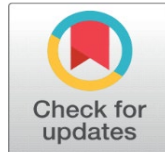


NARRATIVES OF THE DIAGNOSED SELF: A COMPARATIVE READING OF PAUL KALANITHI'S WHEN BREATH BECOMES AIR, LISA RAY'S CLOSE TO THE BONE AND ANITA MOORJANI'S DYING TO BE ME

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ABSTRACT

Life threatening disease disrupts the natural flow of life in unexpected ways. The suddenness of the disease and its devastating impact not only on the sick body, but on the family members, are experiences that have often formed the subject matter of narratives. This paper is a comparative study of Paul Kalanithi's *When Breath becomes Air*, Lisa Ray's *Close to the Bone*, and Anita Moorjani's *Dying to be Me*, from different perspectives and examines how the identities of the sick people are reconfigured within a short span of time. These three texts constitute a rich field of recorded moments that has scope for examining how medical narratives negotiate authority, embodiment, identity and cultural belonging. All three narratives condense the experience of a labour of self-authorship that is initiated by the onset of sudden changes in health conditions. Read through the four pivots of identity reconstruction, gendered embodiment, medical authority and diasporic culture, the three works collectively posit that contemporary illness memoirs function not merely as a personal revelation but as means to negotiate the conflicting and competing claims of culture, gender, biomedicine and spirituality.

Keywords: Biomedical Framework, Diasporic Identity, Gendered Embodiment, Identity Reconstruction, Illness Narratives

1. INTRODUCTION

Life threatening disease disrupts the natural flow of life in unexpected ways. The suddenness of the disease and its devastating impact not only on the sick body, but on the family members, are experiences that have often formed the subject matter of narratives. Arthur Frank, one of the early pioneers of the illness narrative has positioned the ill person's place in the context of telling a story – a story about how diagnosis has caused manifold changes in the life of a person. This paper is a

comparative study of Paul Kalanithi's *When Breath becomes Air*, Lisa Ray's *Close to the Bone*, and Anita Moorjani's *Dying to be Me*, from different perspectives and examines how the identities of the sick people are reconfigured within a short span of time. [Adhikary \(2025\)](#)

Paul Kalanithi was diagnosed with stage IV lung cancer at the age of thirty six. He was in his residency period at Stanford when the disease surfaced. His memoir, published after his death, has a forward by Abraham Verghese, his colleague. His wife, Lucy Kalanithi, has written the epilogue of the work. The memoir details the clinical expertise of the young neurosurgeon, at the peak of a promising career, and the sudden onset of a string of events that was totally unexpected. Lisa Ray, a model and an actress, known in Bollywood and in international circles, was diagnosed with multiple myeloma, a rare form of blood cancer. Her memoir delineates moments of despair, trauma and resignation juxtaposed with glamour, body perception and resilience. Anita Moorjani, of Indian origin, settled in Hong Kong was running her successful business when she was diagnosed with end stage Hodgkin's lymphoma, a cancer of the lymphatic system. Her near death experience and the revelation that ensued is etched in her memory in vivid details. This memoir documents a subsequent and inexplicable remission that left many doctors baffled. [Frank \(2013\)](#)

These three texts constitute a rich field of recorded moments that has scope for examining how medical narratives negotiate authority, embodiment, identity and cultural belonging. All three protagonists inherit diasporic identities – Indian-American, Hong-Kong Indian and Indo-Canadian – which broaden the scope for a reading on how medical conditions are framed against cultural and religious backgrounds that amalgamate bio-medicine with adopted spiritual traditions. [Hawkins \(1999\)](#)

1.1. OBJECTIVES

The study has the following objectives:

- 1) To examine how sudden illness transforms the professional and personal identities of the protagonists.
- 2) To investigate how alternative medicine, bio-medical practices and spiritual epistemologies act and react on each other.
- 3) To analyse how the representation of illness and recovery is informed by gendered embodiment.
- 4) To explore how hybrid, diasporic identity shapes the author's perception and manifestation of suffering.
- 5) To develop a comparative framework within which a contemporary medical narrative can be perceived.

2. METHODOLOGY

A qualitative textual analysis has been adopted in this paper. A comparative study of the three texts situated within the interdisciplinary field of medical humanities, focussing on areas including medical epistemology, cultural plurality, vulnerability, identity, suffering and mortality, has been implemented. Secondary sources including scholarly studies of pathography, book reviews and interviews with concerned protagonists have also been scrutinised to contextualize the works within critical frames. The analytical framework takes into consideration tenets from Arthur Frank's typology of illness narratives, Anne Hunsaker Hawkin's

concepts of pathology and Susan Sontag's critique of illness studies. It also draws on trauma recovery theory as read against cancer narratives. A quantitative content analysis is not attempted; rather it applies close scrutiny and thematic consideration to identify similarities and differences. [Kalanithi \(2016\)](#)

3. LITERATURE REVIEW

Arthur Frank's pioneering account of the 'wounded storyteller,' launched a new perspective whereby ill people told stories about their suffering, treatment and recovery in order to make sense of what was happening to them. The therapeutic effect of telling his own story of battling with heart attack and cancer, and his numerous encounters with ill people enabled him to identify three basic narratives of illness in restitution, chaos and quest. Restitution narratives anticipated recovery and gave due acknowledgement to forms of treatment; chaos narratives narrated stories of prolonged illness with no redeeming insights and quest narratives treated illness as transformative experiences. Anne Hunsaker Hawkin's concept of pathography has influenced how illness memoirs are analysed, highlighting how the sick person reasserts authority over a body that has been subjected to medical scrutiny for a long time. [Maslin \(2016\)](#)

When *Breath becomes Air* by Paul Kalanithi has been subjected to the 'autothanatography' lens which basically means writing one's own death. Critics assert that Kalanithi's writing becomes a method of asserting control over the inevitable reality of impending death, thereby converting a terrifying anticipation into a deliberately constructed personal narrative. Erik Erikson's identity crises theory examines the transformation of identity from that of a physician to that of a patient. Narrative medicine scholarship concentrates on the aspect of temporality pointing out that fatal diseases initiate a reconception of time and alters a person's trajectory. [Moorjani \(2012\)](#)

Lisa Ray's *Close to the Bone* has been read alongside other South Asian cancer narratives, like Manisha Koirala's *Healed*, within the boundaries of trauma theory. Dr Judith Herman, in her book *Trauma and Recovery* outlines three stages of recovery from trauma – safety, mourning and reconnection. The first stage involves safety and stabilization; the survivor has to regain control over the body and the existing environment in order to get over post-traumatic stress disorders. The second stage involves remembrance and mourning. This entails confronting traumatic memories by processing thoughts and transforming experiences and emotions into words that tell the story. Grieving and deconstructing shame, guilt, fear and sorrow is part of the process. The third stage is reconnection and integration. This involves recreating a new sense of self, finding purpose in ordinary life and enabling the survivor to integrate what he has learned through healing. Lisa Ray's memoir has been analysed alongside Herman's trauma recovery perspective to depict an account of a 'medicalized body.' Reviewers have noticed the forthrightness with which aspects like body image, the stress induced by modelling and film industries, body image etc has been depicted positioning Ray's memoir within broader frameworks of celebrity and embodiment. [Nayar \(2020\)](#)

Anita Moorjani's *Dying to be Me* resists specific categorisation as reviewers have speculated over the divergent layers of consciousness depicted in the memoir. Near-death experience research communities have highlighted the memoir's revelation of consciousness beyond the tangible body as partially inexplicable and profoundly personal. Other sceptical reviewers have raised questions about the claims of 'self-love' and sudden healing, pointing out that the conventional medical treatment such as chemotherapy that she had undergone for a sustained period has not been

properly acknowledged in the memoir. Scholarship situating the account within Vedic traditions presents a more sympathetic outlook, arguing that Moorjani's experience should be positioned within traditional consciousness and spiritual epistemology rather than within scientific framework. [Ray \(2019\)](#)

Read together, all three accounts can be placed within Frank's typology – Kalanithi's as a quest narrative that confronts reality and seeks to fathom meaning through the experience; Ray's as a hybrid of quest narrative and recovery and Moorjani's as a spiritual rendering of a quest-and- transcendence account. No existing study has offered a comparative analysis of all three narratives from the perspectives mentioned in the objectives of this paper and this is the research gap this paper seeks to address. [Singh \(2022\)](#)

4. DISCUSSION

4.1. THE RECONSTRUCTION OF IDENTITY THROUGH ILLNESS

Each memoir stages a cataclysmic change in the protagonist's life as unexpected challenges crop up in the form of illness. As a result, each author experiences a profound life changing experience in which both personal and professional identity is challenged and reformed. Kalanithi feels this more deeply because, as a neurosurgeon, his identity is closely linked to the mortality of his patients. The sudden diagnosis ruptures the doctor/patient binary that had earlier shaped his understanding of the world. As the role reversal shifts him to the other side of the table, Kalanithi's writing becomes a means of reclaiming agency over his deteriorating self, transforming a dreaded experience into one of meaning and control. Though the illness fractures his professional and personal identity, a gradual reconstruction of a coherent self develops with acceptance. The prospect of being a father and the loving support of his wife enables him to hold both identities – physician and patient – together till the end. [Sontag \(1978\)](#)

Ray's experience is different. The identity she has developed across two decades, in modelling and cinema was built on physical beauty and perfection. Her body-image anxieties before a premiere are vividly depicted, raising questions about celebrity, vulnerability, beauty standards and embodiment. Multiple myeloma devastates everything that had been her professional currency. The memoir repeatedly insinuates the contrasting self perception that she undergoes after being diagnosed. The scenes describing bloating from steroid treatment in the context of red carpet attire, vividly connects with the reader and her reconstructed identity is one in which self-worth is pointedly dissociated from external appearance. Moorjani's identity reconstruction is situated in the memoir's central theme of universal love with broader near- death experiences and spirituality literature. The dissolution of the ego occupies prime importance here. Whereas Ray and Kalanithi reconstruct their identities in continuity with their former selves, Moorjani undergoes total transformation. The businesswoman riddled by anxieties, fuelled by social expectation and cultural approval, undergoes an experience that enables her to connect with everyone through unconditional self-acceptance.

Read alongside each other, all three memoirs suggest that identity reformation during illness can be placed on a spectrum – from continuous revision (as in the case of Kalanithi), through corporeal revamping (Lisa Ray) to contemplative sublimation that leads to remission (Moorjani). However, all three narratives condense the experience of a labour of self-authorship that is initiated by the onset of sudden changes in health conditions. [Verghese \(2016\)](#)

4.2. BIOMEDICAL FRAMEWORKS VERSUS ALTERNATIVE MODES OF HEALING

The three works depict different perspectives towards medical practices. Kalanithi's work is purely based on a biomedical approach – both within as a physician and outside as a patient. The sustained and critical negotiation of medical authority is neither a validation nor a rejection of the prescribed method of treatment, rather it is an insider's critique, wondering whether statistical prediction (the Kaplan-Meier survival curve mentioned) can ever clearly inform a dying person's experience. Medicine remains prominent and crucial for Kalanithi, even though it is not adequate to provide answers to the existential queries that crowd his mind.

Ray's memoir can be positioned between Kalanithi's and Moorjani's. She undergoes chemotherapy that starts shortly after the initial diagnosis; autologous stem cell transplant and maintenance therapy later. Complementary holistic approaches are also integrated to allopathic forms of treatment – and these include ayurvedic practices to balance her vata dosha, dietary changes (adopting a raw food diet) during the recovery phase and emotional and spiritual purging. Mindfulness activities, meditation and counselling enable her to purge emotional trauma and attain complete release from negative emotions. The alternative practices operate parallel to allopathic medical practices, each addressing a specific register of suffering – the existential and the spiritual respectively.

Moorjani's memoir breaks conventional norms of medicine. After being diagnosed with end stage cancer of the lymphatic system, Moorjani resists conventional therapy for a few years. Her condition worsens after four years and she is rushed to a hospital in a coma, where doctors start chemotherapy. In this critical stage, Moorjani undergoes a transcendental experience. She claims that she floated over her comatose body, listening to the conversations of family members, friends and relatives. Emerging into a realm devoid of time and space, she claims that an unconditional love enveloped her and enabled her to connect with everyone and everything. The presence of her father and her friend (both who had passed away) there, provided comfort and joy to her. In this ephemeral state, she enters a realm of consciousness that enables her to realize that the root of her illness lies in her inability to love herself, in her desire to please everyone and in her own deep seated anxieties. This new sense of self worth, coupled with her father's warm reminder to go back enables her to recover from her illness. Moorjani's case is highly controversial with science based commentators stating that the combination of lung drainage and aggressive chemotherapy was what actually cured her. Moorjani however attributes her remission to the shift in consciousness that she experienced during her coma. Comparatively, the three memoirs evoke different reader responses: Kalanithi invites co-reflective, informed trust; Ray raises integrative trust and Moorjani proposes a leap of faith that some readers accept and others reject.

5. GENDERED EMBODIMENT

Gendered embodiment moulds each memoir's treatment of vulnerability and disclosure in different ways. Kalanithi's words, written as a man placed within the masculine-coded profession of that of a surgeon, are visibly controlled in the treatment of physical vulnerability; his language favours philosophical and intellectual reflection over a superficial expression of the decline of the body. The

style is consistent with the cultural expectations of stoic masculinity even though the deeply tender emotional register in the depiction of his family is also visible.

Lisa Ray's memoir can be taken as a sustained critique of body perception and its dependence on expectations of the beauty industry. She foregrounds the body as a site of intense observation in the interests of professional capacity and exposes the trauma undergone by women in the modelling and film industry to maintain a perfect appearance even when ravaged by sickness. Her open discussion of adolescent bulimia and of the physical changes that ensued after steroid treatment and cancer therapy is noteworthy.

Moorjani's narrative exposes a complicated situation – the imposing of one culture on another. As a child born in a traditional Hindu family and raised in Hong Kong, she speaks about gendered and cultured expectations regarding marriage and starting a family. When she breaks off her engagement, she incurs the displeasure of her relatives and this leads to deep-rooted anxiety regarding her self-worth. Her eventual claim to have recovered from cancer due to the transcendental experience that brought self-love in its wake is a direct response to gendered compulsion towards self-effacement. Across all three memoirs, illness becomes a mirror through which expectations of composure and self-sacrifice are both exposed, and in varying degrees, resisted.

6. DIASPORA

The suffering and healing of all three protagonists are informed by their various positions of cultural hybridity. Kalanithi, born in America to an Indian father, situates his memoir within the framework of a Western literary tradition – resorting to Walt Whitman's poetry for the titles of sections and placing his existential crises within the dictates of Anglo-American medical humanities. His diasporic identity remains submerged in the wake of traumatic events that engulfs him.

Cultural hybridity plays a more influencing role in the life of Lisa Ray. Born to a Bengali father and a Polish mother in Canada, Ray's transnational identity is a lifelong navigation between inherited and adopted cultural backgrounds. Shaped by her stint in Bombay's film industry; haunted by the search for belonging across Toronto, Bombay, Colombo and London, Ray undergoes the complexities of often being in an 'in-between' stage. Her illness becomes yet another search for meaning and her recourse to Yoga and Buddhist practices during treatment can be considered as an extension of this diasporic navigation.

Diaspora and cultural navigation enacts the most explicit role in Anita Moorjani's life. Nurtured in a Hindu Indian family within the Chinese cultural background of Hong Kong and educated in English and Chinese medium schools, she experiences cultural negotiation from childhood onwards. Her stint with death is thus placed in a framework that revolves on Vedic teachings of consciousness and interconnectedness, even though her memoir was mostly read within Western New Age and self-help frameworks. *Dying to Be Me* thus serves the role of a cultural bridge in which a global Anglophone audience is exposed to a non-Western spiritual ethos. Comparatively, all three works are selections that exemplify how diasporic identity has an influential impact on how each protagonist comes to terms with catastrophic illness.

7. CONCLUSION

This paper argues that When Breath becomes Air, Close to the Bone and Dying to be Me, despite being different in many aspects including profession, cultural background and belief system, share a common narrative endeavour: the reconstruction of a cohesive identity in the aftermath of devastating sickness. Kalanithi's memoir maintains a continuous, monitored negotiation between conventional forms of treatment and existential angst; Ray's memoir stages an embodied re-enactment between celebrity status and physical disintegration and Moorjani's memoir claims a complete relocation from a critically ill state to a sudden remission from illness, which is interpreted through a spiritual dimension. Read through the four pivots of identity reconstruction, gendered embodiment, medical authority and diasporic culture, the three works collectively posit that contemporary illness memoirs function not merely as a personal revelation but as means to negotiate the conflicting and competing claims of culture, gender, biomedicine and spirituality. Expanding on this paper, research may further be extended to include South Asian and diasporic illness memoirs to glean more insights. Reader response survey can also scrutinize the different ways in which people receive restitution, quest and transcendence narratives of illness.

CONFLICT OF INTERESTS

None.

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