



Existential Space And Time In When Breath Becomes Air

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Abstract: Narratives of medical humanities play a critical role in effecting an ethical transformation of medicine against the backdrop of lived experience of the patients and physicians. These accounts thrust into visibility the feelings and existential dimensions of illness and confrontation with deep ruptures imposed by disease on bodily and perceptual realities. Against the space-time backdrop of diagnosis, such narratives reveal the destabilization of self in the interactions between inner and outer spaces, as well as subjective and objective temporalities.

In this paper, an examination of Paul Kalanithi's memoir, *When Breath Becomes Air*, serves the phenomenological inquiry into illness by looking into how the advance of the terminal disease reconstitutes his inner space (body), personal space (relational and professional identity), and absolute space (external reality). The paper goes on to argue that the book constructs a complex and multiplicitous temporality in which the normal course of linear chronology is broken due to prognosis, memory, and legacy. The paper finally asserts that these long-term presences—a double anchor—this presence of the daughter and the presence of the memoir—serve as the ontological counterpoise to transience, embodied as a legacy that transcends the finite limits in space and times laid down by mortality.

Index Terms - Narrative medicine; medical memoir; phenomenology of illness; embodied space; lived time; temporality; legacy

I. INTRODUCTION

Narratives have traditionally been used as the foundational structure for literature, be it novels, short stories, or any other literary form—any script of events and happenings which permit evocations. Meanwhile, medicine has adopted the focus on narratives for practicing narrative medicine, which is centered on subjectivity concerning experiences of patients and physicians. As Rolf Ahlén puts it, this paradigm facilitated an ethical reformation of medical practice as clinical encounters became humanized with a focus on lived experience (1). Narratives, by nature, mean "temporal ordering of a sequence of events" (Ahlén 2), but many times, with their interface with a serious or life-changing illness, the conventional spatiotemporal framework is upset. Diagnosis puts a discontinuity in the flow of both outer and inner space and forces a renegotiation of the bodily, psychological, and environmental dimensions.

Inner space is really an abstract conceptualization wherein in psychological and corporeal projection of the self is constituted—a site where environs reflect the psyche of the character. For example, in *House of Liars* (1948), Elisa de Salvi's identity "Victoria Inextricable from the chamber in which she dwells" (*The Imagery of Interior Space* 15), while Rahel's return to her ancestral house in Arundhati Roy's *The God of Small Things* (1997) suspends temporality as if the house itself had resisted the passage of time. Illness in narrative medicine is thus also plural: first, those physiological changes within the body that reverberate in the external world and second, the shifting personal and relational spaces that realign in response to disease.

The paper will explore the multi-layered constructions of inner and outer spaces as well as subjective and objective time in Paul Kalanithi's *When Breath Becomes Air* (2016). By following Kalanithi's transformation from neurosurgeon to terminally ill patient, I will argue that his memoir represents the disruption and reconstitution of space-time in the shadow of death. The story, therefore, chronicles his negotiation with these altered dimensions, eventually subsisting on a precarious yet deliberate reconciliation with the finite time and space that remain to him.

Although there are no standard definitions of inner space and outer space and both are better explained as existing in a binary relationship to each other, it is the space where literary studies and geography intersect (Neal 39). The setting of a place or sense of a place in a narrative is developed through the spatio-temporal structure of it. Many genres are completely based upon spatial or geographical characteristics like travel narratives, utopia, dystopia, pastoral poems, etc (Tally 1). Historically, space for Plato is a homogenous, formless in-between place where binaries of something and not a thing intersect, a place between "becoming and being" (16-17 Spurr). This in-between – "neutral, homogenous, formless, unchanging" space became a "res extensa" as we adapted to the Cartesian concept in Renaissance period (18). It became a space that is "measurable as well as historically and geographically recognizable." (18) For the scope of this paper the space will be considered in the Cartesian and Newtonian sense where space is measurable and expands till eternity. Newton conceptualised space and time as – "absolute" and "relative" (An 892). The absolute space and time are like "containers into which all other things occur [or exist]" (892); "an emanative effect of God" wherein "by existing always and everywhere, God constitutes duration and space" (Thomas 306). Relative space on the other hand "is created through the relationship between objects rather than being a pre-existing container" (An 892). For Newton "relative space and time... are merely measures of absolute space and time" (Thomas 307).

Concentricity of Space and Time in Paul Kalanithi's Existential Liminality

Paul Kalanithi's existence unfolds within a framework of nested spatial and temporal spheres—concentric circles that structure his reality. At the outermost level lies absolute space and time, the metaphysical domain that transcends individual experience. Encircling this is the public space—the social and professional world in which he operates. Within this lies the private sphere, encompassing the psyche and the intimate space of home. Within the innermost center lies the physiological body, where bodily existence is found. These layers are duplicated in temporal terms: absolute time (the eternal), public time (institutional and social rhythms), personal time (subjective experience of time), and innermost time (the biological temporality of bodily processes). Collectively, these circular structures comprise Paul's scaffolding of lived reality.

But metastatic cancer upsets this balance. As the innermost ring—the physiological body—dissolves with the spread of malignant cells, the rings around it (private and public space) spread and destabilize, slowly blending into the limitless sea of absolute space and time. This is not just physical but ontological: as Paul's bodily wholeness dissolves, his very existence seeps into the greater continuum of eternity.

When Breath Becomes Air opens in a liminal zone, a space between interior and exterior. Paul's breath—the material and metaphorical means of his being—moves between this border, vacillating between being (the fleshly self) and becoming (the looming disintegration into air). In a healthy body, the breath moves in a circular pattern: drawn in, metabolized, and expelled out again into the world. But in Paul's sickly body, the cycle breaks. There is a point at which the breath, having entered the domain of becoming, never returns—demarking the irreversible passage of breath into air, of life into nothingness. His spatiotemporal being thus becomes one of liminality: he is in between identities (doctor and patient), in between epistemic states (the known and the unknown), and in between ontological states (life and death).

Most importantly, this transformation is not sudden but an inexorable unfolding. Each cancerous incursion into his body necessitates a recalibration of his outer worlds—his relationships, his vocation, his perception of time. The memoir captures this gradual unravelling, where the collapse of physiological space precipitates a parallel disintegration of personal and public spheres. In this way, Kalanithi's narrative does not merely document dying; it maps the dissolution of concentricity itself, as the self-disperses across the widening rings of eternity.

The Interplay of Inner and Outer Space in When Breath Becomes Air

The first sentences of *When Breath Becomes Air* directly place Paul Kalanithi in a time of deep reflection—one focused on his innermost place: his own body. A microscopic interruption, the unregulated growth of cancerous cells, has initiated a series of physiological and existential ramifications. The individual who once wore the authoritative attire of a neurosurgeon—the blue scrubs, white coat, and radiology suit—now has a patient's gown draped over his shoulder (Kalanithi 3). The scan in front of him is no longer a faceless case study but a gut-wrenching discovery of his own mortality. These "widespread disseminated" cells, which he reports with clinical objectivity but poetic terror, are not just biological intruders but forces of spatial and temporal disruption. Like an "uncontrolled rabble of misfits" (Nuland 3), they infest his tissues, muscles, and organs, taking over the very fabric of his being.

This metastasis does not stay contained within his bodily limits; it spreads out, remapping his inner and outer spaces. The hospital—a place where he once exercised expertise—becomes strange, its sterility now danger instead of safety. Immunocompromised, he needs to readjust his relations with the world: a paper cut, as Siddharth Mukherjee is careful to point out in *The Emperor of All Maladies*, can be fatal (16). The precautions required by his failing body exact new spatial limits—sanitized areas, limited mobility, avoidance of crowds. Even ordinary tasks—tapping keys, consuming food, breathing—become hazardous.

As the memoir unfolds, the deterioration of Paul's outer space keeps pace with his failing physical condition. His wife Lucy's video recordings of his speech and gait (Kalanithi 205) highlight how profoundly his physical disintegration controls his outer life. The hospital, the park, the outside world slide into inaccessibility, and he finds himself more and more trapped in his domestic environment. But this correspondence between interior and exterior space is not unilateral. Even as his body sets the terms of his outer reality, Paul resists passive capitulation. His struggles in physical therapy—to regain strength, to make his dying body conform to the requirements of his personal and professional life—demonstrate a counter-movement: the inner space (his body) is also being re-molded in reaction to the outer (his wants, his duties as father, husband, writer).

This corporeal and environmental dialectic peaks in a tragically ironic paradox: as Paul's physical environment contracts, his story enlarges, breaching the boundaries of his body. Writing is an act of spatial and temporal rebellion—a means of extending his voice past the breaking points of his dissolving flesh. Thus, *When Breath Becomes Air* does not just record the dissolution of space in sickness; it delineates the persistent human effort to redraw its edges even as it faces destruction.

The Body's Absence and the Collapse of Lived Space in When Breath Becomes Air

Drew Leder's assertion that "the human body helps us experience the external world, but it remains absent from our awareness" (1) finds haunting resonance in Paul Kalanithi's narrative. The cancerous cells multiplying within him—invisible, imperceptible—nonetheless orchestrate a seismic upheaval in his existence. This metastasis, both biological and existential, does not merely invade his organs; it migrates outward, colonizing his spatial and temporal realities. The vessel once that had allowed him access to the world—hiking, cycling, marathons, cross-country travel—now serves as a jail, its deterioration limiting his interaction with the very worlds that had defined him.

The Erosion of Embodied Freedom

Paul's pre-illness life was characterized by deep affiliation with exterior environments: the Kingman, Arizona, deserts; the roads of his marathon routes; the intellectual terrain of Stanford and Yale. These were not mere settings but extensions of self—places in which he performed his independence. However, as metastasis occurs, his relationship with these spaces is reversed. A moving instance occurs when he rejects his ideal job, only to find, on a campus tour, that the very luxury intended to lure him—a lakeside cubicle, the ability to swim or skate to work—is now highlighting his disability. The beauty of the lake is bitter irony; the freedom it represents is forever separated from his corporeal reality.

The Paradox of Spatial Longing

Even as his bodily universe reduces, Paul's desire for exteriority grows. His pre-diagnosis journey to New York—a conscious journey to friends, anticipating confinement—betrays an unconscious compromise with impending spatial loss. Later, his broken body's tenacious determination to hike again best represents this conflict: the mental chart of possibility grates against the body's new perimeters. The hospital and home, once stopping points, now haunt his cartography, their walls marking the reduced perimeter of his self.

The Body as Missing Architect

Leder's "absent body" model illuminates this dynamic. In health, Paul's body is the transparent medium by which he entered the world; in sickness, it is opaque, an insistent demand. The cancer cells, even though not visible, re-write his spatial story:

- Physical Well-being → Fatigue governs daily rhythms.
- Occupation → The surgeon's scalpel is substituted by the patient's gown.
- Time → Prognosis shatters future projects into "last times."

And yet, in a last gesture of resistance, Paul's memoir itself becomes a reclaimed territory—a textual landscape where his voice exists independent of the body's failure. The writing desk, as opposed to the hiking trail, is accessible, so he can rebuild a world even as his physical one falls away.

Temporal Disruption and the Double Clock of Mortality

Time has traditionally been a constitutive aspect of narrative, ranging from the circular "adventure-time" of archaic epics to the psychological time of modernist fiction (Bakhtin 87-230). But for Paul Kalanithi, terminally ill neurosurgeon-patient, time is not just a narrative tool but a raw, imploding reality. His diagnosis disrupts the customary spatio-temporal structure of his existence, requiring a wholesale reconstruction of both inner (biological, subjective) and outer (social, quantifiable) time.

The Metastasis of Time

Cancer places a twisted duality upon time:

The Body's Inner Timer: The errant cells growing within Paul run their own ferocious schedule—what Sherwin Nuland drily characterizes as cells that "fornicate" and "rage against the society [of cells] from which they sprang" (210). This cellular uprising instills a bodily temporality detached from outside clocks, a countdown unseen but inevitable.

The Outer Clock of Prognosis: Paul's insistence on the Kaplan-Meier curve (Kalanithi 57)—a statistical chart of survival rates—betray his desperate desire to align his inner disorder with outside measures. The curve is medicine's attempt to measure the immeasurable: the reduction of cellular anarchy into useful time.

Temporal Reconfiguration

The collision of these timelines compels Paul into existential triage:

Biographical Acceleration: Lifetime plans (career achievements, parenthood, writing) have to be condensed into months. His memoir itself is a chronological rebellion, a try at bending time with words.

Professional Time vs. Mortal Time: As a surgeon, he had once used time like an instrument—saving lives on the margin of split seconds. Now, time uses him, shrinking his actions to moments: one last hike, one last meeting with friends.

Idyllic Time Unmade: Bakhtin's "idyllic time" (230)—a balanced, cyclical temporality—is destroyed. Paul's past (desert hike memories) and future (unfulfilled dreams) converge into a present suffused with ruin.

The Paradox of Medical Time

Modern medicine, with its technological prowess, promises control over time (through treatments, prognoses). Yet for Paul, this very science underscores time's fragility. The Kaplan-Meier curve, rather than offering clarity, exposes the absurdity of measuring life in "median survival rates." His plea—"I need to know if I'm going to die in one year or ten" (Kalanithi 57)—is less about numbers than about narrative coherence: how to story a life interrupted.

Theoretical Anchors

Bakhtin's Chronotope: The hospital is a dystopian chronotope where institutional time (appointments, scans) and biological time (cancer's advancement) collide.

Frank's Chaos Narrative: Paul's temporal breakdown is an example of Arthur Frank's concept of illness as "narrative wreckage" (The Wounded Storyteller), wherein linear biography disintegrates.

Leder's Absent Time: As the body's internal processes are typically "absent" (Leder), so is healthy temporality—until crisis renders it harshly visible.

The Disruption of Spatio-Temporal Order

The first lines of *When Breath Becomes Air* promptly create a chronological paradox: Paul Kalanithi describes his disease in the past tense, while the "widely disseminated" (3) cancer cells thrust him into an imperative present. This narrative decision reflects the existential dislocation of terminal diagnosis—where the linear flow of biographical time (Bakhtin's "adventure-time" or "biographical time" [87, 116]) shatters into a condensed, medicalized temporality. The hospital, which was once a field of professional expertise, becomes ground zero for his own transformation from patient to doctor, from reader of scans to their object.

The Duality of Temporal Existence

Kalanithi's experience exemplifies the collision of two irreconcilable timelines:

Biological Time: The cancer's "inner timer" (Nuland 210), a malignant chronology indifferent to human projects.

Prognostic Time: The Kaplan-Meier curve (57), medicine's attempt to quantify the unquantifiable—a statistical abstraction of survival that fails to capture lived urgency.

His evocative insight—"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" (131–132)—defines the absurdity of prognostic temporality. The curve, while empirically sound, cannot provide an answer to the phenomenological question: How does one live when time becomes contingent?

Spatial Contraction and the Body's Betrayal

As cancer metastasizes, Kalanithi's spatial world undergoes a parallel collapse:

Professional Space: The operating room, once his domain, recedes; the patient's gown replaces the surgeon's scrubs (3).

Geographic Space: The Arizona deserts, mountain trails, and dream job's lakeside campus (now inaccessible) haunt him as lost futures.

Corporeal Space: Basic acts—eating, typing, breathing—require conscious recalibration, a relearning of embodiment (Leder's "absent body" [1]).

This physical erosion is most poignant in his unsuccessful endeavor to reclaim hiking—a process that originally represented freedom but now points to the body's boundary.

Narrative as Spatio-Temporal Resistance

Challenging extinction, Kalanithi builds two lasting legacies:

His Daughter, Cady: Her growth (first steps, first words) is in counterpoint to his decay, producing a dialectic of expansion/contraction in family spacetime.

The Memoir Itself: Writing becomes an act of chronotopic resistance (Bakhtin 84), converting finite days to textual eternity. The unfinished manuscript, like Cady, is a "futurity" that cannot be stolen (199).

Conclusion: The Paradox of Finite Transcendence

Kalanithi's memoir illuminates the fundamental tension of mortal existence: though space and time are the very agents of his dissolution, they also become the mediums of his transcendence. The "squiggly lines" (57) of his scans—like the words of his narrative—are hieroglyphs of a life oscillating between innermost corporeal decay and outermost cosmic eternity. In recording this oscillation, *When Breath Becomes Air* does not simply describe dying; it does an *ars moriendi* for the contemporary period, when medicine's quantitative time collides with literature's qualitative resistance. The blankness of the page, as with the emptiness of infinite space, finally engulfs him—but not before he writes therein a legacy that surmounts the Kaplan-Meier curve.

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