

## A Journey from Chaos to Quest: A Critical Analysis of Paul Kalanithi's *When Breath Becomes Air*

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### Abstract

The paper examines the memoir of neurosurgeon Paul Kalanithi, *When Breath Becomes Air* as an autopathography, with specific reference to Arthur W. Frank's *The Wounded Storyteller: Body, Illness, and Ethics*. The paper explores the memoir as an illness narrative, that falls under three narrative voices common to such narratives: the restitution narrative, the chaos narrative, and the quest narrative, as introduced by Arthur W. Frank. The tenacity with which Kalanithi faces his moments of degeneration equips him also with the art of writing, a dream he had as a literature student before moving on to becoming a medical science professional. Phases of pathology as a doctor of curing diseases turns the author into a philosopher of his diseased body and resilient mind.

**Keywords:** Memoir, autopathography, illness narrative, restitution narrative, chaos narrative, quest narrative.

Paul Kalanithi's autopathography *When Breath Becomes Air* is a touching account of his journey as an accomplished neurosurgeon to a stage IV lung cancer patient faced with the reality of imminent death, his transition from doctor to patient. An autopathography according to Anne Hunsaker Hawkins, offers, "...a disquieting glimpse of what it is like to live in the absence of order and coherence...by an illness that often seems arbitrary, cruel and senseless...Pathographies concern the attempts of individuals to orient themselves in the world of sickness" (2). In the case of Paul Kalanithi, *When Breath Becomes Air* is, "the personal

experiences of illness, treatment and sometimes death” (Hawkins 1), as Kalanithi lost his battle to cancer at the very young age of 37. An autopathography takes the readers through the interiority of an illness experience which may in some instances culminate in death. Rita has stated that such personal accounts of illness experiences serve as a middle ground between “one’s inner reality and the outer reality of the world” (Charon 172).

Writing, expressing emotions, telling stories were never activities alien to Paul Kalanithi as he had initially pursued his studies in English Literature, securing a BA and MA in the field. He has stated that if he had not become a doctor, he would have chosen teaching English Literature as a profession. So, experiencing, telling and listening to stories were something very natural to Paul Kalanithi. Having known success and accomplishment most of his life, always having a sense of control and surety, at the age of 36, he was handed a verdict that would forever alter the course of his life. When the self is faced with the possibility of death in the face of a terminal illness, even the most determined and focused of us, lose a sense of purpose and destination, not being able to answer the questions of what is next or how to deal with the ordeal. Therefore, people throughout history have attempted to develop methods of approaching chronic illness psychologically to cope with it better and find emotional as well as physical recovery.

Arthur W. Frank is a sociology professor who has written extensively on the concept of illness experiences. His work, *The Wounded Storyteller: Body, Illness and Ethics* introduces three basic forms of narratives that deal with experiences of illness with distinct approaches in the case of each. The first of these is the restitution narrative which conveys a positive and hopeful outlook on the situation, focusing on cure and wellness. Secondly, the chaos narrative, as the term suggests centers on the disorderly and chaotic aspects of the illness experience. Finally, the quest narrative centers on finding a meaning and purpose in suffering brought on by the illness and strives to leave a message of courage and optimism in the face of death. These narratives allow the private and painful experiences of the unwell individual to find public voices, often helping the journey to become less torturous. Writing out these experiences, it has been found, often make the experience more tolerable and meaningful. Arthur W. Frank touches upon this aspect in his *The Wounded Storyteller*, when he speaks about the impact that the

pronouncement of a terminal illness would have on an individual when they are suddenly and unexpectedly confronted with “...forces that cannot be controlled” (31). Suddenly, Kalanithi found himself in a situation over which he had no control, in spite of his medical know-how and expertise. Learning that multiple of his organs had been invaded by the pervasive cancer that had taken abode in his body, Kalanithi knew that the medical algorithms were not in his favour. Though, he himself had in the past sympathetically issued such verdicts of death to many of his patients, with a hint of encouragement to face the reality of what is, when he himself was delivered the same sentence, he was thrown into a state of utter desperation.

Arthur W. Frank in *The Wounded Storyteller* best describes this scenario of a person faced with the reality of fast approaching mortality and the decision to tell their story, “Hearing themselves tell their stories, absorbing others’ reactions and experiencing their stories being shared...” (1), gives them a sense of comfort and consolation and helps to bring their life and destination back into focus to a certain extent. To quote Arthur W. Frank once again in this context, stories of themselves and their state of suffering, both physical and emotional, “repair the damage that illness has done to the ill person’s sense of where [one] is in life, and where [one] may be going” (53).

In the context of the above-mentioned perspectives, the paper attempts an analysis of Paul Kalanithi’s *When Breath Becomes Air* as a narrative that can be placed under these three heads with emphasis on the work as a quest narrative, for Kalanithi’s story is not one of defeat, but a story with a message of courage and strength for all. The chaos narrative is a particular, pessimistic way that individuals describe illness, consisting of a general storyline that includes illness, struggle, and a lack of hope for eventual recovery or complete restitution. It conveys a sense of being defeated and losing control of one’s future on being confronted with the reality of one’s illness. Death, suddenly becomes a reality and the individual is met with disorder and disruption as well as disillusionment and hopelessness. Paul Kalanidhi, in spite of his vast medical knowledge, having seen the reality of illness and death on many occasions when dealing with terminally ill patients, when he himself was struck by that reality, his initial reaction was one of fear, overwhelmed by the unexpected and unwelcomed dissonance that had crept into his life in the form of an illness. Illness and death were a part and parcel of Kalanidhi’s life from the

moment he entered medical school. He was confronted with it almost on a daily basis. Death became a norm for him, “In the first year, I would glimpse my share of death. I sometimes saw it while peeking around corners, other times while feeling embarrassed to be caught in the same room” (77). With the reality of the illness in his own life, chaos became a part of his existence as well. When he was faced with the truth of his illness, he remembers how he and his wife felt extremely overcome with grief, “Lying next to Lucy in the hospital bed, both of us crying, the CT scan images still glowing on the computer screen, that identity as a physician-my identity-no longer mattered. With the cancer having invaded multiple organ systems, the diagnosis was clear” (119). Chaos, that Kalanidhi had only witnessed and been part of as a sympathizing and comforting doctor, had now suddenly become an intricate and innate part of his life as well. He recalls his musings once the verdict was delivered to him by the doctors, “One chapter of my life seemed to have ended; perhaps the whole book was closing. Instead of being the pastoral figure aiding a life of transition, I found myself the sheep, lost and confused. Severe illness wasn’t life-altering, it was life shattering” (120). His experiences and exposure as a doctor did not immediately fortify him, but he found himself engulfed in an overwhelming sense of vulnerability and defeat. Illness and death that had till then been so familiar to him became to him defamiliarizing agents, “Standing at the crossroads where I should have been able to see and follow the footprints of the countless patients I had treated over the years, I saw instead only a blank, a harsh, vacant, gleaming white desert, as if a sandstorm had erased all trace of familiarity” (121). The doctor was now the patient, he who had helped numerous patients now sought help, he who had once given diagnoses was now being diagnosed, he who had once examined patients was now being examined, he was not giving appointments, but was now making them. He was no longer himself, physically, mentally, emotionally and his life had been utterly altered. He recalls a specific conversation he had with his wife Lucy after his diagnosis, “Lucy and I detailed the ways in which our lives, present and future, had been fractured by my diagnosis, and the pain of knowing and not knowing the future, the difficulty in planning...” (138). Once a man always guided by certainties, the only thing he saw ahead now was uncertainty. The only thing he knew for sure was that he did not want to die so young, with so much of life ahead of him and so much to accomplish. An authopathography, regardless of how

positive, motivating and encouraging its intentions may be, will always contain certain elements of chaos, for chaos is a companion to illness and death whether one acknowledges it or not.

In spite of the frustration and hopelessness they encountered initially, the narrative also touches upon the facets of optimism that Kalanidhi and his loved ones experienced over time. Autopathographies do not merely speak about illness, suffering and death, but also portray the patient's desire to get better, to survive and most importantly to live. A narrative that touches upon such aspects is referred to as a restitution narrative. This is a term used by author Arthur W. Frank to indicate stories of recuperation and recovery of the diseased body in which the individual "reflects a 'natural' desire to get well and stay well" (78). Paul Kalanithi's response was no different. He wanted to live and initially he and his family entertained such thoughts as, "I was going to beat this thing. I would somehow be cured" (127). Such narratives also include a sense of gratitude and admiration for the expertise of doctors, family members and well-wishers whose presence and patience make the ordeal more tolerable. Paul Kalanidhi's most trusted and constant confidante during his ordeal was none other than his wife, Lucy, who too was a doctor. He also places on record the love and concern he experienced from his parents, siblings and friends. Many of the doctors that treated him were his colleagues and acquaintances. He has recalled their efforts to provide him with the best treatment and care possible, "My family and friends quickly wired through our network of medical colleagues to find out who the best lung cancer oncologists in the country were" (124). He also pays tribute to his main doctor, Emma Hayward, "... a world-renowned oncologist who served as the lung cancer expert on one of the major national cancer advisory boards-but she was also known to be compassionate, someone who knew when to push and when to hold back" (124). His loved ones remained by his side day in, day out trying to instill the slightest sense of hope and optimism in him whenever and however possible. Like any restitution narrative, Kalanithi's memoir, is not only about the torment and desperation brought on by illness, it is also about the hope and care he experienced in his moments of peril.

Is there anything more to be given and gained from an autopathography than instances of chaos and restitution? Arthur Frank is of the opinion that there definitely is. He refers to these narratives that go beyond chaos and restitution as quest narratives. In Arthur Frank's words such

narratives convey the experiences of individuals who, "... meet suffering head on; they accept illness and seek to use it. What is quested for may never be wholly clear, but the quest is defined by the ill person's belief that something is to be gained through the experience" (115), and depicts the individual, "...searching for alternative ways of being ill. As the ill person gradually realizes a sense of purpose, the idea that illness has been a journey emerges" (117).

Definitely, recovery remained a constant in his mind, but with the progress of time and his illness, Kalanithi embarked on another kind of quest, a quest to find a sense of purpose in his suffering. A significant step he took in this direction was to return to being a neurosurgeon when he learned that this tumor had shrunk considerably. He knew well that this was not in any way a guarantee of recovery, but he regarded his role as a neurosurgeon to be a moral obligation, "Moral duty has weight, things that have weight have gravity, and so the duty to bear moral responsibility pulled me back into the operating room" (151). He felt, that he as a cancer patient would now even better be able to empathise with his patients and their loved ones. He once again occupied his role as a neurosurgeon with decorum and dignity for the next couple of months, only to very soon find out that the cancer had returned, the CT scans showing new growths that had formed in his lungs. This time around however, he writes, "I was neither angry nor scared. It simply was. It was a fact about the world, like the distance from the sun to the earth" (174). By this point in the narrative, the cancer-its return, its worsening, its reality, does not throw the narrator into a state of chaos nor does he seek recompense, instead he embraces the arrival of illness, concedes with it and decides to accept it, as is. He goes in the next day to perform his last surgery ever and returns home that evening, prepared to face whatever lay ahead. A few months later their daughter, Cady was born. The decision to have a child in spite of knowing that she may lose her father soon was a decision taken by Paul and Lucy after much thought. Though Lucy had commented to Paul, "Don't you think saying goodbye to your child will make your death more painful" (143)? He replied without any hesitation, "Wouldn't it be great if it did" (143)? Even in the face of death he did not want to deny his wife nor his family the joy of having a child. His illness and approaching death instilled him a desire to strive even more, to be happy as long as possible and to bring happiness to others as much as possible. He was reminded of Darwin and Nietzsche, both of whom agreed on the idea that, "The defining characteristic of the organism is striving. After so many years of living with death I'd come to

understand the easiest death wasn't necessarily the best" (144). Lucy with the aid of assisted reproduction, after many attempts was finally able to conceive. Paul knew his time was limited but he hoped that death would not take him away before their child was born. His daughter, Cady had the opportunity to be loved and pampered by her father for the first eight months of her life, even cradling her in his arms on the day he died.

Along with looking forward to the birth of their daughter, Paul also found consolation and meaning in literature, a realm that he had loved deeply, but one he rarely got to enjoy amid his busy schedule as a doctor. Paul knew that an early death was inevitable, but he also knew he wanted to die with dignity and purpose and he wanted to leave behind something of worth for all. He began the composition of this book in the last year of his life, writing relentlessly and untiringly, in spite of the cancer mercilessly ravaging his body. He knew well he was in a race against time. He wanted to fulfil an important part of his quest, to put into writing all that he knew and understood about life, illness and death from both angles, for "Paul confronted death, - examined it, wrestled with it, accepted it-as a physician and patient. He wanted to help people understand death and face their mortality" (215). Paul considered this to be his purpose and his desire to accomplish this purpose allowed him to pursue this task ardently till the end.

Paul, as a cancer patient, facing death understood very well what it meant to know that one would die soon and how it felt to wait for that death to come at its pace and time. The message that Kalanithi hoped to leave to others was the very one he adopted in his own life as death became more of a reality for him. He never faced his illness and the chance of death "...with bravado or a misguided faith that he would overcome or beat cancer-but with an authenticity that allowed him to grieve the loss of the future he had planned and forge a new one" (219). *When Breath Becomes Air* reminds its readers that sometimes we must live the lives that have been given to us. It may not be the one we hoped for, but we must try to live it with authenticity, looking beyond the moment, to the meaning and purpose that lie beyond.

As his body started degenerating and his faculties became limited, Kalanithi continued to remain alive as much as possible, full of hope that the days ahead, as limited and restrictive as they were, would be full of meaning and purpose. This was the life that he had been given, and the death as well, and he decided to face it with peace and tranquility. Had he lived a

full life; he would have continued to help countless patients as they traversed the path between life and death. However, this was not what fate had intended for him and so this book is his way of helping others beyond his time on this earth, a contribution uniquely his. Paul Kalanithi died on March 9, 2015, his death brave and tranquil as he looked at his wife for the last time, "... and said clearly, his voice soft but unwavering, I'm ready" (210). Paul Kalanithi passed on, his quest to leave behind something meaningful and profound, achieved through *When Breath Becomes Air*.

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