initiative to spread cancer awareness.

*The Test of My Life: From Cricket to Cancer and Back* (2013) is Singh's first book. It explores Singh's vicissitudes in life as a cricket player and a cancer survivor. The first part of the book narrates Singh's birth and growth as a talented and popular cricketer. The second part portrays his transformation into a cancer patient which brings a transition in his view toward life. Singh was diagnosed with the presence of a possible cancerous malignant tumour in his lung in May 2011. He continued to be on the cricket scene, pushing through, amid his worsening health and therapies. In July 2012, it was confirmed that Singh has mediastinal seminoma, a germ cell cancer. He took a break from his career and underwent intense chemotherapy in Indianapolis. He returned to India in April after completing his chemotherapy. He played his first match for team India in September 2012.

The first chapter "The Study of Survival in Illness Narratives" aims at providing an overview of the concepts of health humanities, illness narratives, and the

psychology of survival. These concepts act as the foundation for the dissection of the texts selected. The second chapter "Illness and Survival: A Patient's Perspective" focuses on *The Test of My Life: From Cricket to Cancer and Back* (2013) and explores a patient's point of view of illness and his attempts to survive by analysing the autobiography as an illness narrative. It employs various concepts of the psychology of survival to study how a person with no prior experience and knowledge of terminal disease (cancer) deals with the suffering and stigma associated with it while attempting to overcome it. The third chapter "Illness and Survival: A Doctor's Perspective" analyses *When Breath Becomes Air* (2016) as an illness narrative from the perspective of a physician-turned-patient. It analyses the memoir as an illness narrative authored by a physician who is acquainted with the nuances of life and death. It employs the concepts of survival psychology to examine how a physician transitioned to a patient survives the ordeals posed by a serious form of cancer.

## Chapter 1

### The Study of Survival in Illness Narratives

Health humanities combines several disciplines, drawing on the humanities and social sciences as well as artistic creations, to comprehend aspects of the human condition that are relevant to health and medicine. It encompasses the more specialised field of medical humanities, which aims to use knowledge from the humanities to advance medical study and practice, but it also frequently refers to even more comprehensive methods for comprehending the social, ethical, and religious dimensions of health throughout human history.

The first wave of health humanities is called medical humanities. The term first appeared in 1948 when George Sarton and Francis Siegal coined the descriptor "medical humanities" in an obituary column. It then took a decade or so before North American Medical School underwent a major curriculum development in bringing humanities to medical education. In 1967, the first Department of Humanities in any medical school was established at Pennsylvania State University's College of Medicine, USA. Here medical students studied religion, history, and philosophy as these were seen as more applicable to medicine. Later, literature was introduced into the medical curriculum in 1969. Medical humanities gained currency in Britain only in the 1990s. The important landmark in the history of health humanities happened in 1972. Joanne Trautmann Banks (1941-2007), a professor of literature became the first one to hold a regular full-time position in an American medical school. She is also one of the founders of the important journal in the health humanities named *Literature and Medicine*. Trautmann in her article titled "The Wonders of Literature in Medical Education" (1978) wrote:

Using literary methods and texts, literary scholars have been teaching medical students and physicians how to listen more fully to patients' narratives of illness and how to better comprehend illness and treatment from a patient's point of view. These skills help physicians to interview patients, to establish therapeutic alliances with patients and their families, to arrive at accurate diagnoses, and to choose and work toward appropriate clinical goals (Trautmann)

Trautmann here sets and sums up the dominant agenda of the first wave of the health humanities, that is medical humanities. Medical humanities were interested in creating a gentle, sensitive, and empathetic physician who is good in observation, communication, listening, empathy, and self-reflection. These qualities are cultivated in physicians through introducing literature, history, philosophy, and fine arts among other liberal arts to them. Humanities was thus like an additional add-on course to clinical science. It was used for the improvement of the faculties of a physician and to transform him into an empathetic, sensitive, and gentle physician. To sum up, medical humanities was more of a pragmatic course that was heavily dependent on doctor-patient relationships and everything else was secondary. It only emphasized revising the medical curriculum and pedagogy to include arts and humanities. It considered arts as a service or an additive to medical education and practice.

The second phase after medical humanities is called health humanities. Health humanities has three different facets which make it different from that of the first phase. Firstly, Health humanities is inclusive compared to medical humanities as it is not a doctor-patient-centric approach. It is inclusive in the sense that it includes several stakeholders like doctors, caregivers, paramedics, and the patient's family. The physician was not in the centre stage anymore. The second is the broad and expansive

concerns of the health humanities. It is rooted in the realization that health is a larger and more useful concept than disease. In the medical humanities phase, attention was given to the term disease but in the second phase, along with disease, the term health was theorized and conceptualized. Finally, a more engaged role of arts and humanities can be seen in Health humanities. Arts and humanities were seen as enabling health and well-being. To sum up, the major objective of health humanities is about wielding a voice of critique and not just about understanding health and healthcare. The critique here means health humanities is interested in exposing the way how knowledge and power work together. It critiques the commercialization of health care and also how a patient is objectified and treated within a clinical setup. Health humanities also brought a change in the status of arts and humanities as arts are considered to possess an inherent value and meaning. It is a cultural or narrative approach to disease, illness, and health. It focuses on a patient's affective; emotional aspects like suffering and stigma. It also looks upon the philosophical aspects like the questions of being, time, and space. Health humanities revolve around the idea of the sick body as a registry and a locus of power relations, cultural constructs, events, narratives, and drives.

The two keywords highlighted in health humanities are 'illness' and 'disease'. The difference between the two can be understood through the words of Eric Cassell (1976): "Disease, then, is something an organ has, illness is something a man has" (27). The disease is a biological dysfunction, a failure of the biological system. According to Arthur Kleinman in *The Illness Narratives* (1988), "Disease is what practitioners have been trained to see through the theoretical lenses of their particular form of practice" (Kleinman 1). A physician can diagnose, treat and cure a disease. Meanwhile, illness is a felt experience, an emotional weight, and a psychic state. The



term 'illness' refers to "the innately human experience of symptoms and suffering. Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (Kleinman 1). Illness encompasses problems created by symptoms and disabilities in an affected individual's life. It includes frustration, anger, fear of death, loss of health, and decline of self-esteem. Disease and illness are not mutually exclusive and often occur together.

When a patient narrates their personal stories of illness, and how it changed his course of life, illness narratives are born. "The illness narrative is a story the patient tells, and significant others retell, to give coherence to the distinctive events and long-term course of suffering" (Kleinman 2). It refers to the storytelling and accounting practices that are created as a result of illness. The plot, metaphors, and rhetorical devices in an illness narrative structure the personal experiences to make it meaningful. These narratives have considerable relevance in the world of pain, suffering, vulnerability, and uncertainty. According to Kleinman, these must be interpreted "in light of the different modes of illness meanings—symptom symbols, culturally salient illnesses, personal and social contexts" (2)

An important term that denotes the whole idea of illness narratives is the word 'pathography'. The word pathography is derived from the Greek words 'pathie' or 'patheia' which means illness or suffering. As Anne Hunsaker Hawkins states in *Reconstructing Illness*, [pathography] is a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death"(Hawkins 1). It is a narrative about an experience of illness/ disability and/or illness behaviours. A pathography is a narrative based on one's experiences of illness. These experiences of illness are helpful for the person who suffered to cope with the trauma of sickness.

It also helps others who suffer from similar ailments to cope better. Previously it used to be the health care workers who used to narrate the disease events of their patients. However, now the popularity of mass media and social media made it possible for suffering individuals to share their stories and perspectives. Pathographies are also in the form of diaries, novels, and stories. Illness narratives trace out how a person affected suffers from the symptoms of the disease, how the person was diagnosed with the help of various medical tests, the results of these tests, and how the individual recovered from the disease. The plethora of illness narratives is roughly divided into two broad areas; physical illness and mental illness. The area of physical illness can be again divided into chronic physical conditions like HIV/AIDS, diabetes, cancer, TB, etc., and disabilities such as deafness, dumbness, blindness, and amputation. Mental illnesses include Alzheimer, schizophrenia, OCD, and bipolar disorder.

Illness narratives have multiple narrators. One is the suffering person or patient narrating his experiences. The second case is when a family member narrates the illness episodes. The third narrator can be the physician who describes the whole disease event. These narrators share the cultural and clinical history of a disease. They are a witness to the suffering individual so they narrate how they dealt with the patient like a case study or a lived experience. In some cases, the doctors themselves become patients and talk about their disease conditions. So the narrators of illness narratives can be patients themselves or their family members, caregivers, and physicians.

Analyzing the structure of illness narratives, it is noticeable that the text is usually formulaic and documentary. The narratives begin with the discovery of illness and are followed by a discussion on the diagnosis. The hardships of the treatment are then described and the text ends with a comic closure. Comic closure is narrative

closure like that of comic plots, where "the protagonist is better off at the end than at the beginning"(Couser 91). Thus the illness narratives can be said to have four parts; being ill, the diagnosis, the treatment, and the betterment of the individual.

Living and existing despite an incident, trial, or challenging circumstance is referred to as survival. Survival narratives are characterized by the narratives in which the characters are forced to fight against the odds. The characters face various challenges for their survival from obstacles such as natural calamities, wars, oppressive systems, and illnesses. The emotional and mental aspects of the person in a crisis can be analysed through the psychology of survival.

When an individual confronts a crisis, his mind and body are intertwined closely as a reaction to the fear of the situation. The human body reacts to the crisis as a whole rather than its parts. This reaction to fear is primaeval which is inherent in humans as a part of years of evolution. The primary response to fear is to prepare the human body for flight or fight. In this process, the body's chemistry changes as bodily functions also change. LeDoux(1998) considers the amygdala, a part of the brain, as the centre of the brain's defence system. It stimulates the reactions of the sympathetic nervous system which is responsible for responding to stressful events. These unconscious reactions include an increase in heart rate and blood pressure, narrowed and focused vision, constricted blood vessels, etc. The body takes away less necessary bodily functions like digestion. The Adrenal gland secretes cortisol and epinephrine which is the part of the brain that deals with complex thinking. Thus the reasoning power of the body gets hampered.

In his book, *Surviving the Extremes - A Doctor's Journey to the Limits of Human Extremes* (2004), Kamler K explores different factors which help a person in crisis to survive. His study was on people who survived extreme environmental

situations like deserts, jungles, and outer space. The first factor which helps a person in harsh circumstances is 'knowledge'. The tools of survival lie in people's brains (Kamler, 275). Knowledge is the key to survival. The knowledge about the disaster or crisis beforehand can be an aid for the person's survival. The second factor Kamler suggests is 'conditioning' (Kamler, 275). A healthy body and mind in good disposition can handle the pressure of a survival situation. The third factor he points out is luck. In various crises explored by Kamler, there is usually an aspect of luck. However, he is against putting too much emphasis on this element. It is not advisable to only rely on luck. To an extent, luck is linked with knowledge and the capacity to adapt to changing circumstances (Kamler, 276) reminds us that the combination of the factors of knowledge, conditioning, and luck is necessary to survive. However, without the 'will to survive', which is the fourth factor, is the most important. The spirit to continue without giving up is necessary to fight all the odds.

In *The Survivors Club: The Secrets and Science That Could Save Your Life* (2009), Ben Sherwood highlights twelve survival traits or psychological strengths that have assisted normal people to overcome intense situations (319). He points out that survivors draw upon a common set of mental traits. 'Adaptability' is a survival trait which enables you to adjust and adapt quickly to different trials. It changes your attitude to deal with the difficulty. It entails adapting one's mindset and actions to shifting circumstances. The capability of a substance to regain its former shape after being under stress is termed 'resilience'. It is a material's elasticity or capacity for change. Sherwood says that for humans, it's the ability to get back up after being knocked down and keep going. In essence, he equates perseverance with resilience. He asserts that "faith is the most effective and timeless strategy for survival" (317). 'Hope' is another trait which is the conviction that one will survive while

acknowledging the reality of the circumstance. It is a blend of optimism and realism. Unbridled optimism might result in disappointment. Having a 'purpose' offers one the strength and motivation to continue through challenging times. People have a reason for existing. Without a goal, individuals perish. 'Tenacity' is the capability to carry on with adherence. It is a characteristic of persistence. 'Love' is another essential trait needed for survival. It is a variation of purpose. People will do anything for their loved ones. Family and friendship bonds are valuable. Sherwood contends that 'empathy' may be paradoxical as a means of survival. However, in a time of crisis, having a strong sense of empathy and compassion for others enables both the recipient and the provider to survive. According to Sherwood, 'intelligence' is the capacity to acquire and apply knowledge to difficulties, in this case, the problem of survival. It is the capacity for analysis, diagnosis, and action. "Applied knowledge is the key to survival" (Sherwood 314). Being intelligent, creative, and resourceful are all aspects of 'ingenuity'. It might be viewed as a special case of applied intelligence or adaptability. 'Flow' is the capacity to advance smoothly, consistently, persistently, and with ease, like the river, through adversity. 'Instinct' is the power to simply act. It is intuition's strength. It is what the person's instinct tells them to do.

To sum up, the survivor traits deal with how people react to survival situations. According to Kamler (2004), the 'will to survive' may be the most crucial component of survival. The characteristics of the 'will to survive' include purpose, tenacity, faith, hope, and resilience. Even love and empathy are related to these factors. When it comes to the element of knowledge, intelligence, instinct, and ingenuity can be viewed as characteristics of it. The idea of applied knowledge is also important.

In her book, *The Unthinkable: Who Survives When Disaster Strikes - and Why* (2008), Amanda Ripley advances the theory of the “survival arch.” She points out that there are three stages that survivors go through during catastrophes and the ensuing survival circumstances. These are 'denial', 'deliberation', and the 'decisive moment'. She mostly employed case studies to illustrate the survival arch.

She categorizes a person's preliminary response to the disaster under the category of denial. She addresses the risks and delays associated with denial. Delay and denial are linked to one another. After the initial occurrence, the choice to wait or take action depends on the risk assessment. Based on previous experience, the risk is instinctively estimated. For example, older people were inclined to wait and persist through Katrina, a Level 3 hurricane, because of their experiences with stronger hurricanes in the past. But they failed to recognize the changes in environment and nature over time. They were unaware of how wetlands that offered protection had transformed. They considered the hurricane as low risk and delayed evacuation which was a miscalculation.

The second phase in reaction to a crisis is deliberation. Once people get through the first phase, they think before moving on to action. She further divides this phase into three sub-phases. The first phase is the 'fear' reaction. It is the primeval responses programmed into people which assist them to prepare for the survival. The second phase is termed as 'resilience'. It is what the rational part of the brain prompts to do in a survival situation. The third factor is 'group think' or herd mentality or how people act, affect and respond in group situations.

In the survival arch, the third phase is the decisive moment. It encapsulated what the affected individual does in a disaster situation. Panic, paralysis, or heroism are the responses associated with this.

## Chapter 2

### Illness and Survival: A Patient's Perspective

The chapter analyses Yuvraj Singh's *Test of My Life: From Cricket to Cancer and Back* (2013) as an illness narrative which traces the experience of illness and survival from the perspective of a patient. This book is Singh's autobiography depicting his battle with cancer. He was at the peak of his career (emerged as Player of the Tournament in the ICC World Cup) when he was diagnosed with a cancerous tumor in his left lung in 2011. He underwent chemotherapy treatment in Boston and Indianapolis in 2011. In March 2012, he completed the third and final cycle of chemotherapy. He made his international comeback less than a year after his recovery. The book narrates his battle with cancer and the physical and emotional suffering associated with it. He begins with the words, "It is about my toughest days and how I managed to come out of it." "It is about hope, determination, and courage to face challenges despite all the odds" (Singh 4).

Health humanities is a discipline which helps to comprehend the illness and human condition through narratives. It focuses on how a patient deals with suffering and stigma caused by an illness. For a patient, illness is not just a biological dysfunction, it encapsulates a felt experience, an emotional weight, and a psychic state. It is not limited to its physical manifestations or symptoms. It pushes the patient into a world of pain, suffering, vulnerability, and uncertainty. *Test of My Life: From Cricket to Cancer and Back* (2013), a narrative of illness portrays Singh's experience of living through cancer, a disease known for its low survival rates. The book highlights the effects of an illness on the patient's mental, physical, personal, and social aspects.

A patient interprets and perceives his experience of illness through illness narratives. These narratives showcase the patient's subjective perceptions and symbolic meanings attributed to the illness. Singh's autobiography attempts to create meaning and motivation out of the painful circumstance he is in. It is a pathography that recounts the experience of illness while helping the narrator to cope with the illness. The book acts as a platform where Singh can inspire himself and others to overcome hurdles. The narrative turns his life into a hopeful message and helps others who suffer from similar ailments to cope better.

This illness narrative, written in the form of an autobiography, portrays Singh's personal stories and perspectives. The whole episode of the cancer journey is narrated by Singh, the patient himself. The narrative does not take a doctor-patient-centric approach, rather it includes several stakeholders like doctors, paramedics, friends, and the patient's family. An illness journey is not traveled by a patient alone. It is a shared story of people around him. The book traces how Singh suffered from the symptoms of cancer, how he was diagnosed, and how he suffered and recovered from the disease. The phase of cancer is also accompanied by psychological, physical, and existential distress such as fear of death and failing health, loss of self-dependency and autonomy, etc. Illness narratives act as an outlet for the patient to cope better with the situation.

Illness narratives while recounting the physical ailments of the patient, portrays the suffering and stigma he experiences as well. Cancer leads to obvious symptoms like nausea, bouts of headache, vomiting blood to hair fall, and loss of health followed after the beginning of treatment. However, by analysing these narratives, one can understand that psychological suffering causes more distress to the patients. Singh's distress over the loss of his normal life and goals can be seen in his



words, "Harper had assured me that I would be normal after chemotherapy. I played with the word in my head. What was normal? Would I be 100 percent fit? What about cricket? Would I be fit for international cricket? Would I be fit for Test cricket? What if I couldn't play anymore? Was that a normal life?"(89). Besides this, cancer is also associated with stigma. Even before his disease was revealed to the public, Singh faced allegations of not being a fit player. This became worse after the revelation of his cancer, as people began to question his efficiency of being a good player. Singh needed to fight all these aspects in order to survive the illness.

Illness narratives thus can also be analysed as survival narratives as it explores a person's will to live and exist despite ordeals. An illness is an adversity that challenges the existence of a person and needs to be tackled. A person is forced to fight against the odds as an illness has the capacity to physically and emotionally drain him. In the case of Yuvraj Singh, the arrival of cancer, a grave illness was an unexpected challenge. As a sportsman who is at the top of his game, he never assumed that he could be beaten. He was an individual who had great belief in his health as he was a cricketer who kept his body in good shape. He considered himself "ever reparable, indestructible"(65). He always believed that he was in an active conversation with his body as he never compromised in health and fitness. But this assumption goes wrong after his body begins to show initial symptoms of cancer. However, his blind belief in his health and physical fitness made him neglect his worsening physical condition in the beginning.

Amanda Ripley categorizes a person's preliminary response to a crisis under the category of denial in her theory of 'Survival Arch' (2008). Initially, when his body started showing symptoms, Singh can be seen denying the possibility of the worst scenario. He was well-versed in anatomy and could tell where he was hurting. He felt

like "his body was under attack from all sides"( Singh 64) but his response was to "deal with it"(64). He was too focused on his career that he chose to be negligent of the warning symptoms his body was showing. His issues began with breathing difficulties, nausea, and bouts of vomiting blood. He disregarded the bloody phlegm he spat as "something odd getting out of the system"(12). His "breathing turned ragged, uneven"(12) and he couldn't draw in a lungful of breath. He, however, was a "happy zombie"(65) who failed to notice his symptoms, as cricket kept him busy. He delayed health checkups amidst the rising concerns about his weight loss and changing sleep patterns. It was only after the symptoms began to seriously affect his day-to-day activities (and media speculations about his 'indifferent form' that Singh decided for a consultation. This decision, however, was destined to bring a huge shift in life.

The first reaction to a crisis or an unexpected obstacle, with the capacity of threatening one's mind, is fear. This was the case for Singh after he consulted with the doctors. When doctors found the presence of a malignant tumour in Singh's left lung, it only had the potential to be cancerous. Still, Singh feels like everything has stopped around him as fear takes over. It is not unnatural for a patient to go through physical, psychological, social, and existential distress in this situation. Likewise, Singh also goes through conflicting emotions. Initially, he was confused because he could not understand why this was happening to him. He describes his thoughts in these words, "I thought, I am young, I am a sportsman, I am living my life full-tilt. I have just won a World Cup. How can I have cancer?" (Singh 73). Fate decided to test him after a series of successes. His mind was in shambles, as the worry over his family and cricket engulfed him. However, Singh acts calm and composed before his mother and friends for their sake. He puts on a brave persona to console others, "Don't worry, I

said, I'll be fine"(73). But little did others know, Singh himself had no idea how he was going to be fine. "My breathing had forgotten what fine really felt like"(73).

The encounter with a life-threatening situation calls for a lot of deliberation, which is the second phase in reaction to a crisis (Ripley 2008). This phase is further divided into three. The first stage is the fear reaction. Even though the chances of the tumour shrinking after three cycles of chemotherapy were high, Singh can be seen sinking in thoughts because of his fear. He calls cancer a monster in his body, in his heart. "I wondered whether I would beat cancer or cancer would beat me" (89). The second stage is characterized by resilience. The greed to turn back to normal can be understood from Singh's words, "I was not yet thirty, I had a full life to live, there were appointments to keep, dreams to fulfil. The English summer and our Lord's Test was there to look forward to. I had to find my peak" (76). In Singh's case, there was a huge possibility of him recovering as his illness was diagnosed in its early stage. However, it will take a great will for a person to survive the ordeal without succumbing to mental and physical ailments accompanied. This is what leads to the third phase which is the decisive moment.

After the initial confrontation with denial, deliberation, and fear, the question of whether to fight or flight emerges. This prompts one to take action in response to the crisis which is categorized under the decisive moment (Ripley 2008). A person can be panicked or paralyzed or heroic as a response to a major life crisis or traumatic event. His responses to a crisis vary according to various factors. Kamler K (2005) stresses 'knowledge' and 'conditioning' as key tools for survival. Knowledge of the crisis beforehand can assist in the patient's survival. In the case of Singh, though he was well aware of health and fitness, he was not that well-versed in his condition.

However, he had professionals to help him. Another positive on his side was his healthy mind and body which can be attributed to his career as a cricketer.

Personality traits play a huge role in controlling mental and emotional states and are central to survival pathways. Some of the psychological prowess which Sherwood(2009) categorizes as survival traits can be found in Singh. These traits assist people to overcome intense situations. Singh shows great willpower to tackle the illness. The strength of his character can be traced to his childhood itself. Singh characterizes his childhood as "full of running and falling and getting up"(23). He was brave enough to try again and again after every failure in his life. He confronted trials in his life with perseverance. For instance, he was told he showed no promise as a good cricket player when he was a child. But he could return to the game because of his determination and love for the same. In his words, "Always seeking balance, I would run and fall, dust myself off, and start over" (24). Cancer makes him fall, but he picks himself up soon after.

Singh is optimistic, hopeful, and determined. He slowly adapts to his new journey of battle. For him, cancer is the discovery of "a new 'C' in his life" (14). It was a trial he needed to focus on besides Cricket. Though he was conflicted in the beginning, he never blamed himself, others, or God. He refuses to label unfortunate things that happen as 'bad luck'. Because good things that happen are not luck either. "Things just happen, you have to go with the flow, cope, handle it and move on" (37). He says,

I was not going to feel sorry for myself. No, why should I? When my form came back, or when I picked up wickets, or when I got the big scores, or when I got player of the match or hit six sixes, had I ever asked God, 'why me?' Of course not. Often in my career, I have been the man with silver in the fist.

Have I ever asked God, 'why me?' No, never. So when the illness came I had no right to ask 'why me?'(17).

A man needs resilience to get back up and keep on going. As a cricketer, who had dreams and goals to achieve, Singh can be seen focusing more on his well-being rather than the disease. He relies on fitness and health as he was determined to be in good shape and in good humour. According to him, This attitude of his became a diversion from his worries. His goal of returning to the cricket scene boosted his energy. When he was asked to focus on his health instead, he did not follow. He is the kind of person who lives life according to his terms. Another positive trait that could be seen in Singh's life is the ability to go with the flow. Though he is frightened and depressed at times, he finds a way to accept his condition as normal. For instance, he can be seen searching on Google, 'What is cancer?' which would let his spirits down. He is aware of the perils that come with the illness. But he consoles himself and others by creating a new normal. He begins to think the tumour "was a kind of lump, a generic kind of tumour" (75). He is seen repeating to himself that it would shrink and go away and he would be fine.

Having a purpose in life can help a person to find ways to survive and exist. In the case of Singh, his love for cricket became the purpose of his life. He describes the sport as this. "Cricket is a beast. It demands the labour of building a fortress around a treasure and that treasure is timing" (Singh 24). Most of the time, Singh cared more about cricket, and the World Cup tournament he could not take part in, than his illness. His fear of failure only shows up when it is about cricket. For instance, on the eve before the World cup match, though he was drowsy and tired, he thinks, "he can take whatever he wants, take away my life, giving me pain ... God, just give us the World Cup" (59). When India indeed wins the World Cup, Singh experiences wild

joy. He loves cricket as a player and also as a fan. For him, "cricket became like a large, noisy member of my extended family. Once it came into my life, it would not leave"(24).

Cricket also helps him attain another trait, tenacity which enables him to carry on with steadfastness. Athletes are trained to deny pain by training and nourishing their bodies lifelong. This will help the body to leave the mind alone, that is, the focus would be on the body, not the mind. To sports players, every problem has the solution to "go on, play on, play hard, play harder"(68). Singh takes inspiration from his fellow players so as to not give up. He reminds himself "Sport is full of heroic stories of players and sportspeople winning despite injuries. Take Anil Kumble's heroic, brave decision to fight on with a fractured jaw in 2002 in the West Indies. The point is that always in sports there is a chance to be brave. What is a little coughing and breathlessness then? " (68). Sports, especially cricket, have taught Singh lessons that would help him in his life as well.

Singh showcases ingenuity as he found creative and innovative ways to adapt to the situation. He began to use Twitter, a social media handle, to share his cancer journey with the general public. It was a challenge for him as he was a person who wished to keep his personal life, especially his health condition, private. However, he came out on Twitter and shared his feelings and struggles with those who care for him. He also tried to reach out to fellow cancer patients by sharing his experiences. This step gave him a lot of positivity as well. "I put on my yellow Oakleys and took a profile shot of my bald head. And I shared it on Twitter. Handsome is as handsome does!"(98). Twitter made him receive love from all around the world. He got love and support from little kids, fans, and well-wishers which made him touched. Love, encouragement, and appreciation can help a person to continue without giving up.

Although he had the support of the public, Singh mainly relied on his close family, friends, and acquaintances. This close circle which provides him with love and support can be considered his protective factor. Especially his mother, Shabnam Singh, who is described as his 'safest hands' (140). He even dedicates the book to her as he equates her to God. His mother supported Singh through thick and thin. Though she was heartbroken to see her son, she attempts to give him strength. For instance, when his bed was covered in hair, she says it was like two bears had been fighting in there. Besides, Singh had close friends, from journalists to doctors, helping him, though they could have taken advantage of him. He remembers them throughout, "All these people, Nitesh, Nishant, Bunny, Sandy, who stayed with me, left their problems and their families behind to be with me and my problems. For them, I was their family, and for me, they were my allies. Relationships made in these times seldom change" (106). Singh was more worried about the pain that he will cause to people around him. He believed in making others happy, as he considered himself to be a carefree soul. Thus the people around him played a major role in his survival.

## Chapter - 3

### Disease and Survival: A Doctor's perspective

This chapter analyses Paul Kalanithi's *When Breath Becomes Air* (2016) as an illness narrative recounting the experience of illness and survival from the perspective of a patient-turned-doctor. It is Kalanithi's memoir portraying his life and battle against stage IV metastatic lung cancer. Kalanithi was diagnosed with cancer in May 2013 when he was doing his residency at Stanford. He continued to work as a chief resident after a successful round of treatment, but the disease returned the following spring, necessitating intense chemotherapy. His daughter was born in July 2014, and he passed away on March 9, 2015, at the age of thirty-seven. The memoir was published ten months after his passing in 2016. The book reflects Kalanithi's life experiences as a physician-cum-patient with a fatal illness.

Health humanities is a discipline which helps the patient and the people around him to comprehend the illness and suffering. It traces how an individual battles emotional and physical distress to restore himself from the trauma of the illness. Unlike a disease, which only encapsulates visible symptoms in the body, illness is a lived experience. It encompasses the psychological agonies, suffering, and stigma associated with the disease. *When Breath Becomes Air* (2016), as a narrative on illness portrays how a terminal illness can change the course of one's life. It is an attempt of the patient to make a sense of his life and mortality. It recounts the journey of Kalanithi after his cancer diagnosis which was a major turning point in his life.

Illness narratives assist patients in conveying their interpretation and perception of the state he is in. These narratives attribute subjective and symbolic meanings to the condition to overcome it. Kalanithi's memoir is a revelation of himself and his life. It conveys his deep and personal thoughts on life after being



diagnosed with cancer, an illness known for long-lasting negative outcomes. It needs immense courage to reveal oneself and his thoughts before the world. He turns his life into a message to bring positivity and solace to others. His life is transformed into Words which have influenced him throughout his life. He uses the same Words to inspire and teach others to appreciate and love the present life more.

*When Breath Becomes Air* (2016) as an illness narrative is in the form of a memoir which depicts Kalanithi's experience of being a terminal illness patient as well as a doctor who treated such patients. He describes his condition, "As a doctor, I was an agent, a cause. As a patient, I was merely something to which things happened"(86). The book is in a first-person perspective, as Kalanithi himself narrates his journey before and after cancer. It also encompasses stories about his patients, doctors, paramedics, friends and family who supported him throughout the phase of cancer. The book introduces the major stages of transformation in Kalanithi's life, that is the diagnosis, battle with cancer, and recovery. These phases are characterized by physical and mental agony followed by existential questions.

Illness narratives also look upon philosophical aspects like the questions of being, time, and space. Being forced to cope with a potentially life-threatening disease, like cancer, can cause enough stress that someone begins to critically scrutinize his or her place in it in the world and overall worldview. He says "coming in such close contact with my own mortality had changed both nothing and everything" (80). He comments:

One chapter of my life seemed to have ended; perhaps the whole book was closing. Instead of being the pastoral figure aiding a life transition, I found myself the sheep, lost and confused. Severe illness wasn't life-altering, it was life-shattering. It felt less like an epiphany—a piercing burst of light,

illuminating *What Really Matters* —and more like someone had just firebombed the path forward. Now I would have to work around it (Kalanithi 74).

Illness narratives depict the lives of patients who suffer from physical symptoms of the disease along with the pain and stigma associated with it. Kalanithi was diagnosed with stage IV (generally incurable) metastatic cancer in the lungs. He had to undergo intensive chemotherapy while suffering from nausea, fatigue, vomiting of blood, blurring of vision, and other ailments. He returned to residency, after the initial round of treatment, but his symptoms kept appearing in between his consultations. To his dismay, he was questioned by his coworkers and professors on his efficiency to be a surgeon. These kinds of stigma associated with cancer can force a patient to isolate himself from society. He then needs a strong will to survive these various trials and tribulations associated with the illness.

Thus illness narratives can also be analysed as narratives which trace the elements of survival found in individuals fighting a crisis. "Life isn't about avoiding suffering. The defining characteristic of an organism is striving" (Kalanithi 97). A person is forced to fight against the odds as an illness has the capacity to threaten his existence. Cancer is a traumatic event because of its sudden onset and uncontrollable nature. It happens when one is least prepared which then leads to psychological and physical stress. The first few months or the initial phases of illness force the patients to undergo dramatic changes in their lives. This phase is characterized by a psychological, physical, social, and existential crisis. In the case of Kalanithi, he was diagnosed with cancer when he had a different set of plans for his life. As an aspiring neurosurgeon and a family man, cancer completely changes the trajectory of his life. He states, "...and with that, the future I had imagined, the one just about to be realized,

the culmination of decades of striving, evaporated" (Kalanithi 19). He had won prestigious awards and was offered job opportunities at major universities. However, with the appearance of cancer in his life, he transitions from a doctor to a patient in a matter of time. This reversal of roles can be seen in the change of outfits. Rather than an authoritative surgeon in a white coat, Kalanithi becomes meek in a patient's blue gown.

Amanda Ripley (2008) categorizes an individual's preliminary response to a traumatic event under the category of 'denial' in her idea of 'survival arch'. Kalanithi is seen denying the possibility of cancer even though he suspected it. He and his wife refused to believe it and tried to not discuss it. However, according to Kalanithi himself, 'denial was the last stage he reached after days of conflicting thoughts and emotions. He comments, " I had traversed the five stages of grief—the “Denial → Anger → Bargaining → Depression → Acceptance cliché —but I had done it all backward" (Kalanithi 96). After diagnosis, he accepted his fate and was prepared for death. This ready acceptance can be attributed to his career as a physician who is familiar with death. However, he soon slumped into depression, as statistics and probabilities were not on his side. Then comes the bargaining followed by flashes of anger. His conflicting emotions find an end in total denial. He decides to believe that he would live for a long time by acting oblivious to his condition, "In the absence of any certainty, we should just assume that we're going to live a long time. Maybe that's the only way forward"(97).

The second phase in the 'survival arch' is the stage of deliberation. This is further categorized into three phases. (Ripley 2008). The first phase is characterized by one of the primary reactions to a traumatic crisis, which is fear. Fear takes over when a man's existence is in jeopardy. Kalanithi, as a physician, was aware of the

severity of his disease and its rate of mortality. On the day of diagnosis, He and his wife "held each other, like young lovers (Kalanithi 13). He sums up his only wish from then onwards to Lucy in the words, "I don't want to die" (74). Cancer makes the patient question his concerns about life and death as fear of no tomorrow engulfs him. He comments, "My life had been building potential, potential that would now go unrealized. I had planned to do so much, and I had come so close" (74). But his life after cancer diagnosis forced him to be like one of the countless patients he had treated. Caught between life and death, he saw life as "a blank, a harsh, vacant, gleaming white desert, as if a sandstorm had erased all traces of familiarity" (75).

The second phase of deliberation is characterized by resilience. Kalanithi was given the option to follow the traditional cancer narrative, that is, spending time with the family, reminiscing the past and thus receding to oneself. But his decision to return to Stanford to complete his residency shows his persistence in life and confidence in his talents. He can be seen making plans for the future if he were to live long. He says, "Even if I'm dying, until I actually die, I'm still living"(90). The severity of the disease and its low survival rates give less to no hope in Kalanithi's case, but the desire to return to normal life can be seen in him. This will to survive is what leads to the third phase in the survival arch, that is, the decisive moment.

The stage called the 'decisive moment' is what prompts a person to take action against a crisis. A person can respond differently to a traumatic event. He can either run away or confront. This response is affected and influenced by various factors. Kamler K (2005), highlights 'knowledge', 'conditioning', and 'luck' as some of the elements which make a person fit to fight. Knowledge of the disease before can help a patient to cope with its effects better. Kalanithi's knowledge of medicine could predict the seriousness of the outcomes of his symptoms. "If this were a boards exam

question — thirty-five-year-old with unexplained weight loss and new-onset back pain—the obvious answer would be cancer"(14). He appears to be more competent than his physician because of his training as a neurosurgeon. He also had experience dealing with patients suffering from ailments similar to his. He knew more than anyone that disease alone could not seal a person's fate. These factors provided him strength when needed.

A healthy mindset and personality are crucial for survival. Ben Sherwood(2009), categorizes some important personality traits which could also act as survival traits. These traits, essential for an individual to overcome intense situations, can be traced in Kalanithi also. Kalanithi's decision to return to Stanford to complete his residency shows his persistence in life and his confidence in his talents. He was given the option to follow the traditional cancer narrative, that is spending time with the family, reminiscing the past and thus receding to oneself. But he attempts to return to his normal life and goals. For instance, he works up to go biking again with Lucy but he could only manage to reach "six wobbly miles" (85) but he was happy that at least he could balance. "Was this a victory or a defeat?" (86). Nevertheless, he attempts to stay positive by giving more importance to his new accomplishments, which were easy to achieve before. He starts consulting patients, one person in the beginning, though he will be in great pain after. When questions arise doubting his efficiency as a doctor, he begins to visit more patients to catch up with the other residents. These personality traits can help him in his battle with cancer.

Social support is the assistance provided by the people surrounding the patient, especially his friends, family and medical practitioners. They help in providing emotional support which will help in the well-being of the patient. For Kalanithi, his

friends and family were of great help to him. He fights along with them to conquer the disease. They made opportunities for him to recover from the trauma of the tragedy. His physician and caregivers, notably Emma Hayward, his oncologist, supported him throughout the journey. Hayward was one of the world-renowned oncologists who served as the lung cancer expert on one of the major national cancer advisory boards. He describes her as "compassionate, someone who knew when to push and when to hold back" (76).

Kalanithi's greatest source of strength was provided by his family consisting of his wife and daughter. His busy career had caused a rift in his married life with Lucy, but their love rekindled after they had to go through tough times together. "In truth, cancer had helped save our marriage" (84). They transformed into young lovers as they cuddled and cried together. He decides to have a baby so as to leave a part of himself with Lucy. However, though having a baby would bring joy, he was worried about leaving Lucy a single mother after his death. A child will also make death and goodbyes more painful. But the couple takes a decision not to choose the easiest way to avoid suffering. "Because life wasn't about avoiding suffering" (Kalanithi 87). He adds, "After so many years of living with death, I'd come to understand that the easiest death wasn't necessarily the best" (87). After his daughter's birth, Paul found a purpose to live. Her birth made him see not the empty wasteland but a blank page on which he would go on. The baby's firsts, her grasp, smile, and laugh brought a "brightening newness" (115). For them, he declares, "I simply persist"(115).

Illness narratives are helpful in creating experiences and making sense of them. The negative effects of illness can be transformed into positive through transforming it into a source of artistic creation. For Kalanithi, his love for literature helped him to make sense of his condition and his position in the world. "Books

became my closest confidants, finely ground lenses providing new views of the world" (Kalanithi 26). He has always been a voracious reader, but as a man battling with life, he focused more on writers who wrote about mortality. "I began reading literature again: Solzhenitsyn's *Cancer Ward*, B. S. Johnson's *The Unfortunates*, Tolstoy's *Ivan Ilyich*, Nagel's *Mind and Cosmos*, Woolf, Kafka, Montaigne, Frost, Greville, memoirs of cancer patients— anything by anyone who had ever written about mortality" (89). Through these books, he tried to make sense of death and "to find a way to begin defining [him]self and inching forward again" (90). He gives credit to literature for bringing him back to life. He repeats Samuel Beckett's seven words, "I'll go on"(90). This love for literature might be the reason for him to turn his life into words that could be an inspiring message for the readers.

## Conclusion

Illness is a condition that affects mind and body alike and in turn, affects one's life. As Arthur W. Frank states, "what happens to my body happens to my life"(13). Illness steals the control one has on himself and pushes him to agonies that cannot be suffered. It creates new meanings and experiences, as individuals are forced to deal with suffering, disability, loss of health, and fear of death. Some find solace in penning down their illness journey as narratives that could help in providing strength to the author and inspiration to the readers. These personal narratives of battle are testimonies of pain and resilience at the same time.

Illness challenges an individual's identity, family and social relations, career goals, and personal values. These challenges are universal as they are shared by patients across the globe, irrespective of their differences. However, an individual's perception varies from person to person. The way patients cope with the condition in order to survive is greatly influenced by personal attributes and social and cultural relations.

*Test of My Life: From Cricket to Cancer and Back* (2013) and *When Breath Becomes Air* (2016) are narratives depicting the journey of two individuals along the perilous path of cancer. Cancer is considered one of the deadliest diseases because the treatments for it provide no guarantee of a cure. Diagnosis of cancer and its treatments are the events which can cause long-lasting physical and psychological aftereffects. These narratives are the revelation of the universal trauma and pain caused by cancer. Despite this, the texts also act as the testimony of the patients' attempt to survive and overcome the ordeal. The way the authors interpret and perceive the illness to make sense of their situation varies according to their personal/social/cultural attributes.



Both books begin when the narrators are at the highest and happiest levels of their lives, being content in the position where their lives are at. Yuvraj Singh (a popular cricket player) and Paul Kalanithi (a renowned neurosurgeon) confront a sudden and unexpected encounter with cancer when they had passed a lot of milestones (especially career wise). The sudden and uncontrollable entry of cancer began with the slow deterioration of their physical health which soon affected their mental well-being. Loss of physical and psychological health leads to setbacks at various levels of one's life.

Cancer causes worse symptoms which are accelerated after undergoing treatment. In addition to this, the mental struggles caused by loss of health and fear of death and disability add more to the suffering. Cancer patients also find themselves unable to continue their normal lives because of the stigma associated with it in the community. The chances of them feeling isolated are high because of the pain caused by the illness. It takes a will to survive in order to overcome the crisis and return to their (new) normal lives.

Both texts are first-person narratives exploring cancer journeys from contrasting points of view; one from that of a doctor-patient and one from that of a patient. The narrators are not alone in the scene; they are assisted by their doctors, nurse, paramedics, and their friends and family. Illness thus is a collective and personal experience at the same time.

Being diagnosed with cancer is a traumatic event. The books show how the narrators went through the phases of denial and fear after the revelation of the presence of cancer. They find themselves emotionally drained and scared when the ideas of potential death and disability are introduced into their world. This is a phase when their personal and career goals are transformed into the dream of having a

normal life and healthy body like it used to be. "The tricky thing about terminal illness (and life, probably) is your values are constantly changing. You try to figure out what matters to you and then you keep figuring it out" (Kalanithi 96).

Knowledge and conditioning are considered essential traits needed for survival. Prior knowledge of the condition can help the patients to be prepared for the worst outcomes. For instance, Singh could sense his worsening health and resultant changes in his body because of his competency in health and fitness. He was also guided by his physicians so he was kind of prepared for the visible changes the disease and its treatment can inflict on his body. However, on the other hand, Kalanithi knew about his condition more than his doctor. He could understand from his symptoms alone that he could be a cancer patient. But his case shows that sometimes too much knowledge can bring negative outcomes. Kalanithi could understand the severity of his disease and his numbered days. He could calculate the risks associated with his disease, its worst symptoms and possible relapses. Though sometimes knowing too much can cause pain, these factors help the individuals to adapt to the situation in a better way.

This knowledge can also influence the perspectives of individuals towards the crisis. Paul Kalanithi as a physician had come across several patients with terminal illnesses in his career and thus was a witness to many journeys of suffering and healing. He was familiar with how an illness can make or break a person. As he knew the severity of his disease, he is seen dwelling more on the idea of death and time rather than survival. Yuvraj Singh on the other hand, was a cricketer, whose life cancer entered unexpectedly. He was new to the trials of life and death caused by cancer. He was optimistic about his possible recovery. It is noted that Singh had a

type of cancer that was not life-threatening, still, the hope he had was astonishing considering the uncontrollable nature of cancer in general.

After losing autonomy over their body, patients are seen thinking more of philosophical concerns. They seem to be more obsessed with the thoughts of their existence, time and space. They attempt to make sense of their life by finding meaning in their existence. Kalanithi, as a writer and doctor, is seen more focused on the questions of his existence. Time is a major concern of his throughout the memoir. He is concerned about his place in the universe and the meaning of his life. "I realized that the questions intersecting life, death, and meaning, questions that all people face at some point, usually arise in a medical context"(Kalanithi 48). He desires to leave remnants of his on Earth. This might be why he attempts to leave the memoir, his story, and his daughter Cady as remaining parts of him. They are the remnants that he leaves on Earth. Meanwhile, Singh finds meaning in life through his career. All his thoughts and joys revolve around the hope of returning to the team.

Personality traits which are associated with hope, optimism, and personal control are inevitable for surviving an illness. Though it is not possible to reverse a sick body into a healthy body through character traits alone, one's psychological health can be strengthened through training the mind. Traits like adaptability, courage, resilience, ingenuity, etc can help patients in their battle with the illness. These traits can be seen in Kalanithi and Singh as they try to not lose themselves in the chaos. They continuously try to return to their ordinary daily lives amidst their worsening physical health. Kalanithi tries to complete his residency and Singh continues in the cricket scene until the illness completely stops them from doing so. They attempt to not succumb to the disease as they can.

Personal and social relations achieve new meanings during the phase of illness. This is a stage where individuals achieve a new level of closeness and understanding with their loved ones. The love and support from family and friends are valuable boosters for a patient. For Singh, he discovers some true friends and colleagues who cherish him selflessly. He also understands his love for his mother who stood by him through the worst moments. Kalanithi also witnessed the rejuvenation of his deteriorated marital life. His wife returns and supports him after setting aside their differences. The birth of his daughter adds more joy to his life and gives him a purpose to hang onto. Illness thus is a phase that helps one to appreciate and love the people around him more and vice versa.

The things that are valuable to one's life can give him solace during the worst times. Kalanithi's interest in literature and writing provided him comfort. It helped him to draw ruminations on mortality, death and time and make sense of his condition. It inspired him to continue living without giving himself away to cancer. Singh's love for cricket also helped in strengthening him too. Cricket was the home he wished to return to after his recovery.

The study exemplifies the humane desire to overcome ordeals and survive like every other organism. It indicates the role of illness narratives as testimonies of a patient's desire to survive and live. It acts as a means of healing for the narrator and readers. An illness or crisis is something one cannot change, but he can choose how to respond to it and move forward despite the circumstances. Illness narratives trace this desire for survival while illustrating the trajectory of a patient's life. It also highlights the importance of patients getting the right amount of consideration and assistance from the people around them.

## Works cited

- Venkatesan, Sathyaraj. "Health Humanities: An Introduction | Dr Sathyaraj Venkatesan NIT Trichy | Gandhigram Rural Institute." *YouTube*, Uploaded by AIFEST, 15 July 2022, [http://www.youtube.com/watch?v=p7\\_ja-UFLlg](http://www.youtube.com/watch?v=p7_ja-UFLlg).
- Burchardt, Marian. "Illness Narratives as Theory and Method ." *ResearchGate*, 2019, [https://www.researchgate.net/publication/337089770\\_Illness\\_Narratives\\_as\\_Theory\\_and\\_Method](https://www.researchgate.net/publication/337089770_Illness_Narratives_as_Theory_and_Method).
- Cassell, Eric J. "Illness and Disease." *The Hastings Center Report*, vol. 6, no. 2, 1976, p. 27., <https://doi.org/10.2307/3561497>.
- Couser, G. Thomas. *Recovering Bodies Illness, Disability, and Life-Writing*, Univ. of Wisconsin Press, 1997, pp. 3–17.
- Hawkins, Anne Hunsaker. *Reconstructing Illness: Studies in Pathography*, Purdue University Press, 1999, pp. 1–30.
- Kalanithi, Paul. *When Breath Becomes Air*. Random House, 2016.
- Kamler, Kenneth. *Surviving the Extremes: A Doctor's Journey to the Limits of Human Endurance*. St. Martin's Press, 2004.
- Kauffman , Robert B. "Chapter 2: Psychology of Survival – Who Survives." *Frostburg State University*, 2016, [https://www.frostburg.edu/faculty/rkauffman/\\_files/images\\_preppers\\_chapters/Ch02-Psychology\\_v2.pdf](https://www.frostburg.edu/faculty/rkauffman/_files/images_preppers_chapters/Ch02-Psychology_v2.pdf).

- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, 1988.
- Leach, John. *Survival Psychology*, Macmillan, 1994
- Ripley, Amanda. *The Unthinkable: Who Survives When Disaster Strikes - and Why*. Crown Publishing, 2008.
- Seiler, Annina, and Josef Jenewein. "Resilience in Cancer Patients." *Frontiers in Psychiatry*, vol. 10, 2019, <https://doi.org/10.3389/fpsyt.2019.00208>.
- Sherwood, Ben. *The Survivors Club: The Secretes and Science That Could Save YourLife*. Grand Central Publishing, 2009.
- Singh, Yuvraj, et al. *The Test of My Life: From Cricket to Cancer and Back*. Random House Publishers India, 2013.
- Trautmann, Joanne. "The Wonders of Literature in Medical Education." *Möbius: A Journal for Continuing Education Professionals in Health Sciences*, vol. 2, no. 3, 1982, pp. 23–31., <https://doi.org/10.1002/chp.4760020306>.
- "What Is the Health Humanities? | Health Humanities".*Boston University*, 2023, <https://sites.bu.edu/healthhumanities/health-humanities/what-is/>.