

The Indian *Wounded Storyteller*: Understanding Frank's Illness Narrative Typology Through *Cancer, You Picked The Wrong Girl* (2021)

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Abstract—This study employs Arthur Frank's illness narrative typology to analyze Shormistha Mukherjee's *Cancer, You Picked The Wrong Girl: A True Story* (2021). It examines how this work challenges the prevailing biomedical restitution narrative, which conceptualizes illness as a temporary disruption followed by recovery. The select autopathography emphasizes the tension between clinical objectivity and the subjective, embodied experience of a breast cancer patient in metropolitan India, addressing the psychosocial impacts of mastectomy, reconstruction, and treatment. Although Frank's framework originated in Western contexts, this analysis demonstrates how Indian cultural elements expand its theoretical scope. This study further addresses how the autopathography subverts Western breast cancer narratives that prioritize visible survivorship by reclaiming agency, confronting medical authority, and resisting the medicalization of female suffering through candid, nuanced storytelling infused with humor and irreverence. Thus, the study underscores the importance of culturally sensitive illness narratives in critical medical humanities, advocating for patient-centered care that values lived experience alongside biomedical advances.

Index Terms—breast cancer, biomedicine, critical medical humanities, autopathography

I. INTRODUCTION

Breast cancer is a significant global health concern, with increasing incidence rates worldwide. It is the most common cancer among women and a leading cause of cancer-related mortality. In India, breast cancer has emerged as a major public health issue, with a steady increase in its incidence over the past few decades (Mallath et al., 2014), presenting unique challenges in diagnosis, treatment and patient care. Breast cancer is the leading cause of morbidity and mortality among women in Indian metropolitan areas, surpassing all other cancers (Malvia et al., 2017). The delayed diagnosis of breast cancer (which could result from lack of awareness, physical shame or financial constraints) in certain regions of India, results subsequently increased mortality rates (Malvia et al., 2017). Thus, there is an urgent need for national and state-wide awareness programs that engage multiple stakeholders in society and the health system to increase public awareness of the illness (Gupta et al., 2015). India remains the nation with the highest incidence of breast cancer according to the GLOBOCAN 2022 statistics (Balachandrakumar et al., 2026; Ferlay et al., 2024). Research on breast cancer indicates that breast cancer mortality rates are significantly higher in developing nations than in developed nations, largely due to delayed diagnoses (Rajagopal, 2022; Porter, 2008) and as mentioned, this is attributed by "shame" towards the illness, lack of awareness and financial constraints (Balachandrakumar et al., 2026; Malvia et al., 2017). In the West, the Breast Cancer Movement arose in response to the need to break the silence surrounding breast cancer and challenge prevailing societal assumptions about how ill women should appear and behave, as well as how the illness should be addressed by the medical establishment (Rajagopal, 2022). However, Western medicine, since the late 18th century, typically views illness as a physiological process best understood and described by physicians, often minimizing the patient's subjective experience (Armstrong, 1984). And in relation with this, Susan Sontag's *Illness as Metaphor* (1978) was among the first works to initiate a critical conversation on the risks associated with negative metaphors and symbolic meanings attached to cancer. These associations contribute to feelings of shame among patients, often discouraging them from disclosing their diagnosis or seeking medical care.

Even though diaries and journals can be found in abundance, it is striking that autobiographical descriptions of illness belong exclusively to the second part of the twentieth century (Hawkins, 1999, p. 11). And since the publication of *The Cancer Journals* (Lorde, 1980) (one of the first book to deconstruct the biomedicalization of cancer), breast cancer survivors have argued the "validity and visibility" (Schultz, 2013, p. 1). However, in India, the situation was never the same; due to several cultural and traditional beliefs, even self-breast examination remains an undisclosed and

interdicted instance (Jadhav et al., 2024). Hence, a new generation of cancer autopathographies from Indian women is required not only to empower the narrator to assert more discursive independence while simultaneously illuminating aspects of the cancer experience that have been previously overlooked. *Cancer, You Picked The Wrong Girl* (2021) by Shormistha Mukherjee is one such Indian narrative unfurls the experience of a woman diagnosed with breast cancer in metropolitan part of India; Mumbai.

Shormistha renders the unsparing reality of her experience with mastectomy, reconstruction, body image, and medical interactions, and the memoir critiques the gendered silences and patriarchal expectations placed upon female patients in India. Rather than positioning cancer as an adversary to be conquered, Mukherjee situates her experience within a larger critique of medical authority, gender norms, and the cultural politics of illness in India through her unfiltered, candid rendering infused with strategic humor. Arthur W. Frank through his eponymous work *The Wounded Storyteller* (Frank, 2013) elaborates on studying the stories of illness through the examination of their structures (Thomas-MacLean, 2005). This study applies Frank's narrative typology to a phenomenological study of breast cancer through the Indian narrative *Cancer, You Picked The Wrong Girl* (2021). It is also important to understand that narrating one's physical transformations resulting from an illness challenges the autopathographer to reconcile the disparity between the body's lived experience and its cultural emplotments (Thomas-MacLean, 2005).

II. THE RISE OF ILLNESS NARRATIVES AND CRITICAL MEDICAL HUMANITIES: LITERATURE REVIEW

This study examines how illness narratives reveal extensive knowledge about personal pain, alongside self-reflective and medical humanities approach to health conditions. The medical humanities have evolved significantly from their initial focus on personal illness narratives and cultural interpretations of health to a more complex, interdisciplinary framework known as critical medical humanities. At its core, medical humanities began by distinguishing between illness and disease, a foundational concept articulated in *Illness and Disease* by Cassell (1976). He defines illness as a private experience while disease remains a scientific medical diagnosis and his argument demonstrates how narratives should capture subjective experiences as a way to improve clinical care and healthcare empathy according to his research (Cassell, 1976).

Illness is understood as a private, subjective experience, whereas disease is a scientific or medical diagnosis. Cassell's work emphasizes that disease encompasses social and emotional dimensions unique to each individual's context, faith, and experiences, highlighting the necessity of capturing subjective narratives to improve clinical care and empathy. This early focus on personal stories underscores the importance of narrative medicine as a tool for enhancing patient-centered healthcare. Later, DasGupta and Hurst (2007) built on this concept and explored how healthcare providers should develop empathy and relational awareness by recognizing the full consequences of illness beyond biological symptoms. Contemporary medical humanities studies unite cultural approaches with health evaluations, delving into community factors that determine women's perceptions of their health issues. Herndl (2006) established through her analysis that breast cancer narratives reveal that identity consists of multiple layers rather than fixed, unchanging self-definitions. Medical humanities engage with this process, recognizing that illness transforms identity while eliminating all possibilities of recovering the previous state.

The inclusion of feminist and cultural critiques further enriches the medical humanities. Waples (2013) examines breast cancer discourse through feminist and speculative lenses, while Audre Lorde's activism confronts restrictive survivor narratives and challenges mainstream "pinkwashing" (Ehrenreich, 2001) practices that sanitize and commodify illness experiences. These perspectives expose how dominant cultural narratives often limit authentic healthcare experiences and patient agency. The medical humanities as an emerging field of research acknowledges both the medical reverberations and personal interactions to understand holistic health conditions. The reformulated medical humanities framework introduced by Viney et al. (2015) is present in *Critical Medical Humanities: Embracing Entanglement, Taking Risks* which analyzes medical science through a power analysis of diverse socioeconomic groups using multiple racial intellectual points of view. Nielsen's (2019) critical review of breast cancer culture highlights how marketing strategies sustain gendered constructs and manage emotional distress, illustrating the commodification of illness experiences. This analysis links individual political disputes with broader societal conflicts embedded within illness narratives, reinforcing the need for a critical examination of cultural and economic forces shaping health perceptions. Kleinman (1988) extends the illness-disease distinction by emphasizing narrative-based care, where patient stories are essential for understanding suffering and tailoring medical treatment. His advocacy promotes a shift from purely biomedical models to approaches that recognize the complexity of patients' lived experiences. Historical perspectives also inform critical medical humanities. Gallagher's (2018) research on 18th-century literature shows how cultural representations of breast cancer reflected and reinforced social expectations of female virtue and emotional self-restraint, while simultaneously eliciting reader sympathy and challenging conservative norms. The historical perspective used by the author binds together present-day critiques of breast cancer representation with evidence showing that cultural expectations have a long tradition of determining how illness is depicted.

Together, these contributions illustrate how critical medical humanities transcend traditional medical humanities by emphasizing multidimensional narrative structures, cultural sensitivity, and interdisciplinary collaboration. It critiques simplified medical interpretations and advocates a holistic understanding that includes personal hardship, social determinants, and systemic power relations (Saleh & Zidan, 2024). Thus, the evolution from medical humanities to

critical medical humanities represents a shift from focusing primarily on individual illness narratives and identity transformation to embracing a comprehensive, justice-oriented framework. This framework integrates narrative medicine, cultural critique, artistic expression, intersectionality, and historical analysis to humanize healthcare, challenge reductive illness portrayals, and promote equitable medical practices. Critical medical humanities thus serve as both an analytical and activist platform committed to deepening the understanding of health, suffering, and identity within complex social contexts. Through these discussions, the autopathography *Cancer, You Picked The Wrong Girl* (2021) stands as an important addition to critical medical humanities, promoting greater engagement with narrative medicine, feminist illness writing, and the sociocultural aspects of cancer discourse, specifically in urbane India.

III. ARTHUR FRANK'S TYPOLOGY OF ILLNESS NARRATIVES

This study utilizes Arthur Frank's typology of illness narratives as an analytical framework (Frank, 2013) and explores how the author interrogates dominant cultural constructs surrounding breast cancer, femininity, and survivorship in India. While biomedical discourse predominantly adheres to a restitution narrative, conceptualizing illness as a temporary disruption followed by recovery, Mukherjee subverts this paradigm by foregrounding the psychosocial and embodied dimensions of breast cancer. Her memoir oscillates between chaos and quest narratives, capturing the unpredictability, trauma, and existential distress inherent in illness, while simultaneously engaging in meaning-making and self-reclamation (Lakshmi et al., 2025). Situated within Frank's quest model, Mukherjee's narrative disrupts the gendered silences surrounding breast cancer through the strategic use of humor and extemporaneous discussions on mastectomy, reconstruction, and body image. The memoir critiques patriarchal constructions of the female body, the authority of the medical establishment, and societal imperatives of resilience, aligning her voice with Frank's conception of the "wounded storyteller" (Frank, 2013, p. 1), wherein individual suffering becomes a site of broader social critique. In contrast to Western breast cancer memoirs, which often emphasize hyper-visible survivorship, Mukherjee's account challenges the dominant restitution narrative prevalent in Indian medical discourse, which privileges survival over a subjective understanding of illness. The researchers have summarized the different narratives explained by Arthur W. Frank in the form of a table along with description and key features of each narrative.

TABLE 1
ARTHUR FRANK'S NARRATIVE TYPOLOGY (AUTHOR(S)'S OWN SYNTHESIS)
NOTE: ADAPTED FROM *THE WOUNDED STORYTELLER* (FRANK, 2013).

Type of Narrative	Restitution Narrative	Chaos Narrative	Quest Narrative
Description	This typology of the narrative focuses on the recovery of the illness; to return to normal lifestyle with better health condition.	This particular narrative reflects the overwhelming nature of the illness and as the name suggests discussed the chaos in life due the illness.	Quest narrative reflects the journey as a transformation and meaning making.
Key Features	Illness ☐ Treatment ☐ Recovery	Emphasizes the suffering, despair and unpredictability	Emphasizes resilience and considers illness as an opportunity to unlearn.

Arthur Frank suggests different types of illness narratives as a listening device because according to him, when we listen only, we can articulate the pain and subjugation. He also suggests that listening to all the illness stories can be difficult because they mix and weave different narrative threads (Frank, 2013, p. 7) and hence he proposed the three narratives. To formulate these three narratives—restitution, chaos, and quest narratives—Frank has implemented factors concerning the narrative, which included plot, elective affinity that each narrative has while looking into the actions of embodiments, then how the following narratives work as a personal narrative; self-story, and finally, he discusses the power of each narrative and its restrictions. Most illness narratives are a blend of the three narrative types; at any time, one of these narratives can overtake and guide the story the narrator wants to perceive. Frank strongly argues that each of the illness narrative strongly reflects the cultural and personal preferences. By employing Frank's critical approach, this research analyses the ways in which Mukherjee's account asserts agency (Mukherjee, 2021), challenges medical and cultural silences, and resists the medicalization of women's suffering. After a preliminary diagnosis with her oncologist, the doctor discusses the treatment, starting with mastectomy, and Shormistha feels, "How do you describe a day where you are told that you have cancer? And that one part of your body, a part that defines you as a woman, will have to go" (Mukherjee, 2021, p. 44).

The Restitution Narrative

The narrative of restitution, "Yesterday I was healthy, today I'm sick, but tomorrow I'll be healthy again" (Frank, 2013, p. 77) underpins the biomedical discourse surrounding illness. Medical diagnosis and treatment typically follow this narrative, which represents the most prevalent illness story. The framework posits illness as a transient disturbance

that medical interventions should rectify, thereby restoring the patient to their pre-illness state. However, this approach can be limiting for breast cancer patients in India, among others, who experience persistent physical, emotional, and cultural changes alongside the disease (Frank, 2013). The assumption of complete recovery neglects the enduring effects of mastectomy, reconstructive surgery, and permanent alterations in body appearance.

The Chaos Narrative

Chaos narratives present complete opposites to the restitution model. Individuals adhering to chaotic narratives often perceive their illness as a significantly greater and uncontrollable force, generating conditions of unpredictability and ambiguous meaning. According to Frank (2013), the restitution narrative concludes with hope, whereas chaos narratives resist clear closure because of a lack of well-defined conclusions. Frank also notes that these narratives are challenging for both listeners and storytellers, as they disrupt established storytelling norms. Such narratives manifest as multiple disconnected elements that lead to personal despair and existential distress. Mukherjee exposed the elements of chaos through her personal stories about breast cancer pain alongside medical uncertainty and emotional distress in *Cancer, You Picked The Wrong Girl* (2021). She deliberately avoided shielding readers from the illness's disruptive impact on her life routines, interpersonal bonds, and personal self-identity. Her resistance to presenting an uplifting recovery narrative aligns with the chaotic narrative's rejection of prescribed meaning.

The Quest Narrative

According to this narrative framework, illness transforms individuals as they gain new insights into themselves, often assuming a proactive role in their own care or developing fresh perspectives through adversity. Unlike restitution and chaos narratives, the quest narrative empowers sick individuals to assert control by analyzing their experiences and discovering purposes within them (Frank, 2013, p. 115). Through these quest narratives, individuals move beyond patient dependency to become active agents of their own health and empowerment. Mukherjee utilized the quest narrative structure in her memoir (Mukherjee, 2021), transforming sickness into a personal growth experience that critiques societal rules and norms. Her use of humorous storytelling, incorporating uncensored truths, challenges societal expectations regarding female cancer patients and reclaims authority over her life story. Mukherjee analyzed how medical institutions treat female bodies through procedures of control and regulation, resisting conventional medical authority. This narrative aligns with feminist analyses of illness storytelling, recognizing that societal expectations dictate how female cancer patients should behave following such diagnoses, particularly in breast cancer cases.

IV. DISCUSSION

Cancer and its course, as presented in biomedical narratives, are frequently framed by return to normal or restoration narratives, promising complete health recovery. However, Mukherjee challenges this trope by presenting her cancer journey as a complex experience of transformation. Mukherjee's narrative recognizes and attests to long-term psychological and physical alterations that persist long after treatment concludes, thereby challenging a key tenet of illness: the assumption that it represents a temporary deviation from an otherwise stable life trajectory. By refusing to reduce her experience to a neat arc of illness, treatment, and recovery, Mukherjee critiques the dominant discourse that prioritizes clinical cure over ongoing lived experience. Mukherjee's invocation of plain language, humor, and irreverence disrupts this established voice, which is typically stoic and clinical. This approach humanizes the experience of breast cancer and challenges the culture's stigmatization of women and illness. Her narrative becomes an act of defiance—a refusal to allow the disease to dictate her experience or to permit medical institutions or cultural expectations to determine her recovery. As Charon (2006) argues in her work on narrative medicine, this wounded tell-all serves as an ethical act of reclaiming agency over one's own story and, consequently, identity (Charon, 2006; Peterson & Langellier, 1997). The narrative also critiques not only the medical establishment but also broader sociocultural forces shaping the experience and narrative of illness. Nevertheless, Mukherjee lays bare the emotional turmoil, the continuous confrontation with altered body image, and the nuanced interplay between weakness and strength; thus, questioning the assumptions underlying the "heroic survivor" model. This necessitates a timely rethinking of the experience of illness, aligning with emerging perspectives in the medical humanities that emphasize chronicity, alteration, and the realities of living with long-term health repercussions. Individuals with long-term health conditions or undergoing significant medical procedures often face marginalization because their experiences diverge from these expected outcomes. Mukherjee confronts complex recovery expectations due to mastectomy and the multifaceted consequences of breast cancer, which disrupt the possibility of full health restoration. She undermines the idea of restitution by illustrating how breast removal, combined with intensive chemotherapy and radiation therapy, creates enduring symptoms resistant to complete remedy. The physical scars resulting from cancer directly contradict the human hope of returning to a pre-cancer life. According to the memoir, survival should not be seen as a return to pre-cancer life.

"Why the rush" (Mukherjee, 2021, p. 9) because the narrator clearly felt that no matter what, the lump will not become anything serious. She believed that visiting her family doctor could fix the issue of the tumor, which was detected during the sonomammography. Mastectomy is a notable physical consequence of breast cancer, producing long-term visible changes. Mukherjee describes it as a medical operation representing a substantial transformation in her life. Mukherjee explains the psychological weight of breast loss, arguing against a traditional recovery-focused model that promises wholeness. Mukherjee's writing illustrates how her experience of cancer denies a return to pre-

illness normalcy, as she cannot address her situation through surgery or expect to forget the cancer experience. She details the permanent health effects of mastectomy, specifically its impact on her femininity, sexual self, and body image. According to Mukherjee, she cannot heal from her breast surgery and remaining scars through conventional methods. These body alterations fuse into her new self. For Mukherjee, breast cancer extends beyond an isolated incident, involving continuous adaptation and permanent bodily changes. The physical alterations following mastectomy continue to present a permanent presence in her life, as she exists in an impossible state of former normalcy. Mukherjee adopts the continued psychological and emotional consequences of mastectomy operations rather than pursuing the restitution perspective that promises a physical return to pre-mastectomy body states. Reconstructive surgery helps restore the body but fails to eliminate the traumatic cancer experiences or the difficult process of adapting to life with an altered physical being. Mukherjee provides extensive insights about the lasting side effects of chemotherapy, which was an essential aspect of her cancer treatment. The life-saving treatment, chemotherapy, generates numerous side effects that sometimes endure even after treatment termination. She narrates, “I start falling to pieces the morning after chemo” (Mukherjee, 2021, p. 176). The author reveals how chemotherapy destroyed her body structure through hair loss, fatigue, and cognitive dysfunction, which persisted during periods after her apparent final treatment. After her second chemotherapy session, she narrates, “I’ve lost the will to live. I’m only moaning. If this is chemo, I don’t want it. I can’t go through it” (p. 179) and she also realizes that eyelashes and eyebrows fall off along with her hair (p. 193).

Through her memoir, Mukherjee speaks about active chemotherapy residuals, which she combines with an assessment of the restitution narrative's failure to properly recognize enduring patient side effects; “your pee, thanks to chemo medicine, smells like you set up a little chemical factory in your crotch” (p. 187). The ongoing exhaustion and hormonal irregularities and mental confusion which Mukherjee experiences serve as evidence that cancer treatment side effects result in prolonged health complications. Through this story Mukherjee reveals there will be no immediate restoration towards normality yet shows the ways the self transforms while confronting constant challenges. Mukherjee dismisses the traditional notion of recovery to expose the inadequacies of medical knowledge about healing processes. Through her matter-of-fact discussion about chemotherapy's enduring impact, she exposes the significant disparity between medical institutions' idealized portrayals of “healing” and the actual post-treatment experiences of cancer patients. Her narrative demonstrates that survival extends beyond the completion of treatment since living becomes an intricate and continuous procedure that negates basic return to pre-illness routines.

Mukherjee reveals that her goal extends beyond opposing the normalcy trope by demonstrating her resistance to restitution narratives. In her memoir, survival does not seek a return to past circumstances but develops through the capacity to adapt, find purpose, and establish new methods for understanding oneself within an ever-changing present. Mukherjee presents survival as a dynamic undertaking following cancer treatment and its aftermath, denying that recovery leads to the simple restoration of pre-illness life. Frank would interpret the illness experience as a self-discovery journey of reinvention (Frank, 2013, p. 4), aligning with the narrative presented by Mukherjee. In her memoir, Mukherjee portrays survival as a transformative process through which the difficulties of life after cancer treatment become pathways to develop a fresh identity distinct from the previous one. Mukherjee presents survival through mastectomy and chemotherapy in a multifaceted manner because she highlights the lasting effects that challenge the superficial promise of normalcy after treatment. For example, despite being against reconstruction after her mastectomy surgery, she writes about her true opinion on reconstruction; “It feels good because it fills a bra, because it gives me cleavage, because when people see me, they have no idea that technically I don’t have one breast” (Mukherjee, 2021, p. 193).

Hence, Mukherjee’s memoir, *Cancer, You Picked The Wrong Girl* (2021), offers a compelling critique of the restitution narrative in the context of cancer and illness. The author frames mastectomy and the effects of cancer treatment as enduring experiences rather than temporary disruptions, generating a narrative centered on transformation instead of a return to normalcy. She criticizes how society defines healing and survival and shows how cancer yields lasting physiological and psychological effects. Through her story, Mukherjee creates an opportunity to review the meaning of survival while promoting a better understanding of cancer life existence after treatment.

In the context of illness narratives, Frank identifies the chaos narrative as profoundly linked to disorientation and fragmentation experienced by individuals confronting the unpredictable and traumatic world of illness. This narrative resists the typical linear order associated with storytelling, embracing uncertainty and emotional turmoil presented by serious illness. In *Cancer, You Picked The Wrong Girl* (2021), Shormistha Mukherjee engages with the chaos narrative to convey the raw emotional landscape of her breast cancer diagnosis and treatment. The uncertainty of her illness, coupled with the nonlinear recounting of her experience, allowed her to challenge and reshape traditional narrative expectations, reflecting the complex emotional reality of survival against breast cancer. The chaos narrative centers on depicting uncertainty, an uncertainty that threatens an individual’s sense of stability, identity, and control. Mukherjee’s memoir begins with her diagnosis of breast cancer, a moment of profound cruelty that shattered any illusions of a predictable future. Shock, disbelief, and fear dominated her experience, ensuring that the chaos narrative she described captured the disruption of order and normalcy. Mukherjee’s interactions with the medical system and her fluctuating emotions align with Frank’s (2013) description of chaos as an experience of illness as a disruptive force. The author, describes her initial diagnosis with considerable confusion and helplessness, feelings commonly experienced by cancer

patients. Ultimately, when Shormistha recognizes the significance of the lump in her breast, she “burst into tears” (Mukherjee, 2021, p. 3), marking a shift from a narrative of restitution to one of chaos. As Shormistha guides the reader through the initial trauma of diagnosis, she also explores the trauma associated with treatment. The physical and emotional devastation resulting from chemotherapy, surgery, and radiation is undeniable. Mukherjee does not minimize the brutality of cancer treatment; instead, she embraces chaos and unpredictability in her discussion of it. The demanding nature of chemotherapy constituted a physical assault on her body and an emotional challenge to her sense of self. These periodic emotional lows, followed by renewed hope exemplifies the inherent emotional volatility of chaos narrative.

Trauma, as suggested by Herman (1992), is not an event in itself but a process that continuously transforms a survivor’s temporal, spatial, and identitarian relationships. Mukherjee’s situation exemplifies this trauma, as it foregrounds her struggle against being reduced to the effects of medical treatment. The imposition of illness upon herself and her body, a reality that will leave lasting shadows on her daily life, is a key consideration for Mukherjee. The traumatic experience of cancer, as Mukherjee suggests, cannot be neatly encapsulated or processed; however, it will resonate throughout her being. Her raw emotions—fear, anger, grief, and confusion—remain with her, and the memoir engages with these feelings in a deeply personal and visceral manner. She allows her feelings to arrive in all their complexity, with moments of despair alongside those of resilience and hope. For example, the way she writes in an unfiltered manner about the periods of uncertainty; regarding her prognosis, when she fears that cancer is progressing and then during her surgery period. These reactions are not presented as isolated events but are integral to the ongoing emotional landscape of living with cancer.

In her autopathography *Cancer, You Picked The Wrong Girl* (2021), Shormistha Mukherjee presents a distinctive approach to the quest narrative genre, which typically chronicles an individual’s journey towards self-discovery, empowerment, and transformation. Quest narratives traditionally follow a protagonist’s movement toward a predetermined goal; Mukherjee’s memoir adapts this pattern by centering on the transformative impact of illness—specifically, breast cancer. Mukherjee challenges the prevailing notion of cancer as solely a destructive force, instead portraying it as a challenge worth resisting, thereby catalyzing her own growth and assertion of agency. Through the use of humor, irreverence, and ongoing reclamation of her body and identity, Mukherjee crafts a narrative that reinserts her agency over her illness experience while confronting societal norms and expectations surrounding cancer. Mukherjee turns the conventional narrative about cancer on its head. Cancer is re-imagined not as a passive experience but a site for active resistance. By narrating her personal journey of fighting for her health, she establishes cancer as a space for reclaiming power, rejecting normative assumptions imposed upon her and ultimately redefining her relationship with her body and identity. She goes against the passive victimization narrative associated with cancer patients. Rather than viewing her diagnosis as a battle she was destined to lose, she positioned herself as an active agent in her own recovery process. Mukherjee counters the medicalization of illness, which frequently renders patients passive, by asserting that individuals should remain active agents in their own recovery. Her perspective aligns with Bartky’s (1990) discussion of resistance against societal power structures, where engaging in the reclamation of one’s own body through self-narratives constitutes an act of resistance. Mukherjee chooses to frame and negotiate with her illness; thus, she reformulates the experience of cancer as yet another vehicle of resistance against the normative expectations imposed by society on suffering, healing, and femininity. Mukherjee actively resists the victim narrative by challenging medical authorities and societal conventions, critiquing stereotypical portrayals of cancer patients as fragile and helpless. She confronts the idea that cancer defines individuals as “survivors” or “victims” seeking to construct a more empowering narrative. Such resistance illustrates self-authorship and agency in the fight against life-threatening illness.

Mukherjee’s quest narrative is unique in its deployment of humor and irreverence to disrupt the typical somber narrative of illness. In this context, humor represents a common coping mechanism, such as crying in response to trauma and the unsettling effects of disease. One might presume that Mukherjee utilizes humor to avoid confronting the severity of her illness; however, she strategically employs it as a weapon to subvert and challenge the conventional expectations of cancer patients. Through irreverence, she reclaims her identity and bodily experience, and defies the neurophysiological effects of cancer. Despite this, throughout the memoir, she deploys levity to challenge the solemnity associated with cancer and never seeks to distance herself from the illness through a superficially cheerful demeanor. She punctures the conventional pretense of cliché severity surrounding cancer with moments of humor, disarming her perceived dominance over her. Mukherjee achieves this with considerable irreverence, particularly when commenting on the cultural and sociological implications of the diagnosis and established expectations regarding women’s bodies. She reclaims herself and her own identity through sustained irreverence directed at the cultural expectations surrounding cancer. Mukherjee proves that she is an unconventional writer because, instead of lamenting the loss of the breast, she makes fun of, turns around, and subverts the standard discourse on breast cancer and femininity. There is an aversion towards the hospital because the space treats everyone like a patient, ripping off their identity as a common person. Shormistha describes hospital spaces as a place that makes “you sit and stare at some of the bleakest things...Now if the verdict is bad, you’re already a shivering wreck who’s expecting the worst from the world” (Mukherjee, 2021, p. 14).

This journey extends beyond Mukherjee’s physical form, encompassing her emotional and intellectual realms. Mukherjee’s narrative demonstrates that it is not solely about the diagnosis and treatment of cancer but also a protracted

process of self-empowerment and self-expression. Her humor, challenging medical narratives, and refusal to be defined by her illness reflect her ongoing reclamation of autonomy. Through this process, Mukherjee illustrates how illness can serve as a catalyst for personal growth, self-discovery, and the establishment of a more powerful sense of self. Shormistha Mukherjee's memoir, *Cancer, You Picked The Wrong Girl* (2021), aligns strongly with the quest narrative, as cancer becomes a site of resistance and transformation. Mukherjee utilizes humor, irreverence, and a continued reclamation of agency over her body and identity to challenge conventional illness narratives that often portray cancer as a story of victimization. Instead, she presents cancer as a transformative passage that empowers and redefines the self, thereby facilitating a more nuanced and intricate understanding of illness and identity. This allows Mukherjee to reclaim her body and essence while contesting narratives at the intersection of cancer, femininity, and womanhood within broader societal contexts.

V. CONCLUSION

Mukherjee's narrative transcends scholarly debate by fostering public awareness and reshaping societal attitudes toward breast cancer, particularly in India where the breast cancer remains stigmatized. Through her candid exploration of the physical and emotional consequences of treatment, she challenges culturally entrenched ideals of beauty and health, inviting a more compassionate and informed public discourse. This openness is pivotal for cultivating robust support systems, as illness narratives that confront stereotypes and encourage dialogue enhance community empathy and solidarity. Such narratives have demonstrated their value in healthcare by motivating caregivers and professionals to adopt more patient-centered approaches. Mukherjee's memoir has the potential to influence public health institutions and advocacy groups, encouraging the integration of narrative medicine practices that affirm patients' experiences and foster empowerment. By validating the voices of survivors, the memoir not only inspires individuals to share their stories but also generates supportive networks that contribute to improved mental health and resource accessibility. Importantly, Mukherjee's account emphasizes the need to balance biomedical advancements with the recognition of patients' subjective experiences. While technological progress in diagnosis and treatment offers undeniable benefits, it must not overshadow the personal and cultural dimensions of illness. Her memoir advocates for a symbiotic relationship between medical innovation and the lived realities of cancer survivors, ensuring holistic care that respects individual narratives beyond clinical parameters. From a policy perspective, insights drawn from Mukherjee's story can inform culturally sensitive interventions that address stigma and promote early detection. Mukherjee's memoir also contributes to broader ethical discussions about storytelling in healthcare, illustrating the power of personal narratives to challenge dominant biomedical and institutional frameworks. By rejecting the notion of a linear "return to normalcy," she presents a nuanced, ongoing experience of illness that contests sanitized clinical portrayals. Her use of humor and emotional honesty humanizes the cancer journey, dismantling social stigmas and reclaiming agency. This counter-narrative encourages readers to reconsider the meaning of survival, emphasizing complexity and continuity rather than simplistic recovery.

Cancer, You Picked The Wrong Girl (2021) as an autopathography enriches illness narrative literature from a non-Western perspective, where cultural constructs of femininity and health deeply influence patient experiences. Mukherjee's story reveals the tensions between societal expectations and the realities of cancer, while opening space for reimagined identities that transcend conventional norms. In conclusion, Mukherjee's narrative acts as a catalyst for social and healthcare transformation. It underscores the importance of listening to patients' lived experiences to build supportive environments that value holistic well-being alongside biomedical progress.

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