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Coping With Vulnerability Through Narratives

In the late 1980s and early 1990s, a group of Nepali-speaking Bhutanese people called the Lhotshampas were persecuted by the government of Bhutan in an attempt to institute an ethnic cleansing to “purify” Bhutan. When the Lhotshampas refused to obey the King’s order to abandon Nepalese heritage and embrace Bhutanese culture, the government imposed harsh punishments on the dissenters and expelled them from Bhutan. My family was among the 100,000 Lhotshampas who were forced to surrender their way of life and livelihood, and become refugees in Nepal where they never felt welcomed. Although they spoke the same language and shared the same culture, the Nepalese government refused to provide a path to citizenship for the refugees, thereby dismantling any opportunity for growth within the country. I was born in the refugee camps of Nepal. Thus, I was a refugee. At least my parents reminisced in their pride as Bhutanese people; I claimed no identity. Therefore, I often felt a sense of thwarted belongingness among my Nepalese counterparts from such a young age that feelings of subordination were institutionalized. The nostalgia evoked by these memories are impossible to forget and overlook. Banishment of the Lhotshampas exists as a series of photographs without contexts, news stories without the harsh realities of the destitute camps, and a group of people without an identity. During such historic times, a close examination of the crisis through the struggles of individuals and groups most affected by the crisis provides an imperative perspective that is overshadowed by the political and economic discussions that dominate mainstream media. So also, during the COVID-19 pandemic, individuals who have been infected with the virus possess the utmost authority to disseminate information regarding their experiences with the virus and the pandemic.

Regardless of our combined ingenuity, medical innovations and technical advancements, we remain extremely vulnerable. An enveloped virus with a positive-sense single-stranded RNA genome that is approximately 26 to 32 kilobases in size, requiring an electron microscope in order to view and examine, has taken over the world (Daga 2). Genomic sequence analysis of this virus, known as the SARS-CoV-2 virus, revealed an 88% match with two bat-derived severe acute respiratory syndrome (SARS)-like coronavirus, which signifies that human transmission of the virus most likely derived from bats (Rothan and Byrareddy). The disease caused by the virus is known as COVID-19, which shares similar symptoms with the common cold and the flu, including fever, dry cough, fatigue, and shortness of breath (Smith). However, the rate of transmission of COVID-19 is greater than the seasonal flu with one infected person being able to infect 2 to 2.5 people, whereas one person with the seasonal flu can spread it to 1.1 to 2.3 others (Smith). While scientific sources communicate that individuals over 65 and individuals with underlying health conditions such as asthma, diabetes, and heart, lung or liver disease face an increased risk of a severe infection, emerging narratives reveal that even individuals without these risk factors can experience a severe case of COVID-19. David Anzarouth, a healthy 25-year old who exercises over four times a week and eats healthy, describes his experience with COVID-19: “The minute I woke up, I was drenched in a pool of sweat. I was shaking. I was so cold. My head was pounding. It was something like I’ve never experienced before...It was the most incredible pain I’ve ever experienced ... My body felt like I had been flattened” (Hristova). Another COVID-19 patient who described his experience as “a nightmare scenario that entailed multiple hospital visits with symptoms so severe he thought he would die and quarantine under police watch,” is from 21-year old Tiger Ye (Che). Ye explains that due to the sudden surge in COVID-19 cases, the hospitals were not able to accommodate him despite his severe symptoms and instead “gave him a five-day course of the antiviral drug Aluvia and sent him back to his three-bedroom apartment for quarantine” (Che). These narratives reveal that common symptoms listed in scientific articles do not suffice in delineating the wide array of experiences the novel virus may inflict on different individuals. While scientific articles communicate new developments regarding the COVID-19 virus through medical jargon and scientific discourse, narratives function to bridge the knowledge gap between those that possess the authority to transmit information (health care professionals and patients with the virus) and individuals in the general population who are not infected with the virus.
Given the reality of the pandemic in which many patients do not visit the hospital or are directed to self-isolate at home unless in need of a ventilator or ICU treatment, narratives function as a means to understand the various experiences that remain invisible and unheard.

In this manner, narratives serve to bridge the knowledge gap between individuals who have dealt with the disease, and thus have the authority to narrate their experiences, and the general public who does not possess sufficient information regarding the virus’s effects on real people. Additionally, they function as a source of documentation to doctors and public health experts for further comprehension of the novel disease in its current climate, as well as provide preliminary information for future research. The importance of narratives in understanding the “other” was understood and articulated by German philosopher Immanuel Kant. Kant rejected the idea that all individuals are passive receivers of information and therefore everyone perceives information of their surrounding world in the same way (Clark). Instead, he claimed that every individual’s perception varies based on their personal experiences and qualities of their mind (Clark). Therefore, in order to truly understand an individual (or a patient in the case of the current pandemic), it is critical to account for their narrative which includes their knowledge, as well as their sensory experiences. The current emerging narratives foster increased awareness of mortality as it depicts the immense repercussions of the virus on all individuals and the limited control we feel against battling it. Analyzing the emerging narratives from the COVID-19 pandemic has allowed me to further examine the role of narratives during a crisis, as well as connect it to my own experiences. As I reflect upon my background, as well as the themes and texts explored in our medical humanities course, I become acutely aware of the vulnerable nature of humankind.

*The Epic of Gilgamesh*, which has been deemed as the earliest surviving great work of literature, narrates the actions of an all-powerful king, Gilgamesh, through his experience with human conditions of loss, suffering and mortality. The narration of Gilgamesh’s story functions as a relevant technique of narrative-building in the midst of this pandemic, as it can elucidate the personal and human impacts of the Coronavirus pandemic. While Gilgamesh’s character as a mighty king is not relatable to most readers, the narrative centers around his vain search for immortality and details his quest and consequent struggles in an intimate manner that resonates personally with the readers. In a similar manner, human-centric narratives focusing on the human impacts of the Coronavirus pandemic have the possibility to garner widespread attention and allow us to reflect upon what it means to be human during these difficult times, as well as impel us with a moral imperative to act responsibly. In fact, social media posts that have gained viral attention during the pandemic create this exact effect. They pivot attention away from the statistics that feel impersonal and misinformation that attempts to fabricate stories for opportunistic gains, and change the narrative toward a human perspective in which suffering, grief, and loss are real occurrences. Videos of exhausted health professionals imploring for safer conditions to treat their patients, essential workers demanding basic protection during their working hours, and families grieving COVID-19 losses in isolation all project the severity of the crisis in a way that a headline reading “Hospitals Requesting More Ventilators and N-95 Masks” can not.

As the supreme ruler of Uruk, Gilgamesh believes that he possesses ultimate authority over his subjects. Gilgamesh’s perception of absolute power leads him to oppress the citizens of Uruk as he “...does whatever he wants, takes the son from his father and crushes him, takes the girl from her mother and uses her, the warrior’s daughter, the young man’s bride, he uses her, no one dares to oppose him” (Mitchell 72). It is not until his interaction and friendship with Enkidu that he becomes civilized. Through this bond, Gilgamesh learns about the stories of other creatures and by doing so, learns to rule himself and the citizens of Uruk with temperament, respect and wisdom (Mitchell 7). Moreover, the death of his dearest friend Enkidu leads Gilgamesh to grieve for the first time. The death of Enkidu evokes suffering, a human condition, in the character who was initially introduced as two-thirds divine and one-third human. From a young age, the concept of mortality has been ingrained within me. Diseases and infections infiltrated the entire refugee camp causing a striking number of deaths, many within my own family. However, this
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awareness had surely diminished following my resettlement to America. The recent increase in worldwide deaths due to the coronavirus pandemic has refocused the world’s attention to our mortality. The coronavirus does not discriminate; it does not recognize race, ethnicity, nationality or age. This has led individuals of all different backgrounds and ages to contemplate their mortality and discuss their treatment options in the case that they get infected with the coronavirus. Gilgamesh, the “...violent, splendid, a wild bull of a man, unvanquished leader, hero in the front lines... protector of the people, raging flood that destroys all defense,” experiences pain and grief for the first time through the loss of his dear friend Enkidu. The mighty Gilgamesh himself “was frightened...terrified of death” and questioning how his “...mind can have any rest” (Mitchell 167). Gilgamesh weeps over his friend and reveals his fears regarding his morality:

Must I die too? Must I be as lifeless
as Enkidu? How can I bear this sorrow
that gnaws at my belly, this fear of death
that restlessly drives me onward? If only
I could find the one man whom the gods made immortal,
I would ask him how to overcome death (Mitchell 159).

Through his grief and suffering, Gilgamesh begins to take action. He orders a statue of Enkidu, brings out his “priceless, jewel-studded weapons and tools,” sets out numerous offerings in the memory of Enkidu and most importantly: ventures out through the wilderness in order to find Utanapishtim “...whom the gods made immortal” and to “ask him how to overcome death” (Mitchell 154-9). Although a task such as seeking immortality seems foolish, it is justified. As humans, we feel an intrinsic urge to take action, for “Life consists in action, and its end is a mode of action” and “an action implies personal agents” (Aristotle Part VI). It is through his urge to take action following grief and suffering that Gilgamesh learns about the meaning of life. As we follow stay-at-home orders, we find ourselves facing our mortality. In order to cope, we keep ourselves busy– which might consist of writing our worries away as Robert Burton claims he did: “I write of melancholy, by being busy to avoid melancholy” as “[t]here is no greater cause of melancholy than idleness, no better cure than business” (Preface). While most individuals are able to participate in some sort of action even from the comfort of their home, there are circumstances in which some individuals may not have the privilege to distract themselves from their situation.

In fact, it was extremely difficult for me to assimilate with my Nepalese counterparts from a young age. There was no action I could take part in that would help me cope from this sense of feeling like the “other”. I relate my sense of thwarted belongingness to Elisabeth Tova Bailey in her text, The Sound of a Wild Snail Eating. In her autobiography, Bailey recounts the story of her rare and perplexing neurological disease which led her to become bedridden and lethargic. One day, a friend of Bailey brings a woodland snail beside Bailey’s bedside; Bailey is enthralled by the snail and decides to allow the snail to cohabitate with her. Throughout her text, she provides vivid imagery of her observations of the snail. Within these observations, she juxtaposes her own life story, as well as her creative imagination that stems from her isolation. Bailey offers a unique dynamic to her illness. On one hand, her illness took away from her youth; on the other hand, her illness allowed her to appreciate the most minor, overlooked activities. Bailey delineates upon her illness and its repercussions on her life: “The mountain of things I felt I needed to do reached the moon, yet there was little I could do about anything, and time continued to drag me along its path. We are all hostages of time. We each have the same number of minutes and hours to live within a day, yet to me it didn’t feel equally doled out” (31). Although the coronavirus pandemic and Bailey's neurological illness are very different circumstances, the abundance of free time with the inability to go out and perform any tasks interrelate the two situations. For individuals who constantly keep themselves busy, the lack of activities can cause feelings of disorientation. Bailey connects her personal experience of being bedridden and isolated to the view of those that came to visit her:
[Visitors] sat and fidgeted for a while, then slowly relaxed until a calmness finally spread through them. But halfway through a visit, they would notice how little I moved, the stillness of my body, and an odd quietness would come over them. They would worry about wearing me out, but I could also see that I was a reminder of all they feared: chance, uncertainty, loss, and the sharp edge of mortality. Those of us with illnesses are the holders of the silent fears of those with good health. (32)

The visitors’ uneasiness comes with their realization of mortality. This same narrative applies to those of us that read about individuals suffering with the Coronavirus— the uncertainty of escalation from mild to serious symptoms with the knowledge that hospitals are not well-equipped, fosters an intrinsic fear about mortality that is hard to subdue. Although Bailey’s illness caused her tremendous isolation, the same isolation with her snail provided her a new outlook on life. Bailey explains that the snail’s daytime sleeping routine gave her a new perspective: “I was not the only one resting away the days. The snail naturally slept by day, even on the sunniest of afternoons. Its companionship was a comfort to me and buffered my feelings of uselessness” (23). This anecdote captivated my attention as Bailey’s perspective starkly contrasted that of mine. Many times, I have watched my cats sleep the day away and have caught myself wishing for that life. From my perspective, I was jealous of the peaceful lives that my cats seem to live. But from Bailey’s perspective, her snail’s sleeping habits soothed her. As I spend my days quarantined indoors, I become more aware of my cats’ lives. My cats have never known the outside world; their entire lives have been confined within the walls of my house. Due to this, they appreciate the minor things: from wet chicken treats to the red dot that makes them pounce.

In a similar manner, Bailey delineates how her debilitating illness led her to appreciate minor activities such as a visit from a friend or simply going to the dentist as she states, “...my friends were golden threads randomly appearing in the monotonous fabric of my days...” and “dental appointments were one of my favorite adventures, as I could count on being recumbent” (36). It seems as the isolation from the pandemic has also increased my appreciation for the minor activities in life— from having coffee with a friend to browsing the aisles of Target. Bailey’s didactic text sets out to challenge us to live a slower life, connect with other creatures in the world and face the concept of our mortality. Overall, the stories of Gilgamesh and Tova Bailey have provided me with a profoundly cathartic feeling regarding the human conditions of companionship, grief and loss among others. This cathartic sensation has been heightened due to an increased awareness about the transient nature of life amidst the coronavirus pandemic. The frail nature of humankind relies on narratives to cope with the “unknown” as these narratives provide us with meaningful lessons. For instance, the Holocaust would be understood in a very different manner if only data and photographs remained. It is the stories of victims and survivors, such as Anne Frank, which depict a truth that is “tangible to the human experience” (Jones). These narratives provide human context to the photographs that exist and in combination with facts, create a “holistic picture of the Warsaw Ghetto and the Holocaust” (Jones). Lissa Rankin, a mind-body medicine physician, asserts that “telling your story— while being witnessed with loving attention by others who care—may be the most powerful medicine on earth” (Rankin). Additionally, these narratives provide readers with a proper ending— whether it be my resettlement to the United States where I was able to develop my own identity or Tova Bailey’s recovery from her illness. In the same way that I possess cultural ownership over the narration of the Lhothsampa’s story by virtue of being a member of the Bhutanese refugee community, COVID-19 patients possess the authority to delineate their experiences with the virus. The dissemination of narratives provides a path toward the establishment of personal connections between the narrator and the audience, thereby facilitating the transmission of empathy and wisdom.
Works Cited


