

Illness As Identity: Reconstructing Selfhood In Contemporary Medical Memoirs And Fiction

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Abstract:

The evolving field of Medical Humanities highlights the power of narrative in shaping our understanding of illness, identity, and healing. This paper explores how contemporary literary works present illness not merely as a biological condition, but as a profound transformation of selfhood. Focusing on Paul Kalanithi's memoir *When Breath Becomes Air* (2016), Suleika Jaouad's *Between Two Kingdoms* (2021), and Maggie O'Farrell's novel *Hamnet* (2020), the study investigates how personal and fictional narratives reconstruct the self in the context of suffering, loss, and recovery. Through these texts, illness emerges as a narrative event—disrupting life stories while also generating new meanings, relationships, and values. The authors engage with themes such as mortality, vulnerability, resilience, and purpose, offering a rich terrain for examining how individuals reclaim agency through storytelling. Drawing on theories of narrative identity and illness discourse, this paper argues that literary representations of illness facilitate both personal healing and public empathy. By bridging medicine and literature, these works challenge the reductionist medical gaze and affirm the human need for meaning in the face of uncertainty.

Keywords: Narrative Medicine, Illness Identity, Medical Humanities, Memoir, Selfhood

1. Introduction

The intersection of literature and medicine has long served as a rich site for exploring the profound complexities of the human condition. In recent years, the rise of Medical Humanities has brought renewed scholarly attention to how narrative, art, and literature illuminate the experience of illness, healing, suffering, and mortality. Medical Humanities challenges the dominance of the biomedical model that tends to reduce illness to clinical data, instead emphasizing the personal, emotional, and existential dimensions of disease. Literature, particularly illness narratives, plays a central role in this endeavor, offering space for reflection, meaning-making, and identity reconstruction in the midst of bodily and emotional upheaval.

Illness narratives—memoirs, autobiographies, and fiction centered on health and disease—do more than record symptoms and treatments; they reveal how illness disrupts the continuity of identity and how individuals respond to that disruption. These stories show illness not simply as a biological event but as a narrative event, one that provokes a reevaluation of

values, relationships, and self-understanding. As Paul Kalanithi observes in his memoir *When Breath Becomes Air* (2016), “I began to realize that coming in such close contact with my own mortality had changed both nothing and everything” (p. 143). This paradox—where life continues on the surface but is radically transformed within—encapsulates the existential tension at the heart of many illness narratives.

This paper focuses on three influential contemporary works—Paul Kalanithi’s *When Breath Becomes Air* (2016), Suleika Jaouad’s *Between Two Kingdoms* (2021), and Maggie O’Farrell’s *Hamnet* (2020)—to examine how illness reconstructs identity in personal and fictional narratives. Each work offers a unique lens on suffering and resilience: Kalanithi, a neurosurgeon-turned-patient, offers a reflective narrative on dying with dignity; Jaouad, a cancer survivor, grapples with the aftermath of treatment and the reintegration into life; and O’Farrell, in a historical reimagining, portrays a mother’s grief and transformation following the loss of her child to the plague. Despite their varying forms and contexts, these texts share a central insight: illness becomes a medium through which identity is questioned, redefined, and reclaimed.

Paul Kalanithi’s *When Breath Becomes Air* provides a powerful insider’s view of the transition from doctor to patient. Diagnosed with terminal lung cancer at age thirty-six, Kalanithi writes not only of physical decline but also of philosophical awakening. The memoir captures his struggle to reconcile the world of clinical precision with the reality of his own mortality. “The fact of death is unsettling,” he writes, “yet there is no other way to live” (p. 132). His narrative becomes a meditation on what it means to live meaningfully while facing death—highlighting how narrative itself becomes a vessel for dignity and agency. Even in his final days, Kalanithi asserts his personhood: “Even if I’m dying, until I actually die, I am still living” (p. 161). These declarations affirm the capacity of storytelling to construct a sense of self that persists despite bodily deterioration.

Suleika Jaouad’s *Between Two Kingdoms* adds another dimension to the illness narrative—the psychological terrain of survivorship. At twenty-two, she was diagnosed with leukemia, and after years of treatment, she entered remission. Yet the most difficult part of her journey, she notes, was not the illness itself but the attempt to reclaim life afterward: “The hardest part of my illness wasn’t the treatment. It was what came after—learning how to live again” (p. 273). This reentry into “the kingdom of the well,” to borrow Susan Sontag’s metaphor, is fraught with alienation, grief, and self-searching. Jaouad observes, “Survivorship, I quickly learned, is its own kind of cancer—a different kind of limbo” (p. 253), revealing that the end of medical treatment does not signify the end of suffering. Rather, it marks the beginning of a new identity forged in the shadow of trauma. “You can’t amputate your history from your identity,” she writes (p. 292), emphasizing how the illness experience becomes inseparable from one’s self-concept.

In contrast, Maggie O’Farrell’s *Hamnet* approaches the theme of illness and identity through the lens of fiction. Set in Elizabethan England, the novel imagines the emotional world of William Shakespeare’s family during the plague. The titular character, Hamnet, succumbs

to the illness at age eleven, and the narrative centers on his mother Agnes's spiritual and emotional transformation in the aftermath of loss. O'Farrell's prose is both poetic and visceral, portraying the impact of plague with physical immediacy and emotional depth. She writes, "What is given may be taken away, at any time. Cruelly, arbitrarily, without warning" (p. 72), highlighting the unpredictable nature of illness and death. Agnes, in her grief, embarks on a journey of reconnection—with her body, with nature, and with her own instincts. "The body is not a house one can easily abandon," O'Farrell writes (p. 216), a line that poignantly echoes the entanglement of body and identity even after death.

One of the novel's most profound reflections appears as O'Farrell writes, "Every life has its kernel, its hub, its epicentre, from which everything flows out, to which everything returns... This moment is the absent mother's" (p. 109). Here, illness and loss become catalysts for inner transformation. Agnes's narrative, though fictional, mirrors the experience of many real caregivers and survivors—those who are reshaped not by their own illnesses, but by proximity to it.

These three texts collectively resist the idea of illness as mere interruption. Instead, they present illness as a turning point—a narrative rupture that provokes philosophical inquiry and emotional reckoning. Scholars like Arthur W. Frank offer valuable theoretical frameworks for analyzing such narratives. In *The Wounded Storyteller*, Frank identifies three types of illness stories: restitution (restoring health), chaos (lack of order), and quest (transformation through suffering). All three texts studied here align closely with the quest narrative, where illness is not an end but a journey toward new meaning. This quest, often deeply reflective, challenges both societal expectations of recovery and medical understandings of health.

Rita Charon's concept of Narrative Medicine further illuminates the value of these works. Charon argues that clinicians must learn to "receive and interpret the stories of illness" as carefully as they interpret physical signs, recognizing that attention to narrative builds empathy and ethical awareness. The narratives of Kalanithi, Jaouad, and O'Farrell function as more than literary achievements—they are pedagogical tools that model compassion, reflection, and human connection in the face of medical crises.

The selected texts also critique the limitations of the biomedical model, which often marginalizes the patient's voice. Philosopher Havi Carel, in her work on the phenomenology of illness, describes how disease disrupts one's lived body and perception of the world. Literature offers a space where such disruptions are not only represented but understood, shared, and integrated. These narratives resist objectification and reinstate the patient as a thinking, feeling subject whose identity is altered—but not erased—by illness.

Stylistically, the three authors demonstrate how literary form enriches the content of illness narratives. Kalanithi combines clinical language with poetic introspection, reflecting both his medical background and humanistic depth. Jaouad structures her memoir with letters and travelogue segments, mirroring her fragmented but resilient self. O'Farrell's historical fiction employs lyrical interiority, granting voice to a woman traditionally rendered silent in

history. These stylistic elements are not ornamental; they are integral to how illness and identity are conveyed and understood.

This study positions *When Breath Becomes Air*, *Between Two Kingdoms*, and *Hamnet* as significant contributions to the discourse of illness and identity in contemporary literature. Through close textual analysis and theoretical engagement, the paper demonstrates how these narratives transform illness from a clinical condition into a lived, storied experience. They highlight the possibility of selfhood not in spite of illness, but through it. In doing so, they reinforce the core tenets of medical humanities: that healing involves not just curing the body, but understanding the story of the person within it.

2. Literature Review

The growing field of Medical Humanities has significantly reshaped the landscape of illness studies by integrating humanistic disciplines—particularly literature—into the study and practice of medicine. This interdisciplinary framework moves beyond the clinical and reductive interpretations of illness, emphasizing subjective experience, narrative reconstruction, ethical reflection, and the emotional dimensions of health and healing. Central to this discourse is the concept of illness narratives, which have emerged as powerful tools for exploring the transformation of selfhood in the face of disease, trauma, and recovery.

A foundational voice in this discourse is Arthur W. Frank, whose work *The Wounded Storyteller: Body, Illness, and Ethics* (1995) has shaped much of the contemporary analysis of illness narratives. Frank identifies three major types of illness stories: restitution, chaos, and quest. Restitution stories follow the biomedical trajectory of diagnosis, treatment, and cure; chaos narratives resist structure and reflect the disarray and despair of chronic or terminal illness; quest narratives, in contrast, treat illness as a journey that offers the possibility of transformation and self-realization. Frank's emphasis on narrative agency is particularly relevant to this study. In the texts of Paul Kalanithi, Suleika Jaouad, and Maggie O'Farrell, the quest narrative predominates, as each protagonist reclaims identity not by returning to a pre-illness state, but by reconstructing the self through reflection, storytelling, and relational meaning-making.

The role of narrative in constructing identity under conditions of suffering is further articulated by Rita Charon, a pioneer of the Narrative Medicine movement. In *Narrative Medicine: Honoring the Stories of Illness* (2006), Charon argues that narrative competence—the ability to understand, absorb, and be moved by the stories of others—is essential in the ethical practice of medicine. She proposes that the clinical encounter is not merely transactional but interpretive, and that both physicians and patients benefit when stories are acknowledged, heard, and integrated into care. Charon's call for empathy, attentiveness, and narrative listening underscores the idea that illness is not only a medical condition but also a profound disruption of life's story. For Charon, literature becomes a training ground for cultivating the ethical imagination needed in caregiving. The works of Kalanithi, Jaouad, and O'Farrell exemplify this philosophy by offering narrative frameworks in which illness is not simply treated but deeply understood.

Philosopher Havi Carel extends this argument through her phenomenological approach to illness. In *Illness: The Cry of the Flesh* (2008) and *Phenomenology of Illness* (2016), Carel explores how illness radically alters the body-subject relationship and one's perception of the world. Unlike biomedicine, which focuses on disease pathology, Carel's work attends to the lived experience of being ill—the disruption of one's everyday taken-for-granted world. She emphasizes that illness changes the individual's relationship with time, space, and social interactions. This reorientation necessitates a reconfiguration of identity, often facilitated through narrative. Carel's theoretical model reinforces the value of personal storytelling as a way to make sense of disorientation and reestablish coherence. Her insights are particularly relevant to Jaouad's memoir, where the "kingdom of the sick" becomes a metaphorical space that requires new rules of meaning and selfhood.

In the context of memoir, Thomas Couser's work *Signifying Bodies: Disability in Contemporary Life Writing* (2009) and *Recovering Bodies: Illness, Disability, and Life Writing* (1997) are instrumental. Couser foregrounds the performative nature of life writing, arguing that memoirs about illness are acts of narrative identity that both challenge and reaffirm the self. Life writing, for Couser, is a political and aesthetic act that resists objectification and reclaims agency from clinical definitions. His notion that autobiographical narratives can serve as "acts of self-reclamation" resonates with Kalanithi's and Jaouad's texts, both of which reject passive victimhood in favor of active meaning-making. Couser also discusses the tension between disclosure and vulnerability—an issue particularly pertinent in illness narratives where the body is both the subject and the site of suffering.

Additionally, Susan Sontag's *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1989) remain influential in shaping critical perspectives on the representation of illness. Sontag critiques the metaphorization of disease, particularly in relation to cancer and tuberculosis, as a form of cultural and moral judgment. She argues that metaphoric language often reinforces stigma and inhibits clear understanding of illness. While Sontag calls for a demystification of illness language, her work also opens the door to examining how metaphors structure personal and collective understandings of disease. Jaouad's use of metaphors—particularly her framing of illness through the "kingdom" metaphor—builds upon Sontag's ideas, suggesting that metaphoric language, when employed consciously, can serve not only to communicate suffering but also to reshape it.

In literary fiction, illness has long been a theme that reveals psychological depth and societal critique. Scholars such as Anne Hunsaker Hawkins, in *Reconstructing Illness: Studies in Pathography* (1999), examine how literary and autobiographical texts chronicle the experience of illness from the inside out. Hawkins' concept of "pathography" describes a genre in which patients reflect upon their conditions, often countering dominant medical narratives. She contends that such writing not only reconstructs individual identity but also offers readers insight into the universality of suffering. Her work underscores the role of writing as therapeutic and testimonial, contributing to a larger cultural understanding of vulnerability and healing. Maggie O'Farrell's *Hamnet* aligns with this trajectory by using fiction to explore the

ripple effects of illness on family, gender roles, and spiritual understanding.

O'Farrell's engagement with illness is not limited to *Hamnet*. Her earlier memoir *I Am, I Am, I Am: Seventeen Brushes with Death* (2017) deals directly with the fragility of the body and the unpredictability of life. This body of work reflects her sustained interest in the impact of illness, especially on women's lives. Feminist literary criticism, such as that by Susan Bordo and Barbara Ehrenreich, helps contextualize this dimension. In *The Female Complaint* and *Unbearable Weight*, Bordo critiques the pathologization of female bodies in medical discourse. Her arguments support a feminist reading of Agnes in *Hamnet*, whose intuitive, herbal healing practices and grief are dismissed or marginalized in the patriarchal society around her. These insights align with Carolyn Heilbrun's idea of "writing a woman's life," where storytelling itself becomes an act of identity formation and resistance.

Beyond individual authors, the broader context of trauma theory contributes to an understanding of illness narratives. Scholars such as Cathy Caruth and Dori Laub have demonstrated how trauma fragments narrative and temporality, making storytelling both necessary and difficult. Illness, especially when life-threatening, often involves a traumatic break in the continuity of life. Memoirs like Kalanithi's and Jaouad's use narrative to negotiate that break, transforming the chaos of experience into the coherence of meaning. Their stories function as testimonies—acts of bearing witness to the vulnerability of the body and the enduring resilience of the spirit.

In recent years, the COVID-19 pandemic has amplified interest in illness narratives, not only as individual experiences but as collective trauma. Literature written during and after the pandemic reflects renewed attention to grief, isolation, mortality, and the fragility of healthcare systems. Works such as Sarah Moss's *The Fell* and Ali Smith's *Companion Piece* foreground the ethical and emotional dilemmas associated with medical crises. While not the focus of the present study, these texts reinforce the centrality of illness narratives in reflecting and shaping contemporary cultural consciousness.

The integration of illness narratives into medical training is also an area of growing scholarly interest. Studies by Sayantani DasGupta and Brian Hurwitz highlight how storytelling can improve medical students' empathy, listening skills, and ethical reasoning. These pedagogical applications underscore the dual role of illness narratives: they are both personal documents of survival and public instruments of education. Texts like *When Breath Becomes Air* have been widely incorporated into medical school curricula precisely because they humanize the clinical gaze and foster deeper understanding of the patient experience.

Finally, digital storytelling and online illness blogs have become important contemporary extensions of the illness narrative tradition. Scholars such as Ann Jurecic, in *Illness as Narrative* (2012), explore how the digital age allows patients to share their stories in real time, reaching global audiences and fostering community. While the primary texts in this paper are print-based, they share with digital narratives the function of creating connection, reducing stigma, and shaping identity through public testimony.

In summary, the scholarly conversation around illness narratives has expanded significantly over the past three decades. Key contributions from Frank, Charon, Carel, Couser, and others provide a robust theoretical framework for understanding how narrative mediates the experience of illness and reconstructs identity. These frameworks are well-suited to the analysis of *When Breath Becomes Air*, *Between Two Kingdoms*, and *Hamnet*, which all portray illness as a liminal experience that challenges the coherence of self and demands narrative resolution. Through memoir and fiction, these works engage in acts of ethical witnessing, empathetic connection, and personal transformation, positioning them as vital texts in both literary studies and Medical Humanities.

3. Objectives of the Study

1. To examine how illness narratives in contemporary literature contribute to the reconstruction of personal identity in the face of physical and psychological disruption.
2. To analyze the thematic and stylistic representations of illness, vulnerability, and resilience in Paul Kalanithi's *When Breath Becomes Air*, Suleika Jaouad's *Between Two Kingdoms*, and Maggie O'Farrell's *Hamnet*.
3. To explore the role of narrative as a coping mechanism and meaning-making tool in medical memoirs and literary fiction.
4. To investigate how these texts challenge the reductionist biomedical model and emphasize the subjective, embodied experience of illness.
5. To contribute to the interdisciplinary field of Medical Humanities by highlighting the educational, ethical, and empathetic value of literary illness narratives.

4. Methodology

This study adopts a qualitative, interpretive approach rooted in literary analysis and informed by key theoretical insights from Medical Humanities, narrative theory, and phenomenology. It seeks to explore the reconstruction of identity through illness as represented in three selected literary texts: Paul Kalanithi's *When Breath Becomes Air* (2016), Suleika Jaouad's *Between Two Kingdoms* (2021), and Maggie O'Farrell's *Hamnet* (2020). These texts were chosen for their rich engagement with the themes of illness, mortality, narrative, and identity, as well as their critical reception and relevance within both literary and interdisciplinary medical contexts.

The research design is grounded in close textual reading, a method that allows for the detailed exploration of language, metaphor, narrative structure, and thematic development. Rather than focusing on empirical data or clinical perspectives, the study emphasizes the interpretive and reflective potential of literature to articulate the lived experience of illness. Each of the selected texts presents a different context and narrative form—two memoirs and one historical novel—offering varied perspectives on how illness disrupts the continuity of self and compels the individual to reconstruct meaning and identity.

The selection of texts is purposeful. Paul Kalanithi's *When Breath Becomes Air* offers a dual lens of the physician-patient perspective, reflecting on mortality and vocation through

the eyes of a neurosurgeon facing terminal lung cancer. Suleika Jaouad's *Between Two Kingdoms* presents a young woman's candid account of her battle with leukemia, charting her transformation not only through illness but also through the uncertainty of post-treatment life. Maggie O'Farrell's *Hamnet*, while fictional and set in Elizabethan England, imaginatively renders the emotional world of a grieving mother during the plague, offering insights into loss, embodiment, and maternal identity. These diverse voices allow the study to analyze illness across different narrative positions, temporal settings, and cultural contexts.

The theoretical framework guiding this study is primarily drawn from the work of Arthur W. Frank, Rita Charon, and Havi Carel. Arthur W. Frank's typology of illness narratives—restitution, chaos, and quest—serves as a foundational model for understanding the narrative arcs in each text. Frank's notion of the quest narrative, in particular, is central to this analysis, as each protagonist engages with illness as a catalyst for self-reflection and personal transformation. Frank's emphasis on narrative agency and the ethics of storytelling is vital in appreciating how these texts resist objectification and reclaim the voice of the ill subject.

Rita Charon's theory of narrative medicine further informs this study by emphasizing the importance of narrative competence and empathetic listening in both literary and clinical contexts. Her assertion that storytelling is integral to healing and ethical medical practice underscores the value of illness narratives in cultivating deeper human understanding. The selected texts, particularly those by Kalanithi and Jaouad, exemplify Charon's concept of "honoring the stories of illness," as they not only chronicle suffering but also insist on meaning, beauty, and purpose even in the face of death.

Havi Carel's phenomenological perspective offers an additional philosophical dimension. Her exploration of the lived experience of illness—how it alters one's perception of time, space, embodiment, and relationality—supports the central argument that illness is not simply a biological disruption but a fundamental reorientation of selfhood. Through this lens, the study examines how the characters and narrators in these texts come to terms with altered embodiment, loss of normalcy, and the necessity of re-narrating their identities.

Analytically, the study attends to several key features within the texts: narrative structure, the use of metaphor and imagery, character voice and internal monologue, and the representation of the body and its vulnerabilities. Attention is paid to how each narrative constructs a sense of time—whether linear, cyclical, or fragmented—as well as how illness is framed in relation to family, professional roles, and cultural expectations. The juxtaposition of memoir and fiction enriches the analysis by allowing comparisons between lived testimony and imaginative recreation.

Although limited to three primary texts, this study seeks to provide depth rather than breadth. It does not attempt to generalize about all illness narratives but rather to investigate how specific literary works exemplify and expand the ways in which illness can be narrated and understood. The scope is intentionally focused on contemporary literature to reflect current

cultural, ethical, and literary concerns related to health, identity, and the self.

This inquiry is situated within a humanities-based methodology and does not involve empirical fieldwork or human subjects. However, ethical considerations remain important, particularly in treating autobiographical accounts such as those by Kalanithi and Jaouad with respect and attentiveness. The analysis avoids reductive interpretations and approaches each narrative as a multidimensional expression of personal experience, creative articulation, and ethical engagement.

By applying literary theory and narrative analysis within the framework of Medical Humanities, the study aims to show how illness narratives serve not only as personal reflections but also as cultural texts with pedagogical and ethical significance. The methodology privileges the patient's or sufferer's perspective, highlighting the subjective and emotional truths that are often sidelined in clinical discourse. It thus affirms the vital role of literature in expanding our understanding of human vulnerability, resilience, and the reconstruction of identity through suffering.

In conclusion, this study uses interpretive literary analysis, informed by narrative theory and phenomenology, to explore how contemporary illness narratives construct and reimagine selfhood in the context of disruption and healing. The approach allows for a nuanced understanding of the role of storytelling in negotiating meaning, agency, and identity amid the existential challenges posed by illness.

5. Results and Discussion

The analysis of *When Breath Becomes Air*, *Between Two Kingdoms*, and *Hamnet* reveals that illness operates not merely as a physical disruption but as a profound narrative and existential event that compels a reconfiguration of identity. In all three texts, the protagonists undergo a process of self-examination and narrative restructuring in response to illness or loss. The memoirs by Paul Kalanithi and Suleika Jaouad offer first-person testimonies of transformation under the shadow of disease, while Maggie O'Farrell's fictionalized account in *Hamnet* reimagines how historical grief can become a lens for spiritual renewal and maternal identity. Across these works, illness is portrayed as a moment of rupture that disorients the self, but also as a space where meaning can be negotiated, agency restored, and identity redefined. In *When Breath Becomes Air*, Kalanithi's transformation from neurosurgeon to terminally ill patient embodies the narrative arc of existential reawakening. Initially grounded in scientific rationalism and clinical precision, his worldview is challenged when he receives a diagnosis of stage IV lung cancer. This reversal of roles—doctor becoming patient—compels him to reevaluate his relationship to time, purpose, and identity. Kalanithi reflects, "I began to realize that coming in such close contact with my own mortality had changed both nothing and everything" (p. 143). This paradox captures the essence of illness as both a disruptive force and a revelatory one. While the external circumstances of his life may not have immediately changed, his internal orientation toward life, death, and identity is irrevocably altered.

What is particularly significant in Kalanithi's narrative is the movement from control

to surrender, from certainty to acceptance. As a surgeon, his identity was shaped by mastery over the body; as a patient, he confronts the limits of medicine and the unpredictability of the human condition. He writes, “The fact of death is unsettling. Yet there is no other way to live” (p. 132), acknowledging that an awareness of mortality enriches rather than diminishes the meaning of life. Even near the end of his life, he asserts, “Even if I’m dying, until I actually die, I am still living” (p. 161), a line that affirms his narrative agency and the ongoing construction of identity even in the face of decay. Kalanithi's insistence on living with integrity until the final moment transforms illness into a philosophical endeavor, allowing for a redefinition of self through reflection, relationality, and narrative.

In *Between Two Kingdoms*, Suleika Jaouad narrates her journey through leukemia, treatment, remission, and the aftermath of survival. Her memoir not only documents the harrowing medical journey but also foregrounds the psychological fragmentation and reintegration that follow illness. She writes, “The hardest part of my illness wasn’t the treatment. It was what came after—learning how to live again” (p. 273). This post-illness phase, often overlooked in medical discourse, is central to Jaouad’s narrative. Unlike traditional recovery stories that end with remission, her memoir explores how identity must be rebuilt in the wake of survival—a process marked by disorientation, vulnerability, and renewal.

Jaouad challenges the binary between illness and health by invoking Susan Sontag’s metaphor of the “two kingdoms”—the kingdom of the sick and the kingdom of the well. Her memoir’s title gestures toward her liminality, her existence in the threshold between these realms. “Survivorship, I quickly learned, is its own kind of cancer—a different kind of limbo” (p. 253), she writes, capturing the psychological burden that follows physical healing. This limbo becomes the site of narrative reconstruction, where Jaouad engages in a literal and metaphorical journey across the country, meeting people who had written to her during treatment. Through this act of relational storytelling, she reconstructs not only her social world but her inner sense of self. “You can’t amputate your history from your identity” (p. 292), she asserts, acknowledging that illness is not something to be erased but integrated into a fuller, more honest conception of who one is.

Jaouad’s memoir also explores embodiment—the changing relationship with one’s physical form during and after illness. The scars, fatigue, and emotional residue left by cancer treatment disrupt her prior self-image and compel a new understanding of her body not as a site of betrayal but as a record of endurance. Her journey becomes one of radical self-acceptance, marked not by a return to her former self but by the creation of a new, hard-earned identity that includes illness as a defining chapter.

While Kalanithi and Jaouad write from autobiographical perspectives, Maggie O’Farrell’s *Hamnet* offers a fictional, historically imagined exploration of illness, death, and the reshaping of identity through grief. The novel centers on Agnes, the mother of the titular Hamnet, who succumbs to the plague. O’Farrell’s lyrical prose offers a deeply intimate portrayal of maternal grief and transformation. She writes, “What is given may be taken away, at any time. Cruelly, arbitrarily, without warning” (p. 72), emphasizing the randomness of

illness and its devastating impact on familial and personal identity.

Agnes, often overshadowed by her famous husband William Shakespeare in historical narratives, is brought to the foreground in O'Farrell's reimagining. Her character undergoes a silent, spiritual metamorphosis through her son's death. "The body is not a house one can easily abandon" (p. 216), she reflects, a line that speaks to the lingering presence of the deceased and the embodied memory of love and loss. Agnes's transformation is not immediate; it is gradual and often wordless, shaped by her relationship to the natural world, her sensory perceptions, and her spiritual intuitions.

O'Farrell also explores how Agnes reconstructs her identity in the absence of a socially sanctioned outlet for grief. She does not have the language or the institutional support to express her sorrow; instead, she turns inward, cultivating an intuitive and herbal connection with the world around her. "Every life has its kernel, its hub, its epicentre, from which everything flows out, to which everything returns... This moment is the absent mother's" (p. 109). In this moment of deep reflection, Agnes's grief becomes the axis around which her identity is reconfigured—not as wife or mother alone, but as a woman bearing witness to life's fragility and mystery.

Across all three texts, illness functions as a narrative force that disorients, fragments, and ultimately reconstructs identity. These narratives reject simplistic models of recovery and instead portray illness as a complex, often paradoxical experience that combines suffering with insight, loss with renewal. Each protagonist engages in a form of narrative self-fashioning, using language to reclaim control, assert agency, and make sense of their altered world. The memoirists write not to conclude their stories but to understand them, while the fictional Agnes discovers herself through acts of remembering and reimagining.

These findings align closely with Arthur W. Frank's model of the quest narrative, in which the ill subject embarks on a journey that yields moral or existential insight. Kalanithi, Jaouad, and Agnes do not return to a former state of wholeness; rather, they emerge with a deeper, often more fractured but more authentic sense of self. The literary form itself—memoir in the case of Kalanithi and Jaouad, historical fiction in O'Farrell's work—supports this transformation, allowing for interior reflection, temporal disjunction, and the articulation of inexpressible truths.

Moreover, these texts exemplify what Rita Charon describes as the ethical function of narrative medicine: to listen attentively to stories of illness, not for clinical diagnosis but for emotional resonance, relational meaning, and ethical understanding. By narrating their own or their characters' experiences, these authors model the kind of empathetic listening that Charon advocates for in healthcare. Their stories act as bridges between the clinical and the personal, between diagnosis and understanding, and between body and identity.

The discussion also reflects Havi Carel's phenomenological insight that illness alters not only the body but the entire lived world. Through their narratives, the protagonists show how time slows, relationships shift, and the familiar becomes strange. Yet within this altered

world, they find opportunities for reflection, relationality, and renewal. The reconstructed identity is not one that denies illness, but one that integrates it, allowing the experience of suffering to become part of a broader, more meaningful narrative.

Ultimately, the results of this analysis affirm the central claim that illness serves as a critical moment of identity reconstruction in contemporary literature. Through detailed and affective storytelling, the three texts transform personal and historical experiences of illness into powerful explorations of the human condition. They challenge reductionist views of illness and advocate for a narrative understanding of health, suffering, and selfhood. In doing so, they enrich the discourse of Medical Humanities and offer valuable insights for both literary scholars and healthcare practitioners.

6. Conclusion

The exploration of illness in literature is no longer a marginal pursuit but an essential endeavor that brings into sharp focus the complexities of the human condition, especially in contexts of suffering, vulnerability, and transformation. In this study, an in-depth analysis of three contemporary literary texts—Paul Kalanithi’s *When Breath Becomes Air*, Suleika Jaouad’s *Between Two Kingdoms*, and Maggie O’Farrell’s *Hamnet*—has demonstrated that illness narratives are not merely chronicles of medical events but powerful instruments of identity reconstruction. These narratives offer nuanced, intimate portrayals of how individuals experience, interpret, and narrate their suffering, and in doing so, they challenge the dominance of the biomedical model that often overlooks the subjective dimensions of illness.

Illness, as revealed through these texts, acts as both a rupture and a revelation—a moment that disrupts the continuity of life while also opening up possibilities for self-examination, relational depth, and philosophical insight. Rather than viewing illness as a state that erases identity or reduces the individual to a body in decline, the narratives studied here illustrate that illness can become a crucial axis around which identity is reconstituted. The protagonists, whether real or fictional, do not return to a pre-illness sense of self. Instead, they arrive at a new understanding of who they are—one that integrates pain, loss, and uncertainty into a more expansive, compassionate selfhood.

Paul Kalanithi’s memoir exemplifies this narrative of philosophical awakening and spiritual clarity. His position as both doctor and patient offers a unique vantage point from which to interrogate the assumptions of clinical detachment and rationalism. As his body declines, his inner life deepens, shaped by literature, love, and mortality. His reflection—“Even if I’m dying, until I actually die, I am still living” (p. 161)—affirms the human will to assert meaning even in the face of imminent death. Kalanithi’s narrative is not a tale of defeat but one of reclamation. In choosing to write, he claims authority over his story, transforming the passive experience of illness into an active pursuit of understanding. The reconstructed identity that emerges is not rooted in his medical credentials but in his capacity to reflect, connect, and accept the finite nature of life with grace and integrity.

Suleika Jaouad’s memoir offers a complementary perspective, focusing not only on the

experience of illness but also on the complex aftermath of survival. Her narrative challenges cultural assumptions that recovery marks the end of the illness story. Instead, she reveals that survivorship brings its own psychological terrain of liminality, confusion, and disconnection. Her statement—“The hardest part of my illness wasn’t the treatment. It was what came after—learning how to live again” (p. 273)—underscores the emotional labor involved in reclaiming one’s life and sense of self after medical intervention. For Jaouad, identity is not a return to the past but a journey into an unknown future, one shaped by the scars of illness and the strength gained through enduring it. Her decision to undertake a physical journey across the country mirrors her inner journey toward reintegration, healing, and the affirmation that, “You can’t amputate your history from your identity” (p. 292). Through storytelling, she constructs a self that honors the experience of illness without being defined solely by it.

Maggie O’Farrell’s *Hamnet* extends the study’s reach into the realm of historical fiction, demonstrating that the emotional and existential impact of illness transcends time and genre. Through the character of Agnes, O’Farrell constructs a maternal identity forged in grief, silence, and spiritual intuition. The loss of her son to the plague catalyzes a transformation that is at once deeply private and profoundly universal. Agnes’s realization that “the body is not a house one can easily abandon” (p. 216) reflects the inescapable entanglement of memory, embodiment, and love. Her grief, though rooted in the specific historical moment of 16th-century England, speaks to the timeless human struggle to find meaning in loss. In reimagining this historical narrative, O’Farrell asserts the power of fiction to explore the emotional truths of illness and mourning, truths that often go unspoken in conventional historical accounts. Agnes’s identity, once shaped by her roles as wife and mother, is remade through the slow, painful, and ultimately redemptive process of mourning.

Across all three texts, the narrative structure itself plays a vital role in shaping identity. The use of first-person narration in Kalanithi and Jaouad’s memoirs allows readers intimate access to the narrators’ thoughts, emotions, and evolving self-conceptions. Their stories are not linear tales of illness and cure but multi-dimensional reflections that acknowledge fragmentation, doubt, and the search for coherence. In *Hamnet*, the third-person perspective allows for lyrical depth and the layering of emotional nuance, particularly in portraying Agnes’s inner world. Each text, in its own way, affirms that the act of narration is not merely a retrospective report of events, but a performative and ethical act that constitutes identity in the very process of being told.

The theoretical frameworks employed—Arthur W. Frank’s typology of illness narratives, Havi Carel’s phenomenology of illness, and Rita Charon’s narrative medicine—have provided crucial interpretive tools. Frank’s model of the quest narrative aptly describes the trajectories of Kalanithi, Jaouad, and Agnes. Their stories are not about returning to a pre-illness identity but about seeking meaning through suffering and emerging changed. Carel’s insights into the disruption of embodied existence are visible in each text’s portrayal of altered relationships to the body and the world. Charon’s emphasis on narrative competence reminds us that these texts are not just literary artifacts but also ethical engagements—lessons in listening, empathy, and presence.

By examining illness as a literary and narrative construct, this study contributes to the expanding discourse of Medical Humanities. It highlights the role of storytelling not only as a therapeutic tool for individuals but also as a cultural practice that shapes our collective understanding of health, suffering, and the human spirit. These narratives model an ethics of care grounded in attentiveness to the emotional and existential realities of the ill, a perspective increasingly vital in an era of technological medicine and clinical detachment. They invite both readers and practitioners to reimagine care not as cure alone, but as the acknowledgment of pain, the honoring of stories, and the affirmation of selfhood in all its complexity.

The findings of this study suggest that illness narratives, whether drawn from life or fiction, possess a unique capacity to explore the intricacies of identity reconstruction. In telling their stories, Kalanithi, Jaouad, and O'Farrell's Agnes each claim space for reflection, transformation, and agency. Their narratives reject the silencing of the ill or grieving subject and instead celebrate the possibility of meaning-making in the face of uncertainty. The self that emerges through illness is not diminished but expanded, marked by a deeper awareness of mortality, relationality, and the enduring human need for narrative coherence.

In conclusion, this study affirms that literature offers a profound lens through which to view the experience of illness—not as a detour from life's narrative, but as a central chapter in the unfolding of the self. The selected texts illuminate the ways in which individuals encounter the limits of the body and the fragility of existence, and how, through the act of storytelling, they reconstruct a self that is resilient, relational, and ethically engaged. In doing so, these narratives contribute not only to literary discourse but also to the broader humanistic understanding of what it means to live—and narrate—through illness.

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