
**ILLNESS AND EMBODIED SUBJECTIVITY IN SHASHI DESHPANDE'S
*STRANGERS TO OURSELVES***

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Abstract

In her novel *Strangers to Ourselves*, Indian author Shashi Deshpande provides the reader with many insights about how lived experiences of a disease and illness shape an individual's subjectivity. One's cultural and socio-temporal locations determine the meaning assigned to such embodied experiences, which are reflected by the individual's responsive actions towards the management of a disease to a very large extent. This paper argues that individuals suffering from chronic diseases don't always see themselves as victims of their circumstances. Although their illness makes them vulnerable to surrender the control they may have exercised over their life and being prior to the event of the disease, they often resist the dominant medical discourse which expects them to do so. The paper will accomplish this by focusing on the character of Jyoti and her struggle against cancer as a woman. It also sheds light on the doctor-patient relationship between Aparna and Jyoti by borrowing insights about the same from Indian Knowledge Systems.

Keywords: Illness, Lived Experience, Embodied Subjectivity, Vulnerability, Indian Knowledge Systems

Introduction

In recent times, numerous articles in the field of health and medical humanities explicate how the affects of the lived experience of disease shape an individual's subjectivity. Lived experiences of a disease shape an individual's subjectivity because construction of the self depends heavily upon embodiment. One's cultural and socio-temporal locations determine the meaning assigned to such embodied experiences. These same factors also determine the individual's responsive actions towards the management of a disease to a very large extent.

Keeping these observations in mind, this paper argues that individuals suffering from chronic illness don't always see themselves as victims of their circumstances and therefore,

they often resist the dominant medical discourse which expects them to surrender the control they may have exercised over their subjectivity prior to the event of the disease. It also argues that a doctor-patient relationship is also affected by the socio-cultural context within which it exists.

In present times, medical and health humanities, as fields of knowledge and research, are trying to generate awareness and sensitivity about how the ill are often averse to the idea of being reduced to their disease and expect to be recognized as individuals who are capable of understanding and participating in the process of making sense of their illness. This observation is valid for Jyoti's character in Shashi Deshpande's novel *Strangers to Ourselves* wherein one can witness her resistance to the dominant medical discourse when it does not take into account her own expectations from life, or the experience of pain she endures during treatment. She refuses to be seen as a "victim" of her disease and thus does not allow it to define the course of her life. She ensures that she lives her life in a manner that gives her the space to accomplish some of her life goals and continue to care for those around her. Her translation of a literary work allows her to stay creative while cancer wreaks havoc on her body and eventually her life. The text gives a sense that while her own body is debilitating under the onslaught of cancer, Jyoti brings Ahalya's story to life by expending her life energy into it.

Disease As Narrative And Lived Experience

The Derridean notion of nothing existing outside the text is quite important for representations of embodied subjectivity in literature. As Judith Butler points out in her book *Gender Trouble*, the body and its materiality are indeed pre-linguistic and therefore pre-discursive, but the phenomenon of language is what gives us the access to discuss the materiality of the body at a conceptual level. Disease, a bodily experience, becomes a narrative when a patient visits a doctor and describes their symptoms as an ill person for a diagnosis and prognosis, which in turn function as narratives of disease with considerable affective power. However, how much power the words of the patient will have upon the medical practitioner will depend upon the kind of subject they are. Similarly, how the discourse of a medical practitioner will influence or shape the life course of the diseased person will depend upon the latter's subjectivity along with those of the caregivers.

It seems that the materiality of the body, although it plays a pivotal role in determining subjectivity, is also influenced by how it is embodied by the individual. An example of this can be found in the essay "On Being Ill", where Virginia Woolf discusses how the body is often ignored in literature, and seen as a prison house for the soul in the following words:

...literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two passions such as desire and greed, is null, negligible and non-existent. On the contrary, the very opposite is true. All day, all night the body intervenes...The creature within can only

gaze through the pane—smudged or rosy; it cannot separate off from the body like the sheath of a knife or the pod of a pea for a single instant; it must go through the whole unending procession of changes, heat and cold, comfort and discomfort, hunger and satisfaction, health and illness, until there comes the inevitable catastrophe; the body smashes itself to smithereens, and the soul (it is said) escapes. . . (Woolf 32-33)

Woolf's account of what the body endures during a lifetime provides insights into how being in the world occurs through the body, and while one is alive, the self and the body cannot separate. Her ideas align with Merleau-Ponty's phenomenology, which too recognizes that our bodily experiences play a central role when it comes to making sense of the world. However, the history of Western philosophy, entrenched as it is in Cartesian dualism and its emphasis on the mind, does not accord the body as much attention as it deserves even in the present times (Grosz).

The Body In Western Metaphysics

The lack of focus on the body in western metaphysics has also had an impact on how medicine and healthcare have developed in western societies. For a fairly long time, western medical science did not give credence to the idea that a disease cannot be solely understood in biological terms; it also has a social dimension (Bordo), which medical practitioners must consider while communicating with patients. While this idea is part of traditional Indian medical knowledge, western medical science has not always been attuned to it. As a result, one finds several patient narratives about the disinterestedness exhibited by the doctor in the patient's life, treating their disease as a set of symptoms, without taking into consideration how their life experiences, structural inequalities and situated realities may have contributed to the development of the disease. Symptoms are also often treated in isolation, without understanding how they might be connected, or how chronic illness affects the mental health of the patient. The doctor is often found to be distant and not giving the advice which the patient may need to face his illness with resilience. In situations where full disclosure is not provided to the patient regarding the nature of their disease and treatment, patients often feel helpless and deprived of agency. This in turn can make a patient feel invisible and objectified. Although contemporary western medicine has begun to acknowledge some of its blind spots and has also realized the importance of literature and the humanities when it comes to dealing with them, one still does not see the world of medical science giving equal weightage to the insights and lessons in empathy that humanistic studies can impart. Nevertheless, through what Eve Kosofsky Sedgwick calls as “reparative reading”, it is perhaps possible to assert the importance of literature to the field and thus help medical professionals develop a better understanding about the human condition (Jurecic).

Shashi Deshpande As A Writer

Shashi Deshpande, one of the most critically acclaimed Indian women authors, is known and commended for her sensitive and nuanced portrayal of Indian womanhood. In an essay titled “Redefining Femininity: A Study of Gender and Selfhood in Shashi Deshpande's Selective Works”, Ranjit Kumar Elamalurthi highlights how the conflict between the self

and the society is a crucial theme for Shashi Deshpande, which she has explored through the social defiance of her female protagonists (63). While discussing *Strangers to Ourselves* in particular, Elamadurthi writes that “Deshpande’s narratives . . . serve as a medium for critiquing the rigid structures of tradition, while simultaneously advocating for a woman's right to individuality and self-assertion” (63).

Although Shashi Deshpande is known for writing about gender and creating strong female characters, in *Strangers to Ourselves*, she seems to be expanding her creative horizons to include concerns that are primarily discussed as part of medical and health humanities. That her concern in the novel is with the body, and the ontological vulnerability it gives rise to, is set out by her through the epigraph itself. Right at the outset, she quotes Thomas Hardy's following words: "Why should a man's mind have been thrown into such close, sad, sensational, inexplicable relations with such a *precarious object* as the *body*? [italics mine]". This quote shows that Deshpande had indeed made a commitment to write a narrative about the body through this novel, and explicate how it often acts as a source of fear.

Woman And The Body

The fear of the body is an especially pressing concern for women, since they are the ones who are traditionally associated with it in patriarchal societies. Women's identity, as feminist discourse has been at pains to expose, often gets reduced to their "womb", their reproductive and child-rearing capacities. However, not all female bodies possess these capacities, and sometimes, they are even affected by disease and illness. The anxiety around breast cancer, the disease Jyoti suffers from in the novel, needs to be read in tandem with these socio-cultural realities. In an insightful essay titled “Breasted Experience: The Look and The Feeling”, Iris Marion Young sheds light on how the loss of a breast after mastectomy affects women in cultures where they are almost fetishized (Young). According to her, breasts are considered an important part of the body image of a woman as it is treated as a symbol of womanliness. Women’s breasted experiences also vary, just like the shape and size of the organ. It should then hardly come across as a surprise that mastectomy is often understood by women suffering from it as a sign of loss of femininity. The loss of a breast can severely undermine a woman's confidence and joy, as Deshpande also states through Aparna, the protagonist of the novel and Jyoti's doctor during her chemotherapy. While examining Jyoti during her visit to her as a patient, the omniscient narrator states the following: “Aparna can no longer count the number of post-mastectomy patients she has seen, nevertheless, when she sees a woman without a breast, or both, she always has a sense of shock and outrage” (Deshpande 18). She then goes on to think about the distress experienced by a patient of hers who suffered this loss while she was still finding joy during the breast-feeding stage of her maternal journey. Aparna instinctively assumes that all women must feel the same about their breasts and thus cannot fathom why Jyoti would undergo the medical procedure of mastectomy when it wasn't required. While enquiring about the same, Jyoti reveals her thoughts to Aparna in the following words: “. . .what use are my breasts to me? No babies to suckle, no lover to caress” (Deshpande 18). This practical take may not be what Aparna

expected as a doctor from Jyoti, but the latter adopts it nevertheless to expand her chances of being rid of cancer.

The Doctor-Patient Relationship

Jyoti, during this first meeting with Aparna in her professional capacity, is described as a "45-year-old female" with "two children, no major illness, no earlier surgery..." (Deshpande 18). She had lost her husband in an accident, and, despite having a relationship with another man after that, did not marry again. In the novel, she is presented by Deshpande as a non-sentimental but resilient woman who fights against her disease till she had no hope to survive it. Her strength, intelligence and self-belief are traits that Aparna notices during the first meeting itself, which also strike the reader as inspirational, given the circumstances faced by her character. She goes into Aparna's cabin all alone to discuss the treatment. When asked if she had come alone, Jyoti informs Aparna that she had brought her daughter along, but she wanted to meet the doctor by herself. Her decision to do so seems to be informed by her desire to be given complete information about her illness and participate in the decision-making process. "I wanted you to talk to me, not to someone else. Doctors have a bad habit of ignoring the patient, as if being ill makes you an idiot" (Deshpande 19). Jyoti's remarks here, scathing as they may be, state a truth lived by many patients. A doctor-patient relationship can indeed prove to be difficult waters to wade through if the doctor has to deliver information to the patient about their diagnosis, chances of survival, and success of the treatment, without being in a position to give any hope in relation to the same. The presence of a third person, who can act as an intermediary and provide emotional support when the presence of the disease is announced to the patient, reduces the affective burden borne by the doctor in the situation. Nevertheless, given the importance accorded to individualism and independence in western culture, and how individuals in contemporary societies live, one can notice that caring for the ill and making time for them is no longer an easy task within families and communities in western countries. Taking into account these cultural factors, it seems timely that medical practitioners are now being trained for empathy, compassion and what is called as "cultural competence" to provide support to patients, and these issues have become part of the discussion on medical ethics. "What do we hope for when we speak of a 'virtuous' health care practitioner?": asks Alastair V. Campbell in his book *Bioethics: The Basics*, wherein he discusses the ethics of care. In Campbell's opinion, a good medical practitioner not only tries to cure the patients, but also cares for them; a physician must both "care for" and "care about" his patients. While the western world is only beginning to realise the importance of empathy in medical care, this idea has been present in traditional Indian medical knowledge since long. In an essay titled "Healthcare the Ayurvedic Way", Rama Jayasundar has discussed the doctor-patient relationship and medical ethics as presented in Ayurveda. According to him:

In Ayurveda, the doctor is considered not only as a healer, but also a friend and philosopher, and is expected to preserve a high level of professional and personal integrity to be in a position to advise patients. The doctor is constantly reminded that this noble

profession is for the welfare of the patient and not for making money. The relationship between the physician and the patient is considered a key factor for the well being and recovery of the patient . . . Clinical empathy is considered an essential interpersonal skill required for professional competency, success and the patient's well being. The doctor, in addition to being knowledgeable and technically skilled, is expected to maintain good qualities such as being compassionate, empathetic, caring and kind to all patient. (Jayasundar 178).

In the doctor-patient relationship one notices between Aparna and Jyoti, one can see the presence of the care and empathy as discussed in the above quoted passage. The omniscient narrator tells us about Aparna's professional ethics by stating that she: does not take refuge in medical jargon . . . She has learnt to be brief, matter-of-fact, to speak only of the treatment protocol. To speak as normally as possible. Yet she can't leave patients without any hope whatsoever. The one hope she offers is real. 'Your enemy will have retreated at the end of the chemotherapy', she tell those patients who, she knows, will understand and accept these words positively (Deshpande 16).

When Aparna meets Mira, Jyoti's daughter, and senses her fears and anxieties related to Jyoti's health, Aparna is not only able to empathise, but also sympathise. This is because Aparna too lost her mother to cancer. It is due to this reason that she "always finds herself associating with a patient's battle" (Deshpande 23). The text also informs the reader that she decided to specialise in oncology after witnessing her mother's struggle with the disease. Aparna felt that since she was not an expert in the area at that time, she could not help her mother as much as she could have. However, taking care of her patients helps her to deal with this regret.

While Aparna shows respect for Jyoti's wishes to be in control of the decision-making process in relation to her treatment, Jyoti too trusts Aparna to provide the medical care she requires. Aparna, after her first discussion with Jyoti, assumes that she will turn out to be a "difficult" patient to treat due to her strong opinions. She suspected that Jyoti would try to look up information about her treatment and not trust Aparna. However, Jyoti turns out to be different from what Aparna expects. Thus begins a relationship of trust between them, which eventually results in their friendship and Aparna renting out a house owned by Jyoti and her brother. As a result of this friendship between them, Jyoti is led to find a purpose in her life.

Cancer And Individual Resilience

Jyoti had aspirations to be a writer, and worked as an editor for a woman's magazine. Aparna also learns in due time that she was extremely fond of reading. As a result, when she finds Ahalya's life narrative amongst her deceased father's books and notes, she hands it over to Jyoti, who begins to translate it. Ahalya's story, who later turns out to be a common ancestor for Jyoti and Aparna, is brought back to life through Jyoti's effort. In a novel that also makes a considerable investment to discuss the life of art and artists, the ability of art to

provide an afterlife to its practitioner is thus explored by Deshpande through this narrative strand. Additionally, it also highlights how Jyoti, unlike other patients who “are not interested in anything but their struggle with [the disease]”, refuses to be defined or completely absorbed by it (Deshpande 24). She thus resorts to art as a form of healing, something that Aparna suggests to one of her other patients, a journalist who “had been dazed and confused when he had learnt of his malignancy, angry at what he considered an interruption in his life” (Deshpande 24).

How a patient thinks about his own diseased body will affect how they survive through it and how much effort they put in to delay its progression (Frank). This in turn is influenced by how a diseased body is thought of in the society. In western culture, a disease is often thought of as a mark of the devil, and thus coded as something to be feared at all times. Such an approach often does more harm than good, because it often leads to the shunning of the diseased person. In Ayurveda on the other hand, disease is understood differently. To quote Jayasundar yet again:

Ayurveda does not adopt a structural view like that of western medicine, but considers life as a complex and dynamic interaction of various functions and parameters, thus giving it a distinct approach in dealing with the human body in an integrated and holistic way. Everything from medicines and diet to mental, physical and emotional activities, and even seasons are classified and understood in terms of the changes they cause in the dosha, i.e. various functions and parameters in the body. (Jayasundar 177)

Having life goals often provides patients with the hope they need to push through the treatment. In Jyoti’s case, the life goal is also to see her children grow up. Although she “fights” against her disease for the same with resilience, Jyoti is also aware of the irony of using the metaphor of war because, as Aparna notes, “... even if some battles are won, the war most often ends in defeat” (Deshpande 16). Jyoti too, eventually, loses the war against her cancer, but she makes her peace with this loss on her own terms. She refuses to undergo any further invasive treatments like chemotherapy after no hope for her survival is left. She is supported in this decision by her children. However, she is provided with a lot of end-of-life care by her family and friends.

Conclusion

It is possible to look at illness narratives not only as narratives of pain, but also ones about resistance and resilience. The latter reading is what is also advocated by Eve Sedwick through her concept of “reparative reading”, wherein art is engaged with not only to discover oppression, dangers and inequalities, but also to find healing. Although many in the field of medical humanities believe this purpose is best served by autobiographical writings, Anne Jurecic, in her book *Illness as Narrative*, states that fictional illness narratives too can help the reader achieve the same goal. Shashi Deshpande, through her novel *Strangers to*

Ourselves, indeed gives credence to this statement, and thus has made a significant contribution to the field of medical humanities.

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