

# Clinical Delineation of COPD in Arundhati Roy's *The Ministry of Utmost Happiness*

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## Abstract

Much has been written about Arundhati Roy's second offering *The Ministry of Utmost Happiness* (2017) after a gap of twenty years post the publication of her immensely popular debut novel. The novel abounds in people, places and events. It covers the entire gamut of socio-political events that have happened after the publication of *The God of Small Things*. It would interest the discerning reader to see how close to life the author has been in her delineation of characters and events. One interesting portrayal is that of the character of Maryam Ipe, mother of Tilottama (Tilo). She can be seen as a continuation of the character of Ammu from her first novel. We meet her on her sick bed wherein her daughter Tilo takes upon herself the near-impossible task of caring for her impossible and delirious mother. Maryam Ipe has been a patient of COPD (Chronic Obstructive Pulmonary Disorder) and the novelist's delineation of her situation is very realistic. Those who have known someone with the disease would vouch for Roy's meticulous groundwork that has gone into the creation of this character. This paper is an attempt to lay bare the clinical interpretation of COPD and how realistically it has been woven into the narrative. The novel thus lends itself into the transdisciplinary world of Health Humanities. An attempt is made to look at the emergent area of health humanities and what it means to read a literary text from this perspective and the need for such a perspective.

**Keywords:** COPD; Health humanities.

## Introduction to Health Humanities

Health Humanities is an emergent area which has developed out of the field called Medical Humanities. It is a very broad area of study which is rather more transdisciplinary and interdisciplinary in nature. It is a vast

and inclusive area consisting of the humanities, social sciences, the arts and the application of these areas to medical and healthcare practices and services. "The humanities and arts provide insight into the human condition, suffering, personhood, and our responsibility to each other. They also offer a historical perspective on healthcare. Attention to literature and the arts helps to develop and nurture skills of observation, analysis, empathy, and self-reflection -- skills that are essential for humane healthcare. The social sciences help us to understand how bioscience and medicine take place within cultural and social contexts and how culture interacts with the individual experience of illness and the way healthcare is practiced." (<http://medhum.med.nyu.edu/about>)

Health humanities has evolved out of medical humanities. With the inclusion of cultural and social aspects of a disease in understanding and analyzing the same, health humanities has really gone above and beyond the constraints of medical humanities. Klugman and Lamb (2019) have differentiated these two fields saying how health humanities adds value to the understanding of disease and medicine in its whole socio-cultural milieu and how it also goes beyond disease and medicine by questioning and challenging the underlying assumptions about diseases and medicine. The field can be seen as a bridge between the humanities and the sciences.

The underlying assumption of this approach is that disease is not an isolated phenomenon but one that is rooted in multiple intersecting settings and discourses. An ill person does not exist in vacuum. His/her world includes his family and caretakers and the socio-cultural, political and economic factors that inform his/her choices. It is into this complex world that the medical world with its allied and ancillary fields enter. The world of the medical sciences includes the doctors, nurses, hospital helps and technicians. Along with the medical practices of diagnoses and treatment of diseases, the field also calls for moral and ethical choices that include end-of-life decisions to be made on behalf of the patient.

The reader of literature will be richer with the vicarious experience of disease and its myriad related facets without having had to experience the pain and the agony associated with the same. It can broaden his/her perspective. In the next section we look at how Arundhati Roy's novel *The Ministry of Utmost Happiness* describes an episode of a disease- Chronic Obstructive Pulmonary Disease (COPD), a close reading of which is loaded with meanings and possibilities.

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## **COPD and *The Ministry of Utmost Happiness***

A 'patchwork of narratives', the novel *The Ministry of Utmost Happiness* is told in multiple voices and in a non-linear fashion. Though the work has been considered a strong political statement about almost all of the contemporary happenings in India over the past couple of years, it also packs in narratives apparently less political and social. The narrative about Tilottama though interspersed with the Kashmir issue takes us back to the haunting canvas of Kerala. Tilo's mother Maryam Ipe lies critically ill in a nursing home in Cochin and Tilo being the only daughter is informed about the same. She had never been close to her mother but as a duty-bound daughter she is by her bedside taking care of her during the last stage of her mother's illness.

By the time she reaches Cochin, Maryam Ipe's blood-stream had had a build-up of carbon-dioxide in her blood, leading to inflammation of her brain, which further leads to severe disorientation. She is also shown suffering from ICU-induced psychosis. There are recorded cases of this condition, especially among senior patients. This compounds her hallucinating stage. According to the doctors, this kind of psychosis particularly affects the "powerful, self-willed people who suddenly found themselves helpless and at the mercy of those they had once treated as minions" (Roy 241, 2017). COPD manifests itself through both physical and psychological symptoms.

Chronic Obstructive Pulmonary Disorder (COPD) is a life-threatening as well as life altering medical condition associated with chronic respiratory diseases. It is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. It's caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke. In developing countries, environmental pollution is considered a major cause along with the use of firewood for cooking and indoor pollution. People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions. More than three million people die of COPD world over, accounting for 6% of all deaths worldwide making it the third largest killer according to the WHO data. (Mayo Clinic, [www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc](http://www.mayoclinic.org/diseases-conditions/copd/symptoms-causes/syc)).

What compounds the matter is that there is no known permanent cure for this condition. Proper medication and care can help manage the symptom

and help the patient in leading a near normal life. However, over a period of time, the prognosis gets worse and palliative care is the only way to ease the suffering in the end stage. This chronic condition lessens the supply of oxygen to the brain leading to dementia and delirium, especially in older patients. In many cases, the end-stage of life is often associated with delirium and dementia in older people suffering from COPD over a period of time (Stapleton and Curtis, 2007).

Though there is a lot of medical research in the field, there isn't enough representation and applications of this gradually debilitating illness in various media, literature specifically. COPD is a much wider prevalent phenomena though most people are not aware of it. According to the World Health Organization (WHO), an estimated 65 million people over the world suffer from mild to severe forms of COPD and it is estimated that by the year 2030, COPD will be the third cause of death worldwide. With such a grave outlook, the disease merits some discussion in the public sphere. Surprisingly in literature there doesn't seem to be anything of note related to this much prevalent disease in recent times with exceptions like that of Arundhati Roy's novel *The Ministry of Utmost Happiness*.

The many physical manifestations of the disease are quite disturbing. Hypoxemia, or the lack of oxygen, is one such symptom exhibited by Mary Ipe. Hypoxemia is indicated by the dark, painful purple patches all over the body due to the lack of enough oxygen in the blood. "Most of her veins had collapsed and closed down and formed a darker purple web underneath the already-purple skin." (Roy 241, 2017). This lack of oxygen in the arteries leads to the increase of carbon dioxide in the body which further leads to mental confusion, hallucination and altered states of consciousness. Cognitive functions of the brain get impaired which furthers psychological complications in the patient. COPD also leads to systemic inflammation (Pelgrim et al., 2019).

Age is a contributory factor. Most diagnosed COPD patients are 60 years or older, suggesting an increased risk of development upon aging (von Lepoldt et al., 2012). Maryam Ipe also falls into this category, exacerbating her symptoms. Sleep patterns get disturbed which can be seen happening to the character. "According to the Confronting COPD International Survey about 40 percent of patients experience trouble sleeping. Having COPD is directly associated with oxygen desaturation, which results in impaired sleep quality, particularly during the end of REM sleep. This stage can last up to about an hour, and throughout this time both breathing and heart rate increase. Patients with COPD experience the most inter-

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ruption during this period, causing intense hyperventilation.” (<https://lunginstitute.com/blog/sleeping-positions-with-copd>).

Psychological anxiety about one’s condition and the premonition of the impending doom make some of these patients sleepless and restless. Maryam Ipe in her sleeplessness exhibits her state of anxiety and anguish, terrified of her impending death.

The psychological comorbidities of COPD include depression and anxiety, and symptom-related psychological distress. Studies have shown concurrent prevalence of COPD and mental disorders among patients in hospital-based study (Varghese, Chaudhari and Mara 2019).

In the case of Maryam Ipe, the episodes of delirium are interspersed with moments of lucidity and tranquility but they do not last for long. She doesn’t always recognize Tilo, her daughter. “She developed new quirks and irrational preoccupations” (pg. 242). One of them was being overly curious about people’s caste. However, none in the hospital took her offensive queries to heart as they knew it was not really Maryam Ipe who was doing all this. The nurses and the doctors are fully aware of the implications of the disease and make sure they prepare the caregivers with the information.

The hospital setting with the medical fraternity doing their job in taking care of the patient is reflective of the Kerala reality of migration. “They were fabulous girls, those nurses, precise and professional. Each of them was waiting for a job that would take her to a Gulf country, or to England or the US, where they would join the elite community of Malayali Nurses” (pg. 243). The doctor is also someone with a migrant history. Dr. Jacob Varghese had been a medic with the US Army and “was second-in-command of critical care in his unit in the Kuwait war and had returned to Kerala when his tenure ended” (pg. 252). Through this discourse Roy paints a realistic picture of the state which verges on a political commentary. The Kerala model of development is based on migration and nothing much has been done by the state to retain the best brains from migrating.

The way in which COPD is introduced to Tilo is quite remarkable. “The nurses told Tilo it was a disease that could give harmless old grandmothers the manners of brothel-owners and bishops swear like drunks. It was best not to take anything personally” (pg. 243). Further description of the old lady’s condition successfully conveys to the readers the urgency and hopelessness of the case. “As her illness intensified, the old lady

became restless and almost impossible to manage. Sleep forsook her and she stayed awake, night after night, her pupils dilated, her eyes terrified, talking continuously to herself and anybody who would listen. It was as though she thought she could outsmart death by remaining constantly vigilant. So she talked continuously, sometimes belligerent, sometimes pleasant and amusing. She sang snatches of old songs, hymns, Christmas carols, Onam boat-race songs. (...). When she got upset she insulted everybody around her in a hard-core dialect of guttersnipe Malayalam that nobody could work out how (and from where) in the world a woman of her class and breeding had picked up" (243).

Such patients could develop a voracious appetite and Maryam Ipe was no different as "she downed soft-boiled eggs and pineapple upside-down pastries with the urgency of a convict on parole." (243). They also develop super-human strength with which they exhibit violence if things do not go as per their wish. It can go to such an uncontrollable extent that it becomes necessary to physically restrain them by tying them to their beds. Doctors suggest the same for Maryam to which Tilo asks for some more time. This instance takes us to the difficulties of decision making that are required by the caregivers. Tilottama refuses to have her mother tied to her bed and comes up with an innovative idea to calm her mother. She would "sit on a chair by her mother's bed with a notebook and her mother dictated endless notes to her." According to Tilo, it "seemed to make her mother feel that she was still the captain of the ship, still in charge of something, and that calmed her down considerably." (244)

The notes that Tilo had taken down show the painful, confused and fragmented state of her delirious mind. Here are some examples:

"Have you heard the dogs at night? They come to take away the legs from the diabetes people that are cut off and thrown away. I can hear them howling and they run off with people's arms and legs. Nobody tells them not to."

"A great war has started between me and the butterflies."

"The bishop will want to see me in my coffin. It's quite a relief because it's for my funeral. I never thought I'd get there. Is it raining, is it shining, is it dark is it day is it night? Can't somebody please tell me?"

These statements show how a person suffering from COPD grapples with his/her disoriented state of mind. They try to find meaning in the inane

and the weird. When Dr. Verghese tries to counsel Tilottama after she loses her cool with her impossibly stubborn mother, he speaks for all COPD patients, "You must understand that it isn't she who is uttering those ugly words. (...) Someone else. Her illness. Her blood. Her suffering. Our conditioning, our prejudices, our history..." (pg.253). This message is heavily loaded in that it tries to look at the disease not only from the physiological and psychological perspective but also from the socio-cultural, economic and political perspectives as well. As a writer, all credit must go to Roy for doing such an in-depth and true to life description of someone suffering from COPD. There is so much of a true-to-life portrayal that someone reading Roy can certainly understand the symptoms of the disease and diagnose it in someone suffering from the same. It can be a case of life imitating art.

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