



Medical Humanities and Assamese Literature: Illness, Suffering and the Ethics of Care

Ms Shrutikangkana Saikia

Ph.D Research Scholar, Department of Assamese, Tezpur University, Mail- shruti2001saikia@gmail.com

DOI : <https://doi.org/10.5281/zenodo.23756201>

ARTICLE DETAILS

Research Paper

Received: 23-08-2026

Accepted: 22-09-2026

Published: 20-10-2026

Keywords:

*Medical Humanities,
Assamese Literature,
Illness Narrative, Narrative
Medicine, Empathy, Ethics
of Care*

ABSTRACT

Medical Humanities has emerged as an interdisciplinary field that brings medicine into dialogue with literature, philosophy, ethics, history, sociology, psychology and the arts. Its fundamental concern is to understand illness not merely as a biological disorder but as a deeply human experience shaped by memory, emotion, culture, family, society and language. Literature, in this context, becomes an important medium through which the invisible dimensions of illness—pain, fear, loneliness, stigma, trauma, hope and the desire for care—can be articulated. Although Medical Humanities has developed considerably in Western academia, its application to Indian and regional literatures remains comparatively new. Assamese literature, however, offers a rich but insufficiently explored archive of illness, disease, suffering and healing. From representations of epidemic disease and mental disturbance to narratives of ageing, disability, gendered suffering and social marginalisation, Assamese literary texts frequently transform medical conditions into wider reflections on individual and collective life. Dhruva Jyoti Bora's *Azar*, for instance, places the historical experience of kala-zar (Viral Fever) within the social realities of colonial Assam, while Sheelabhadra's "Bemar" uses illness to explore the relationship between individual psychological disturbance and social disorder. This paper proposes a Medical Humanities reading of Assamese literature

Disclaimer: The opinions, interpretations, conclusions, recommendations, analyses, and statements expressed in this research article are solely those of the author(s) and do not reflect the views, policies, or positions of the Publisher, Chief Editor, Editors, Editorial Board, Reviewers, or their affiliated institutions. The author(s) are solely responsible for ensuring the originality, authenticity, and integrity of the manuscript and for ensuring that it is free from plagiarism, AI-generated content, copyright infringement, data falsification, and any other form of academic misconduct.

through the concepts of illness narrative, narrative medicine, embodiment, empathy and ethics of care. It argues that Assamese literary texts can humanise medical discourse by foregrounding the voices and experiences of patients, caregivers and marginalised bodies. The paper further suggests that the incorporation of Assamese literary materials into Medical Humanities can contribute to a culturally sensitive model of healthcare and open a significant new direction in Assamese literary scholarship.

0.0 Introduction

Modern medicine has transformed human life through scientific knowledge, technological innovation and increasingly sophisticated methods of diagnosis and treatment. Yet medicine, despite its extraordinary achievements, cannot completely explain what it means to live with illness. A clinical diagnosis can identify a disease, but it cannot fully communicate the loneliness of a patient waiting outside an operating theatre, the anxiety of a family receiving a terminal diagnosis, the social stigma attached to mental illness, or the emotional burden carried by a caregiver. It is precisely at this point that Medical Humanities becomes significant. The field brings medicine into conversation with the humanities and the arts in order to examine the human meanings of health, disease, suffering, healing and death. Literature occupies a particularly important position within this interdisciplinary field because literary narratives allow readers to enter experiences that may otherwise remain inaccessible. Medical Humanities scholarship therefore emphasises observation, interpretation, empathy and self-reflection as essential components of human healthcare.

The relevance of this approach to Assamese literature is considerable. Assamese literary traditions have consistently engaged with the complexities of human life-poverty, death, social conflict, gender, ageing, psychological distress, epidemic disease and marginalisation. Yet these representations have rarely been studied collectively as narratives of illness and care. The present paper therefore seeks to establish a dialogue between Medical Humanities and Assamese Literary Studies. It asks how Assamese literary texts represent illness, how disease affects individual and collective identities, and how literature can contribute to an understanding of empathy and ethical care.

1.0 Medical Humanities and the Literary Imagination

Medical Humanities is not simply the study of medicine in literature. Rather, it examines how literary and cultural narratives can challenge purely biomedical understandings of the human body. Illness is



simultaneously physical, psychological, social and cultural. Consequently, a patient cannot be reduced to a diagnosis. Rita Charon's concept of Narrative Medicine is particularly relevant here. Narrative medicine emphasises the ability to recognise, interpret and respond to the stories of illness told by patients and healthcare practitioners. Such an approach challenges a purely clinical model in which the patient becomes an object of diagnosis. Literature develops precisely those qualities that narrative medicine values: close observation, attention to language, interpretation of multiple perspectives and sensitivity to human suffering. The source article used as the model for this paper similarly argues that literature can cultivate observation, analysis, empathy and self-reflection in medical practitioners. For Assamese literary studies, this theoretical perspective provides a new way of reading the body. Instead of asking merely what disease does a character have? Medical Humanities asks: How does the character experience the disease? What happens to the person's identity? How does illness change relationships? How does society respond to the diseased body? These questions shift literary criticism from pathology towards lived experience.

2.0 Disease and Social Memory in Assamese Literature

One of the most significant possibilities of Medical Humanities in Assamese literature is the study of epidemic disease. Disease is never merely an individual experience; epidemics transform communities, economies, political structures and collective memories. Dhruba Jyoti Bora's *Azar* is particularly significant in this context. The novel deals with the suffering caused by the kala-zar (viral fever) epidemic during the British colonial period. Its importance extends beyond the representation of disease itself because epidemic illness becomes connected with colonial society and the suffering of ordinary people. Scholarship on disease in Assamese literature has identified *Azar* as an important example of how literature can preserve the social memory of epidemic disease. A Medical Humanities reading of *Azar* can therefore examine not only the disease but also the unequal distribution of vulnerability. Who suffers most during an epidemic? Whose suffering receives attention? What happens when medical institutions encounter poverty and social inequality? Such questions remain relevant even in the contemporary world of pandemics. The COVID-19 pandemic has further demonstrated that medical crises cannot be separated from questions of migration, poverty, displacement, isolation and social identity. Assamese literary responses to disease can therefore be read as cultural archives that preserve experiences which may not appear in official medical records.

3.0 Illness, Madness and the Unstable Self

Mental illness provides another important area for Medical Humanities. Unlike many physical diseases, psychological suffering is frequently invisible and socially stigmatised. Literature has the ability to enter the subjective world of mental distress and represent the fractured relationship between the individual and



society. Sheelabhadra's short story "**Bemar**" provides a particularly productive example. The story connects illness, psychological disturbance and wider social disorder. Its treatment of a character suffering from cancer and displaying disturbing behaviour eventually raises a metaphorical question about whether the "mind" of a society can itself become diseased. Such a narrative invites a Medical Humanities interpretation because it refuses to separate individual illness from social illness. The diseased individual becomes a mirror through which the health—or sickness—of society can be examined. This also raises an important ethical question: When does society begin to define a person exclusively through illness? A Medical Humanities approach seeks to resist such reductionism. A patient is not merely a "cancer patient" or a "mentally ill person"; the person continues to possess memories, relationships, dignity and individuality.

4.0 Gender, Body and Medical Knowledge

The intersection of medicine and gender provides another promising area for Assamese literary scholarship. Women's bodies have historically been subjected to medical, social and cultural regulation. Menstruation, pregnancy, childbirth and reproductive health have often been surrounded by taboos and restrictions. Recent scholarship on colonial Assam has demonstrated that print culture became an important site for debates concerning women's health, indigenous medical practices and reproductive knowledge. Medical texts circulated through a combination of Western medicine and local traditions, while forms such as *Sutika Patal* demonstrate how medical knowledge could also be transmitted through oral and poetic forms. This history expands our understanding of Assamese literature. Medical Humanities need not be restricted to novels and short stories in which a character is visibly ill. Medical knowledge itself can be studied as a cultural narrative. Questions of menstruation, childbirth, maternal health, reproductive expectations and bodily discipline can reveal how gender and medicine have historically interacted. Such research can also foreground the voices of women whose experiences of illness and care have frequently been mediated through patriarchal institutions.

5.0 Literature, Empathy and the Ethics of Care

Perhaps the most important contribution of Medical Humanities is its emphasis on care. Medical treatment is not only a technical process. It is also a relationship between vulnerable human beings. The doctor listens to the patient; the patient places trust in the doctor; family members provide emotional and physical support; nurses and caregivers negotiate pain and uncertainty. The ethics of medicine therefore extends beyond diagnosis and treatment. Literature can contribute to this ethics of care by making readers encounter experiences different from their own. A reader who enters the consciousness of an elderly person,



a terminally ill patient, a grieving family member or a socially isolated individual is compelled to recognise vulnerability. This potential has already been demonstrated within Assam itself. A Medical Humanities workshop conducted at Jorhat Medical College used literature, poetry, theatre, reflective narratives, films, art and diversity studies. The study reported improvements in participants' understanding of empathy, ethics, professionalism and communication. This example is particularly important because it demonstrates that Medical Humanities is not merely a theoretical possibility for Assam. It has already been applied within a local medical-educational context.

6.0 Towards an Assamese Model of Medical Humanities

The development of Medical Humanities in India requires sensitivity to linguistic, cultural and socioeconomic diversity. An exclusively Western model cannot adequately represent the experiences of patients in different Indian regions. An Assamese model of Medical Humanities could therefore bring together literature, folklore, oral narratives, traditional healing practices, indigenous knowledge, modern medicine and regional experiences of disease. Such an approach would recognise that Assamese understandings of health and illness have been shaped by multiple knowledge systems. This becomes particularly relevant in rural and geographically difficult regions where access to healthcare may be limited and where family and community often remain central to caregiving. Literary narratives can document these experiences and reveal the gap between institutional medicine and lived realities. Medical Humanities can thus become a bridge between clinical knowledge and experiential knowledge. Contemporary Indian Medical Humanities initiatives similarly emphasise the need to consider the biological, social, economic, political and aesthetic dimensions that shape perceptions of health and psychological well-being.

7.0 Problems and Gaps in Assamese Literary Studies

Despite these possibilities, systematic Medical Humanities scholarship on Assamese literature remains at an early stage. Individual literary works clearly contain representations of disease, medicine and suffering, but these materials have not yet been sufficiently brought together under a coherent theoretical framework.

Several areas remain open for research:

1. representation of doctors and hospitals in Assamese fiction;
2. illness and disability narratives;
3. mental health and representations of madness;



4. gender and reproductive health;
5. epidemic disease and collective memory;
6. ageing, death and end-of-life care;
7. indigenous healing and modern medicine;
8. patient–doctor communication;
9. caregiving and the emotional labour of families;
10. literary responses to COVID-19 and other contemporary health crises.

Such research would also allow Assamese literary criticism to participate more actively in the expanding field of Indian and South Asian Medical Humanities. Recent Indian scholarship demonstrates that illness narratives can reveal social inequality, cultural values, gender relations and the ethical dimensions of healthcare.

8.0 Conclusion

Medical Humanities invites us to look beyond the disease and see the person who suffers from it. Assamese literature, with its deep engagement with ordinary lives and social realities, provides a significant but underexplored space for such a humanistic investigation. From the epidemic world represented in *Azar* to the unsettling relationship between individual illness and social disorder in Sheelabhadra's "Bemar," Assamese literature demonstrates that disease is never simply biological. It is also social, psychological, cultural and ethical. A Medical Humanities approach can therefore enrich Assamese literary studies by bringing questions of body, illness, trauma, disability, care, empathy and medical ethics into literary scholarship. At the same time, Assamese literature can enrich Medical Humanities by providing culturally specific narratives of suffering and healing. The ultimate objective is not to make literature medical or medicine literary. It is to create a dialogue between the two so that the patient is not reduced to a case, the illness is not reduced to a symptom, and care is not reduced to a clinical procedure. In this dialogue, literature reminds medicine of something fundamental: behind every diagnosis there is a human story, and behind every illness there is a person waiting to be heard.

Selected References

Bora, Dhruba Jyoti. *Azar*. Bhabani books, Guwahati 2025



Bhagawati, Sangeeta, and Sneha Khaund. "Pandemic Tropes: How Are Disease and Sickness Treated in Assamese Short Stories?" 11 September 2020.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford University Press, 2006.

Singh, Satendra, Purnima Barua, Upreet Dhaliwal, and Navjeevan Singh. "Harnessing the Medical Humanities for Experiential Learning." *Indian Journal of Medical Ethics*, 2017.

Sontag, Susan. *Illness as Metaphor*. Farrar, Straus and Giroux, 1978.

Beveridge, Allan. "The Benefits of Reading Literature." In discussions of literature, medicine and medical humanities.

Qadeer, Haris, ed. *Medical Maladies: Stories of Disease and Cure from Indian Languages*. Niyogi Books, 2023.