

# Illness as Resistance: A Comparative Study of Monikuntala Bhattacharya's *Sandhya* and Anuradha Sarma Pujari's *Jalasabi*

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## ABSTRACT:

This paper examines how illness is constructed as a site of resistance in Monikuntala Bhattacharya's *Sandhya* and Anuradha Sarma Pujari's *Jalasabi*. While *Sandhya* is dominated by the bio-psychological agony of AIDS and its attendant stigma, *Jalasabi* foregrounds the biomedical realities of chronic illness and the loneliness of old age. Drawing on narrative theory, feminist literary criticism, and global illness narratives, the study demonstrates how both novels use illness to critique social norms and assert agency, albeit through different narrative and thematic strategies. Through their depiction of illness not merely as a biomedical condition but a deeply social and emotional experience, these works reflect on the ways in which the female body becomes both a site of suffering and subversion.

**Keywords:** AIDS, Chronic Illness, Assamese Literature, Bio-psychological, Biomedical, Resistance, Narrative Theory, Feminist Criticism, Illness Narrative, Global Literature.

## 1. INTRODUCTION:

Illness in literature often embodies more than physical suffering; it becomes a crucible for exploring identity, agency, and resistance, especially in narratives centred on women. In Assamese women's writing, Monikuntala Bhattacharya's *Sandhya* and Anuradha Sarma Pujari's *Jalasabi* reframe illness not as passive victimhood but as a site of subversive strength. *Sandhya*'s protagonist endures the psychological and social fallout of AIDS, while *Jalasabi*'s Subarnajyoti Devi faces the slow erosion of self through chronic illness and the isolating effects of old age. Both novels, through their nuanced portrayals of illness, challenge dominant narratives about gender, health, and social value.

This paper examines how illness is constructed as resistance in these two works. Drawing from narrative theory, feminist literary criticism, and global illness narratives, it demonstrates how both novels use illness to critique social norms and assert agency, albeit through different narrative and thematic strategies. The analysis situates these Assamese texts within a broader literary and philosophical conversation, engaging with works by Susan Sontag, Audre Lorde, and Leo Tolstoy to illuminate the universality and specificity of illness as a feminist and literary motif.

## 2. LITERATURE REVIEW:

### Illness Narratives and Narrative Theory:

Arthur Frank's *The Wounded Storyteller* (1995) provides a foundational framework for understanding illness narratives, categorizing them into restitution, chaos, and quest narratives.

These forms help analyse how individuals process and articulate illness, moving from disorientation to meaning-making.

### **Feminist Criticism and the Gendered Body:**

Susan Sontag's *Illness as Metaphor* (1978) critiques the symbolic burdens placed on patients, particularly women, who are often depicted as emotionally fragile or culpable for their suffering. Elaine Scarry's *The Body in Pain* (1985) highlights the ineffability of pain, which can render women's suffering invisible. Indian scholars like Rina Dasgupta (2019) argue that women's writing in India frequently uses illness as a metaphor for suppressed desires and unspoken trauma.

### **Assamese and Indian Contexts:**

In Assamese literature, Monikuntala Bhattacharya and Anuradha Sarma Pujari use illness to foreground women's psychological depth and muted forms of protest. Their works echo a broader trend in Indian women's writing, where illness becomes a lens for exploring isolation, agency, and resistance.

### **Global Illness Narratives:**

Audre Lorde's *The Cancer Journals* (1980) and Virginia Woolf's *On Being Ill* (1926) offer comparative insight, using illness as a site of political and poetic resistance. Tolstoy's *The Death of Ivan Ilyich* frames illness as a philosophical confrontation with mortality.

## **3. RESEARCH METHODOLOGY:**

This study employs qualitative, comparative, and textual analysis of *Sandhya* and *Jalasabi*, guided by feminist literary theory, narrative medicine, and cultural criticism. Arthur Frank's typology informs the narrative analysis, while feminist and postcolonial perspectives assess representations of illness, gender, and agency. Selected passages are closely examined for recurring metaphors, character arcs, and thematic patterns. The study also draws comparative links to global illness narratives, situating Assamese fiction within a transnational discourse on embodiment, marginality, and resilience.

## **4. RESULTS AND DISCUSSION:**

### **4.1 Sandhya: Bio-Psychological Agony and Resistance**

*Sandhya* is notable for its early engagement with the AIDS crisis from a woman's perspective. The protagonist, diagnosed with HIV, is shunned by her family and community, and the stigma attached to her illness becomes a metaphor for her emotional abandonment and societal invisibility. The narrative begins in a state of chaos, aligning with Frank's model—marked by confusion, anger, and despair. As the story progresses, it transforms into a quest narrative: the protagonist reflects on her relationships, internalized guilt, and the cultural expectations imposed on her as a woman.

Her journey toward self-acceptance and agency echoes Audre Lorde's refusal to hide her illness in *The Cancer Journals*. Both protagonists reject the notion that illness should be concealed to conform to social norms, instead asserting that the body—marked by disease—can be a site of

truth and resistance. In *Sandhya*, the protagonist's reclamation of her voice through introspection and writing becomes a form of activism, challenging the medical and social systems that treat her as an object rather than a subject.

The novel also critiques the medical establishment: doctors discuss her case impersonally, and healthcare workers handle her with literal and metaphorical gloves. This dehumanization underscores the need for narrative agency, which the protagonist ultimately claims by telling her own story.

#### 4.2 *Jalasabi*: Biomedical Realities and Quiet Endurance:

*Jalasabi* centres on Subarnajyoti Devi, an elderly woman whose chronic illness and mental decline render her a “jalachabi” (water image) of her former self [1]. The novel explores the psychological and emotional toll of old age, focusing on her gradual loss of memory, increasing fragility, and growing suspicion of those around her. The narrative also delves into the predicament of her daughter, Mani, who grapples with guilt and grief as she watches her mother's decline.

Unlike the public spectacle of AIDS in *Sandhya*, the suffering in *Jalasabi* is private and often invisible. Subarnajyoti's illness inspires not fear but neglect; her family's care is perfunctory, lacking emotional investment. Yet, her endurance is a form of resistance. Through memory and inner dialogue, she maintains her dignity and asserts her sense of self, even as her body weakens.

This portrayal aligns with Tolstoy's *The Death of Ivan Ilyich*, where illness strips away social masks, revealing the inner world of the sufferer. Both narratives use illness as a crucible for existential insight, challenging the commodification of care in a society where modernization has eroded traditional family structures [1][3].

#### 4.3 Comparative Insights: Two Modes of Resistance:

While *Sandhya* and *Jalasabi* depict different illnesses and protagonists at distinct life stages, both construct illness as a space of feminist resistance. *Sandhya*'s protagonist is outwardly defiant, using narrative and speech to protest her marginalization. *Jalasabi*'s Subarnajyoti is inwardly resolute, her resistance manifesting in quiet endurance and the preservation of selfhood.

Novel	Illness Type	Mode of Resistance	Narrative Focus
Sandhya	AIDS (Bio-psychological)	Outward defiance	Voice, activism
Jalasabi	Chronic / mental illness	Inward endurance	Memory, dignity

Both novels destabilize the binary between strength and vulnerability, showing that resistance can be loud or silent, public or private. They also underscore the gendered nature of illness: women are expected to suffer silently, prioritize others, and disappear once deemed “unproductive.” By centring the experiences of ill women, these texts shift the lens from patriarchal spectatorship to female subjectivity [3].

These dualities echo global illness narratives. Sontag intellectualizes illness, stripping it of metaphor to focus on material and social impact, while Woolf explores its spiritual and imaginative dimensions. The Assamese novels synthesize both approaches, grounding illness in lived experience while allowing for poetic and philosophical reflection.

#### **4.4 Thematic and Narrative Strategies:**

##### **4.4.1 Narrative Structure:**

Both novels employ narrative strategies that foreground the interiority of their protagonists. *Sandhya* uses introspection and fragmented memories to chart the protagonist's psychological journey from chaos to quest. *Jalasabi* employs a more linear narrative, but intersperses it with flashbacks and inner monologues that reveal Subarnajyoti's struggle to maintain her sense of self amid cognitive decline [1].

##### **4.4.2 Metaphors and Symbolism:**

Illness in both novels is deeply metaphorical. In *Sandhya*, AIDS is not just a disease but a symbol of social ostracism and the policing of female sexuality. In *Jalasabi*, the protagonist's mental decline is likened to a "water image"—fragile, shifting, and ultimately ephemeral. These metaphors allow the novels to explore broader themes of memory, identity, and the body as a contested site.

#### **4.5 Feminist Critique:**

Both authors use illness to critique patriarchal norms. *Sandhya* challenges the stigmatization of women's bodies and the expectation of silent suffering. *Jalasabi* interrogates the commodification of care and the invisibility of elderly women in contemporary society [1][3]. Through their protagonists, the novels assert women's agency, even in the face of physical and social decline.

#### **4.6 Locating Assamese Illness Narratives in Global Context:**

By engaging with global illness narratives, these Assamese novels participate in a transnational conversation about embodiment, suffering, and resistance. Like Audre Lorde, Bhattacharya and Pujari refuse to sentimentalize or conceal illness; instead, they use it as a platform for political and personal agency. Their works resonate with Sontag's call to strip illness of metaphor and Woolf's insistence on the poetic potential of suffering.

Yet, the specificity of Assamese cultural and social realities remains central. The novels reflect the unique challenges faced by women in Northeast India, including the erosion of traditional family structures, the stigmatization of illness, and the pressures of modernization. By situating their protagonists within these contexts, Bhattacharya and Pujari offer a nuanced critique that is both locally grounded and globally resonant.

### **5. CONCLUSION:**

Monikuntala Bhattacharya's *Sandhya* and Anuradha Sarma Pujari's *Jalasabi* are powerful feminist interventions in Assamese literature. Through their portrayals of women navigating illness in silence and speech, suffering and strength, the novels reveal how the diseased body

can become a site of resistance rather than erasure. Illness is not merely a medical condition—it is a narrative, a symbol, and a critique.

Positioned alongside global works by Lorde, Woolf, Tolstoy, and Sontag, these Assamese novels assert the universality of illness narratives while maintaining the specificity of regional and gendered experience. They extend the discourse of feminist literature by making visible the pain, resilience, and political agency of ill women in a society that often renders them invisible.

By refusing to simplify or sentimentalize illness, these novels challenge readers to reconsider the moral and emotional expectations placed on suffering women. In doing so, they transform illness from a site of silence into a powerful mode of resistance.

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