Chapter Seven
Conclusion

This dissertation has examined patient, doctor and public health narratives in late twentieth century India. I have demonstrated that disease is performed in narrative, and may be read as organized around interventions in two key domains – the individual and the social. Moving from an analysis of the performance of disease and healing at the level of the individual to performances of disease and healing at the level of the collective, I traced the emergence of a “socialized” identity for the narrators of illness “accounts”. The doctor memoir and the patient memoir, this dissertation argued, in their plotting of an individualized experience of illness and healing, take the form of the medical Bildungsroman in the late twentieth century. This cultural variant of the classical Bildungsroman maps the “growth” and eventual “social integration” of an individual (patient or doctor) through the condition of illness and healing. Medical documentaries produced by the Films Division, India, visualize for the viewer the presence of disease in an individual body and locate this body socially via a sentimental narrative. This sentimental narrative forges affective links between the “individual” visualized on screen and the viewer, thereby emphasizing the shared vulnerability to disease at the level of the individual, the family and the community.

The first chapter of this dissertation, the Introduction, theoretically contextualized the study of non-fictional narratives of disease. I argued here that these narratives can be read productively via theories surrounding various genres/modes of articulating a story of the “self”, theories of “narrating” or “storying” an experience of illness and healing and
theories of “voice” and “agency” that underpin the arguments made in this dissertation about the concretizing of “agency” in the acquiring of a particular kind of “voice” by narrators in the medical Bildungsroman. The introduction also delineated theories of social and public “identity” formation that contextualize the “development/transformation” and eventual “socialization” performed by narrators in the medical Bildungsroman and visualized in the medical documentary. The Introduction proposed that studying the medical Bildungsroman and other non-fictional modes of narrating illness and healing in India in the late twentieth century is significant on account of their functional attributes, namely, ensuring “fixity”, “agency” or the ability to narrate/direct the plot of one’s life in our contemporary era of chronic illness and embodied biographies.

The second chapter on the patient memoir argued that the patient-memoir presents a voluntary “diagnosis” of a life that integrates accounts of the material effects of illness but is not subsumed by it. This chapter studied Anita Jayadevan’s Malicious Medicine, Anup Kumar’s The Joy of Cancer and Smiles and Tears: A Salute to Cancer, Lata Mani’s Interleaves: Ruminations on Illness and Spiritual Life and R. M. Lala’s Celebration of the Cells: Letters from a Cancer Survivor to trace a “social” narrative of disease origin. This “social” narrative imaginatively reconstructs the onset of illness and its consequences through affective modes that serve to destabilize the “universal” and precise biomedical narrative of illness. This chapter proposed that this “social” or “particularized” narrative of the onset of illness anticipates a recovery narrative where the “improvement” of the ailing self is performed for the reader. The narrator of the patient memoir, this chapter demonstrated, performs the “acquisition” of certain skills, firstly, “learning” to manage affective/medical responses to his/her illness. Secondly, the patient
in his/her particularized account of surviving/experiencing illness learns to “focalize” this account via “selective” narratives of improvement.

The third chapter on the doctor memoir examined the symbolic physical transformations “performed” by the doctor-body to mark his/her “growth” from “novice” to “expert” self. This chapter looked at several doctor memoirs, Atul Gawande’s *Complications*, Abraham Verghese’s *My Own Country*, Sandeep Jauhar’s *Intern: A Doctor’s Initiation* and Noshir H. Antia’s *A Life of Change: The Autobiography of a Doctor* to map the transcending of “youth” in the journey towards “expertise” and “professionalism”. This chapter thus examined the various modes through which the doctor memoir or the *Bildungsroman* of healing circumscribes “youth”, seen as symbolic of the period of medical education and personal standards of professionalism. In addition to marking “symbolic” physical transformations to distinguish the “novice” and “expert” self of the physician, the doctor memoir also improvises an “editorial self” that establishes interpretative authority over individual “cases”, presented initially by patients in their own words. This chapter argued that the doctor body is substitutable with the sign/value of medical education and expertise and is as such able to carve out a space from which to articulate or “voice” a particular experience of medical education and practice. This chapter demonstrated how the doctor-narrator in the *Bildungsroman* of healing is able to construct a particular voice/self that is able to harness particular discourses of patients and generate transformative, agential discourses of improvement/perfection/critique that sustain the “fixity” of this doctor-narrator’s “self”.

Chapter four on Filiation and Affiliation dealt with the filial networks within which the narrating “self” in doctor and patient memoirs is inevitably embedded. This chapter studied the doctor’s “filial self” in Atul Gawande’s *Complications* and Abraham
Vergheese’s *My Own Country* and the patient’s “filial self” in Jayadevan’s *Malicious Medicine*, Kumar’s *The Joy of Cancer* and *Smiles and Tears: A Salute to Cancer*, Lata Mani’s *Interleaves: Ruminations on Illness and Spiritual Life*, R. M. Lala’s *Celebration of the Cells: Letters from a Cancer Survivor* and Yuvraj Singh’s recent memoir, *The Test of My Life*. This chapter demonstrated that the overcoming of an “inherited” form of the “self” to present a seamless route from “individual” to “professional” (in the doctor memoir) or “ailment” to “recovery” and “improvement” (in the patient memoir) is a significant aspect of narrating “growth” and “development” in the medical *Bildungsroman*. In the case of the doctor memoir, this chapter argued, the doctor-narrator’s engagement with plural and globalized cultural contexts of disease sets his “professional” self above the “filial”, thereby charting “growth” and a move towards the social. In addition, this chapter demonstrated that “filial” interests are seen in the doctor memoir to be either on par with or as located “outside” his “professional” engagement with medicine.

Chapter four also examined the construction of a caregiver *Bildungsroman* in the patient memoir which emphasizes the “mutuality” inherent in patient and caregiver relations. In addition, this chapter demonstrated that the patient’s recounting of “acts” of caregiving and the experience of illness are mutually constitutive and through a system of parasitic relations, mutually “communicate” and are transformed by normative “ideals” of “caring” and “improvement”. This chapter revisited the “filial” aspects of “self-improvement” performed by the patient-narrator, namely recognizing their embeddedness in and dependence on, “filial” networks of care. This chapter also examined the visualization of a “filial body” in the medical documentary through a study of *AIDS, Sexually Transmitted Diseases, Alcohol-The Killer, Preventing Anaemia through*
This chapter argued that the medical documentary localizes the “filial body” within the “home” and the “family” and simultaneously designates these spaces as the socially sanctioned location of reproductive and sexual activity. The “filial body” is thus also gendered, as the medical documentary conflates biological and social roles and enables the superseding of individual rights by “future” members of the family, embodied by progeny. This chapter demonstrated how the “filial body” is situated within the “family” and the “home” as embodying both “threat” and “vulnerability” through a visual imagining of affective ties of belonging, productivity and concern.

Chapter five on Community and the doctor memoir argued that patients’ “stories” are rendered stable, mobile and combinable by the doctor-narrator’s “informational labour” to allow for the creation of an “ethos community”. This chapter studied the “ethos community” in Atul Gawande’s Complications, Abraham Verghese’s My Own Country, Sandeep Jauhar’s Intern: A Doctor’s Initiation and Noshir H. Antia’s A Life of Change: The Autobiography of a Doctor and argued via Christian Pentzold that this community is organized around a shared understanding of normative behavioural criteria during an experience of illness. This chapter demonstrated how the doctor-narrator selectively reconstructs certain aspects of his/her patients’ illness experience to inscribe normative criteria like “productivity” and the “will” to survive on the patient’s body. This chapter also illustrated how the narrator in the doctor memoir is able to carve out a space from which he/she articulates a critique of medical practice. The doctor-narrator transcends his “filial” context by circumscribing the “naïve” wonder with which he regarded medical science/knowledge during the period of medical education/training. As an “expert” self, the doctor-narrator performs his/her “expertise” by emphasizing
situations in which medical practice is flawed and fails to deliver care and cure. This chapter argued that the doctor-narrator acquires agency in his/her memoir through the voicing of a critique of medical practice and by simultaneously engaging global and local contexts of medical science/knowledge. The doctor is thus insinuated in a “community” by emphasizing his/her continuing viability in terms of emphasizing the ethical dimensions of medical practice and its shortcomings while engaging closely with a “localized” and “intimate” practice of healing patients.

Chapter six on “Narrative Society” studied the construction of such a society via Gawande’s Complications, Verghese’s My Own Country, Sandeep Jauhar’s Intern: A Doctor’s Initiation and Noshir H. Antia’s A Life of Change: The Autobiography of a Doctor. In addition this chapter examined the use of “particular” narratives of disease/illness in several medical documentaries - AIDS, Sexually Transmitted Diseases, Alcohol-The Killer, Preventing Anaemia through Nutrition, There is Life for Selvi, Sanctuary of the Ostracized, Controlling Leprosy, H1N1 Swine Flu: Few Facts, Saying it Again and Conquest of Cancer among others. This chapter argued that the “narrative society” constructed by the doctor-narrator in the medical Bildungsroman with a view of individual patients as “stories” emphasizes the therapeutic value of narrating “stories”. These “individuals” or “stories” are integrated, this chapter illustrated, in a particularized “story” of healing narrated by the doctor, to present a unified, social “self” that is attentive to the ethical dimensions of medical narrative. This chapter also demonstrated that the politics of visualizing particular instances of disease in the medical documentary moves between two poles – the scientific and the affective. The “particular” accounts of disease visualized in the medical documentary constructs a “pathological” lens with which to view all bodies as vulnerable to disease. This is achieved, this chapter argued,
through a reliance on scientific, indexical modes of representing disease and their seamless integration with a sentimental or affective narrative that visualizes the individual’s social embeddedness.