



Research Paper

A Posthuman Autopathographical Study of Paul Kalanithi's *When Breath Becomes Air*

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Abstract

This paper examines the memoir *When Breath Becomes Air* (2016) by Paul Kalanithi, an Indo-American neurosurgeon, as a unique posthuman autopathographical narrative. Kalanithi's *When Breath Becomes Air*, an illness memoir, can be read in multiple ways as Kalanithi's approach to his memoir is unconventional in many ways. It portrays Kalanithi's confrontation with terminal cancer as a patient and as a neurosurgeon who treats it. It deals with Kalanithi's encounter with cancer, his ways to navigate his existential crisis, and his search for the meaning of life in the face of an inevitable end. The title itself, *When Breath Becomes Air*, connotes meaning related to Indian and Western religious-philosophical traditions. Previous researchers examined this text through the frameworks of trauma studies, illness narratives, the medical humanities, existentialism, and posthumanism. This study addresses the gap and approaches Kalanithi's memoir as a Post-human autopathography, drawing on the concepts of David T. Mitchell and Sharon L. Snyder and on the theories of illness narrative discussed in *The Wounded Storyteller* by Arthur W. Frank. It also explores how Kalanithi redefines his perspectives about embodiment, identity, agency, and life after the psychic rupture caused by his diagnosis.

Keywords: Autopathography, Posthumanism, Illness Narrative, Wounded Storytelling, Quest Narrative, Embodiment, Agency, Identity.

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1. Introduction

Autobiography is a genre in which authors narrate their lives in a chronological sequence. They shape their narratives, discuss their senses of selves, and select specific incidents from their life according to their narrative intentions. They structure their narratives around personal choice. The autobiographical theorists and critics generally expect the autobiographers to reflect their 'whole self' or 'whole truth' (Freud, 1979) in their writings. In the domain of autobiographical writing, autopathography has emerged as a significant sub-genre of life writing. Autopathography can be considered illness narratives (Frank, 1955), medical memoirs or medical confessions (Aronson, 2000), and disability narratives (Couser, 1997). Autopathography centres on the author's lived experience with illness or disability, either as a firsthand account or through reflections on the illness of others.

According to Jeffrey K. Aronson (2000), autopathography was not widely used in early medical literature. It has different names in medical and literary contexts. Robley Dunglison defines "pathology" as "the study of the effects of any illness on the writer's (or other artist's) life or art, or the effects of an artist's life and personality development on his creative work" (as cited in Aronson, 2000). Aronson considers alternatives such as "medical confessions". But, he prefers the broader term "patients' tales" because it captures the complexity of illness narratives. Virginia Woolf gave a hint for 'autopathography' in her essay *On Being Ill* (1930). In *On Being Ill*, Woolf argues that illness demands a pivotal importance in literary discourse. However, it was Thomas Couser who coined and formally defined the term. Couser defines autopathography as "a form of autobiographical writing that foregrounds the writer's experience with illness or disability" (Couser, 1997, p.5).

The research, further, employs a few key concepts from Arthur W. Frank's seminal work, *The Wounded Storyteller* (1995), to examine Paul Kalanithi's *When Breath Becomes Air* as an autopathography. Frank's text holds a central place in the field of illness narratives and literary theory. In this work, Frank develops his theory of illness narratives by interfacing with the theoretical contributions of Oliver Sacks, Anatole Broyard, and Norman Cousins, as well as through personal recollections and interviews with chronically ill individuals. Frank explores how illness narratives undermine the contemporary notion of an autonomous and controlled body. He argues that storytelling is not only a therapeutic process but also an ethical act, a way to reclaim the voice and dignity of the ill person within a strongly health-care-driven world. According to Frank, illness narratives serve as a means of self-healing and self-discovery. He also believes that it offers the patients an opportunity to share their experiences, seek empathy, elicit compassion, and extend care to others.

In his seminal work *The Wounded Storyteller* (1995), Arthur W. Frank classifies illness narratives into three types: restitution, chaos, and quest. He further classifies the embodied selves of illness narratives into four types: the disciplined body, the mirroring body, the dominated body, and the communicative body. These narrative structures and types are relevant to both the genres, pathography and autopathography. They serve as important critical frameworks to analyse illness narratives. This theoretical framework encourages us to explore Paul Kalanithi's *When Breath Becomes Air* (2016) as an autopathographical narrative. It is assumed that this attempt to read

Paul Kalanithi's *When Breath Becomes Air* with the backdrop of the theories of autopathography and post-humanism, and Frank's illness narrative types would reveal the truth about illness, the embodied knowledge shared by Kalanathi, his personal journey in encountering cancer, his search for meaning in life, his answers to the complex questions of life, identity, and mortality.

2. Post-humanism

In the age of technology, information, and artificial intelligence, posthumanism has evolved into a prominent and expanding field of inquiry across disciplines such as literature, psychology, sociology, and art. Both government and corporate sectors have increased experiments integrating human and machine capabilities. This integration challenges the existing notions of humanism. Thus, the scholars address the shift and the complexities being created in various ways; some welcome it, some are critical of it, and others maintain a neutral stance. These mixed approaches predict the future uncertainty and the complexity of the human condition in the face of AI integration. Several scholars now explore the ethical, philosophical, and existential dimensions of human-machine integration. However, critics view post-humanism in different dimensions. For example, philosopher Jacques Derrida (1981) viewed posthumanism through a deconstructive lens. He challenges the assumed centrality and singularity of the human subjectivity. Marxism, feminism, ecocriticism, post-structuralism, post-modernism, post-colonialism, and subaltern studies attempt to redefine the idea of humanism, problematizing earlier definitions of 'who is a human?' In their attempt to trace the representation of humans in the time of post-humanism in American Sci-Fi movies, using the theories of Rosi Braidotti and Donna Haraway, Wilson and Jeevaraj (2023) observed that humans do not have a fixed and unified identity, but they become a plurality of beings and experiences in the face of posthumanism. They say, in posthumanism, "the human is not recognised as one, but as many, that is, human(s)" (Wilson & Jeevaraj, 2023, p. 22).

This study investigates the post-humanist concepts to Paul Kalanithi's memoir, *When Breath Becomes Air*. It also enquires: a) how Kalanithi registers his life after being diagnosed with Stage IV lung cancer, b) how he shares his extended life experience, lengthened by medical technologies, shaped by machines and medication, c) how he sees his dual identity, he, as a subject treating cancer patients and as an object undergoing medical care, and d) how he invites us to reimagine posthuman coexistence in his memoir. Thus, Paul's narrative offers a fertile ground for exploring the blurring boundaries between the human and the posthuman. Much of the posthuman discourses visualise a symbiotic relationship between humans and machines. However, Paul's experience is more complex; his extended life is lived alongside medical intervention and the advancing grip of cancer. The cancer gradually alters Paul's cognitive, physical, and existential capacities. In such a severe, devastating, and unsettling time, how would Paul document and negotiate this pluralistic, medically mediated selfhood in his narrative? The present study explores this through a theoretical framework of disability studies, particularly the idea of disability as a site of knowledge articulated by David T. Mitchell and Sharon L. Snyder in *Narrative Prosthesis: Disability and the Dependencies of Discourse* (2000). Their work opens the way for analytical inquiry into Paul's story as not merely a personal memoir but a posthuman autopathography

where illness becomes a standpoint through which the boundaries of identity, embodiment, and the human condition are reconceptualised.

3. Literature Review

Researchers have approached Paul Kalanithi's *When Breath Becomes Air* from multiple perspectives, reading the impact the cancer had on Kalanithi's psyche, an illness or trauma narrative, a medical memoir, or even as a postmodern autobiography. Some have explored the existential crisis portrayed in the memoir, investigating the coping mechanism that Paul discovered while confronted with lung cancer. Some scholars have examined how Paul constructs and negotiates his body image while portraying his cancer-embodied self through masculine and emotional lenses. Viswanathan (2025) examined complex themes such as family dynamics, personal transformation, mortality, oppression, and the pursuit of knowledge, as dealt with in the memoir.

Mahmoud Ibrahim Radwan (2019) analyses Paul's memoir as a thanatography. Thanatography is a term coined by Jacques Derrida to analyse the interplay of life and death. In thanatography, the narrator does not romanticise or sentimentalise their suffering or illness. Further in such a narrative, Ibrahim notes that "wounded storytellers order to pour out their discontinuous memoirs of anticipating death rather than burying the self in layers of sentimental words" (Radwan, 2019, p.10). In his research, Radwan highlights how thanatography creates a space where self-narration becomes an act of courage to externalise the narrator's pain and voice, and to celebrate human resilience.

Marie-Elisabeth Lei Holm analyzes *When Breath Becomes Air* as a medical narrative. She emphasises Paul's bold confrontation with time and his futuristic vision despite his incurable illness. Among many futuristic decisions, the most profound decision he took was to write the memoir. This has raised several critical questions: Had Paul seen writing as a coping mechanism? Had he attempted to document the complete development of lung cancer? Had he taken this act as a form of existential experimentation? Or had he attempted this to articulate the essential truths about life and death that he discovered amid his brief but crushing experience? This act of writing while fighting death can also be seen as an act of resistance and courage. Holm and Elisabeth interpret Kalanithi's memoir as a search for social recognition, applying Rita Felski's concept of reader recognition. For Felski, reader recognition is a "potential strategy through which literary texts can demand social recognition of the hardships faced by a particular group" (Felski, 2008, p. 36).

4. Research Gap and Research Questions

The existing studies have explored *When Breath Becomes Air* through the lenses of medical narrative, trauma narrative, thanatography, and so on. Only a few have engaged the text with posthumanism and embodiment theories. There has been no sustained attempt to examine the memoir as a posthuman autopathographical narrative. This study addresses this critical gap by analysing *When Breath Becomes Air* as a posthuman autopathography, a form of

autobiographical writing that foregrounds illness, identity, and plurality in its narrative. Kalanithi, though not extensively, but briefly and indirectly dealt with how the technology mediated in his existence. It is a textual reading applying theoretical insights of David T. Mitchell and Sharon L. Snyder, particularly their notion of disability as a site of knowledge, alongside Arthur W. Frank's theoretical framework of illness narratives and embodied self from *The Wounded Storyteller*.

This research seeks to answer the following questions:

1. How can *When Breath Becomes Air* be interpreted as a posthuman autopathography?
2. Whether Kalanithi reflects Mitchell's and Snyder's idea of disability or illness as a site of knowledge? Why and How?
3. How do the narrative patterns and theories related to embodiment discussed by Frank intersect or overlap in Kalanithi's *When Breath Becomes Air*?

4. Kalanithi's Biography

Paul Kalanithi, an American neurosurgeon and writer, was born on April 1, 1977. He had a passionate literary and scientific mind. He earned his master's degrees in English Literature and Neuroscience from Stanford University and Cambridge University, respectively. He later pursued a postdoctoral fellowship in neurosurgery at Stanford University. He draws inspiration for his life and professional philosophy from Sir Thomas Browne's *Religio Medici*. Kalanithi had been diagnosed with Stage IV metastatic lung cancer. He dealt with cancer as a neurosurgeon and as a patient. His memoir clearly articulates his voice as a neurosurgeon; his mission was to eradicate cancer and to end human suffering due to this disease. Because he saw the brain tumour as an invader troubling him from within, creating in him unbearable pain and suffering and darkening his future, which is also connected to the future of the family. Amidst his battle with the tumour, he also searched for the meaning of life. He believed in the intersection of the personal, medical, and spiritual realms as essential for a meaningful life (Kalanithi, 2014). Kalanithi was married to Lucy Goddard, and the couple had a daughter, Elizabeth Acadia, born in 2014. The couple's decision to have a child during Paul's advanced illness was a bold step, and it was also a complex step. He writes on this dilemma in his memoir. In *When Breath Becomes Air*, Kalanithi not only documents his suffering but also gives his powerful voice to the struggles of his patients who were suffering from cancer. Paul Kalanithi passed away on March 9, 2015, leaving behind a legacy that continues to inspire both the medical and literary worlds.

When Breath Becomes Air is an influential and celebrated memoir by Paul Kalanithi, an Indo-American neurosurgeon and writer. It was regarded as his tour de force. This memoir captures his last few years and the haunting moments of his life. It begins with Kalanithi reviewing his own CT scan and identifying that he was suffering from Stage IV metastatic lung cancer. It had deeply personal and existential implications for him. He says,

"I flipped through the CT scan images, the diagnosis obvious: the lungs were matted with innumerable tumours, the spine deformed, a full lobe of the liver obliterated. Cancer is widely disseminated. I was a neurosurgical resident entering my final year of training. Over

the last six years, I'd examined scores of such scans... But this scan was different: it was my own." (Kalanithi, 2016, p. 1)

This was a devastating revelation. After this, Kalanithi contemplates life and death. He reflects on how he lived the remaining years of his life. He records what he did to travel through the tough time, which posed several existential questions that obscured his future, that made him physically and psychologically unstable, that pushed him into an experience of identity crisis, that threatened him with uncertainties of life, etc. He depicts a moving portrayal of the cruel, intrusive face of cancer through his patients' experiences and his own life. He feels that his illness has silenced him both literally and symbolically. He perceives cancer as a merciless invader that has forced him to reconsider his identity, his fragile body, and the brevity of time. Kalanithi searches for coping mechanisms that would allow him not only to survive his severe diagnosis but also to face the present moment with courage, living to uncover a meaningful existence.

Parallel to his battle, Kalanithi reflects on the routine mental health struggles of medical professionals. He acknowledges the burden that every physician will encounter while treating patients with serious illness. He narrates incidents from his life and the lives of other physicians to show the mental health issues and their consequences on the medical professionals. For example, in a conversation with his colleague Victoria, Kalanithi gives voice to his exhaustion as;

"Later that night, I called Victoria and told her I wouldn't be in on Monday, or possibly ever again, and wouldn't be setting the OR schedule. 'You know, I've been having this recurring nightmare that this day was coming,' she said. 'I don't know how you did this for so long.'" (Kalanithi, 2016, p.85)

This conversation depicts Kalanithi's inner struggle, his pain, and the existential crisis he would face each day. His trauma does not end with his experience of facing the cancer developing in him day by day. His psyche was deeply disturbed, even by the environment in which he was living. Every case he treated, every failure he faced, increased his ongoing agony of physical and psychological trauma. For instance, he also recounted the case of Jeff, a fellow physician who died by suicide after being unable to save a cancer patient despite his tireless efforts. These moments shared by Kalanithi reflect the psychological fragility of medical professionals who continue their profession despite their illness and failures. The memoir ends with an epilogue. His wife, Lucy Kalanithi, writes an epilogue that recounts Paul's final days and the legacy he left behind. Besides continuing the story of Kalanithi, this narrative informs us how Paul's presence endures a continuing bond in the memories of his loved ones, particularly in Lucy, his wife, and in Acady, their daughter.

When Breath Becomes Air is a memoir unique in nature, not only because of its subject but also because of the way Kalanithi registers his sense of self that fades into oblivion. He writes about the brutal truth of cancer both as a physician who once treated it and as a patient who suffers, endures, and learns to live through it. His approach to illness writing is unconventional. He constructs his autopathographical narrative blending his professional insights, literary wisdom, and personal suffering. His narrative voice is clinical, poetic, spiritual, emotional and philosophical. He records his quest for the meaning of life in the face of absurdity. His ideas and expressions are deeply grounded in his reading of literature, his spiritual inclinations, and his experience and

encounters with patients. His life journey is a philosophical, intimate, and pragmatic search. Much like Viktor Frankl, who sought meaning through interviews with Holocaust survivors confronting death, Kalanithi explores meaning not only through the lives of cancer patients but also through his own confrontation with mortality. He is a man forced to make difficult choices: How should he move forward in time?; What knowledge should he pass on to the next generation?; How should he support his family in the decline of his health?; Should he bring a child into this world, knowing he may not be here in the world in a short while?; Whether he should continue his medical practice, or should he simply lie in bed and await the end?

When Breath Becomes Air invites multiple interpretations. The title blends Indian and Western religious and philosophical frameworks, as Kalanithi's origin was. Andi Martin (2016) noted that "Kalanithi wrestles not only with the concept of time, death, and meaning, but also with expectations, goals, and living" (Martin, 2016, p.543). *When Breath Becomes Air* is multi-voiced; the voices of Paul, Lucy, fellow patients, and the cancer. Yet, ultimately, it is the story of Paul and cancer, a deeply personal narrative with universal touch.

Kalanithi's act of writing is both personal and collective; He shares his experience and the sufferings of cancer patients. Paul insisted that his wife publish his memoir after his death, as he knew he had something precious to convey to the world. His wife, Lucy Kalanithi, published his memoir posthumously. She added her epilogue in the end. In her epilogue, she recounts Paul's final days and his legacy. Her recounting of Paul's final days and her perspectives capture Kalanithi's presence that continues beyond the pages. Her epilogue makes the memoir a collaborative narrative. She records Paul's self that was shaped through love, loss, and remembrance. Thus, *When Breath Becomes Air* presents a comprehensive portrait of Paul's life through the voices of both Paul and Lucy.

5. Post-Humanism in *When Breath Becomes Air*

According to Wilson and Jeevaraj (2023), posthumanism refers to the philosophical and cultural condition that emerges after humanism, challenging the centrality and singularity of the human subject. Paul Kalanithi's memoir, *When Breath Becomes Air*, can be interpreted as a posthuman narrative for several reasons. It is a medical illness memoir. It foregrounds the integration of human life with medical technologies. It asserts how machines and pharmaceuticals become essential in treating illnesses such as cancer. It also reflects Kalanithi's dual identity through which he outlines his unique perspective on suffering, embodiment, and mortality. It showcases the dangers and high risks of cancer, the trauma the illness has on humans and reflects the fragility of human life. It portrays life as a space of uncertainty where the sufferers are forced to redefine their existence about something that cannot be seen, cured, or controlled.

Distributed memory is another post-humanism concept. Fabry (2023) discussed the problems of this distributed memory. Katherine Hayles' (1999) distributed cognition and Heersmink's (2020) transactional memory also affirm that memory is not solely confined to the human brain but is dispersed across embodiment, environment, language, and technology. In such cases, Kalanithi's

narrative can be considered not just as a personal account but as a posthuman memoir. It is his illness that plays the subjective position in his narrative. The memoir chronicles how Kalanithi learned to coexist with the formless presence of cancer; how he was actively searching for meaning, dignity, and clarity in life; how he himself becomes a distributed memory, and a voice living on through his memoir. Kalanithi's digital presence and Lucy's epilogue contribute to broader societal awareness of human vulnerability and resilience.

6. *When Breath Becomes Air*: An Autopathography

Autopathography shares many features with autobiography, there are differences between these genres. Unlike autobiography, autopathography focuses exclusively on the subject's illness. The narratives are in first person, but they do not cover the person's entire life. The intention of autopathography is not to convey the lived experience but to get healing through sharing. Sharing life experiences in writing or in telling is considered a coping mechanism in trauma narratives. In this process of reflection, the subjects reveal human potentiality and the capability with which they encounter adversity.

Aronson (2000) defines autopathography, quoting Dunglison's words from *Medical Lexicon* (1856) as "the study of the effects of any illness on the writer's (or other artist's) life or art." (qtd. in Aronson, 2000, p.23). He also believes that autopathography is written by the author himself with various intentions; to help others, to deal with the subjectivity, etc. Applying the theories of autopathography, *When Breath Becomes Air* can be read as an autopathography. In it, Kalanithi deliberately narrates his post-illness experience in a first-person narrative. He chronicles his conscious encounter with life and death. His narrative centres on the cancer-embodied self and the psychological, physical, and professional challenges Paul undergoes during his diagnosis. He also portrays a deeply personal and philosophical journey. Writing his experience, according to him, is a coping mechanism to deal with his illness. It also serves as an agency to share his embodied knowledge and experience.

In Narrative Prosthesis: Disability and the Dependencies of Discourse, David T. Mitchell and Sharon L. Snyder (2000) introduce the concept of disability. He describes disability as a stimulus that allows the subject for a narrative that searches for the origins of a character's identity, for an interrogation of static beliefs about the body, for a narrative that leans on its representational power, disruptive potentiality, and analytical insight' (p.4), and presents 'the mysterious self' (Mitchell and Snyder, 2000, Pgs. 3-5). Their definition of disability leads us to understand 'disability' as a 'site of knowledge'.

It is true that in the trauma narrative or medical narrative, the diseased perceive their illness not as a deficiency but as a source of insight into the nature of being. This perception helps them to redefine their life and their existence. For example, the narratives of Nick Vujicic, a motivational speaker born with tetra-amelia syndrome (Inspire Yourself, 2020). His testimonies reframe his condition not as a limitation. They prove how he took his condition as a challenge, rewrote the impossibilities coded by society through his hard work and bold steps, and how he has been an inspiration for many. He set an example to lead a meaningful life. Throughout his active life, he asserted that the body is secondary to the being. Similarly, Paul Kalanithi, as a physician, shares

that he was aware of the facts and vulnerabilities associated with cancer. Yet, he did not surrender to the disease, nor did he allow it to consume his spirit. Instead, he tested the boundaries of his endurance. He continued to treat cancer patients and witnessed the survivals of many. He knows he is surrounded by mortality. Still, he continued to make meaningful decisions: he planned for Lucy's future. He discussed the prospects of having a child with Lucy. He advised her to think about remarriage. He regularly wrote his life meticulously in his diary. He sought Lucy's help to complete the book when he felt his physical strength was worsening. Simultaneously, he remained intellectually engaged, reading medicine and literature. He continued treating cancer patients. His resilience was further affirmed when he lived to meet Elizabeth Acadia (Cady), his daughter, born during his final year.

Kalanithi also records his identity crisis. He shares the moments where he contemplates between life and death, and between continuing his profession and surrendering himself as an object to cancer. Finally, he chooses to remain a physician and to benefit society. For example, in the following paragraph, he says,

That morning, I made a decision: I would push myself to return to the OR. Why? Because I could. Because that's who I was. Because I would have to learn to live in a different way, seeing death as an imposing itinerant visitor, but knowing that even if I'm dying, until I actually die, I am still living... For the past few months, I had been acting merely as a surgical technician. I had been using cancer as an excuse not to take full responsibility for my patients... But now I started coming in earlier, staying later, fully caring for the patients again... The first two days, I thought I would have to quit, battling waves of nausea, pain, and fatigue... But by the third day, I had begun to enjoy it again, despite the wreck of my body. (Kalanithi, 2016, p.73)

This excerpt demonstrates Kalanithi's transformation in his identity, from the chaotic self to a sensitive and self-determining being. It also shows how Kalanithi claims his agency. He did not deny discussing his illness; however, he chose to live a meaningful life. It also proves how the constituted self with illness has become a powerful site of resistance, resilience, and reflection.

Frank emphasises that storytelling enables the wounded to break the silence imposed by illness. He asserts, "The wounded storytellers ending silences, speaking truth and creating communities, calms the wounded healer" (Frank, 2021, 13:54–14:05). For Frank, writing becomes a survival mechanism, both for enduring the present and for envisioning a future in which the ill subject maintains agency and meaning. The body is a significant concept in gender studies, popular culture, disability studies, queer studies, ethnic studies, post-human studies, etc. It is also a significant concept of illness narrative. As mentioned earlier, Frank derives four types of body image theories: disciplined body, dominant body, controlled body, and communicative body. When we apply them to read Paul's memoir, we draw many conclusions on how Kalanithi sees his body, how he shows it, and how he approaches it. He knows that he lost control of his body as cancer took control of it. His body is disciplined through diagnosis and chemotherapy. His body communicates his illness, his recovery, and his body's deterioration. The deterioration of the body worries him and signals many things. In the narration of his life, he describes his body as if it were communicating. It communicates his story. It invites others to listen to the story. It accepts the contingency.

Let us consider an instance from Lucy Kalanithi's epilogue to examine how the concepts of the communicative body and the communing body are represented. Lucy writes:

He knew he would never be alone, never suffer unnecessarily. At home in bed a few weeks before he died, I asked him, 'Can you breathe okay with my head on your chest like this?' His answer was, 'It's the only way I know how to breathe.' That Paul and I formed part of the deep meaning of each other's lives is one of the greatest blessings that has ever come to me. (Kalanithi, 2016, p. 101).

This excerpt talks about an intimate and emotional moment between Kalanithi and Lucy. It reveals substantial insight into Paul's self, which bears the consequences of illness, his emotional and physical condition. Lucy resists resting her head on his chest. It serves as a gesture of communion and an effort to console him through physical closeness. Yet, she hesitates out of concern that it might cause him discomfort. Lucy could have evaluated his condition medically, but here she responds to his physiological weakness not as a doctor, but as a loving partner. She was guided by emotional intuition rather than scientific rationale.

Lucy views Paul's body from the outside. It was fragile and terminally ill. It signals weakness or pain. It symbolically mirrors the outsider's perception and interpretation of the suffering body. It does not perceive reality through relational meaning. However, Paul views his own body from within. He has a contradictory opinion about his body. He is fully aware of its deteriorating state. He accepts the physical risk of pain just to experience his emotional bonding with his wife. He allows his body to communicate his affection. He uses his body to express his affection and to receive it. This moment also illustrates how Paul's communicative body transcends its limitations. It shows the coping mechanisms he adopts to live with his suffering. It proves that he does not reject the body's decline, but he objectifies it. He recognises the body as a site of pain and an agent to produce meaning. Through this act, he transforms his suffering body into a symbol of resilience, love, and memory. For Kalanithi, thus, the suffering body is the centre of wounded or illness storytelling and the centre of human connection and validation of existence.

Frank classifies autopathographical narratives into three types: restitutive narrative, chaos narrative, or quest narrative. Paul Kalanithi's choice of narrative structure for *When Breath Becomes Air*, aligns predominantly with the quest narrative. The memoir opens with elements of a restitution narrative. Initially, his narrative shows evidence that he would recover from his illness. For example, his physician, Emma, stands by his side and instils hope in Paul. She speaks to him not only as a clinician but also as a friend and a counsellor. She treats Paul not as a diseased, but as a fellow physician. She consistently motivates Paul, encouraging him to persist with neurosurgery even as he battles his illness. During Paul's existential uncertainty, she advises him:

"Okay," she said. "That's fine. You can stop neurosurgery if, say, you want to focus on something that matters more to you. But not because you are sick. You aren't any sicker than you were a week ago. This is a bump in the road, but you can keep your current trajectory. Neurosurgery was important to you." (Kalanithi, 2016)

These words encourage Paul to focus on who he is, so that he adds meaning to his life by living rather than suffering in isolation and becoming nothing.

Paul also enters into a phase of chaos narrative, articulating his existential crisis and uncertainty about the future. He frequently questions his agency, "Who Is the Captain of the Ship?" (WICOS), wondering whether he or the cancer is in control. He reflects on the futility of long-term planning, saying:

Medical training is relentlessly future-oriented, all about delayed gratification; you're always thinking about what you'll be doing five years down the line. But now I don't know what I'll be doing five years down the line. I may be dead. I may not be. I may be healthy. I may be writing. I don't know. And so it's not all that useful to spend time thinking about the future—that is, beyond launch. (Kalanithi, 2016, p. 93)

This passage clearly articulates the chaos the disease caused him. While initially caught between hope and uncertainty, Paul's narrative gradually shifts into a quest narrative, oriented towards the search for the meaning of life. This transition helped him to embrace his illness as an opportunity to confront and understand death. He writes:

I had wanted to explore with them. Shouldn't terminal illness, then, be the perfect gift to that young man who had wanted to understand death? What better way to understand it than to live it? But I'd had no idea how hard it would be, how much terrain I would have to explore, map, settle. I'd always imagined the doctor's work as something like connecting two pieces of railroad track, allowing a smooth journey for the patient. I hadn't expected the prospect of facing my own mortality to be so disorienting, so dislocating. (Kalanithi, 2016, p. 147)

This passage negotiates his philosophical quest held between existence and mortality. It reflects his transformed self, which is unshakable and determined. He sees himself not as a passive sufferer but as an active explorer of the unknown. He wants to understand the meaning of death by living it. In his quest for understanding the broader and complex concepts of life, he embarks on a personal journey that is medical, spiritual, and philosophical. He dedicated himself to taking care of his patients, planning for his family's future, and writing his life and his thoughts. He confronts reality with boldness. At last, although he dies, he breathes through his memoir, a final act of meaning-making and inspiring readers across the world.

7. Conclusion

This research identifies that Paul Kalanithi's *When Breath Becomes Air* as a post-human autopathography because he uses his memoir as a place to store his painful life, which was extended by medicines and machines. He registers his experience and encounter with his illness and the coping mechanism he uses to deal with his cancer. From a close reading of the text with a post-humanist understanding of identity, embodiment, and agency, and the theories of Mitchell, Snyder, and Frank, the following observations emerge. Kalanithi's *When Breath Becomes Air* is a unique illness narrative as he deals with his subjectivity as a patient and a physician. He presents his embodied knowledge about cancer, its origin and development in his body and his everyday experience to deal with it through medication and chemotherapy. Paul sees his terminal illness as a site of knowledge rather than seeing it as a site to undergo suffering and pain. He writes to preserve his lived experience in his memoir. His narrative has evolved into a chaos narrative as it

demonstrates the consequences the illness had on his body, mind, and soul, and in his personal life. It is also framed with a quest narrative as it reflects his philosophies he had found in his search for the meaning of life while facing the vulnerability of disease with a determined will. Further, the narrative of *When Breath Becomes Air* takes on a metaphorical significance, an outcry against the unresolvable questions of human existence. *When Breath Becomes Air* ends with an epilogue by Lucy, who provides details about Kalanithi's aggressive cancer progression, his limitations, and his life when he was not able to continue his writing. Thus, it serves as a virtual structural component that provides the narrative, and it's subject to a profound completeness. Further, this illness narrative can be compared with other illness narratives that speak about successful and unsuccessful stories of the patients to trace the features of the illness narratives and the coping mechanisms used by the patients to encounter the illness.

References

- Aronson, J. K. (2000). Autopathography: The patient's tale. *BMJ*, *321*(7276), 1599. <https://doi.org/10.1136/bmj.321.7276.1599>
- Braidotti, R. (2013). *The posthuman*. Polity Press.
- Couser, G. T. (1997). *Recovering bodies: Illness, disability, and life writing*. University of Wisconsin Press.
- Derrida, J. (1981). *Dissemination* (B. Johnson, Trans.). University of Chicago Press. (Original work published 1972)
- Dunlison, R. (1853). *Medical lexicon: A dictionary of medical science* (New ed.). Blanchard and Lea.
- Fabry, R. E. (2023). Distributed autobiographical memories, distributed self-narratives. *Mind & Language*, *38*(5), 1258–1275. <https://doi.org/10.1111/mila.12453>
- Felski, R. (2008). *Uses of literature*. Blackwell Publishing.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.
- Frank, A. W. (2021). *The wounded storyteller: Body, illness, and ethics* (25th anniversary ed.). University of Chicago Press.
- Haraway, D. J. (1991). *Simians, cyborgs, and women: The reinvention of nature*. Routledge.
- Hayles, N. K. (1999). *How we became posthuman: Virtual bodies in cybernetics, literature, and informatics*. University of Chicago Press.
- Heersmink, R. (2020). Narrative niche construction: Memory ecologies and distributed narrative identities. *Biology & Philosophy*, *35*, Article 23. <https://doi.org/10.1007/s10539-020-09770-8>
- Holm, M. E. L. (2022). Living while dying: A medical narrative study of Paul Kalanithi's *When Breath Becomes Air*. *Medical Humanities*, *48*(2), 113–118. <https://doi.org/10.1136/medhum-2020-012011>
- Kalanithi, P. (2016). *When breath becomes air*. Bodley Head.
- Martin, A. (2016, January 12). Review: *When Breath Becomes Air*, by Paul Kalanithi. *The New York Times*. <https://www.nytimes.com/2016/01/17/books/review/when-breath-becomes-air-by-paul-kalanithi.html>
- Mitchell, D. T., & Snyder, S. L. (2000). *Narrative prosthesis: Disability and the dependencies of discourse*. University of Michigan Press.

Radwan, M. I. (2019). Thanatography: The terminally ill and their life narratives. *International Journal of English and Literature*, 10(3), 23–30.

Viswanathan, G. (2025). *Narratives of mortality: Medical memoirs and the ethics of care* [Manuscript in preparation].

Wilson, J. S., & Jeevaraj, J. (2023). Posthumanism and the plural self: Reading American science fiction through Braidotti and Haraway. *Posthuman Studies*, 2(1), 21–36.

Woolf, V. (1926). *On being ill*. The New Criterion.

Inspire Yourself. (2020, April 24). *The inspiring story of Nick Vujicic: The man without limbs* [Video]. YouTube. <https://youtube.com>

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