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THE REPRESENTATION OF DEATH IN  
AUTOBIOGRAPHIES:  
PAUL KALANITHI'S *WHEN BREATH BECOMES AIR*  
BA thesis

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## ABSTRACT

In recent years pathographies, in other words death autobiographies, have gained increasing popularity. Books dealing with one's own mortality and process of dying have been rare in contemporary society and yet it seems like there is a need for them. Death has either been hidden away in hospitals, mortuaries, and retirement homes, or it is depicted in graphic and gruesome manner in mainstream media for its shock value. The more mundane human death, however, remains invisible. This makes representations of death very important, as they can help us come to terms with our mortality. Additionally, first-hand accounts of illnesses can be helpful to others who are suffering from similar ailments and who feel alone in the process.

One of the most popular pathographies from recent years is Paul Kalanithi's *When Breath Becomes Air*, published in 2016. Kalanithi was an American neurosurgeon who got a terminal cancer diagnosis. In his autobiography he talks about his years as a doctor and then as a patient, following his terminal diagnosis.

This thesis aims to analyse how death is represented in *When Breath Becomes Air*. The introduction gives general context for understanding the role of death in contemporary society. The literature review provides an overview of the representation of death in literature and the background of the autobiography genre. The empirical section analyses the representation of death in *When Breath Becomes Air*, with focus on the tension between life and death that characterises the work of a doctor and later on also in the author's experience of dying. The conclusion summarises the findings of the analysis.

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## INTRODUCTION

Paul Kalanithi (1977-2015) was an American neurosurgeon who was diagnosed with stage IV lung cancer in 2013. Kalanithi had always liked writing and had planned to return to it someday but after receiving his diagnosis, he realised that the future he envisioned as a retired doctor turned writer is no longer an option and so he decided to write an autobiography describing not only his battle with cancer but also his years as a doctor treating other people.

In his autobiography, *When Breath Becomes Air* (2016), he first recounts his years as a young boy who was obsessed with finding out what makes life meaningful, which led him to pursue a degree in English literature and then to finally end up as a medical student and a doctor. He spent years helping other people come to terms with their diagnoses, but then he received his own. The second part of the book deals with his terminal diagnosis and the ensuing battle against cancer. Kalanithi died in 2015, six months after the birth of his daughter, and his autobiography was posthumously published by his wife. The book was hailed by critics and received a lot of attention in mainstream and on social media, staying on the *New York Times* bestseller list for 68 consecutive weeks (*The New York Times*, 2018).

Death and stories about one's own mortality are relatively rare in contemporary society, which is one of the reasons Kalanithi's book got a lot of attention. In pre-modern times, people were more exposed to death as they are today. Firstly, their lifespan was shorter than today when the progress of medicine has prolonged life-expectancy substantially. Secondly, people died more in their own homes, with their family members coming together if someone seemed to be taking their last breaths (Aries 1974: 539). During the 20<sup>th</sup> century, death slowly retreated from everyday life (Aries 1974: 537). People still died but, as Aries (1974: 543) pointed out, now the dying were hidden away in hospitals, retirement homes, and funeral homes. Practices like caring for your loved one's body became more and more rare. Death became even more abstract, something that you objectively *knew* would happen, but was a faraway thing. Humans

know they are mortal, but death is an abstract concept and coming to terms with one's mortality is not an easy thing.

Throughout history, different cultures have had different ways of dealing with the anguish of death (Testoni et al 2015: 66). For the Western mind, for centuries Christian God was the best way for people to feel at peace with dying (Testoni et al 2015: 66). After all, when you died, you ideally went to heaven. A person's time on earth was just a prelude for eternal life. However, as technology and science kept progressing, people became more secular; Nietzsche recognised this crisis as the "Death of God" (Testoni et al 2015: 66). With the disillusionment that came with World War I, many lost even the last vestiges of faith. However, as mentioned previously, Western tradition is deeply rooted in Christianity and with God "dead", your own death turned from being a doorway to being total annihilation (Testoni et al 2015: 66). Before, the pain of existence and the tragedies that often accompanied it were meaningful because there was a guaranteed afterlife for those who led a moral life. This transcendent worldview kept the torturous thoughts of impermanence of existence at bay; now, with God gone, there was nothing suppressing the anguish of mortality (Testoni et al 2015: 63).

Because we do not see death as much anymore, the representations of death in cultural texts are very important. However, in mainstream media it is often depicted in graphic and gruesome detail to generate shock value (Walter et al 1995: 583). Death is even sensationalised, with an abundance of true crime podcasts and TV shows in different genres that can be found on the Internet, discussing the crimes of murderers and serial killers in a detailed and often gruesome manner. Thus, death is either hidden or exploited. It might be that for these reasons, people have a hard time accepting their own mortality. Death is something that happens to sick people hidden away in hospitals and hospices, to people in war zones and unfortunate murder victims but not to people around us. Thus, for the ordinary person, a sense of detachment may form, where the danger of dying is associated with others, but not oneself (Walter et al 1995:

586). While the biological aspects of mortality are more straightforward, the emotional aspects can be ignored in our daily existence.

As mentioned, the representations of death are important, especially when we have so little contact with death in our daily lives. While such representations can satisfy one's curiosity, reading about death can have more benefits. Patients who are confronted with the possibility of death can have difficulty sorting through their feelings and putting them into words (Skelton 2003: 212). Skelton (2003: 212) suggests that literature can help them find the power to express themselves and to perhaps find a release of sorts, relieving the loneliness and accepting the shortness of life. The same goes for people who are grieving a loved one. Reading about fictionalised, or autobiographical, accounts can also help health professionals to assist "people articulate about their concerns and worries" (Skelton 2003: 216) regarding death and maybe give them a better understanding of what their patients are going through. Overall, literature can be conciliatory.

In recent years, "death autobiographies" seem to have gained more popularity, showing, that there is a market for them. Goodreads readers have even generated a list of death autobiographies. To cite some texts from the list *Memoirs of Dying: When Breath Becomes Air* (2016), the titles that have found a wide audience include Joan Didion's *The Year of Magical Thinking* (2005), Nina Riggs' *The Bright Hour: A Memoir of Living and Dying* (2017), and Julie Yip-Williams' *The Unwinding of the Miracle: A Memoir of Life, Death, and Everything That Comes After* (2019) (Goodreads n. d.). Because this genre has emerged as a distinct literary phenomenon relatively recently, there has been very little research into the popularity of pathographies, that is biographies that focus on a person's illness (Wiltshire 2000: 409) nor is there much research about the representation of death in autobiographies. Because of the rise in interest, this area needs more attention. One of the reasons for this popularity may be that people want to read about emotions that they will only experience once, as once you die.

*When Breath Becomes Air* is a great example of a successful pathography. It got glowing reviews from *The New York Times*, *The Washington Post*, *Publishers Weekly*, *Booklist*, and other publications. In its review *The New York Times* called it “gripping from the start /.../ [as Kalanithi] was such a brilliant polymath” (Maslin 2016). Additionally, the book was a Pulitzer Prize finalist in the biography category in 2017 (The Pulitzer Prizes 2017). As the book is told in two parts, the reader gets Kalanithi’s perspective on death as both a doctor and a patient. The aim of this thesis is to analyse how death is represented in *When Breath Becomes Air* and what attitudes the author himself holds about death.

## 1. LITERATURE REVIEW

### 1.1 THE REPRESENTATION OF DEATH IN LITERATURE

Because of the unknown nature of death, humans have long sated their curiosity by exploring it in literature. It is important to note that the analysis of the representation of death in literature can be quite interdisciplinary: social studies, psychological research, and medical research all provide important insights (Skelton 2003: 216). The term thanatology has been coined to connect these fields and to encompasses all scientific studies of death, including literature analysis of this topic. However, this thesis will only explore the literature perspective.

Death serves many different purposes in literature, often depending on the genre. Death does not have to be the central focus of the story and can instead be a tool to develop plot (Teodorescu 2015: 66). A few of the most common occurrences are the *whodunnit* and *whydunnit* in murder mysteries where death, or rather the act of killing, is what gets the story going (Skelter 2003: 215). Characters can be killed off to give the hero an incentive, like in *Hamlet*, or death can have no relevance in the story whatsoever.

Death can also just be there for aesthetic reasons, for example in *Romeo and Juliet*, using mortality as symbolism or to strengthen a point (Teodorescu 2015: 69). It is important to note that not all representations of death “inherently involve the courage of confronting death” (Teodorescu 2015: 66), even though some would say the mere representation itself is already proof of facing mortality (Teodorescu 2015: 70). *How* death is handled can also provide information about the contemporary attitudes towards mortality. While literature does not directly reflect reality, the concepts that the author uses come from the society where the author resides (Teodorescu 2015: 68-69). From the standpoint of semiosis (Teodorescu 2015: 55), death can only have an aesthetic effect in literature. The representation of death is an *interpretation* of the concept of death. On the other end of the spectrum is the Platonic interpretation, mimesis, in other words imitation (Teodorescu 2015: 55). While the represented

phenomena would be inferior to the reality, this interpretation still gives a lot of power to art when it comes to *mimicking* reality (Teodorescu 2015: 55).

Teodorescu (2015: 60) brings in different philosophies on writing, including the work of psychoanalyst Ruth Menahem who has said that “Every creation is murder; it signals its creators’ death”. As the authors puts parts of themselves into their creation, they kill parts of themselves. When the creation is sent out into the world, it becomes its own thing; not wholly separate from the author but perhaps from their ideas. The reader is, after all, the interpreter and is the one who gives their own meaning to the work. However, this can, in fact, also be interpreted as protection against death (Teodorescu 2015: 62). While the author is mortal and will one day die, their creation will live on with a small part of the writer left in the work. Even though it is entirely possible for the creation to die as well, it is not finite, as opposed to the human creator (Teodorescu 2015: 65). Thus, a book is an attempt at immortality.

Because thanatology research is interdisciplinary, many theories derived from other disciplines are used in literature analysis. One of them is Terror Management Theory (TMT) (Carroll 2019: 144). TMT proposes that survival is the all-encompassing human motive, and because humans feel threatened by their mortality, they subscribe to larger ideas to feel worth (Carroll 2019: 138). While this theory can apply to some instances, it fails to consider notions such as suicide and risky behaviour, in addition to being inconsistent with accounts of near-death experiences (Carroll 2019: 144).

Another popular theory that can be applied when analysing the representation of death in literature is *abjection*, coined by Julia Kristeva. Kristeva (1982: 3) defines the abject as something which disturbs the borders of system, identity, or order. This theory is most often explained by describing how one feels horror or disgust if they were to see a corpse, bodily fluids, or even the skin that forms on top of warm milk (Kristeva 1982: 2). The feeling can be similar to that of the sublime, which can coexist with the abject (Kristeva 1982: 2). The

biological process of death involves a lot of liquids, rotting, decay, among other things, that cause disgust and is, almost by definition, the strain of the abject. It can be especially disturbing if you think that it is *your* body that will one day go through this process. On the emotional level, the sublime could be seen in the unknown nature of death. It is, after all, a grand natural event, one that inspires great emotional depth and terror in the face of uncharted waters. Thus, death in literature can be used to evoke extreme feelings of unease, uncertainty, terror, disgust, and even pleasure, if death is the best outcome for the story.. However, there is a big difference in having knowledge of death versus actually being confronted with it, which can be a traumatic experience. Seeing a corpse, for example, reminds us of our own mortality, which is something we aim to forget most of the time (Kristeva 1982: 4).

Death as a literary device is used to evoke emotions from joy to horror and sometimes even simultaneously (Carroll 2019: 145). As mentioned in the previous paragraph, the sublime and the abject can evoke similar emotions. The sublime can arouse contradictory feelings in the face of something spectacular and grand, both terror and awe at the beauty (Burke 1844). One can feel terror without actually being afraid of something; the same could be said about the abject and death can fall under both of these concepts. Carroll (2019: 143) brings out how the reader can see that death for a character may be an escape from pain, but that does not necessarily mean that they do not feel the horror and uncertainty of death. With the sublime and the abject, an author could indeed coax out joy and terror at the same time.

What makes it complicated in literature is that there are many aspects one can consider – the author, the characters, and the readers who can all have different reactions to the material (Carroll 2019: 146). Knowledge of death and dying is affected by culture, religion, and other factors, which gives a plethora of interpretations on what happens at the end of one's life. It marks death as an unknown; there is no reliable information about the experience. Even people who have near-death experience do not die. Nonetheless, literature and the arts are used to

hypothesise and explore it. Even when the reader does not agree with a particular exploration, they gain the knowledge of disagreeing from it.

As TMT proposes, while it may not be conclusive, survival is one of the critical motivations for existence. In most stories, avoiding death is an active motive for the characters, regardless of whether they are successful or not (Carroll 2019: 17). Readers can identify with that. Readers can, however, also explore other encounters with death, for example suicide (e.g., in *Antigone*) or mercy killing (e.g., Toni Morrison's *Beloved*). Fiction can help us see the motivations and reactions to different modes of dying.

However, this pertains mainly to fiction writing. But what about non-fictional autobiographical writing? There are several autobiographical works where authors with terminal illnesses recount their stories. When death is without a doubt imminent, the active motive cannot be the avoidance. This suggests that we need to look for alternative motivations. One possible answer could be immortality in the form of a legacy. Upon recounting one's life story and putting it out into the world, it becomes its own thing, independent from the author. Brennan (2008: 107) philosophises on the role of poetry as a fulfilling activity that can create beauty out of loss, which could apply to the cathartic nature of writing about terminal illness and impending death. The same idea can also be applied to death autobiographies.

## 1.2 AUTOBIOGRAPHICAL WRITING

The earliest personal narratives that we would consider autobiographical in nature were found carved onto the walls of ancient Egyptian temples (Kamal 2020: 180). The first work, however, that could distinctly be considered part of the literary genre is *The Confessions of St. Augustine*, which dates to around 400 A.D. (Kamal 2020: 180). In St. Augustine's *Confessions*, the author describes the spiritual journey he goes under in the form of confessions, providing an introspective look into his own past and it is this aspect that makes the text "the most significant complete autobiography produced in medieval Europe" (Kamal 2020: 180). The term *autobiography* was coined by Thomas Cooley, a linguist, in 1797, who saw the need for a term in English that would cover the many forms of people ruminating on their own experiences, and so, the genre was born in literary theory as well (Berryman 1999: 72-73).

As Kamal (2020: 182) argues, in the 21<sup>st</sup> century, autobiography has turned into an umbrella term and encompasses a number of subgenres like letters, diaries, memoirs, prison literature, autobiographical essays, and so on. There have been proposals to name the umbrella term "life-writing" instead of autobiography because the latter has more literary and historical boundaries to which one should adhere to when classifying the texts; certainly, things like Facebook statuses would have a hard time fitting in there (Kamal 2020: 182). Broadly, the subgenres can be divided into two: the ones that are written down in retrospect, like memoirs and autobiographies, and the ones that have the immediacy of experience, like letters and diaries (Kamal 2020: 183). These kinds of personal accounts had been used by historians extensively until the beginning of the 20<sup>th</sup> century, when they decided to find more accurate accounts elsewhere, since autobiographies were not considered objective enough (Berryman 1999: 74). Yet the very subjectivity has its own value as it gives access to the kinds of experiences that historical record has lacked. These accounts can give more intimate knowledge of people's intimate and everyday lives to enrich social and cultural history.

Additionally, in the past, women were not able to write down retrospective long historical narratives and publish them, but they were allowed to keep diaries and write letters, so these accounts are especially important in order to see what the women were writing of their own lives (Kamal 2020: 192).

There have been many theories and many definitions for autobiographies but arguably one of the most influential ones is that of Philippe LeJeune, who has given the definition of autobiography as “retrospective prose narrative written by a real person concerning his own existence, where the focus is his individual life, in particular the story of his personality” (LeJeune 1989: 4). Because there are a number of subgenres, certain criteria had to be given. LeJeune (1989: 4) created four categories with various subcategories:

1. Form of language
  - a. narrative.
  - b. in prose.
2. Subject treated: individual life, story of a personality.
3. Situation of the author: the author (whose name refers to a real person) and the narrator are identical.
4. Position of the narrator
  - a. the narrator and the principal character are identical.
  - b. retrospective point of view of the narrative.

LeJeune (1989: 5) states that if the text meets all the requirements, then it is an autobiography and if not, then it may be a subgenre. There is some leeway with most of the aspects given in the categories, but there are two that must be present in order for the text to be an autobiography: the author and the narrator are identical, and the narrator and the principal character are identical (LeJeune 1989: 5).

There is the question of the difference between an autobiography and a memoir. Kamal (2020: 184) brings out that autobiographies usually focus on the *self* and the individual memories of the author, while memoirs tend to put the individual into a specific socio-historical or political context to show how the individual observed a certain event, period or a person. When comparing autobiography to biography, the latter features factual events while, as mentioned previously, autobiography includes the personal memories of an individual. Autobiography recounts the life, or a period from the life, of the author in a structured manner, featuring reflections on events and decisions, often using novelistic techniques in narration, almost poetic wording, characterisation, and so on (Kamal 2020: 184, 189). Since the author is identical to the narrator and the principal character, the texts are their self-representation, which also means that they can omit details they do not wish to share (Kamal 2020: 185). However, when the reader picks up an autobiography, they enter into an unspoken silent agreement with the author that what is featured in the text is the truth (LeJeune 1989: 21-22). Novels often have the opposite disclaimers at the first page, noting that whatever similarities the book may have with reality, they are a coincidence. Autobiography represents a world that is rooted in reality, while the novel is dreamt up, though with aspects from reality (Kamal 2020: 189).

In the 21<sup>st</sup> century, autobiographies have become increasingly more popular (WordsRated 2021). The times are very uncertain and with the rise of artificial intelligence, it is difficult to know what is real and what is not. This is why people are seeking out genres that promise to be true, from true crime and reality shows to memoirs and autobiographies. As mentioned previously, with autobiographies the reader presumes that what they are being told is reality, the events happened, and the people are real. Because everything is so readily available through the Internet, people have access to information regarding medical ailments and out of morbid curiosity, they may wish to read a first-hand account. When it comes to pathographies, the reader can be sure of one more thing, the constant in all our lives, death.

## **2. ANALYSIS OF THE REPRESENTATIONS OF DEATH IN *WHEN BREATH BECOMES AIR***

The book opens with a prologue, where Paul Kalanithi, the narrator, is looking at his own CT scan images. His lungs are full of tumours, his spine is warped with them, and his liver is obliterated. It is stage IV lung cancer with metastasis, the cancer cells having travelled all over his body. The narrator is the main character, the author, and a doctor and he knows that this indicates sure death. Having spent a decade staring at the scans of other people, he is now staring at his own. He is not wearing his scrubs giving bad news to someone else, but in a patient's gown, hooked up to an IV, as he tries to accept his death.

The first representation of death in the autobiography is found immediately in the first sentence – the computerised tomography scan of Paul's body (4). As a doctor he does not need to have the scan explained to him but understands what it shows: death. Before getting the scan, Kalanithi had been losing weight and getting intense fatigue and nausea with excruciating back pain. He put the symptoms together and although his subconscious was certain, he could not bring himself to say it out loud: he has cancer. He tried to tell himself that it was just bad back pain. "Maybe that's all this was. Maybe. Or maybe I didn't want the jinx. Maybe I just didn't want to say the word *cancer* aloud," (12). While cancer may not always be a death sentence, the word certainly has that connotation. By admitting that he, despite being a doctor, also has the same thoughts as many other patients who practice wishful thinking, Kalanithi makes himself similar to all other common readers and shows that a scientific training does not protect us against the fear of death or superstition.

As was mentioned in the synopsis given in the introduction of this thesis, the book is divided into two parts, before and after Kalanithi's diagnosis, excluding the prologue and the epilogue. He is a young aspiring neurosurgeon in the first half of the book and, perhaps unsurprisingly, this half features more overt representations of death through Kalanithi

observing the struggles of his patients and his own role working alongside death. While learning the profession, he has to spend time with cadavers and patients, some of whom he will be able to save and some he will not.

The first half of the book has the retrospect of Kalanithi already aware of his terminal cancer so everything he describes and talks about regarding his time in medical school is written in that framework, with him being acutely aware of his own mortality which perhaps helps him to relay his thoughts and feelings as a human, rather than a doctor. Kalanithi writes that “The angst of facing mortality has no remedy in probability” (135). He argues that when facing death, science and numbers will not give patients the existential authenticity they seek. It is the combination of Paul being a doctor and a patient that allows him to give such well-rounded reflections. The second half of the book has Kalanithi holding onto hope as he grapples with the change of role from doctor to patient.

Already as a young boy, Kalanithi was obsessed with figuring out the meaning of life and thus his thoughts often drifted to death, as the two are inseparable. He describes moving to Arizona and for the first time encountering the possibility of death, in the form of the black widow spider. The 10-year-old boy was exploring around in the desert, and he came across an irrigation grate. Curious, he lifted it, and there he saw “three white silken webs, and in each, marching along on spindled legs, was a glistening bulbous body” (22). Even just a single bite from a black widow spider is deadly; Kalanithi says he had nightmares for years. The desert is a dangerous place filled with all kinds of fauna that can kill you but eventually, he grew familiar with these creatures as well as with the possibility of sudden demise living next to him. This introduces one of the central tensions of the book: the knowledge of our being surrounded by death and learning to live with the knowledge. “Death comes for all of us. /.../ it is our fate as living, breathing, metabolizing organisms. Most lives are lived with passivity toward death—it’s something that happens to you and those around you” (114). Though he did not know it

yet, Paul would spend the rest of his adult life learning to walk alongside death, which he never found was easy. To counter the knowledge of mortality, he searched for the reasons one should stay alive, to not be passive about being towards his own death. I believe that without the former, the latter would be infinitely less fulfilling.

Kalanithi also wants to understand life and death, not just live with them. In search of the meaning of life, he went on to study English literature but eventually discovers that it was not the right path for the answers that he was seeking because literature will always by necessity be removed from life, because it is always a representation of life or death. He wanted to feel the sublime and the abject more immediately. He got used to living alongside deadly fauna and it is poetic that his calling in life would have him accompany death as well:

But it would allow me a chance to find answers that are not in books, to find a different sort of sublime, to forge relationships with the suffering, and to keep following the question of what makes human life meaningful, even in the face of death and decay. (Kalanithi 2016: 42)

Medicine was the next step for Paul, who wanted to *feel* what it was like working with and working against death. This gives him the opportunity to face the abject, the best example of which is a corpse. It evokes feelings of unease, of disgust. It is also quite the literal representation of death, the shell of a person, now uninhabited by a consciousness. There is, of course, a difference between a corpse and a cadaver, a constant companion of the medical students who practice on dead bodies. Kalanithi describes the contradictory feelings he felt when he first cut into a cadaver, into something dead and yet very familiar in its humanity:

The scalpel is so sharp it doesn't so much cut the skin as unzip it, revealing the hidden and forbidden sinew beneath, and despite your preparation, you are caught unawares, ashamed and excited. /.../ [You experience] a legion of feelings: from revulsion, exhilaration, nausea, frustration, and awe to, as time passes, the mere tedium of academic exercise. (Kalanithi 2016: 44)

A professor told the students to only look at the face of the body once, and then cover it up, pretend the cadaver is a mannequin. In this way, Kalanithi was able to detach from it being an actual dead person who once was alive. Later, he describes how he only truly felt ill when he was out of the lab, thinking about the cadaver being himself or someone close to him,

and the thought made him cringe (48). If he thought about it that way, he could no longer ignore that this flesh he is practicing on used to be a living breathing human. Yet the quote above also shows that, as a future doctor who seems to learn to ward off death, he is also feeling excitement and something almost sublime. As a doctor, he seems to have the possibility to stand between life and death, helping to bring people back from the brink of death.

The first two years of medical school the case examples are abstract. That is, the students are looking at descriptions of diseases, not disease or death. When looking at a file it was just that, a file that described a case of various health problems. There is no face attached to the file, to the lab analysis or other tests, just graphs and numbers. These abstract representations do not conjure up either life or death. One time, Paul and his girlfriend were puzzling over an EKG graph, analysing the squiggly lines, trying to figure out the problem. When they identified it as fatal arrhythmia, it dawned on them that this “practice EKG” they were using to study featured someone’s last moments; the patient had not survived it (51). It was enough to bring his girlfriend, Lucy, to tears. Similarly to Kalanithi’s own CT scan later, this medical document is death in the form of paper. Although the EKG graph is an abstract representation, behind it there once was a life. The abstraction masks the pain of death and reduces it to something that can be looked at dispassionately, before the fantasy of abstraction is punctured and the doctor allows him- or herself to fully grasp the living person and their death that the graph represents in a dispassionate manner.

After the first two years of the abstract study were over, Kalanithi started shadowing residents in hospitals, dealing with real patients, and seeing actual pain, suffering, and death. His first rotation was in the ob-gyn department and, in a stroke of irony, the first birth he ever witnessed was also the first death. The twin babies whose emergence into this world via a C-section Paul observed were premature and even in the ICU they were not able to survive (64). Paul comments on how babies are supposed to be pink and perfect, how they symbolise new

life, but things are not fair and even symbols of life sometimes die. The resident who Paul was shadowing tried to console him by saying that at least these babies had a chance, they got to live a day. “Most mothers with stillborns still have to go through labour and deliver,” (65). It is a cruel twist of life, to give birth to death. Here, in my opinion, a stillborn baby can paradoxically represent both, life, and death, and more broadly the whole circle of life simultaneously. The fact that Kalanithi chooses to represent this contradictory scene in his own pathography is telling as well. New life comes into this world in a chorus of screams and blood and thus, it is the unexpected silence that announces the presence of death. As I will talk about later on, after getting his diagnosis, Paul and his wife, Lisa, decided to still have a child; “this infant, who is all future, overlapping briefly with me, whose life, barring the improbable, is all but past,” (199). Even with Paul passing on, a part of him, his life essence, lived on. Even more, the act of an author writing a book is an act of creation as well and so, Kalanithi’s autobiography depicting his imminent death can too represent both life, and death.

Kalanithi decided to pursue medicine to not only understand the meaning of life, but to also save lives. There were days when that happened and then there were days when it did not. On the harder days, Paul describes the air in the hospital as death. “[Death] was in the air, the stress and misery /.../ the rain of tears of the families of the dying, pouring down” (78). The oppressive air was smothering the glimmers of hope and optimism of the families and the medical staff still floating around. Kalanithi emphasises that there cannot be death without life and for him, neurosurgery symbolised them both (81). With learning medicine, ailments and accidents took on a new perspective for Paul. For a non-medical professional, the sentence “she died in a car crash” sounds simple – there was a car crash, and someone died. Kalanithi got the news of a friend having died in a car crash and immediately he was bombarded with images of blood everywhere, him shaving the patient’s head, cutting open the skin, and then drilling into his friend’s head, trying to save her while realising that it is futile. Yet in the attempt to save

her life, he had transformed her into something that did not at all resemble the once vibrant person (84). She had become a patient, almost like a lifeless cadaver from a teaching context. For indeed, as Kalanithi himself said, neurosurgery did not represent just life to him anymore, it was a vivid representation of death and suffering as well.

There were even times when Kalanithi did not feel like the enemy of death, but its ambassador. As a doctor, there are a lot of judgement calls one has to make, to “judge whose lives could be saved, whose couldn’t be, and whose *shouldn’t* be,” (80). While a patient’s body may have been alive because of the advancement of medicine, how could being braindead be called, in good faith, *living* (90)? Thus, Kalanithi is also making an important distinction between being actually alive and alive merely in a theoretical sense, despite having no control over one’s body or actions. These were the times where Kalanithi felt that, as a doctor, he sometimes had to represent death or at least the making of the decision of letting somebody die as well. Here actually two representations of death can be seen. The patient who was only being kept alive by the machines is a paradoxical representation, both alive and dead at the same time:

The families who gather around their beloved—their beloved whose sheared heads contained battered brains—do not usually recognise the full significance [of a patient being braindead], either. They see the past, the accumulation of memories, the freshly felt love, all represented by the body before them. I see the possible futures, the breathing machines /.../ only partial recovery—or, sometimes more likely, no return at all of the person they remember. (Kalanithi 2016: 87)

This quotation is full of complex emotions: the families of patients project their wishes and memories from the past on the inert body, while the doctor can see a future of just more medical equipment and no chance of the return to the past that the family hopes they can return to.

As Kalanithi and his fellow residents were at the peaks of their career, the end of senior residency in sight, and Paul started to feel like he had finally “[woven] the individual strands of biology, morality, life, and death /.../ [together] into, if not a perfectly moral system, a coherent worldview and a sense of [his] place in it” (133), he got a phone call from his co-

resident. One of the young men they went to school with, Jeff, had jumped off the roof killed himself. He had faced a complication during a surgery and the patient had died. As a doctor, Paul understands the overwhelming guilt Jeff must have felt for it to push him to the point of no return, where he felt he had to take responsibility for his failure to save a life and pay with his own death.

Perhaps the most literal representation of death, an apt one considering how the narrator himself dies, is that of the “gray rotting tumor” itself, the “invader in the fleshy peach convolutions of the brain” (96). The descriptions are interesting: the brain is being compared to a fresh fruit, while the tumour is described with words evoking death and abjection. Kalanithi describes the joy of removing the tumour, which he aptly described as an invader in a foreign land. This, however, is not a narrative of triumph. Although the tumour was removed, the microscopic cancer cells had already travelled everywhere and were just waiting for the time they were left alone long enough so they could carry on their parasitic mission. As the surgeon himself says, it is inevitable. Death has put their claws into the patient’s life force, and it refuses to let go.

When Kalanithi was diagnosed himself, he describes how he went through the five stages of grief in reverse. Upon first seeing the scan he saw the representation of his end and he accepted it. Of course, he still went through treatment. A small, almost unnoticeable representation of death is that of the grey strands of hair Paul’s oncologist, Emma, has. Kalanithi describes her as being only a few years older than Paul, meaning that Emma is in her late thirties. “Emma was only a few years older than I, her hair long and dark, but as is common to all those who spend time with death, streaked with gray” (122). Doctors, who spend their entire life near death, do not remain untouched by it.

As Paul eases into his new role as a patient, he has trouble coming to terms with his frail body and the new role. As a doctor, he has given countless diagnoses to his patients, and

he has learned the best ways to do so. His general rule is to give them time, be realistic but leave them hope, do not give them the statistics of survival. However, he himself was used to seeing the uninspiring raw data and almost demanded it from Emma. While uninspiring, he at first thought he wanted a clear sense of the time he has left until death comes to collect. Kalanithi was unable to apply the lessons he had learned as a doctor to his own situation as a patient, although being faced with your own mortality is a wholly different thing:

Grand illnesses are supposed to be life-clarifying. Instead, I knew I was going to die—but I'd known that before. My state of knowledge was the same, but my ability to make lunch plans had been shot to hell. The way forward may seem obvious, if only I knew how many months or years I had left. (Kalanithi 2016: 161)

Even though it was impossible for Paul to ever make a full recovery, he and his wife, Lisa, decided to have a child. They both had wanted to become parents for a long time and creating life creates hope for the future. But even here, death was present. Because Paul was going under extreme treatment, they had to use external insemination. When that failed, they decided to “create at least a few embryos in vitro and implant the healthiest. The others would die. Even in having children in this new life, death played its part,” (145).

This contradiction continued to follow Paul around. Since his original treatment was no longer working, they had to try chemotherapy. Even though chemotherapy kills cancer cells, it also kills the person's healthy cells. It is an IV “dripping poison into outstretched arms” (183). The aim of killing healthy cells is the hope to take a few malign cells to the grave with them. The poison is death, it is just a slower one than the cancer.

As the hour of Paul's death drew near, he gathered the last of his strength and wrote the final words for his life's story, intended for his daughter, Cady.

When you come to one of the many moments in life where you must give an account of yourself, provide a ledger of what you have been, and done, and meant to the world, do not, I pray, discount that you filled a dying man's days with a sated joy, a joy unknown to me in all my prior years, a joy that does not hunger for more and more but rests, satisfied. In this time, right now, that is an enormous thing. (Kalanithi 2016: 199)

Though the book has a lot of death in it, Paul's own goal was to search for the meaning of life which, as said before, cannot be without death. In the end, he found it in his infant daughter, with whom he managed to spend six months full of, as he emphasised, *joy*. Acceptance of death is not easy, no matter how prepared you try to be, but it seems that Paul Kalanithi managed to achieve peace. After years of medical school and residency, and then almost two years of cancer treatment, Kalanithi's last moments were filled with happiness; he managed to leave this world, sated. Though he would be gone, his story and his daughter would still live on and that, in itself, is worth living and dying for.

Perhaps the most poetic representation of death in this autobiography is the title itself. Breath turning into mere air. In order for there to be breath, the person has to be alive, they have to be breathing. Once that stops, air, representing death, is all that is left.

## CONCLUSION

During the 20<sup>th</sup> century, death started to slowly retreat from everyday life. Up until that point, people had usually been dying at their homes, surrounded by their loved ones who kept them company during these last moments and then prepared the body of the deceased for burial. In contemporary times, however, death has been hidden away in hospitals, retirement homes, and funeral homes. This has made death into even more of an abstract concept, something that happens but seemingly only to others. When death is not hidden away, it is made into a spectacle to get shock value from depicting gruesome scenes in macabre detail. Because death is either sensationalised or hidden away, the representations of death are very important, as there is little contact with it in our daily lives. These representations are important not only for people to get more used to the idea of mortality but also because representations of death can help those who are facing their inevitable, but perhaps untimely, end. It can be hard to articulate your feelings to yourself and others, especially when you feel like you are alone in your anguish. Additionally, health professionals too can gain better understanding about what their patients may be going through.

Pathography is a subgenre of autobiography, where the author is suffering from an illness. The popularity of this genre has shown that people are interested in reading about something everyone only gets to experience once: death. With autobiographies, the reader enters into an unspoken agreement with the author that what they are reading is the truth, the personal memories of an individual. There is also, in most cases, the added benefit of retrospect which helps the author put things into better perspective. The rise of artificial intelligence has made knowing what is real and what is not quite difficult, which may be one of the reasons people seek out more autobiographies and memoirs. Pathographies are especially appealing because they, following the autobiographical pact, promise to tell us about an authentic

experience of facing death and grief, preparing us to face these experiences and perhaps also providing cathartic acceptance of death.

The aim of this thesis was to analyse the representations of death present in Paul Kalanithi's pathography, *When Breath Becomes Air* (2016). The book is divided into two parts, before and after Kalanithi got his terminal diagnosis in 2013, and has a prologue and an epilogue, the latter written by Kalanithi's wife, Lucy, after Paul's passing in 2015. The most overt representations of death are found in the first half of the book, where Paul is retrospectively describing his journey through medical school. This analysis shows how in each instance the experience of death is intertwined with experiences of life and vice versa.

In the second part of the book, Kalanithi is grappling with feelings regarding his own mortality while trying to find a purpose for the last days, or months, or years of his life. As he continues with his treatment, he tries harder to find life around him, rather than death, and the biggest gift for him is the birth of his daughter, Cady, who was born only six months before Paul's death. Yet the book ends with stressing not grief but joy, as the author is able to bring together the abject and sublime aspects of witnessing his own dying process.

In conclusion, this analysis found the representations of death not only present in the form of cadavers and medical charts that the doctors read as experts, but also in the granular descriptions of living tissue and the emotional experiences of people whom Kalanithi meets. The text shows that life and death, sublime and abject, are closely intertwined and that when embracing this connection, we are better able to accept our own mortality. Because we read about this reconciliation of two opposites in the first-person narrative of somebody who was both a doctor and the patient, this work helps us fill a gap left in contemporary life and to help us all face the fact that we, too, will one day inevitably die. If we are half as lucky, our hearts will also be filled with joy and contentment during those last moments.

## REFERENCES

- Aries, Philippe. 1974. The reversal of death: changes in attitudes towards death in Western societies. *American Quarterly*, 26: 5, 536-560. Available at <https://www.jstor.org/stable/2711889>, accessed May 2023.
- Berryman, Charles. 1999. Critical mirrors: theories of autobiography. *Mosaic: An Interdisciplinary Critical Journal*, 32: 3, 71-84. Available at <https://www.jstor.org/stable/44029420>, accessed May 2023.
- Brennan, Bernadette. 2008. Literature and the intimate space of death. *Antipodes*, 22: 2, 103-109. Michigan: Wayne State University Press. Available at <http://www.jstor.org/stable/41957713>, accessed January 2023.
- Burke, Edmund and Abraham Mills. 1844. *A Philosophical Enquiry Into the Origin of Our Ideas of the Sublime and Beautiful; With an Introductory Discourse Concerning Taste*. New York: Harper.
- Carroll, Joseph. 2019. Death in literature. In Todd K. Shackelford and Virgil Zeigler-Hill (eds). *Evolutionary Perspectives on Death*, 137-159. New York: Springer. DOI:[10.1007/978-3-030-25466-7\\_7](https://doi.org/10.1007/978-3-030-25466-7_7).
- Goodreads. n. d. *Memoirs of Dying*. Available at [https://www.goodreads.com/list/show/138938.Memoirs\\_of\\_Dying](https://www.goodreads.com/list/show/138938.Memoirs_of_Dying), accessed May 2023.
- Kalanithi, Paul. 2016. *When Breath Becomes Air*. New York: Random House.
- Kamal, Hala. 2020. Trends in autobiography theory and writing. *Nurty w teorii i piśmiennictwie autobiograficznym*, 30: 5, 179-196. DOI: [10.25951/4270](https://doi.org/10.25951/4270).
- Kristeva, Julia and John Lechte. 1982. Approaching abjection. *Oxford Literary Review*, 5: 1, 125-149.
- LeJeune, Philippe. 1989. *On Autobiography*. Minnesota: University of Minnesota Press.
- Maslin, Janet. 2016. Review: in 'When Breath Becomes Air', dr. Paul Kalanithi confronts early death. *The New York Times*, January 6. Available at <https://www.nytimes.com/2016/01/07/books/review-in-when-breath-becomes-air-dr-paul-kalanithi-confronts-an-early-death.html>, accessed May 2023.
- Skelton, John. 2003. Death and dying in literature. *Advances in Psychiatric Treatment*, 9: 3, 211-217. DOI:[10.1192/apt.9.3.211](https://doi.org/10.1192/apt.9.3.211).
- Teodorescu, Adriana. 2015. Death representations in literature: cultural illusions and theoretical principles. In Adriana Teodorescu (ed). *Death Representations in Literature: Forms and Theories*, 54-73. Newcastle: Cambridge Scholars Publishing.
- Testoni, Ines, Dorella Ancona and Lucia Ronconi. 2015. The ontological representation of death: a scale to measure the idea of annihilation versus passage. *Omega – Journal of Death and Dying*, 71: 1, 60-81. DOI:[10.1177/0030222814568289](https://doi.org/10.1177/0030222814568289).
- The New York Times*. 2018. Best Sellers: Hardcover Nonfiction. Available at <https://www.nytimes.com/books/best-sellers/2018/01/28/hardcover-nonfiction/>, accessed May 2023.
- The Pulitzer Prizes. 2017. The 2017 Pulitzer Prize Finalist in Biography. Available at <https://www.pulitzer.org/finalists/late-paul-kalanithi>, accessed May 2023.
- Walter, Tony, Jane Littlewood and Michael Pickering. 1995. Death in the news: the public invigilation of private emotion. *Sociology*, 29: 4, 579-596.

Wiltshire, John. 2000. Biography, pathography, and the recovery of meaning. *The Cambridge Quarterly*, 29: 4, 409-422. Available at <https://www.jstor.org/stable/42968081>, accessed May 2023.

WordsRated. Memoirs and Autobiography Sales Statistics. Available at <https://wordrated.com/autobiography-sales-statistics/>, accessed May 2023.

## RESÜMEE

TARTU ÜLIKOOL  
ANGLISTIKA OSAKOND

**Elsa Triin Raidla**

**The Representation of Death in Autobiographies: Paul Kalanithi's *When Breath Becomes Air* / Surma kujutamine autobiograafiates: Paul Kalanithi „Kui hingusest saab õhk“**

Bakalaureusetöö

2023

Lehekülgede arv: 30

Annotatsioon:

Viimaste aastakümnete jooksul on patograafiad, ehk surma autobiograafiad, kogunud populaarsust. Raamatuid, mis tegelevad inimese surelikkusega ning suremise kui protsessiga, on tänapäeva ühiskonnas vähe kuigi inimestel on aina suurem huvi nende vastu. Surm on kaasaegses ühiskonnas kas peidetud ära haiglatesse, surnukuuridesse ja vanadekodudesse, või näidakse surma peavoolumeedias võigaste piltide ja kirjeldustega SHSHS. Tavaline surm kui elu osa püsib aga enamjaolt nähtamatuna. Selleks, et aidata inimestel oma surelikkusega leppida, on surma kujutamine kirjanduses ja muus meedias väga oluline. Lisaks on haigustega võitlevatele patsientidele oluline lugeda teistest, kes on võib-olla samas olukorras olnud, sest see aitab neil mõtestada enda seisundit ning tunda end vähem üksi.

Üks populaarseim patograafia viimaste aastate jooksul on olnud Paul Kalanithi „Kui hingusest saab õhk“, mis anti välja 2016. aastal. Kalanithi oli ameeriklasest neurokirurg, kellel diagnoositi opereerimatu IV staadiumi kopsuvähk. Oma autobiograafias kirjeldas ta oma elu esimest poolt arstina ning viimaseid aastaid patsiendina.

Bakalaureusetöö eemärk oli analüüsida kuidas kujutatakse surma raamatus „Kui hingusest saab õhk“. Sissejuhatus annab laiema konteksti surma rolli mõistmiseks tänapäeva ühiskonnas. Kirjandusülevaates antakse ülevaade surma kujutamisest kirjanduses ning tutvustatakse autobiograafia kui žanri üldist tausta. Empiirilises osas analüüsitakse surma kujutamist teoses „Kui hingusest saab õhk“, hoides fookust elu ja surma omavahelisel seosel ja rollil arsti töös ning ka autori enda kogemusel suremisega. Kokkuvõttes tehakse ülevaade analüüsis leitud aspektidest.

Märksõnad:

autobiograafia, surm, kirjandus, kirjandusteooriad, memuaar, Paul Kalanithi, *When Breath Becomes Air*, inglise keel ja kirjandus, kirjandusanalüüs, kultuurilised väärtused

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