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## The Clinical Images in the Works of Jhumpa Lahiri : An Approach in Medical Humanities

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### Abstract/Summary

*The Medical Humanities provide an interdisciplinary and interprofessional approach to investigating and understanding the profound effects of illness and disease on patients, health professionals, and the social worlds in which they live and work. Medical Humanities try to collect theoretical, critical and practical insights from across the social sciences and humanities to explore the complex meanings that get attached to health, illness, disease and disability – generally studied through narratives of patients/caregivers or care takers or patients’ relatives /medical professionals. It is a subject most often taught to medical students with a view to inculcating a holistic and more ethical approach to illness and healing. In contrast to the medical sciences, the medical humanities - which include narrative medicine, history of medicine, culture studies, science and technology studies, medical anthropology, ethics, economics, philosophy and the arts (literature, film, visual art) - focus more on meaning making than measurement. It can assist medical practitioners with viewing issues from more than one perspective, such as the visual arts and culture are supposed to do. Both patients and doctors/medical professionals deal with facing decision-making. Each person’s perspective of medical ethics is different from one another due to different cultures, religions, societies, and traditions. The humanities also assist and attempt to create a closer or more meaningful relationship between medical practitioners and their peers/patients. Here in the paper an attempt is made to find out the clinical images in the stories of Jhumpa Lahiri’s “An Interpreter of Maladies.” The paper will point out the conditions of patients in hospitals, their psychological, physical, mental conditions and even the approach of their relatives or the society as well as the treatment they get in the hospital from medical ethical point of view.*

I. Medical humanities can be defined as an interdisciplinary, and increasingly international endeavor that draws on the creative and intellectual strengths of diverse disciplines, including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology, and history, in pursuit of medical educational goals. The arts can provide additional perspective to the sciences. It is an approach which argues that the arts and humanities have more to offer to healthcare than simply improving medical education. It proposes that the arts and humanities offer different ways of thinking about human history, culture, behaviour and experience which can be used to dissect critique and influence healthcare practices and priorities.

Literature and medicine are an interdisciplinary field of the medical humanities. Nowadays literature and medicine i.e. medical humanities are flourishing in undergraduate programs and in medical schools in many countries. The Pennsylvania State University College of Medicine-Hershey was the first to introduce literature into a medical school curriculum when Joanne

Trautmann (Banks), an English professor, was appointed to a position in literature there in 1972. The benefits of using literature and medicine in medical education is three-fold: 1) reading the stories of patients and writing about their experiences gives doctors in training the tools they need to better understand their patients, 2) discussing and reflecting on literature brings the medical practitioner's biases and assumptions into focus, heightening awareness; and 3) reading literature requires critical thinking and empathetic awareness about moral issues in medicine. The origin of the literary cases is William Carlos Williams' "The Use of Force" in the 1930s. But Camus's *The Plague*, first published in 1947, is widely regarded as a classic of 20th-century fiction and as an interesting point of reference for the field of health humanities. In his edited book, Woods Nash explores how *The Plague* illuminates important themes, ideas, dilemmas, and roles in modern healthcare, helping readers—and particularly medical students and professionals—understand issues related to their training and practice in a dramatic and stimulating context. While medical education has had to make a case for reading literary texts, its close relationship with medicine has always been a given in literary studies – the recesses of the mind, the body in health, physicians and medicine, sickness and recovery, hospitalisation and disability, sex and sexuality, death and decay. Health has been a central concern of literature of all cultures—from the Sanjeevani of the Ramayana, or the key cultural imagination of the poet as blind, for example, a Milton or a Surdas. The works of Michel Foucault's *Birth of the clinic* and Susan Sontag's *Illness as metaphor*, alongside texts, dealt with the association between writing and illness. We also looked at texts that when juxtaposed with each other could unearth the several ethical conundrums in narratives about ill health— for instance, Sophocles' *Philoctetes*, Eliot's *Middlemarch*, Tolstoy's *The Death of Ivan Ilyich*, Mann's *Death in Venice* and *The Magic Mountain*, Kafka's *Metamorphosis*, Camus' *The Plague*, and García-Márquez' *Love in the Time of Cholera*, to name only a few examples, are among the highly regarded works of art that raise ultimate questions about what it means to be ill, to suffer, and to die. Such works are of more importance for physicians than any other readers because in the daily practice of their profession physicians must deal with the ultimate human questions examined in these works. It is a combination of their medical subject matter, their brevity, and their literary style that gives them special pedagogical value for medical education. These works may focus sharply on a doctor-patient encounter or an ethical dilemma in medical practice or different conditions of

patients and their psychological, moral, physical and mental state. The presentations of these complex human situations are replete with highly charged emotions. It makes these stories so pedagogically useful. It also emphasises the important role literature can have in helping physicians develop empathy, especially for those who are different from them in gender, race, class, or culture and the need to include patients' stories of illness in medical education. In addition to great literary works that have special relevance to the world of medicine, it will include works that may be little known or taught beyond medical circles but that offer valuable insights into patients' or physicians' experiences or into troubling ethical issues in medicine.

**II.** Jhumpa Lahiri is one of the greatest story-tellers of our time who has depicted the cultural assimilation, clinical references and human relationship in multi-coloured way. She made her mark with a Pulitzer-Prize-winning debut collection of short stories "Interpreter of Maladies" in 1999 and the novel "Namesake" in 2003, and Unaccustomed Earth in 2008 and the novel "The Lowland" in 2013. The works of Jhumpa Lahiri have universal human themes i.e. loneliness, exclusion, search for identity and lack of belonging. Along with these themes Jhumpa Lahiri has also projected the themes of love, fidelity, tradition and alienation that impinge the lives of Indians and non-Indians. It is interesting to note that she has employed the clinical imagery and references to locate human sentiments and emotions.

In the novel 'The Namesake', we find Ashima who learns about American lifestyle- for example- people do not take off shoes before entering house. Ashima is aghast to learn that the small children studying in schools were taken to a graveyard as a visit and Gogol was asked to trace on the paper the names etched on the gravestones. By comparing it with Indian school visits, she strongly criticizes it. She even marks the difference between the American and Indian style of home decorum and the choice of food. The Americans eat chicken with its skin, whereas Indians would prefer it skinless. The treatment of patient in America is also completely different and in contrast with the Indian ways. At the time of pregnancy, Ashima has to wear a 'plastic bracelet with a label identifying her as a patient.'<sup>1</sup> In india, such treatment is not found even in multi-clinic hospitals.

On the fifth day of pregnancy, when Ashima and the baby are to be discharged on the morning, they came to know custom of American hospital. They learnt that a baby cannot be released without birth certificate from hospital. And certificate needs a name. It is a permanent record. The name written on certificate is a final and a long procedure – appearing before judge and fee etc. – is required if one wants to amend the permanent record. Mr. Wilcox, the complier of the hospital birth certificates, is at his wits end in understanding the reasons for the Ganguli's not naming their own child. Ashok and Ashima wanted Ashima's grandmother to do the honours of naming, Mr. Wilcox, the complier of the hospital birth certificates, is at his wits end in understanding the reasons for the Ganguli's not naming their own child. In India, the elders in the family are respected and their guidance in such a matter is considered to be obligatory on the young people. Both of them cite examples of their cousins who were not officially named until they were registered at six or seven in the school. Indians follow / respect the elders so scrupulously that they could not think of disobeying them (elders) and they also do not want to break the Indian traditional methods. When Mr. Wilcox wants to know some other name in case they do not like the name suggested by the grandmother, Ashima and Ashoke both shook their heads. "It has never occurred to either of them to question the grandmother's selection to disregard an elder's wishes in such a way."<sup>2</sup>

In namesake when Ashima is admitted to the hospital for delivery, time sits heavy on her heart. She calculated the Indian times on her hands. She felt lonely though there were other American pregnant women admitted in the hospital. Even when she comes into contact of find and lost department, the mannerisms of school admission, hospital discharge, Ashima makes comparison between the host and home culture. Sometimes such type of comparison may result in a feeling of better lived life in host country or sometimes the comparison may open up the doors of past where immigrant had led his/her major part of life.

The attitude of American husbands inside the hospital with their wives demonstrates another cultural barrier between India and US. Americans try comforting their wives with warm words, while Ashima is aware that Ashoke is not going to say such words since "this is not how they are."<sup>3</sup> Therefore in order to console herself from the loneliness and strong nostalgia, she read a Bengali magazine "Desh"<sup>4</sup> that she had brought with herself from India to Boston. She had read

the stories, poems and articles a dozen of times. This reading of native/ own language brings a kind of perpetual comfort to the uneasy and discomforted soul of Ashima.

In the story “A Choice of Accommodation”, Megan, the wife, is depicted as an independent woman of thirty seven years old working in hospital as a doctor. Her schedule is more exhaustive. Sometimes she works in the cardiac intensive-care unit, working thirty-six hours shifts, returning to the apartment at dawn, falling asleep just as Amit and the girls were beginning their day. She is more lenient in nature. Due to her job in hospital, she considers small incidents/ mishaps in her daughters’ lives easily and never frightened by them.

The story “Interpreter of Maladies” depicts Mr. Kapasi as a speaker of many languages, and as a worker at a hospital as translator between doctors and patients who do not always speak the same language. Due to this job, Mrs. Das describes him as an “interpreter of maladies.” The doctor does not know the local language. When patients tell about their sickness in the local language, he translates the symptoms to the doctor who, in turn, prescribes medicines. The name of the travel guide and interpreter of maladies is Mr. Kapasi.

The story “A Temporary Matter” presents Shukumar and Shoba, whose life was filled with joy and after the death of their first-born baby both started drifting apart. For her, the arrival of the child was a symbol of the fruition of her love for Shukumar, but its death marks the death of her love and sensitivity for life in general. Though Shukumar’s and Shoba’s reactions to the personal tragedy of child- loss are equally intense, they are different. The title of the story does not refer to the temporary power failure alone. Their stillborn child has created distance between them. Shoba is incapable of dealing with her pain and frustration at losing her baby and projected her anger and frustration on her husband because he was absent during her labour. Shukumar was not there by her side at the time in the hospital as he was attending an academic conference in Baltimore that he “hadn’t wanted to go to . . . but she had insisted” as it was “important to make contacts.”<sup>5</sup> However, he had come back in time to hold the child for few minutes before the child was cremated. Shukumar was neither indifferent nor irresponsible towards Shoba or the child; rather he looked forward towards being a father. They lost touch with one another in their relationship; Shoba silently blames Shukumar for the tragedy.

“The Treatment of Bibi Haldar” is about a misfit, a young woman living in a rundown building in Calcutta. She is in care of her cousin and his wife. She is an epileptic. Her real frustration is an absence of a man in her life to protect her. Bibi herself unknowingly admits that her illness is not physical, but psychological. Her problem is solved when she became pregnant in an accident before/ without marriage. Besides, Jhumpa Lahiri has perfectly depicted the psychology and helping nature of mob. The treatment of mob is used in literature by many writers. But Jhumpa Lahiri has painted a caring and emotional side of it with perfect fidelity. In the month of November, when Haldar’s wife was pregnant, Bibi fell onto the footpath. A group of people encircled her and eager to assist in whatever way possible.

*“The vendor of sliced cucumbers attempted to unclasp her fingers. One of us doused her with water from the pond. Another wiped her mouth with a perfumed handkerchief. The seller of jackfruits was holding Bibi’s head, which struggled to toss from side to side. And the man who cranked the sugarcane press gripped the palm fan that he ordinarily used to chase away flies, agitating the air from every conceivable angle.... A sandal held under her nostrils was what had finally freed Bibi from the clutches of her torment.”<sup>6</sup>*

The group of people escorted her to home. This is not just enough. But when the group reached the courtyard, Haldar and his wife would not have her in the flat. Even the group has raised voice against the injustice done to Bibi by her cousin and refused to shop from his store as a mark of indignation. The human emotion of the caring for a diseased in a society can be seen in the story. In order to cure her from a baffling ailment, every concerned person in the locality does for her in his way. Some brought holy water for her. When they heard her shrieks and shouts at midnight, they named her in their prayers. Wise men had massaged her with special herbal balm. Even kissing of the tombs of saints and martyrs and amulets warding against the evil eye girded around her arms and neck was nothing but a symbol of care of society for Bibi Haldar. The father- daughter relationship and the love and caring of father for his daughter can be seen in the story. Her father was a mathematics teacher in the elementary school. When the illness of Bibi was detected, he hoped for solutions. He wrote letters to doctors in England. He spent his evening reading casebooks at library. He did certain religious actions like fasting on Fridays in order to appease his household God. At last he gave up his regular teaching job and took up private tuition in order to observe Bibi at all hours. But he was unable to solve the mystery of his daughter’s disease. He observed that her attacks occurred more frequently in summer and winter

only. He created a chart of her symptoms with direction for calming her. Whatever the father had done for his daughter is unique bond of love, care.

III. It is interesting to note that these accounts depicted by Jhumpa Lahiri in her stories and novels describe how illness adversely affects life in many cases, in subtle yet pervasive ways, and allow physicians to look into what is now termed the ‘lived experience’ of illness. Even the manner in which relatives and friends respond to knowledge of a diagnosis of a fatal disease is another aspect of the impact of the illness on others. Knowledge of this possible outcome means that the doctor can explore the varying and multiple kinds of loss associated with illness thereby providing understanding and compassion.

It is unarguable that the doctor’s role is both to be technically competent as well as humane in his approach. Being humane involves connecting and engaging with the patient’s concerns and worries, the patient’s understandings as well as misunderstandings, and drawing from the same pool of cultural motifs as the patient so as to grasp the patient’s apprehensions. Literature provides a ready source, an insight in the life. And it is true that the works of Jhumpa Lahiri sheds light on the human condition and life.

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