

When Breath Becomes Air: Constructing Stable Narrative Identity during Terminal Illness

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ABSTRACT: This article tackles the question of how narrative identity can be shaped and stabilised during terminal illness. It focuses on how the experience of cancer challenges, or possibly strengthens, the sense of identity by sharing narratives of the past, by evaluating present identity, and by commenting on possible future selves. It does so by focusing exemplarily on textual markers within Paul Kalanithi's *New York Times* bestselling autobiography *When Breath Becomes Air* (2016), which the author wrote after receiving his diagnosis of terminal cancer. This paper also offers an analytical framework for narrative researchers who aim to analyse narrative identity in the growing field of health narratives, where oral and written communication help the individual establish a stable (pre-)conflict and post-conflict sense of identity.

KEYWORDS: narrative identity, cognitive narratology, health narratives



NARRATIVE AND NARRATIVE IDENTITY: SHARING STORIES ABOUT OUR SELVES

Narrative is probably as essential to the generation of human identity as breathing is to our biological survival. Roland Barthes even summarises that the very beginning of humankind starts with narrative, that people have always lived with narratives and that thus, narrative is omnipresent.¹

By sharing stories about ourselves, we create our narrative identities. Dan McAdams, one of the English-speaking world's pioneers when it comes to personal psychology and narrative identity, defines narrative identity as the "internalised and evolving story of the self that a person constructs to make sense and meaning out of his or her life."² Narrative and identity continuously determine, complement, and add to each other.³ Wendy Patterson even states that nowadays, a lot of identity theorists conceptualise personal identity as the "accumulation of stories we tell about ourselves, and dialogic approaches to the self."⁴ Or, as Mark Freeman puts it: "Self-understanding occurs, in significant part, through narrative reflection, which itself is a product of hindsight."⁵

It is important to mention that, despite usually referring to our own identity (singular), it makes more sense to refer to multiple narrative identities (plural), as we consist of an infinity of life stories. Every individual story is a "selective reconstruction of the autobiographical past and a narrative anticipation of the imagined future that serves to explain, for the self and others, how the person came to be and where his or her life may be going."⁶ Naturally, multiple aspects of identity co-exist, in the sense that most people should not have a problem identifying themselves simultaneously as a writer, a brother, an avid soccer player, a musical person, an Australian, a Mini-Driver, and so forth. Different contexts change the relevance of these aspects of identity.⁷ Whether we choose to refer to several identities, or to multifaceted aspects that together create one identity, is rather a definitional question than really a context problem. However, in this article, I work with a terminology that defines identities as concepts that co-exist separately and connectedly within a person. This article presents how life narrative can be used to establish a coherent sense of self through narrative identities. It also shows how scholars of (cognitive) literary studies can approach the analysis of narrative identity. As a subdomain of the cognitive sciences,

cognitive narratology is “the study of mind-relevant dimensions of storytelling practices wherever—and by whatever means—those practices occur.”⁸ The narrative processes that achieve a coherent sense of self are exemplified by an in-depth analysis of textual markers within Paul Kalanithi’s New York Times best-selling autobiography *When Breath Becomes Air* published in 2016, which the author wrote after receiving a diagnosis of terminal lung cancer.

Before diving into how narrative shapes the way we deal with contingency, such as (potentially) terminal illness, a working definition of narrative should be given. Nelson Goodman famously stated in 1978 that narratives are “a way of world-making.”⁹ Over 30 years later, David Herman dived deeper into the concept of narrative by determining four elements that narratives are based on “situatedness,” “event sequencing,” “world-making/world disruption,” and “what it’s like.”¹⁰ Situatedness describes a representation that is interpreted within the frame of a specific “discourse context or occasion for telling.” “Event sequencing” refers to the representation which those interpreters draw from the “structured time-course of particularised events.” These events are then introduced by “world-making/world-disruption” involving humans or “human-like agents” into a world that can be fictional, non-fictional, fantastic, realistic, etc. The notion of “what it’s like” conveys the experience of “living through this story-world-in-flux,” which highlights the effects the experience may have on (real or imagined) consciousnesses.¹¹

When we deal with health narratives, or, in this article, with the autobiography of a terminally ill author and narrator, the “situatedness,” the occasion for telling, can be expected to lie in the need to process what one is going through.

“Event-sequencing” is thus what happens automatically when a narrator decides to share autobiographical stories in a more or less chronological manner. Autobiographies do not necessarily have to focus only on the past. In a large meta-study published in 2001, Jerome Bruner and his team found out that approximately 70% of autobiographical content within the analysed corpus was written in past tense and the “past forms of the individual present.”¹² This shows us the importance of present and future selves when reflecting on our lives, and when trying to find meaning in it.

The aspect of “world-making/world-disruption” will not just be the cancer diagnosis in the below analysis; it will also be those stories that were particularly emotional for the narrator and which are thus regarded as worth telling. In fact, *tellability* plays a major role: whether we are talking about life-stories or life narratives, the chapters we choose to reveal about ourselves and about others, and that we decide to actively reflect upon, must have emotional significance—otherwise we would not choose to share them. However, in hindsight, we may find different stories worth telling depending on how our present and possible future selves appear to be. Especially when knowing that life is coming to an end, narrators will focus on those narratives about themselves, their life, and their accomplishments that they deem the most noteworthy. The sequences we share usually have been reviewed, re-evaluated and possibly re-organised,¹³ and thus they have been assessed by ourselves as the authors of our life narrative as worth telling, and as such as a tellable story.

Concerning the “what it’s like” notion, we can expect narrators of not just health narratives, but of any narratives, to either actively or passively invite us to be triggered by emotional cues within their autobiographical stories. After all, emotional triggers are a normal part of human communication and of reader immersion. In the words of Marco Carracciolo: “they trigger mental imagery, emotional responses, moral and aesthetic judgement,” and “socio-cultural evaluations.”¹⁴ Depending on our personal backgrounds, reader response may be different and emotions may be triggered in different varieties and intensities.¹⁵ In the case of cancer-narratives, we may, for example, expect recipients, who have either actively suffered from cancer themselves or who have passively suffered from it through a loved one, to respond differently. Reader experiences, or experientiality, come “in different degrees, depending both on the story’s capacity to recruit experiential traces, meanings and values, that are part of the interpreter’s background, and the strength of interpreters’ responses to the story and to its characters.”¹⁶

Monika Fludernik and Birgit Neumann, and Ansgar Nünning also argue that naturally and logically narratives focus on funny, dangerous, unexpected, irregular, prohibited or secretive matters, “as a story wouldn’t be worth telling without a certain level of contingency.”¹⁷ This quote brilliantly underlines the entertaining properties of narrative, but it focuses less on its serious properties and the emotional and

therapeutic value narratives may carry. Life stories and narratives are always soaked with emotions—those that are formulated by the narrator and those that are evoked within the recipients. Through narrative, we create a shareable, communicative space that allows others to participate imaginatively through written or verbal communication. Thus, human beings become authors of their own lives, as we share stories and are constantly shared within stories.¹⁸

HEALTH NARRATIVES: SHARING STORIES OF ILLNESS

Paul Kalanithi's autobiography starts with receiving his cancer diagnosis and it is this event that triggers the author's decision to write. By looking back on our lives, we become aware of our standards and ideals. We create a landscape of our lives and position ourselves within this frame. Here, the impact of contingency should not be underestimated, as certain traumatising experiences may already shatter our self-perception. As Kalanithi describes it when trying to look forward into an impossible future: "I saw ... a blank, a harsh, vacant, gleaming white desert, as if a sandstorm had erased all trace of familiarity"¹⁹; and then later, when he and his wife have processed the initial shock and continue living without planning for a definitive future: "Looking out over the expanse ahead, I saw not an empty wasteland but something simpler: a blank page on which I would go on."²⁰

There can hardly be a more emotional topic for narratives than one's own or a loved one's struggle for survival. The whole academic field of illness narratives, with Elena Semino as one of its major pioneers, focuses on the use of language during life-threatening and terminal illness. One important finding has been, for example, that the use of the conceptual metaphor "cancer is a battle to be fought" has counter-productive properties both for cancer patients in care as well as for cancer survivors.²¹ So how do cancer patients and cancer survivors choose to portray their own journey for health? And how far can the experience of contingency challenge a stable sense of identity? The analysis of Kalanithi's work in this article will show how the sense of identity can be threatened on several levels by terminal illness. Traditionally, (life) stories of illness are referred to as "illness narratives."²² To enhance sensitivity and contextual thinking, and to reduce stereotyping and reductionistic thinking, I have decided to use the term *health narratives* instead. This way, I want to emphasise that,

despite terminal illness being the catalysing factor that triggered the writing process in the author, life narratives of (terminally) ill patients are not just dominated by illness; illness becomes a dominant factor in the process of life-reflection and self-awareness, but it is not what determines the individual and their (narrative) identity.

“Regardless of the words used, establishing authentically felt selves and stories may provide much joy in life that patients did not expect,” claims Damien Ridge in his critically acclaimed work *Recovery from Depression Using the Narrative Approach*.²³ Note that Ridge is not referring to creative storytelling. Rather, he focuses on developing a narrative thread which connects stories of the past, present, and future to enable the self to negotiate, within various aspects of his personality, a coherent narrative arc. Practitioners usually support their patients to connect stories of the past and the present, which helps patients make sense of their experiences. By logically connecting past and present experiences and one’s standing in them, feelings of helplessness may stop. With that, an understanding develops that one is the author of one’s own life story. By using the patient’s frame of reference, one can discover significant overlaps between the different stories.²⁴ McAdams mentions the *generativity script*, which is assumed to play an important part in health narratives. The generativity script “sends this message: Even though I will die, I have the opportunity to leave something positive behind. In the end, my life will have mattered. I will have made a difference.”²⁵ This is very closely connected the concept of vocation, which is one of the guiding features in Kalanithi’s life narrative.

Semino’s famous works with cancer patients are often connected to the use of metaphors, such as violence metaphors, journey metaphors, and metaphors for relationships.²⁶ Although the use of metaphors in this analysis of Kalanithi’s biography may be partially mentioned, this article has no intention to copy Semino’s achievements. Instead, this in-depth analysis focuses on textual cues that establish potentially stable and coherently connected narrative identities within the autobiography of a terminally ill narrator. It presents how narrative is used to process experiences and how a common identity thread is built in stories of the past, of the present, and in missed futures which help to establish the narrator as the author of his own life story.

PAUL KALANITHI: *WHEN BREATH BECOMES AIR*

Before diving deep into the analysis of the author's narrative identity, a brief summary of the autobiography should be given: published in 2016, after the author's death at the age of 37, *When Breath Becomes Air* is a highly intelligently written account of a neurosurgeon reflecting on his life after receiving the diagnosis of terminal lung cancer. The book begins with a foreword by Abraham Verghese, who reflects on his past conversations with Paul Kalanithi and how he perceived him as a literary scholar despite knowing that he had chosen the vocation of being a neurosurgeon.

The narrative itself starts with the initial cancer diagnosis in the prologue and with Paul's immediate emotional reactions. Part One directs the readers' attention to Kalanithi's pre-adolescent, university and post-university years. The narrator can be described as an adventurer, as a pastoral figure, a literary scholar, and as a dedicated neurosurgeon, who spends a majority of his lifetime on a spiritual and scientific journey towards the question, "what makes life meaningful."²⁷ Part Two continues where the prologue ends, with the realisation that the author is terminally ill and that his life, though potentially prolongable, will not have the length and quality for which he had hoped and planned. Struggling with losing his identity as a neurosurgeon and becoming a patient, Kalanithi shares the identity transitions he goes through and what the loss of his possible futures and future identities means for him and his loved ones. With the loss of his neuroscientist identity comes new life, as he and his wife decide to have a baby and Kalanithi, unfortunately only shortly, experiences the role of being a father.

The biography ends with an epilogue written by his wife, Lucy Kalanithi, who shares insights with her readers on the writing processes her husband went through and the role the autobiography played for him at the end of his lifetime. The foreword and epilogue are not part of this analysis, as the aim of this article is to focus solely on the narrative given by the author himself.

STRUCTURING NARRATIVE IDENTITY IN *WHEN BREATH BECOMES AIR*

Identity plays an important role in Kalanithi's piece of work. He not just vividly reflects on his own identities through the means of narrative, but also mentions that neurosurgery "requires a commitment to one's own excellence and a commitment to

another's identity," as "the decision to operate at all involves an appraisal of one's own abilities, as well as a deep sense of who the patient is and what she holds dear."²⁸ This shows that his definition of self is, at least partially, also connected to the impact he has on other people's lives, spiritually as well as medically.

When Breath Becomes Air is mainly written in past tense, although the reader receives glimpses of the present and of lost possible futures within the last pages of Part Two. When looking at Kalanithi's autobiography, we can determine the following identities presented in the table below. Those most dominant identities presented in bold within table 1.

Table 1: Past, Present, and Possible Future Identities within *When Breath Becomes Air*

Past Identities during early adolescence	Past Identities while being at University	Past Identities as an adult before the diagnosis	Past Identities after the diagnosis	Present Identities	Possible Future Identities
Adventurer, Prankster, Lover of Literature, Son, Brother, Summer Camp Counsellor, Friend	Literary Studies Student, Philosophy Student, Human Biology Student, Medical Studies Student, Friend, Explorer, Adventurer, Confessor	Pastoral Figure, Neurosurgeon, Literary Scholar, Cancer Patient, Son, Brother, Explorer, Husband	Cancer Patient, Literary Scholar, Husband, Neurosurgeon, Friend, Medical Science Writer, Pastoral Figure, Son, Brother, Explorer	Neurosurgeon, Cancer Patient, Husband, Father, Son, Friend, Writer, Brother, Explorer	Father, Professor of Neurosurgery, Writer, Husband he had “promised to be” (7)

Although the autobiography seems to be structured in two main parts (pre-cancer and post-cancer), we can see in the above chart that Kalanithi actually structures the content of his life story in six parts. Education and experience play major roles here, as they structure the thread of his life narrative and have a huge influence on the development of his identities. The above table shows us how different identities rise, fall, and possibly disappear during the course of a lifetime. Some identities logically stop existing, as the frames they were connected to (e.g. University) do not accompany everyday life anymore. Other times, priorities change, such as the decision to deepen his scientific understanding for the meaning of life instead of moving to New York with his friends to work in the arts scene.²⁹ The following sub-chapters give an in-depth analysis of the narrative identities presented in *When Breath Becomes Air*. Narrative identities, in contrast to roles independent from the author's identity, are presented in italics.

PAST IDENTITIES: EARLY ADOLESCENCE (P. 19-30)

"In Perfect Health I Begin" first gives us an outlook on Paul Kalanithi's early years as a teenager and as a young adult. The title already creates a strong contrast to the *cancer patient identity* readers are presented during the prologue, which is further emphasised by his description of being a "buzzing electron about to achieve escape velocity flinging out into a strange and sparkling universe."³⁰ Throughout the first pages, Kalanithi describes himself and his life with prose that evokes a sense of adventure. The desert his family lives in is described as an adventurous space and early on, he already establishes his identity as that of a *storyteller* by stating about his future plans that "if you had forced me to answer, I suppose I would have said a writer."³¹ By creating confusing "country facts," which seem both true and fairy-tale-like, he emphasises his "love of, and care for, language."³² From an early age on, he states to be in contact with high literature and at the age of twelve, he remembers already having devoured college-level literature.³³ At one point, the effects of literature are even described as having intoxicating effects on him, resulting in his anxious mother interviewing him on possible drug consumption.³⁴ Books are described as his "closest confidants,"³⁵ a condition which will eventually repeat itself when he turns to writing to process dying and the life surrounding it.

Early on, he has no intention to become a medical professional as “the price was simply too high,”³⁶ referring to his own father’s regular absence due to his medical profession. This highlights another contrast to his own future, as we later learn that Paul Kalanithi develops into a celebrated *neurosurgeon*, who sacrifices a lot to focus on his singular career. Apart from this information, the author puts no further emphasis on his *brother or father’s son identities*. Only his relationship to his mother is mentioned briefly, mostly by emphasising even further his love for literature.

The early stories that the author chooses to remember and to share create the concept of an adventurous, creative, and sociable young man. The idea of being emotionally and cognitively connected to language and literature is established early on and continues to be reflected throughout the biography. Here, we can already find the first glimpse of a coherent strand of identities, as the author ensures a continuous connection between his early adolescent *storyteller identity* and his adult *writer identity*.

PAST IDENTITIES: LIVING AS A STUDENT (P. 30-72)

Kalanithi’s college essay, inspired by *Brave New World*, already states that “happiness is not the point of life,”³⁷ a statement that is often repeated within the whole book. This statement particularly makes sense when we consider the fact that the author has found his vocation in an occupation that is usually characterised by high levels of stress. Here, the *generativity script* comes into play again.³⁸ The author actively remembers that happiness was not the driving force in his life, which we can expect to be a helpful tool when looking back on a life that was not necessarily characterised by the total sum of joy, but by the difference one may have made. Instead, he is starting to build an identity that will have made a difference for hundreds of patients and their relatives.

Driven not by achievement (opposed to his later years), but by the question “what makes human life meaningful,”³⁹ an idea that already triggers his later found vocation as a *neurosurgeon*, the author decides to study English literature and human biology. He thus becomes a *literary scholar* and a *scientist*. His explanation for this decision is that literature provided “the best account of the life of the mind” while “neuroscience laid down the most elegant rules of the brain.”⁴⁰ The language here reminds us of being on a quest; the writer has developed from being an *adventurer* to

a serious *explorer*, continuously connecting famous authors with metaphors by which he lives.⁴¹ His early life and the here connected narrative identities are held by three pillars: the *philosophical aim* to understand what makes life meaningful, *neuroscience* to understand how the brain could give and find meaning in the world,⁴² and rich *relationships*. Kalanithi stresses the importance of moral standards and ethics, which is emphasised by stories creating contrasts between him and some of his professors/fellow students: “I still had a nagging sense that there was still far too much unresolved for me, that I wasn’t done studying.”⁴³ Science and the arts are described as ways of exploring meaning, making his *adventurer* identity slowly blend into the *explorer* identity. Language is described as “a supernatural force” on his quest to find life’s meaning,⁴⁴ while he starts to identify all scientific fields as tool-sets that describe the meaning of life in their own way.⁴⁵ While finishing his degree in English literature, the author remembers the feeling of not quite fitting into an English department,⁴⁶ which slowly builds a small rift between his identity of being a *literary scholar* and being a *scientist*. The distance, however, remains relatively little, as Paul Kalanithi continues using literary references throughout his whole life narrative, and he thus keeps his *lover of literature* identity. He briefly considers joining his friends in New York City “to pursue a life in the arts” but decides against this step to continue working on the question of how biology, morality, literature and philosophy intersect.⁴⁷ For the first time, an active connection is drawn between the *writer* and his possible *brother*, *son* and *nephew* identities, as he starts to realise that medical sciences, which are practised by his father, uncle and older brother, might carry answers to the basic questions that guide him.⁴⁸

When he decides against moving to New York, two of his three pillars of identity are stripped: relationships with his friends and working with and within the arts are left aside to pursue medicine.⁴⁹ Medical science instead grows into the main pillar, leading him and guiding him to further investigate a scientific understanding for the meaning of life, to deepen relationships with patients and “to find answers that are not in books.”⁵⁰ Here, the author continues to deepen his *scientist* identity and to guide his readers carefully to the vocation he later finds as a *neurosurgeon*.

His *adventurer identity* continues as he decides to share a story where he is determined to sleep in an empty dormitory to save rent. He states that he “wanted

that direct experience,”⁵¹ manifesting his identity once more as someone who prefers experience and learning in the field in contrast to the theoretical realms of literature. During his time as a *medical studies student*, he continuously emphasises his moral standards and ideals and the contrasts he finds between himself and fellow students and teachers.⁵² The language he uses starts to become more spiritual, guiding the readers further into the realms of his vocation. He states that medical school sharpened his understanding of the relationship between “meaning, life and death,”⁵³ and then later reflects that the time spent studying literature and history of medicine had not brought him closer to the answers he had been looking for.⁵⁴ His *explorer* identity again strives for experience instead of theory, once more emphasised by the use of poetic language, “I was pursuing medicine to bear witness to the twinned mysteries of death, its experiential and biological manifestations: at once deeply personal and utterly impersonal.”⁵⁵ The author establishes his identities as an *explorer* on a spiritual and scientific quest, while his identities of being a *friend* and a *scholar of literature* grow smaller.

Kalanithi remembers the first birth he encounters as a *medical student* having been closely connected to death, as the twins he helped to deliver die only a few days later.⁵⁶ This reflects parallels of his own later fate, as the author was aware that his daughter’s birth was accompanied by his own fast declining health when writing his autobiography. The author thus introduces a theme which is referred to every once in a while again in the narrative: the close connection between (new) life and death. Even further, he creates a semantic connection between the prematurely born twins and his own body by stating that “like a premature lung, I felt un-ready for the responsibility of sustaining life.”⁵⁷

A turning point on Kalanithi’s way to becoming a *pastoral figure* can be found when he slips into the role of the *confessor*.⁵⁸ He judges those students that focus on “lifestyle” specialities, “those with more humane hours, higher salaries, and lower pressures—the idealism of their med school application essays tempered and lost,” as he regards such a lifestyle as a distraction from his calling.⁵⁹ Kalanithi finds his call in neurosurgery through a mentor who is able to finally connect clinical facts and human needs to provide medical guidance—in neurosurgery, the author finds a space where science and morality blend.⁶⁰ He also finds a reason to not regret his own life

choice of becoming a *neurosurgeon*, who sacrifices the health of his friendships and marriage for his career. The quest he has so far decided to share in the book has brought him to a place where philosophical and biological questions go hand in hand.

Kalanithi remembers his early identities as a *literary scholar* and as a *scientist* closely connected to the education he enjoys and to the moral questions that guide him through his studies. He depicts his *adventurer* identity as slowly merging into a more serious *explorer* identity, gradually focusing less on literature and relationships and more on science. Serving as a *confessor* develops into a turning point in his identity development as from then on, he develops awareness for his wish to serve as medical and spiritual guidance for patients and colleagues.

PAST IDENTITIES: LIFE AS A NEUROSURGEON BEFORE CANCER (P. 72-115)

Being a *neurosurgeon* is one of the most dominant identities Kalanithi shares in his autobiography. The necessity of delivering excellent results as a neurosurgeon is continuously stressed in his memoirs. “The papers you file aren’t just paper: they are fragments of narratives filled with risks and triumphs” connects his *neurosurgeon* identity again with his *literary scholar* identity.⁶¹ Furthermore, the semantics of his writing evoke the idea of being on a quest, when the author states that he “got lost in a euphoric daze, promenading around the hospital at two A.M.,” having no sense of where he is. Like being lost in a mystical labyrinth, it takes him forty-five minutes to find his way back out.⁶² The hospital is described as a maze in which he finds himself on his spiritual journey towards becoming a *medical guide*.

Death is personified throughout the whole book. Kalanithi shares with us his palpable wish to “pursue death: to grasp it, uncloak it, and see it eye to eye unblinking” when,⁶³ after the death of one of his own patients, he checks the knots he tied during surgery to physically grasp the potential root of the problem.⁶⁴ In this stage of his life, the author reflects further on his moral decisions and the reasons why he decided to continue his *explorer* identity, which is now tied to his *medical* identity. He states that neurosurgery attracted him particularly because of the intricate connection between brain, consciousness, life, and death.⁶⁵ *Explorer* and *pastoral figure* connect further when he reflects that

I had thought that a life spent in the space between the two (ed. life and death) would grant me not merely a stage for compassionate action but an elevation of my own being: getting as far away from petty materialism, from self-important trivia, getting *right there*, to the heart of the matter, to truly life-and-death decisions and struggles... surely a kind of transcendence would be found there?⁶⁶

He describes himself not just as a healer, but also as death's "ambassador,"⁶⁷ promising patients and their families to guide them as best as he can.⁶⁸ The author positions himself as not just someone who would later be a passive cancer-patient, but as someone who, in his times as a working surgeon, saved lives when possible, and mediated their end when necessary. The author describes how he becomes a *pastoral figure* at the peak of his career with a "coherent world-view and a sense of my place in it."⁶⁹ It is right at this spot where he remembers the suicide of a close friend. While those identities which are connected to social relations have only rarely been mentioned, for example, the *husband*, the *son*, the *brother*, it is the *friend* identity that is briefly awoken through emotions of regret and loss. Death is a constant theme in his biography and again it is connected to a positive experience—the peak of his career—that is combined with dramatic loss.

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 around you. But Jeff and I had trained for years to actively engage with death, to grapple with it, ... to confront the meaning of life.⁷⁰

Kalanithi establishes his identity as a *pastoral figure*, as a *moral* and *spiritual medical guide* throughout the depiction of his *pre-cancer neurosurgeon* identity. Social relations, such as marriage, family, friendships, are hardly ever mentioned, underlining the importance of his vocation and the time and energy he spent into becoming a medical professional. While he still portrays himself as an explorer, the more innocent taste of adventure is no longer represented in his narrative. What is represented is the constancy of death and his professional role as a fighter and

mediator as in hindsight; he differentiates between the passivity of patients and the active roles he has chosen.

PAST IDENTITIES: LIFE AS A CANCER PATIENT (P. 119-196)

Part Two of the book begins where the prologue ends and the author states right away that his identity as a physician no longer matters.⁷¹ Cancer is not just characterised by its threat to physical survival, but also by the danger it puts on the author's sense of self. "Instead of being the pastoral figure aiding a life transition, I found myself the sheep, lost and confused" as he realises that "one chapter of my life seemed to have ended, perhaps the whole book was closing."⁷² It is here that the *husband* identity becomes more dominant, and the impact of relationships and family resurfaces. He realises that with the cancer diagnosis, his imagined future and personal identity collapse, leaving him in a state of forced passivity he usually only knew from his own patients.⁷³ The author analyses how "my body and the identity tied to it had radically changed,"⁷⁴ showing readers how the symptoms of cancer and the side-effects of various treatment forms increase his vulnerability. Although he is mentally still connected to his *neurosurgeon* identity, which is emphasised by his analytical, medical language, he is forced to develop the new identity of the *cancer patient*. His family supports this transition to their best as they "engaged in a flurry of activity to transform my life from that of a doctor to that of a patient."⁷⁵ At the same time, his *literary scholar* identity is still present when he asks himself "what is the alternate story?"⁷⁶

When his oncologist emphasises that she is willing to adjust therapy to enhance not just his chances for survival, but to increase his chances of continuing to work as a surgeon (as different medications have different impacts on the steadiness of one's hands), he verbalizes for the first time that his future life is not just dependent on working as a surgeon,⁷⁷ as he starts to experiment with the idea of discontinuing his *surgeon* identity.

After a while, he realises that coming in close contact with his own mortality has both changed nothing and everything at the same time. "Before my cancer was diagnosed, I knew that someday, I would die, but I didn't know when. After the diagnosis, I knew that someday, I would die, but I didn't know when."⁷⁸ Clarifying the rest of his life becomes the most important task.⁷⁹ With chemotherapy comes a

perceived decline in physical attractiveness: “any part of me that identified with being handsome was slowly being erased—though, in fairness, I was happier to be ugly and alive,”⁸⁰ and “while I knew that our identities derive not just from the brain, I was living its embodied nature.”⁸¹ While the majority of his lifetime was dominated by cognitive, spiritual, and emotional quests and challenges, it is now the physical world that changes his perception of identity. Trying to come to terms with what he should do with the expectedly shortened amount of time he still has in life, the author states that “If I had two years, I’d write. If I had ten, I’d get back to surgery and science.”⁸² Two things are happening within these lines: the author not just connects his *literary scholar* identity and his *medical* identity, he also clearly connects his *writer* identity to the end of his life. Thus, he maps a possible future identity and enables himself to live it despite his shortened lifespan through writing.

Kalanithi also mentions the strong marital bond that re-establishes between himself and his wife. He states that cancer helped save their marriage, emphasising that their relationship was always built on love and trust, but that career choices had led to several struggles in their relationship.⁸³ The author’s *husband* identity is strengthened by his *cancer patient* identity, as the different therapy forms enable him and his wife to reconnect. And it is not just his *husband* identity that is (re-)established on these pages—the author’s more sociable identities are built on and spread out, establishing a network of family members that are frequently mentioned, and with whom his *son* and *brother* identities are present again.

“Once I had been diagnosed with a terminal illness, I began to view the world through two perspectives: I was starting to see death both as a doctor and patient.”⁸⁴ This can be seen as an attempt to unify two very contrastive identities within one body. The first stages of his autobiography serve to define him not just as a *neurosurgeon*, but with all the characteristics that come with that position. His character traits create a narrative identity which is defined by intellect, action, and medical performance. Once he becomes a *cancer patient*, he is forced to leave his medical profession aside for a while. “Torn between being a doctor and being a patient, delving into medical science and turning back to literature for answers, I struggled, while facing my own death, to rebuild my old life—or perhaps, a new one.”⁸⁵ With chemotherapy arises new hope, as his body slowly starts to rebuild

muscle mass and the pain decreases. He mentions that every small increase in strength broadened the possible worlds and the possible versions of himself,⁸⁶ showing how new hope immediately tackles the construction of possible future identities.

At this stage comes the couple's decision to have a child though they know that the cancer cannot be cured. They hope that medication will enable future years of living together not just as *husband* and wife, but as *father* and mother, to "carry on living instead of dying."⁸⁷ The author decides to continue focusing on his moral quest as a neurosurgeon as long as he can manage physically.⁸⁸ Once again he describes his vocation as a "calling" and as a "sacred thing."⁸⁹ It is at this stage, where his *literary scholar* identity resurfaces more dominantly: "I was searching for a vocabulary with which to make sense of death, to find a way to begin defining myself and inching forward."⁹⁰ Language is used as a tool to process the present and to forge a future. "The privilege of direct experience had led me away from literary and academic work, yet now I felt that ... I would have to translate them back into language."⁹¹

When his health suddenly and rapidly declines, he develops an awareness that his *patient* identity will have to become his dominant identity and that, though he might always be a *neurosurgeon*, he cannot continue his moral quest. "This is not the end ... , or even the beginning of the end. This is just the end of the beginning" is quoted,⁹² emphasising again that for the author, dying is an actively experienced process which is incorporated into his life narrative. By stating that he weighs as much as he did in eighth grade, he underlines the contrast between the healthy narrator from the beginning of the biography opposed to the physical state the author later finds himself in. His daughter's birth opens up the new *father* identity for him,⁹³ as he shares his love and joy. Once again, he becomes an *explorer*, though now he explores the realms of death and fatherhood.

PRESENT IDENTITIES: THE RELATIVITY OF TIME (P. 196-199)

Paul Kalanithi died during the process of writing *When Breath Becomes Air*. Therefore, the accounts in which he describes himself in present tense are only four pages. Still, these four pages give profound insight into his thought processes and how time has turned into a relative term, bringing him further even from his last relapse, but also closer to death.⁹⁴ "Time feels less like a ticking clock, but more like a state of

being,” “I plod, I ponder. Some days, I simply persist,” and “time has begun to feel static,” show how the future, and thus also future possible identities, have lost their relevance.⁹⁵

By asking himself “Which is correct: ‘I am a neurosurgeon’, ‘I was a neurosurgeon’, or ‘I had been a neurosurgeon and will be again?’”⁹⁶ Kalanithi shows the importance of his remaining *neurosurgeon* identity, which has always been connected to the script of making a difference in this world.⁹⁷ For the author, this identity was always the one connected to active decisions and to a moral quest for the meaning of life. It should also be mentioned, that this identity is the most contrastive to his *cancer patient* identity. It seems logical that even during his final days, this would be one of the identities to which he feels most connected. Nevertheless, he still describes himself as a *husband*. The final lines of his work, though we may assume that this decision was not just made by him, but also by his editor and his wife, are words directed to his daughter and the impact her birth has had on him in his final days:

When you come to the end 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.⁹⁸

The book ends not just with a love-note to his daughter, but also with the final establishing of his *father identity*. With this comes a certain kind of immortality, as his memory will continue living through his daughter and the stories shared with her.

POSSIBLE FUTURE IDENTITIES: THE FATHER AND THE WRITER

By writing his autobiography, Kalanithi structures his life narratively and thus becomes not just the author of his life story but is also able to more or less describe its ending. Right from the beginning of this life narrative, Kalanithi describes and performs his emotional, aesthetic, and cognitive connection to literature. On several pages, he emphasises the moral necessity of working as a *surgeon*, but the future possibility of becoming a *writer*. He mentions “if I had two years, I’d write. If I had ten, I’d get back to surgery and science,”⁹⁹ which emphasises his priorities. Knowing

that his expected lifespan has dramatically shortened, he turns towards this possible future identity and starts embodying it when his body is unable to fulfil his *neurosurgeon* identity anymore. By creating not just an autobiography, but a *New York Times* bestseller, the author has become one of his possible future identities even after death. Just like becoming and being a *father*, the *writer's* legacy thus continues through stories. Becoming a *father* and a *writer* enables the author to keep two passively yet continuously performed identities even after death.

CONCLUSION: NARRATIVE IDENTITY IN HEALTH NARRATIVES

Autobiography is not the sum of all of our life stories, but a construct through which authors actively choose to remember and share the stories they find most noteworthy. Through autobiography, terminally ill people are able to narratively construct a beginning, and middle, and potentially also an end to their life. Through hindsight, they may re-model certain life-chapters, making it easier to come to terms with themselves and their experiences.¹⁰⁰ Self-expression is regarded as one of the most promising ways of psychological healing,¹⁰¹ which makes the use of autobiographical writing and self-expression a brilliant tool helping not just the patient, but also supporting family members to remember their loved ones. Narrative is thus one of the most helpful possibilities to process the experience of contingency.¹⁰²

Although the concept of narrative identity is already an established tool within personality psychology, there is as of now no fixed model for scholars within the field of cognitive narratology as to how narrative identities can be determined within the analysis of narrative. This article has been a first attempt at this, although deeper research is necessary to create a broadly applicable model. However, connected to my own approach within this life narrative analysis, and McAdams approach on how to structure life narrative interviews,¹⁰³ I suggest the following analytical guiding questions for literary scholars:

- Into which stages are the narrator's life stories divided?
- What are the main characteristics of possible past, present and future identities? How can they be named and how do they perform accordingly?

- Which character traits within the narrative identities are stable, which are altered, and which are deleted after a while?
- What do the selected stages within the life narrative tell us about the author, intentionally and unintentionally?
- What are the major struggles they mention?
- How do the ideological settings look? What are the guiding moral/political/religious/social decisions that are emphasised?
- Which themes and motifs are established?
- Turning points: where do the identities of the past merge into the identity of the present?

Naturally, the narrator's intent meets the researcher's interpretation, which is again influenced by discourse, history, culture, and politics.¹⁰⁴ When dealing with the life narratives of deceased individuals, we as researchers should also develop awareness of the additional responsibility not just towards the works we interpret, but also towards the deceased's relatives, whom might be impacted by the words we choose in our interpretations. We should also bear in mind that instead of an academic dialogue, where individuals have the chance to explain themselves and to react, we are here dealing with a monologic situation in which the narrator cannot do this. Thus, the narratives of terminally ill or already deceased narrators should always be treated with an additional sense of respect and responsibility.

Kalanithi's autobiography enables the unification of several narrative identities, helping the author to enhance the meaning of his life. By emphasising the impact of moral decisions within his career, the author finds and shares his vocation, the guiding theme within his book. Although, naturally, through personal growth and development, aging and changing external factors, identity always shifts and can never be fully stable. Still, Paul Kalanithi depicts stable moral values throughout his whole autobiography. These values, together with a deep love for literature and a philosophical approach towards medicine create the guiding frame of his life narrative. *When Breath Becomes Air* is thus not just a recollection of who the author was but also embodies what the author has become: a narrator who has touched the lives of others and will continue to do so.

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- ²⁸ *Ibid.*, 108.
- ²⁹ *Ibid.*, 42.
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- ³² *Ibid.*, 26.
- ³³ *Ibid.*, 26.
- ³⁴ *Ibid.*, 27.

³⁵ Ibid., 27.

³⁶ Ibid., 21.

³⁷ Ibid., 27.

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⁴¹ Ibid., 30–45.

⁴² Ibid., 35.

⁴³ Ibid., 38.

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⁴⁶ Ibid., 41.

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⁸⁴ Ibid., 138.

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⁹³ Ibid., 196.

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⁹⁵ Ibid., 196–197.

⁹⁶ Ibid., 198.

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