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Embodied Vulnerability and the Precarity of Being: A Merleau-Pontian Analysis of Paul Kalanithi's *When Breath Becomes Air*

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Abstract: The intricate relationship between the body and identity is a critical area of exploration in phenomenology, particularly in the philosophical insights of Maurice Merleau-Ponty. His groundbreaking concept of the lived body (le Corps Propre) challenges the traditional Cartesian dualism by asserting that consciousness is irrevocably tied to an embodied existence within the world. Paul Kalanithi's poignant memoir, *When Breath Becomes Air,* is a compelling and profoundly introspective examination of this profound idea. As a neurosurgeon grappling with terminal lung cancer, Kalanithi undergoes a striking transformation, evolving from a healer of others' suffering to a patient confronting his own body's vulnerability. His narrative exemplifies the tension between the lived body (how one experiences the body) and the biological body (how the body is treated in medicine). This article delves into Kalanithi's narrative through the lens of Merleau-Ponty's Embodiment theory, revealing how his story powerfully illustrates the disruption of bodily perception, motor intentionality, and identity itself.

Keywords: Embodiment, Perception, Lived Body, Identity, Illness Narrative, Phenomenology

Our existence is so 'tightly held in the world' that we are unable to recognize our involvement for what it is.
(Macann)

Maurice Merleau-Ponty's Embodiment theory is pivotal to his phenomenology, asserting that the body fundamentally influences perception and experience. He contends that the body is not merely an object we control but the primary means through which we perceive and engage with the world. Contrary to Cartesian dualism, which frequently segments mind and body, Merleau-Ponty views the body as the essential site of understanding and interaction with the world. "Human beings are not 'in' the world as an object is 'in' the world because the world exists 'for' them and they exist 'for' themselves" (Crossley 93). Instead of conceptualizing the body as a machine governed by the mind, he proposes that we encounter reality through the body's direct engagement with our surroundings. "Merleau Ponty never doubts or denies the existence of mental phenomena, of course, but he insists, for example, that thought and sensation as such occur only against a background of perpetual activity that we always already understand in bodily terms, by engaging in it. Moreover, the body undercuts the supposed dichotomy between the transparency of consciousness and the opacity of objective reality" (Carmann 206). For Merleau-Ponty, consciousness is always embodied, meaning that our bodily experience is the primary way we engage with the world. The body is not a mere object but an active, perceiving subject that mediates our interactions with reality. In *Phenomenology of Perception,* he explicitly argues that the body is not an object but a lived experience. The body's unconscious ability to navigate the world (Corporeal Schema) and the relational nature of embodiment, where bodies communicate through presence (Intercorporeality), are the key aspects introduced by Merleau-Ponty. "Merleau Ponty called the oriented, situational spatiality of embodiment "in and toward the world" the *body schema*. This body schema is not an object but rather, like the world, is a horizon against which objects and projects appear. Its spatiality is intentional, directed, and involved" (Norwood 12). Merleau-Ponty introduces the concept of the lived body by emphasizing that we do not merely have a body, we are our bodies. "The *Phenomenology of Perception* is divided into an Introduction and three subsequent parts, a first part devoted to the Body, a second part devoted to the World as Perceived and a third part devoted to Being For itself and Being-in-the-world" (Macann 161)

Embodiment has been a focal point in phenomenology, particularly in the works of Husserl, Heidegger, Sartre, and Merleau-Ponty. In his seminal work *The Absent Body*, scholars like Drew Leder explore how illness disrupts embodiment, making the body painfully present. In his classic text *The Wounded Storyteller*, Arthur Frankfurther develops this idea, emphasizing how narratives of illness reconstruct identity. In his profound text *Illness: The Cry of the Flesh,* Havi Carel applied phenomenology to patient experiences, showing how illness alters one's bodily being. "Beneath and within all of this sensorimotor structure, there were vast, relatively unchartered dimensions of meaning that involved the very things philosophers seemed to have little or no resources to talk about-qualities,

feelings, emotions, and other visceral aspects of experience"(Jhonson 162).When illness disrupts bodily functions, the body becomes an object of our attention, altering our relationship with the world.

Kalanithi's memoir fits within this discourse, demonstrating how a medical professional's shift from doctor to patient exposes the paradoxes of embodiment. His story resonates with Merleau-Ponty's phenomenology, where the body is not a fixed entity but constantly redefined through experience. "A newly qualified neurosurgeon is diagnosed with terminal cancer. Despite having been trained to "grapple" with death, he struggles to work out how to live a meaningful life in the limited time left to him. During his final year of life, he engages with cancer treatments, returns to neurosurgery, fathers a baby, and writes a book. (Sayburn5). Kalanithi's reflections on the deterioration of his body highlight the phenomenological tension between the body as a subject (a locus of agency) and the body as an object (a site of disease). Paul Kalanithi, here, documents his existential struggle as his body transitions from being an instrument of healing to a site of disease.

"Why was I so authoritative in a surgeon's coat but so meek in a patient's gown?" (Kalanithi 14) In *When Breath Becomes Air,* Kalanithi initially inhabits a world where his body functions as a transparent, effective instrument; his hands carry out life-saving operations precisely. His identity is profoundly connected to his physical abilities. As a neurosurgeon, Kalanithi's professional identity is deeply tied to the body, not just his own, but his patients' bodies. In this role, he interacts with patients' bodies as a surgeon, diagnosing, operating, and often making life-and-death decisions. His training reinforces a detachment from the vulnerability of the body, positioning him as an authoritative subject who shapes the fates of others. However, following his cancer diagnosis, his experience of embodiment changes dramatically. "I wasn't in the radiology suite, wearing my scrubs and white coat. I was dressed in a patient's gown, tethered to an IV pole, using the computer the nurse had left in my hospital room, with my wife" (Kalanithi 13). Kalanithi begins to see his body not as a facilitator of actions but as a source of vulnerability. Merleau-Ponty contends that we engage with the world via our lived body (le Corps Propre) — not merely as an object but as a subject actively engaging with our environment. Initially, Kalanithi, as a neurosurgeon, perceives the body as an object — a site for medical intervention. "I was merely at those pivotal moments. I observed a lot of suffering worse. I became inured to it. Drowning, even in blood, one adapts, learns to float, to swim, even to enjoy life, bonding with the nurses, doctors, and others who are clinging to the same raft, caught in the same tide" (Kalanithi 62). However, upon receiving his lung cancer diagnosis, his own body transitions from a transparent means of action to an obstruction, compelling him to confront bodily fragility. "I found myself the sheep, lost and confused. Severe illness wasn't life-altering, it was life-shattering" (Kalanithi 85). Merleau-Ponty suggests that as long as the body functions seamlessly, it serves as a transparent medium for action. His identity was enmeshed in the physical capabilities of his hands, his endurance, and his cognitive sharpness. However, this seamless integration is disrupted with his

illness. Kalanithi discusses how cancer alters his relationship with his body, making him acutely aware of its constraints. Walking, breathing, and even handling surgical instruments transform into monumental challenges, disrupting his self-perception. “My body, and the identity tied to it, had radically changed. No longer was getting in and out of bed to go to the bathroom an automated subcortical motor program; it took effort and planning” (Kalanithi 88). Kalanithi began questioning his abilities, and that confusion tied him to his body. His body, once an instrument of mastery, becomes a site of betrayal.

Before his diagnosis, Kalanithi’s hands served as his key means of perception as a surgeon, enabling him to interact with the world through touch and precision. While discussing chemotherapy with the oncologist Emma, Kalanithi decided to protect his “hands for surgery” as he states, “I’vespent almost a third of my life preparing for it” (Kalanithi 91). Before the diagnosis, his hands performed intricate surgeries, and his physical endurance allowed him to withstand long hours in the operating room. His corporeal schema, or the pre-reflective bodily awareness that enables smooth action, was stable and intact. However, his illness shattered this embodied ease. After his diagnosis, his hands weakened, trembling from illness, rendering surgery impossible. “It felt like an epiphany- a piercing burst of light, illuminating what matters- and more like someone had just firebombed the path forward” (Kalanithi 85). This moment highlights the phenomenological rupture when the body ceases to function as expected. Kalanithi experiences the transition from being the one who diagnoses to being the one diagnosed. This change reflects Merleau-Ponty’s concept that our physical capabilities influence our perception of reality. Kalanithi encounters this loss as an existential crisis — his identity as a surgeon was innately linked to his body’s ability to function. “I no longer knew who I was. Because I wasn’t working, I didn’t feel like myself, a neurosurgeon, a scientist – a young man, relatively speaking, with a bright future spread before him. Debilitated, at home, I feared I wasn’t much of a husband for Lucy. I had passed from the subject to the direct object of every sentence of my life” (Kalanithi 99). After the bodily experiences Kalanithi started to recognize himself as the patient. His understanding of the doctor’s point was transferred into a patient's perception. “I knew a lot about back pain- its anatomy, its physiology, the different words patients used to describe different kinds of pain- but I didn’t know what it felt like” (Kalanithi 19).Merleau-Ponty’s distinction between the lived body and the objectified body becomes crucial here. Kalanithi, once accustomed to seeing bodies as medical cases, now experiences his own body as an alien presence. The lived body is no longer seamlessly integrated into his sense of self; instead, it becomes something he must manage, observe, and endure. This shift mirrors the phenomenological experience of illness described by Merleau-Ponty, where bodily dysfunction interrupts one’s fluid engagement with the world, making the body an object of focus.

"And where present experience seems insufficient to account for the organization of the perpetual field, memory is also drawn in to lend the mind the support of experience" (Macann 166). For Merleau-Ponty, the past is not a distant, abstract entity but something actively lived through the body. He argues that memory is not a mere mental representation but is deeply connected to the sensory and corporeal experience of being in the world. "Still, when you work in a hospital, the papers you file aren't just papers: they are fragments of narratives filled with risks and triumphs" (Kalanithi 57). Kalanithi frequently revisits his past- not just as a form of nostalgia, but as a way of making sense of his present. "How little do doctors understand the hells through which we put patients" (Kalanithi 74). He recalls the physical rigor of his medical training, the feel of the scalpel in his hands, and the exhaustion of long surgical hours. "At moments, the weight of it all became palpable. It was in the air, the stress and misery. Normally, you breathed it in, without noticing it. But some days, like a humid muggy day, it had a suffocating weight of its own" (Kalanithi 60). These embodied memories contrast starkly with his present condition, where fatigue and weakness redefine his sense of self. Kalanithi's struggle to reconcile his past physicality with his present limitations illustrates how embodiment is central to identity formation and continuity. "Once I had been diagnosed with a terminal illness, I began to view the world through two perspectives; I was starting to see death as both doctor and patient. As a doctor I knew not to declare "Cancer is a battle I'm going to win!" or ask "Why me?" (Answer: Why not me?) I knew a lot about medical care, complications and treatment algorithms" (Kalanithi 97).

Kalanithi contemplates his life, past and relationships after the diagnosis of cancer more deeply. "…life wasn't about avoiding suffering" (Kalanithi 100). Kalanithi started to resonate more deeply with the meaning of living in this phase. Kalanithi's transition from doctor to patient alters his 'intercorporeality'- his bodily presence in the medical world. "I could see that in Brad's eyes I was not a patient, I was a problem: a box to be checked off" (Kalanithi 127). His authority was unquestioned as a physician, but as a patient, his identity is renegotiated through the gazes and actions of his colleagues, who now see him differently. "It occurred to me that my relationship with statistics changed as soon as I became one" (Kalanithi 94). After starting the treatment, he experienced the life that his patients once suffered. "I faced the same existential quandaries my patients faced" (Kalanithi 86). He contemplated his roles as husband, son, brother, doctor, and friend. He identified that his need to be a father and protector of Lucy seemed to get immediate attention during this period. The relationship with Lucy changes as their dynamic moves from partnership to caregiving. His thoughts seem to become more philosophical, too. His metaphysical identifications regarding the body seemed to be a change in his perception and thoughts. "I knew that our identities derive not just from the brain, I was living its embodied nature" (Kalanithi 95). He noticed changes in his body and tried to reclaim it.

"Any part of me that identified with being handsome was slowly being erased- though, in fairness, I was happy to be uglier and alive" (Kalanithi 95).

When Kalanithi successfully conquered cancer in the initial stage, he started everything fresh. His comeback days were fresher than his initial days of medical school or the decision to join medical school. Even his lived body started afresh during that phase. "I felt like somebody, a person, rather than a thing exemplifying the second law of thermodynamics" (Kalanithi 99). Even the first post-cancer days transformed him into an embodied state, "Relief washed over me. My cancer was stable" (Kalanithi 102). Kalanithi grapples with this existential dimension of embodiment as he faces mortality. "It struck me that I had traversed the five stages of grief- the "Denial – Anger- Bargaining- Depression- Acceptance" cliché –but I had done it all backward." (Kalanithi 111) However, as his physical abilities decline, he questions what remains of his identity. His struggle illustrates that our bodies are not fixed entities but sites of continual transformation. "The tricky part of illness is that, as you go through it, your values are constantly changing. You try to figure out what matters to you, and then you keep figuring it out" (Kalanithi 111).

As Kalanithi approaches death, he contemplates how his body, once strong and full of potential, gradually diminishes from existence. "Before my cancer was diagnosed, I knew that someday I would die, but I didn't know when. But now I knew it acutely. The problem wasn't really a scientific one. The fact of death is unsettling. Yet, there is no other way to live" (Kalanithi 93). Nevertheless, he continues to write, implying that storytelling can extend embodied experience beyond physical decline even as the body deteriorates. "Physician Paul Kalanithi's posthumously published memoir *When Breath Becomes Air* recounts his diagnosis with stage IV metastatic lung cancer and physical decline. Kalanithi's clinically clear prose infused with moral clarity. His memoir about the finitude of our bodies survives him" (Gilmore 675). Kalanithi describes cancer as "Part of the cruelty of cancer, though, is not only that it limits your time; it also limits your energy, vastly reducing the amount you can squeeze into a day" (Kalanithi 134). In his final months, he shifts from resisting his body's deterioration to embracing its reality, focusing on the present moment with his family and newborn daughter. "Time for me is now double-edged: every day brings me further from the low of my last relapse but closer to the next recurrence- and eventually death" (Kalanithi 134). This acceptance aligns with Merleau-Ponty's view that meaning is always within the body's experience. Rather than seeking a fixed sense of self, Kalanithi finds meaning in the transient, embodied present. "Everyone succumbs to finitude. I suspect I am not the only one who reaches this pluperfect state. Most ambitions are either achieved or abandoned; either way they belong to the past. The future, instead of the ladder toward the goals of life, flattens out into a perpetual present" (Kalanithi 135). His reflections show that even as his physical capabilities diminish, his engagement with the world remains deeply embodied, through writing, relationships and memory.

The act of storytelling becomes a means for Kalanithi to reclaim agency over his body and existence. “Human knowledge is never contained in one person. It grows from the relationships we create between each other and the world, and still it is never complete. And Truth comes somewhere above all of them” (Kalanithi 118). Though his body is failing, his ability to write affirms his ongoing engagement with the world. This resonates with Maerleau Ponty’s assertion that expression is an extension of embodied existence. “I had traversed the line from doctor to patient, from actor to acted upon, from subject to direct object. My life up until my illness could be understood as the linear sum of my choices. As in most modern narratives, a character’s fate depended on human actions, his and others'(Kalanithi 123). Kalanithi’s writing is filled with sensory details that reinforce the phenomenological nature of his experience. This reflects Merleau-Ponty’s view that meaning is not detached from the body but is lived through it.

Kalanithi’s memoir exemplifies Merleau-Ponty’s assertion that we do not merely have bodies — we are our bodies in the context of illness and mortality. His transformation from surgeon to patient highlights how illness alters bodily perception, identity, and interaction with the world. His journey disrupts his corporeal schema, alters his inter-corporeal relationships, and forces a redefinition of identity through the body. *When Breath Becomes Air* reflects on living and dying as an embodied existence. His narrative highlights the lived body’s fragility and resilience, demonstrating that embodiment is not merely about physical function but the deeply personal and existential dimensions of being human.The memoir captures the existential transition from an active, functional body to a failing, diseased one, illustrating the tension between the lived body and the objectified body. Kalanithi’s words, such as “…even if I’m dying, until I actually die, I am still living” (104) and “We would carry on living, instead of dying” (100), still resonate in the minds of readers. Thus,Kalanithi’s memoir is not just about dying; it is about what it means to live through the body, even in its final moments.Ultimately, *When Breath Becomes Air* is not just a memoir of illness but a phenomenological exploration of what it means to be alive, to live, suffer, remember, and create meaning within and through the body.

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