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Illness and Diaspora: Medical Humanities Perspectives in Jhumpa Lahiri's Fiction

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Abstract: *This paper offers a medical humanities reading of Jhumpa Lahiri's fiction, showing how illness is embedded in the everyday lives of South Asian diasporic subjects rather than reducible to biomedical events. Focusing on selected stories from Interpreter of Maladies and Unaccustomed Earth, and key episodes in The Namesake, it draws on illness narrative, narrative medicine, and critical medical humanities to analyse stillbirth, grief, seizures, depression, and diffuse distress. Migration, racialisation, gendered care work and intergenerational obligation emerge as determinants of suffering and its (in)visibility, especially in clinical scenes such as Mr Kapasi as "interpreter of maladies" and the hospital episodes in The Namesake. Gendered caregiving and the transmission of unspoken wounds are traced through Ashima, Mrs Sen and Ruma. The paper argues that Lahiri's work critiques biomedical reductionism and offers a vital pedagogical resource for teaching migrant and minority health in postcolonial medical humanities.*

Keywords: illness narrative; medical humanities; diaspora; *Jhumpa Lahiri*; South Asian literature; narrative medicine

INTRODUCTION

Jhumpa Lahiri has become one of the most well-known authors of the modern South Asian diaspora, which portrays the experiences of Bengali and Indian-origin migrants in the United States and other countries and the ways they navigate the challenges of cultural dislocation, domestic intimacy, and generational conflict (Mondal, 2023; Rahman and Islam, 2024). In her fiction, such as in *Interpreter of Maladies* (1999) to *The Namesake* (2003) and *Unaccustomed Earth* (2008), bodies are consistently

being put on trial: in the former, through the suffering of a pregnancy; in the latter, through depression, marital failure, and subdued but steady psychosomatic ailments. These motifs have typically been interpreted by critics in the frames of diaspora, hybridity and postcolonial identity identity crisis, nostalgia, alienation and finding the way to live in between worlds (Anyanwu, 2017; Kumar, 2023). The continued focus on vulnerability, pain and care, however, by Lahiri also extends a medical humanities reading that prefigures the embodied and affective aspect of diasporic existence.

The medical humanities, and especially narrative medicine, highlight the fact that illness is not merely a biomedical phenomenon, but a lived, narrated and social phenomenon. Rita Charon is of the view that narrative medicine is the medicine that is practised with a sense of narrative competence which is the ability to perceive, assimilate, understand and respond to narratives and fate that others are going through (Charon, 2001, p. 1897). The method has played a role in suggesting that literature may enhance the sensitivity of clinicians to suffering, the complexities of identity and the social determinants of health (Krinock & Liao, 2020; Loy et al., 2024). The corpus that is, however, most frequently applied in narrative medicine is extremely Euro-American and clinic-based. Viewing the fiction of Lahiri in a medical humanities perspective enables us to re-position the illness narrative in the context of transnational, racialised and culturally hybrid settings, where language, migration status and family structures play a key part in expressing, interpretation and management of pain.

This change is especially noteworthy in the light of the increasing public-health data on the mental health of South Asian diasporic people. It has been shown that South Asian migrants have high burdens of stress, depression, and anxiety, which are connected to the factors of migration stress, racism, intergenerational conflict, and culturally specific idioms of distress that do not necessarily fit into Western psychiatric paradigms (Karasz et al., 2019; Weaver and Karasz, 2022). Studies of South Asians in Canada, such as one that records high incidences of mood and anxiety disorders and non-compliance with treatment due to stigmatization issues, linguistic and structural imbalances (Islam et al., 2014). In South Asian and diasporic contexts, the term tension and its various forms tend to be the culturally mediated labels of psychological and social misery, where the body and mind intermingle (Weaver and Karasz, 2022). The characters in Lahiri, lonely, shameful, missing reproductive organs, and quietly broken, can be interpreted as the fictional equivalents of these empirical data, a narrative perspective of health implications of life in the diaspora at fines scales.

Simultaneously, the recent scholarship on Lahiri emphasizes that the author thematizes the diasporic sensibility: the cultural hybridity, lack of place, whereabouts, and the twin awareness of being a foreigner (Mondal, 2023; Kumar, 2023; Eldiasty, 2020). According to Rahman and Islam (2024), her short stories dramatise the change of traditional values and negotiation of social norms in migration, especially in the family and gender relations. However, even when the terms as maladies, trauma and wounded identities are often used in this criticism, very few studies adopt medical humanities approaches, or the particular conceptual differences between illness, disease and sickness. The outcome has been that the densely populated health-related and rich dimensions of fiction by Lahiri have not been adequately theorised.

The article fills that gap by assembling medical humanities and diaspora/postcolonial theory to explore the representation of illness in the fiction of Lahiri and the ways in which the representations are subject to the diasporic conditions. It posits: (i) How do the texts by Lahiri describe illness as a

biomedical and a social-cultural phenomenon? (ii) What are the ways and means of migration, racialisation, gender and generational difference in her narratives to influence the suffering, care and healing? (iii) What are some of the advantages of medical humanities taking such exemplary narratives of diasporic illness? The analysis of the selected stories of *Interpreter of Maladies* (such as "Interpreter of Maladies," "A Temporary Matter," and The Treatment of Bibi Haldar) and important episodes of *The Namesake* and *Unaccustomed Earth* follows the connection of bodily, psychological, and relational maladies.

The article has placed the work of Lahiri in the context of recent discussions on South Asian migrant health and narrative medicine to suggest that her fiction is not only a work of illness but also a critique of the cultural scripts and power relations in which illness is visible, silenced or misinterpreted. By thus doing, it makes Lahiri a valuable, but poorly exploited resource to medical humanities, able to decentre its Euro-American attention and pre-empt the complicity of sickness with diaspora, identity and belonging.

THEORETICAL AND CONCEPTUAL FRAMEWORK

This paper is based on a complex approach that incorporates the major insights provided by the medical humanities, particularly, narrative medicine and illness-narrative theory, with the theory of diaspora and postcolonialism. These lenses combined assist in the conceptualisation of the presence of illness in Lahiri texts as a biomedical disturbance, yet as a culturally and politically mediated experience mediated by migration, race, gender and family.

Medical humanities, illness and story

Medical humanities have developed out of a rather additives application of literature and history in humanising medicine into what Whitehead and others call the critical medical humanities, an interdisciplinary method that explores health, illness and medicine using the arts, humanities and the social sciences and prefigures power, inequality and embodiment. Instead of considering literature as being descriptive of clinical topics, the critical medical humanities claims that literary works have the capacity to conceptualise illness and health, and that the issue of suffering is bound up in forms like colonialism, migration and patriarchy.

In this area, narrative medicine has a significant influence. According to Rita Charon, the concept of narrative medicine as a practice involves the necessary skillful approach and skill of narrative competence- the capacity to identify, to receive, to interpret and to act upon the stories of others in order to develop empathy and moral responsiveness in clinical practice (Charon, 2001). To narrative theorists of illness like Arthur Kleinman and Arthur Frank, stories are not just the reflection of disease, but they are at the centre of the way people make sense of suffering. Kleinman recognizes the difference between disease (the professional, biomedical definition), illness (the lived experience of a patient) and sickness (the social identification and labeling of a condition) and argues that the only way to heal is to use illness meanings, not necessarily to fix the pathology of disease. In the meantime, Frank traces common narrative tropes such as restitution, chaos and quest by which the so-called wounded storyteller attempts to reconstruct life following a severe illness (Frank, 1995).

These are the concepts which are key to the reading Lahiri. Her fiction does not avert its gaze on the diagnostic specifics; rather, it prefigures the ways in which characters tell or do not tell of loss, a reproductive failure, chronic malaise or depression, and the manner in which the family or the community explains those situations. The close readings shall be directed by the analytic difference between disease, illness and sickness: the first is the illness as embodied experience and the second is the social and familial scripting, although the underlying disease may not have any name. The typology provided by Frank provides another instrument of following the oscillations of the characters in Lahiri between restitution possibilities (going back to normalcy), chaos (inarticulable crisis) and quest (meaning search by suffering) in the context of migration and cultural dislocation.

Diaspora, hybridity and the postcolonial identity

The research relies on the significant strands of the diaspora and postcolonial theory in order to comprehend how the migration inflicts illness. The influential seminal essay Cultural Identity and Diaspora by Stuart Hall has conceived cultural identity not as a set of things but a process of being and becoming informed by history, rupture and continual change. Diasporic subjects occupy an intermediate ground of difference and hybridity in which identity is constructed out of negotiating between various cultural repertoires other than just continuing with an origin.

This in-between status is further developed in the theory of hybridity by Homi Bhabha and the third space of enunciation. Cultural meaning in The Location of Culture Bhabha posits that interstitial space is the place of encounter between coloniser and colonised, or host and migrant; the third place destabilizes any fixed binaries and produces new forms of identity, hybrid identities. This translational practice of always existing in a state of structural ambivalence is what is the case with diasporic subjects: they are neither entirely home in either the home or the host culture but all the time they must translate between the two.

The Cartographies of Diaspora by Avtar Brah incorporates the much-needed intersectional element where race, gender, class, sexuality and generation converge in the diasporic constructions. Not any movement across borders, Diaspora is about the way in which power relations determine who may move, where and under what the conditions and consequences are of belonging and non-belonging. Although the Black Atlantic by Paul Gilroy is grounded on the Afro-diasporic histories, its approach to transnational circuits and dual consciousness is helpful to consider South Asian diasporas as well, in which identities are constructed in a multi-location, because of racialisation in the West.

These theories are useful to conceptualise the idea of diaspora in the fiction of Lahiri as a structural state of in-betweenness that puts psychological and physical pressure: sense of unbelonging, pressures of translation, generational conflict and racialised gaze of the host community. Disease in these situations is decoded as a reaction to such pressures as well as a metaphor of broken bonds with the concept of place, the home and elsewhere.

Towards a postcolonial medical humanity

Recent scholarship calls for a postcolonial or global health humanities that explicitly addresses how histories of colonialism, empire and racial capitalism shape health inequalities and the meanings of illness. Whitehead and Woods argue that the critical medical humanities must attend to “biopolitics and power,” challenging narrow, clinic-bound understandings of health. Work at the intersection of postcolonial studies and medical humanities shows how literary texts from the Global South or its

diasporas can illuminate the continuing effects of colonial medicine and racialised health regimes in the present.

Emerging discussions of health humanities in South Asia similarly emphasise that representations of illness and healing in South Asian literature and film offer vital perspectives on the entanglement of health with caste, gender, religion and postcolonial development agendas. Situating Lahiri within this broader move allows the article to treat her diasporic narratives not merely as "immigrant stories" but as contributions to a transnational, postcolonial medical humanities corpus. Her texts stage how South Asian migrants navigate Western health systems, negotiate stigma and silence around mental distress, and rework familial and religious practices as informal modes of care.

Conceptually, then, the framework adopted here rests on three linked propositions:

1. Illness is irreducibly narrative and social: following Kleinman, Charon and Frank, the analysis focuses on how suffering is storied, silenced or misrecognised, rather than on diagnostic labels.
2. Diasporic subjectivity is hybrid, relational and historically situated: drawing on Hall, Bhabha and Brah, the study reads Lahiri's characters as inhabiting an in-between space in which identity, family and belonging are constantly renegotiated.
3. Medical humanities must be critical and postcolonial: illness and care in Lahiri's fiction are shaped by migration regimes, racialisation and gendered labour, aligning with calls for a medical humanities attentive to global and postcolonial structures of inequality.

These propositions will guide the subsequent textual analysis. In practical terms, the readings will track (a) modes of illness representation (bodily symptoms, emotional states, relational breakdowns); (b) diasporic conditions (displacement, racism, generational conflict, linguistic mediation); and (c) narrative strategies (focalisation, silence, metaphor, shifts between restitution/chaos/quest patterns). Taken together, the framework provides a robust set of tools for examining how Lahiri's fiction renders illness as a crucial site where the vulnerabilities and negotiations of diasporic life become visible.

LITERATURE REVIEW

Critical work on Lahiri and diaspora

Diasporic identity, hybridity and belonging have received criticism on Jhumpa Lahiri in immense proportions where illness and vulnerability have taken back seat as subsidiary motifs. In her article, Pandey (2024) on the topic of the so-called diasporic sensibility in *Interpreter of Maladies* and *The Namesake*, she previews the theme of rootlessness, cultural hybridity and displacement that Lahiri explored in her fiction, claiming that her fiction highlights the psychic costs of traversing the multiple cultural sites. In a similar way, on the book *The Lowland*, by Kumar and Sushil (2022), also reads the novel based on the diasporic hybridity and liminality by focusing on exile, nostalgia and existential suffering as the main characters of the book move in between the Indian and the American worlds.

These works bring together a mainstream of critical opinion: Lahiri is largely a writer of diaspora whose writing records the affective effects of movement and cultural translation. Themes of exile, nostalgia, multiple anchorages and fractured identities in *Interpreter of Maladies*, *The Namesake* and subsequent novels are a focus of earlier work in the same tradition making use of postcolonial terms of hybridity and the in-betweenness of migrant life. The bodily metaphors of discomfort or

woundedness are always recorded in such scholarship, but most often as figurative extensions of cultural dislocation, but not as experiencing illness themselves.

Sickness, trauma and body in Lahiri

Within the fiction written by Lahiri, there is a rather small yet expanding amount of literature that explicitly concerns illness, trauma and the body. The Clinical Images in the Works of Jhumpa Lahiri: An Approach in Medical Humanities (Kashikar, 2020) is among the limited articles to put Lahiri directly in the context of medical humanities. It lists hospital scenes, pregnancy, miscarriage or clinical experience in *Interpreter of Maladies*, *The Namesake* and other readings suggesting that Lahiri employs the so-called clinical imagery to depict loneliness, alienation and cultural difference between Indian and American health-care approaches. Although the article provides some good close readings, it tends to approach medical humanities as a background and failing to approach ideas like illness narrative, narrative medicine or disease/illness/sickness distinction in a systematic manner.

One can specifically refer to *The Namesake* to discuss the article by Jain (2016) titled Inexpressible Emotional Pain in Jhumpa Lahiri *The Namesake* (IOSR-JHSS, DOI: 10.9790/0837-2105011721). In it, the author examines the idea of bereavement, nostalgia and psychological suffering in *The Namesake* by the Ganguli family. It demonstrates that death, long-term grief, and marital infidelity take their toll on the bodies and feelings, and Ashima and Gogol are representatives of the long-term migration pressure in the form of sickness, insomnia, and an overall feeling of out-of-place-ness. In this context, illness is interpreted both metaphorically and as a material state although the discourse remains mostly on the periphery of the diaspora studies as opposed to its relation to the medically related humanities argument.

Theses and articles on trauma in *Interpreter of Maladies* that are unpublished give the same conclusion. Morrison (2022) reviews the short story *Interpreter of Maladies* in terms of the trauma theory, presenting it as the fact that the characters experience some form of mental illness or unarticulated pain, but this is not reflected in their clinical diagnosis but in their day-to-day behaviour, silences and miscommunications. In other essays, stillbirth in A Temporary Matter, Bibi and her seemingly unexplainable fits in The Treatment of Bibi Haldar and the almost fatal train accident that Ashoke narrowly avoids in *The Namesake* are discussed as some of the places where the body crisis reveals how vulnerable the diasporic family is.

Combined, this line of criticism acknowledges that the fiction of Lahiri is pervaded with illness, reproductive death, hospitalisation and breakdown. However, it is more descriptive in nature, and thematically inclined, and will not often get down to medical humanities theory, or to empirical studies of migrant and minority health that might put these fictional bodies into context. Less emphasis is also given to the issues of care, clinical encounter and institutional power even though such scenes are common in hospitals and clinics.

Medical humanities, migration and postcolonial texts

In addition to Lahiri scholarship, a large body of work in critical medical humanities and migration studies re-evaluates illness with regards to mobility, racialisation and belonging. The Edinburgh Companion to the Critical Medical Humanities by Whitehead et al. has the argument that illness has to be situated in the context of larger biopolitical and socio-historical systems, and suggests analysis

of illness focusing on the links of embodiment to inequality, colonial legacies and global capitalism. Journals like Medical Humanities and Sociology of Health and illness have articles which have also brought this project to migratory conditions and how othering of the embodied memories of illness by migrants are influenced by unequal access to care and precarious legal statuses.

Medical humanities have found its way into medical education in India and South Asia as a form of medical education that sensitises medical practitioners to narratives of patients, commonly through novels and films of South Asian writers. One recent article in The Criterion on The Role of Medical Humanities in Understanding Illness states that authors like Jhumpa Lahiri or Amitav Ghosh give abundant material to the issue of exploring ethical dilemmas, cultural difference and the emotive aspects of illness especially in cross-cultural clinical interactions. Nevertheless, Lahiri is rarely discussed in such work, and not in the form of a continuous analysis of the text.

The field of medical humanities has started to converge with postcolonial literary criticism on the topic of affective ecologies of illness, colonial medicine and global health inequities in African and Asian literatures. These papers show how the metaphors of disease, the scenes of epidemic and hospital carry the histories of empire, racialisation and class, and contend that the texts of the postcolonial can assist in resetting medical humanities to be more global and structural in their attention. However, there is a remarkable paucity in bringing these insights to bear on South Asian diasporic fiction in the Global North, in which illness is bound up in migration regimes, racism and intergenerational strains.

Identified gaps

This is a review which implies that there are three major gaps that are filled in the current article.
To begin with, the Lahiri scholarship is far too diaspora and identity to the extent that illness and health are the second themes or metaphors. The works of Pandey (2024), Kumar and Sushil (2022), and others elaborate on the concept of hybridity, liminality and displacement, yet they fail to analyse the role illness, disability or mental distress play in structuring those experiences.

Second, although in some cases researchers anticipate ill health and emotional suffering, e.g., Kashikar (2020) and Jain (2016), their studies seldom rely on the conceptual repertoire of medical humanities (narrative medicine, illness vs. disease vs. sickness, wounded storytelling, clinical ethics). Consequently, the work of Lahiri has not been well realised as a source of theorising the narratives of diasporic illness or in training health professionals in narrative competence and cultural humility.
Third, Lahiri criticism and empirical research on migrant and minority health have little dialogue. Through critical medical humanities, work on the embodied memory of illness by migrants, and the ethics of belonging to the medical care environment demonstrate the ways illness experiences are organized by othering and precarious citizenship and inequality of access to care. This model however has been rarely applied to meet Lahiri as he vividly describes hospital hallways, the maternity ward, bereavedment, and silent mental disintegrations in diasporic families.

The current work addresses these gaps by reading some stories and novels that Lahiri wrote with a dual approach to medical humanities and the diaspora/postcolonial theory. It attempts to argue that the writings of Lahiri do not merely illustrate the discomfort of immigrants, but provide multi-layered narratives of illnesses of diaspora, where bodies, mind and relations are sensitive to the various pressures of migration, racialisation and cultural translation.

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METHODOLOGY

Research design

The research design of the study is a qualitative and interpretive approach based on literary studies and critical medical humanities. Instead of testing hypotheses or coming up with generalisable clinical results, the objective is to come up with textually based theoretically informed accounts of the illness representations of Jhumpa Lahiri in a diasporic setting. Contrary to the conventional use of hermeneutic of literature, the position of reading is explained as a situated action in which a dialogic interaction between text, theory and context is created to give rise to meanings (Culler, 2000; Eagleton, 2008).

In medical humanities, close reading has been long established as one of the fundamental ways of analyzing the role of stories in the construction of illness, bodies and care (Charon, 2006; Hunter, 1991). Close reading in this case includes the careful attention to the language, metaphor, focalisation, narrative structure and silence with specific concern to scenes and motives of bodily and psychological vulnerability. The research is thereby placed on the border between literature and idea exploration in that the theory of narrative medicine and diaspora studies is not applied as an external paradigm but rather as a partner in the interpretation.

Text selection

The corpus is deliberately limited to a set of texts in which illness, vulnerability and diaspora are centrally or recurrently thematised. The primary works comprise:

1. Stories from *Interpreter of Maladies* (1999), especially “A Temporary Matter,” “Interpreter of Maladies” and “The Treatment of Bibi Haldar”.
2. Selected stories from *Unaccustomed Earth* (2008).
3. Key chapters from *The Namesake* (2003).

These texts were chosen for three reasons. First, they span Lahiri’s early to mid-career work in English and represent both short fiction and the novel, allowing comparison across genres. Second, each contains explicit episodes of physical illness (e.g. miscarriage, seizures, chronic conditions), psychological disturbance (e.g. grief, depression, marital breakdown) or clinical encounters (e.g. hospitalisation, diagnostic uncertainty). Third, they have been prominent in existing diasporic and postcolonial criticism, providing a rich intertextual context while still leaving room for new medical-humanities readings (Pandey, 2024; Kumar & Sushil, 2022; Kashikar, 2020).
The focus on these selected texts does not imply that illness is absent from Lahiri’s later or Italian-language work; rather, it reflects the pragmatic need for depth over breadth in a single article and the fact that these Anglophone works are already widely used in diaspora scholarship and, informally, in narrative-medicine teaching.

Analytical procedures

The analysis proceeds in three interrelated stages.

1. First, the texts are subjected to thematic coding attentive to three broad clusters:
2. representations of physical illness (symptoms, diagnoses, bodily fragility);

3. representations of psychological and relational distress (grief, loneliness, marital estrangement, intergenerational conflict).
4. representations of care and clinical encounter (family caregiving, hospital scenes, interactions with doctors or interpreters).

While the coding is not formalised in software, it follows qualitative-interpretive principles familiar from thematic analysis, where patterns of meaning are identified across a dataset in relation to specific questions (Braun & Clarke, 2006).

Second, these thematic strands are interpreted through the medical-humanities framework outlined earlier. Kleinman's distinction between disease, illness and sickness is used heuristically to differentiate biomedical, experiential and social dimensions of the same episodes (Kleinman, 1988). Frank's narrative typology—restitution, chaos and quest—guides attention to how characters attempt (or fail) to make sense of their suffering (Frank, 1995). Charon's concept of narrative competence informs the analysis of listening, misrecognition and ethical response within families and clinical encounters (Charon, 2001, 2006).

Third, the readings are placed in dialogue with diaspora and postcolonial theory. Concepts such as hybridity and the "third space" (Bhabha, 1994), cultural identity as "being" and "becoming" (Hall, 1990), and intersectional cartographies of diaspora (Brah, 1996) are mobilised to understand how illness is shaped by migration, racialisation, gender and generation. Rather than applying these theories mechanically, the analysis asks how Lahiri's narratives confirm, complicate or extend them—particularly in relation to the bodily and affective consequences of diasporic life.

Throughout, attention is paid to narrative form (shifts in focalisation, temporal structure, the use of ellipsis around clinical events) as well as to explicit content. This aligns with critical medical humanities' insistence that form, and aesthetic strategy are themselves part of how illness and power are represented (Whitehead et al., 2016).

LIMITATIONS

There are a number of limitations of the methodology. The corpus is limited to a selection of Anglophone fiction by Lahiri, and it does not include her works in Italian and non-fiction essay writing that might also have some representations of illnesses. The interpretive strategy does not purport empirical generalisability to South Asian diasporic experiences or to clinical populations but provides concepts and insights that can be proposed to have wider ramifications in medical humanities and migration studies (Tracy, 2010).

Additionally, the research is grounded in published texts and secondary research alone; there is no readers reactions, views of clinical practitioners, and empirical health data mentioned besides that which has been cited in literature studies. This restricts its ability to make comments in practice but can point to how the stories of Lahiri can be usefully applied to pedagogy or reflective practice with clinicians. Lastly, like all close reading, the interpretations are inevitably more or less placed; other critics can focus on other textual elements or schools of thought. These weaknesses are overcome

through open-minded basing of arguments on the textual evidence and the uttering of the conceptual framework that will govern the analysis.

Reading Illness in Lahiri's Diasporic Families

In this section, the paper will look at how the fiction by Lahiri makes illness a facet of the diasporic family life through the reproductive loss, chronic or mysterious conditions, and the daily emotional affliction. Instead of defining disease as a strictly biomedical condition, these stories reveal disease as being connected to sorrow, gendered labour, migration pressures and communication breakdowns.

Intramarital grief and infertility: A Temporary Matter and *The Namesake*

In A temporary matter, illness is not presented as a persistent diagnosable situation but rather the continuation of a stillbirth, which still guides the lives of Shoba and Shukumar even months later. We get the news that the baby was also born dead when Shukumar was absent on an academic conference; the story does not begin with the clinical event but only the long shadow of the same on the day-to-day life of the couple. In general, the critical commentary has always insisted on the fact that the stillbirth is a kind of traumatizing event that paralyses their emotional life and breaks the marriage (Pandey, 2024; Park, 2011).

By using a medical-humanities prism, this story prefigures illness as an event of disruption of biographical continuity (Bury) and as a process of relatedness. The deceased child is not named or clinically characterized, rather, Lahiri preoccupies herself with the changed habits of Shoba and Shukumar the former is trying to retreat into overworking and over-planning; the latter is unable to complete his dissertation and is sloppy. The grief that they all live with is never really spoken out until the power cuts at night that leave them with no real place to confess. Criticism has pointed at the way the blackout serves as a ritual of revelation, as the couple is able to say in darkness what they are not able to say in the light. In the view of Arthur Frank, the couple gets caught between anarchy (inarticulable loss) and an unsuccessful restitution narrative (the belief that time will heal) without ever developing a quest-like integration of the loss into a new self.

The narrative is therefore dramatizing not just the psychic consequences of stillbirth but also the incompetence of the narrative in the marriage. No one side can hear the story of the illness of the other; the grief of Shoba is only readable by Shukumar when she tells him that she is moving out. The last awakening, that Shukumar has witnessed and touched the dead baby when Shoba was on anaesthesia is yet another untimely, painful effort to present an illness narrative that has been hidden, with fatal effects on credibility. The interpretation of the "absent child" as a rending but in some way healing device that Park gives the stillbirth is key to highlighting how the dead child at the heart of the exploration of the theme of diasporic marriage that Lahiri gives is the stillbirth.

In *The Namesake*, reproductive and familial disease are not so overtly clinical, yet it is also central. Ashoke had a near-fatal train accident previously, which causes him to live with a precarious body and a very conscious mortality; further on, he dies out of a sudden heart attack in America. According to Jain, this death throws Ashima and Gogol into the long-term grief, as Ashima feels depressed, sleeps less, and less pleasure in her life as she finds her way through widowhood in a country which never seems to be her home. In this case, the diasporic displacement enhances bereavement: the family is bound to grieve within a society that can only partially comprehend their practices, and organize

transnational relations of kinship, and handling practicalities of funeral rituals between America and India.

The story continues to reiterate the incarnated aspects of this sorrow: how Ashima feels her chest tight, Gogol feels numb and cannot eat, how fatigued the body is when it has to host visitors who have come to offer their condolences. Disease is hence not limited to somatic manifestations but is dispersed among bodies, sites and times. Lahiri is not interested in disease entities (heart failure) so much as in illness meanings, the role of the death of Ashoke in the symbolism of the weakness of their migrant project and Gogol himself as the one who needs to renegotiate his own identity and place.
Both writings demonstrate reproductive loss and bereavement as diasporically infested illnesses. The suffering of the characters is conditioned by their identity as the migrants of the Indian origin of the U.S.: the expectations to be strong and not to voice their feelings; the limited possibilities to be supported by their relatives; the necessity to adapt Bengali mourning customs to American working and social cycles. All these layers of context bring the stories of Lahiri squarely into a global, as opposed to a strictly personal, narrative of illness.

Social isolation and chronic conditions: Bibi Haldar and Treatment
It can be seen in the case of the treatment of Bibi Haldar where illness is a chronic and mysterious condition whose aetiology is uncertain and treatment alternates between biomedical, ritual and social prescriptions. Bibi experiences frequent seizures, fainting attacks and weakness in general; the doctors cannot give a definite diagnosis and her cousin together with his wife resent the economic and care giving burden that Bibi is imposing on them.

The malady of Bibi has consequently been interpreted by critics in gender and community context. According to Gradesaver and other guides, her neighbours think that she can be cured not through medicine but through a man thus implying that marriage and sexual initiation are the cure to her disorder. This is a patriarchal logic whereby womanhood is marked by heteronormative positions such as wife, mother, caregiver and where non-conformity to those positions is pathologised. The medical and the social intersect in such an environment, as Bibi is ill because she does not conform to the normative definition of womanhood, and her refusal to have a husband is created as a cause and effect. In the medical-humanities viewpoint, the case of Bibi can be termed as an example of the category of sickness as defined by Kleinman in the possessing of the socially legitimized understandings of disorder. There are varied interpretations to the community such as neurological disorder to possession or witchcraft and finally an imposition to marry as a form of treatment. The baby of the Haldars is ill and the wife suspects that Bibi has bewitched the child; this scapegoating relates the marginal position of Bibi to the general fears of pollution and cleanliness.

However, Lahiri makes it difficult to simply read Bibi as being a victim. She is then literally abandoned, after being literally locked out of the house of the Haldars she goes to work on her own, where she gets pregnant, presumably, either by rape or by force, and turns out to be an autonomous mother managing a small cosmetics shop. Women in the community also circle around her to provide childcare and household chores. This ending has been viewed by critics as an emphasis on the power of connection and caring as a community, and it implies that the ultimate curing that Bibi gets is not in being owned by a man but through female solidarity and economic agency.

This arc transforms the chronical illness of Bibi which has been a personal biomedical enigma to a structural exclusion metaphor. Her convulsions and solitude make the violence of the gendered norm and economic dependence literal. Another dimension of the story is that the setting is Calcutta, not the U.S., in which case the idea of illness is placed in a very local, postcolonial urban context, but the motifs of marginality, misdiagnosis and community-based treatment are familiar to the story of the diaspora. To a world medical humanity, the case of Bibi provides a backdrop to the narrative of clinic-centred Western medicine and foreshadows the informal economies of care, as well as the contribution of gendered social structures to suffering production and alleviation.

Ordinary suffering and emotional suffering: "Interpreter of Maladies" and *Unaccustomed Earth*

In case stillbirth and seizures are acute or outward emergencies, much of Lahiri oeuvre is characterized by daily melancholy- loneliness, estrangement between lovers, silent depression- a sort of low-grade chronic disease. Critics also often observe that the narratives in *Interpreter of Maladies* are ones that discuss the universal impact of an absence of companionship and alienation, particularly in the case of migrants who are torn between the cultural worlds.

In the first story, Mrs. Das tells Mr. Kapasi about her infidelity that she has been harboring her whole life, and she feels guilty towards her son, Bobby. She is requesting of him not health treatment but some sort of emotional diagnosis, believing that as someone who works in a doctor office as an interpreter, he is well-qualified to read her sickness. Morrison reading about trauma reveals the ways, in which the invisible emotional suffering of Mrs. Das, presented in the form of apathy, lack of interest in her children, obsession with personal discomfort, which could be interpreted as indicators of depression, is expressed. Kapasi, in its turn, is a victim of his own sickness: he feels a failure in his work, his marriage with the beloved was loveless after the death of the child, and he dreams that the attention of Mrs. Das will help him to save his life.

In this case, disease is no longer connected with the diagnostic categories but with the failure of the relationships and unrecognized trauma. Mrs. Das imagines her guilt as a disease that could be interpreted and it would possibly go away with the help of a professional; Kapasi momentarily sees himself as a healer. However, the story concludes with a fresh misunderstanding: the piece of paper with his address is lost, their short-lived relationship is broken. In terms of narrative-medicine, the story enacted a failed clinical encounter where the story of the so-called patient is half-told and half heard and neither of the parties evolves the narrative competence necessary to fully understand.

In *Unaccustomed Earth*, there is a much greater emphasis on second-generation characters and long-term emotional residues of migration. The title tale depicts the life of Ruma, a Bengali American female who is grappling with motherhood, marriage negotiation and the newfound death of her mother, and her widowed father who is dabbling with late-life autonomy and companionate sex. The sickness here is more oblique: Ruma feels exhausted, nervous and suffocating in the suburban domestic life; her father suppresses cardiac disorders and emotional stress of widowhood. Critics observe that such stories are used by Lahiri to untrace melancholic tales of misunderstanding and magical missed understanding between generations.

These images are quite close to empirical studies of the South Asian migrant mental health that identify depression and anxiety as results of migration stress, racism, gender expectations and the burden of filial responsibility. In the inner monologue, a clash between the American dream of personal fulfilment and Indian values of taking care of their parents is unveiled; her failure in each of the two registers manifests itself as a form of diffuse, unnamed distress. The fact that Lahiri does not clinically name such states compels the reader to enter into them and see what it is like to be inside such a state, a characteristic of thick description of illness experience that medical humanities cherish.

Throughout these narratives, therefore, Lahiri repeatedly introduces emotional malaise as a diasporic pathology: it is born by living in the third space between cultures and everyday interactions racialised, as well as by the unresolved griefs that the migration causes and extinguishes. Mrs. The isolation of Sen in Mrs. Sen's, the panic of Ruma in *Unaccustomed Earth* and the silent hopelessness of Kapasi in *Interpreter of Maladies* all confirm the finding of the critics that the work by Lahiri is shot through with a melancholia that follows the price of displacement. Instead of pathologizing such characters by the use of clinical terminology, Lahiri lets their narratives illustrate how the migration, family anticipation and cultural translation structures find their way into bodies and mind.
Collectively, these readings in this section show that illness among the diasporic families of Lahiri is not merely a disease issue but a relational and structural weakness. Reproductive denial, chronic enigmatic ailments and daily infirmity all are avenues upon which diaspora, gender and power are enacted to furnish a rich site of critical, postcolonial medical humanities.

Diaspora, Body, and the Politics of Care
This part goes further in the analysis by paying attention to the care: to whom is it listened to, who translates, who nurses, how are those roles distributed according to the lines of language, gender and generation. In her fiction, Lahiri does not make illness a mere personal misfortune; it reveals the imbalance of power in a clinical setting, at home in labour, and in the generational expectations.

Clinical encounters and cultural translation
The politics of care is more explicit nowhere than in “Interpreter of Maladies” where Mr. Kapasi is employed in a doctor surgery as an interpreter who translates the descriptions of pain which the patients are describing into English. According to Kashikar, Kapasi is a middleman between doctors and patients who do not necessarily use the same language and, in fact, translates sickness stories into medical information (Kashikar, 2020, p. 92). Mrs. This interest of Das in this position- her insistence on the expression *interpreter of maladies*- transforms Kapasi into an agent of quasi-clinical authority, rather one who would not only diagnose physical symptoms of illness, but also moral and emotional guilt.

Medically-humanities This is a job that prefigures the two-way translation involved in migrant health: to biomedical discourse as well as experience, and to institutional category as well as experience. It is through the interpretive filter of Kapasi that the patients have to go through before the doctor can see them. According to the theory of narrative medicine developed by Charon, any such translation is accompanied by decisions regarding what is salient, credible or irrelevant in an ill narrative (Charon, 2006). And in the case where Kapasi subsequently cannot understand how deeply Mrs. Das has confided to him, we observe the competence of his narrative: he can make symptoms visible to

medicine, but incapable of being able to fully hear the moral and psychological vice she desires identified.

Such fictional interactions are echoed by empirical studies that study the healthcare experiences of South Asian migrants and time and again find language barriers, hurried visits and culturally inappropriate communication to be barriers in care delivery (Adhikari et al., 2021; Vakil et al., 2023; Nisar et al., 2025). The systematic reviews indicate that first-generation South Asian patients frequently feel that they are not heard or understood, and when they manifest emotional distressing states using somatic idioms or culturally specific language (Vakil et al., 2023). The findings are predicted in terms of *Interpreter of Maladies*; Lahiri warns us that the extent of migrant illness depends on the ability or willingness of a person to listen across the linguistic and cultural boundaries.

The additional clinical spaces can be seen in *The Namesake*, when the previous accident of Ashoke and his subsequent heart attack occur in the US hospitals. Lahiri never focuses on technicalities, but she foreshadows how the family relies on the institutional practices that they only dimly know and how they get lost emotionally when they receive life changing news in a new clinical system in a foreign country. This context of partial belonging and inequality shows how bereavement and chronic grief are enhanced by Jain in his reading of the novel (Jain, 2016). The hospital turns out to be a place where diaspora, vulnerability, and professional authority collide - the major issue of the recent research into migrant-centred, culturally responsive care (Son et al., 2025).

Gendered burdens of care

The theme of care in Lahiri fiction is strongly gendered. Women cook, comfort, interpolate, and shoulder the emotional backlash of migration, usually at significant personal discomfort. Mrs. The paradigmatic example offered by Sen would be that of Mrs. Sen giving childcare to Eliot as she undertakes the extravagant tasks of cooking that replicate the sensory world of Calcutta. Yalvac claims that food and cooking become an important tool to maintain the personality of an immigrant woman through the isolation (Yalvac, 2025, p. 53). Chattopadhyay also demonstrates how her apartment is her home as well as prison as sleeplessness and anxiety has her body straining in a foreign land.

The mother in *The Namesake* and mother in *Unaccustomed Earth* engage in a similar work, albeit without pay, and mostly going unrecognized: they raise children, preserve transnational kinship networks, and soften the adjustment of the family members to the American life. A review of the *Unaccustomed Earth* states that due to her mother, Ruma provided her with her entire life of keeping her children and her husband safe which is one of the traditional care-giving roles even in the diaspora (Kumari, 2019, p. 101). The bodies of these women are burdened with the temporal and emotional burden of care: the chronic fatigue, headaches, sleeplessness and in Hell-Heaven, a suicidal act that shows how much silent suffering is.

These depictions are consistent with public-health studies of gendered health decrease in migrant South Asian women. According to narrative and qualitative research in Canada and Australia, Indian and South Asian women tend to develop decreasing physical and mental health as they settle in the country, which is associated with isolation, increased domestic roles, and or lack of access to culturally relevant care (Kipp et al., 2025; Mustafa and Munoz, 2024; Rezazadeh and Hoover, 2018). As an example,

Mustafa and Munoz (2024) discover that the discourse of chronic pain in immigrant women of Indian descent is filled with the themes of overworking, self-sacrifice, and lack of time to be alone.

These empirical findings can be interpreted as fictional counterparts to the domestic worlds of Lahiri. Mrs. The fact that Sen cannot drive, the fact that Ashima early relies on letters sent home, and the fact that Ruma is ambivalent about imitating the life of her mother all indicate how a kind of care becomes a source of embodied vulnerability. However, Lahiri also demonstrates how women make informal support, Ruma creating new meanings with her father, Mrs. Sen establishing a wavering connection with Eliot, which indicates that care is also a possible object of agency and new relational imago.

Intergenerational illness and memory

Disease in the fiction of Lahiri is hardly held inside any one life; it echoes through generations through memory, anticipation and unspoken duty. This is especially evident in *Unaccustomed Earth*, with tales like *Unaccustomed Earth* and Only Goodness following the path of how the sacrifices of parents and unresolved casualties define the emotional well-being of children. The collection is analyzed in literature as it is devoted to the issue of generation gap and transnational identity and the division between the first-generation parents and the second-generation children concerning language and marriage and lifestyle (Sil and Devi, 2023; Carreira, 2011). In the title story, Ruma is torn between the Bengali tradition of filial piety and the American tradition of being independent by deciding whether to invite her widowed father to live with her. Her constant neurosis, conscientiousness and fatigue are some forms of low degree sickness; they are physical remnants of inherited demands concerning care. A critical essay observes that she subconsciously repeats a social role of her mother, even though she was once considering the same life a warning (e-scrita, 2010). The father, in his turn, has his own tacit health issues and emotional weaknesses, which he to some degree hides to Ruma. What ensues is an unequal distribution and selective disclosure of illness and care, and patterns of silence have been replicated across generations in the family system.

This intergenerational trend can be traced in other areas, Gogol, who is ashamed and confused by the name of his father Ashoke when she recounts the story of her accident, Usha, who only realizes the tensions of her adult life once it is too late, and the children in *Interpreter of Maladies*, who can only feel the tension of their adult life without fully understanding it. Such incidents are consistent with a comprehensive description of postmemory and transgenerational trauma, where children are not the immediate recipients of experience, but the resultant feelings of the informal histories and unfinished narratives of their parents.

The research on migration and settlement indicates that such intergenerational processes have actual health consequences. Processes of high-level (immigrant women) settlement, such as loneliness, de-skilling, precarious work, and the family communication are disrupted by such factors, according to the reviews of the experiences of immigrant women in Canada and thus affect the family wellbeing and wellbeing perceptions of children (Rezazadeh and Hoover, 2018; Kipp, 2025). South Asian migrant healthcare experiences are also reported to be under systematic review, and the findings of these reviews also highlight the presence of family as a protective, as well as a restraining factor that influences access to services and expectations concerning the expression of emotions (Vakil et al., 2023).

The fiction by Lahiri is the micro-level perspective on these dynamics. She encourages the reader to understand diaspora as a time, as well as a space, by presenting how illness memories (the stillborn child in "A Temporary Matter" Ashoke accident and death, the unrequited love in "Hell-Heaven") inform the next generation of their identity and their sense of responsibility. In the case of medical humanities, it draws attention to the value of reading illness not only in the stories of individual patients, but also in the histories of families and the diasporas.

Medical Humanities Implications: Ethics, Empathy and Narrative

Lahiri's fiction does more than represent illness in diasporic lives; it models ways of seeing, hearing and mishearing suffering that are directly relevant to medical humanities and healthcare education. This section briefly sketches three key implications: her work as a pedagogical resource, as a critique of biomedical reductionism, and as a laboratory for rethinking ethics, voice and listening.

Lahiri's fiction as a pedagogical resource

Narrative medicine emerged from the claim that effective practice requires "narrative competence," the ability to acknowledge, absorb, interpret and act on patients' stories (Charon, 2001). Curricula now routinely use literature and film to cultivate this competence by exposing students to complex, ambiguous accounts of illness, especially from marginalised groups (Anil et al., 2023; Arunakumari, 2023).

Lahiri's stories are exceptionally well-suited to this role. Texts such as "Interpreter of Maladies," "A Temporary Matter," "The Treatment of Bibi Haldar," "Mrs. Sen's" and the stories in *Unaccustomed Earth* provide:

Layered illness narratives, where grief, depression or chronic symptoms are never fully named but become legible through everyday details.

Cross-cultural encounters, especially in Kapasi's interpreting work and in scenes of migrant families navigating American hospitals.

Ambiguous moral positions, where characters like Mrs. Das or Ruma's father are neither villains nor saints but conflicted figures struggling with guilt, loneliness and obligation.

These features encourage precisely the skills narrative-medicine programmes aim to foster close attention to language and silence, tolerance for uncertainty, and sensitivity to cultural context. Teaching guides for humanities-in-medicine courses increasingly emphasise that creative works can bridge the gap between evidence-based care and experiential understanding. Lahiri's diasporic settings add an important dimension by foregrounding how race, migration status and gender inflect illness stories—concerns that critical medical humanities identifies as central but often finds underrepresented in canonical texts (Whitehead et al., 2016).

Challenging biomedical reductionism

Critical medical humanities argues that the field must move beyond "add-on" humanisation to interrogate how medicine itself is embedded in power relations and epistemic hierarchies (Whitehead et al., 2016). Lahiri's fiction contributes to this shift by persistently revealing the limits of a purely biomedical gaze.

In "The Treatment of Bibi Haldar," repeated consultations yield no clear diagnosis; biomedical failure clears the ground for patriarchal and quasi-magical interpretations of Bibi's condition. The "treatment"

the community finally offers—marriage—exposes how easily women's suffering can be co-opted into normative reproductive scripts rather than addressed on its own terms. Kashikar's medical-humanities reading notes that Lahiri juxtaposes the doctor's authority with neighbourhood gossip to foreground the social construction of illness.

Similarly, in "A Temporary Matter" and *The Namesake*, the most consequential illnesses (stillbirth, grief, chronic depression) unfold largely outside the clinic. The hospital appears briefly now of crisis, but the long work of mourning and marital disintegration is conducted in kitchens, bedrooms and letters between continents. This narrative structure implicitly challenges health discourses that equate "treatment" with clinical intervention alone. As commentators on narrative medicine remind us, stories reveal aspects of suffering that diagnostic codes cannot capture (Charon, 2006; Kashikar, 2020).

For medical humanities, Lahiri thus offers postcolonial case studies in the insufficiency of biomedicine when disconnected from cultural, gendered and diasporic contexts. Her fiction invites practitioners and students to ask: what remains invisible when illness is viewed only as pathology? Whose pain goes unrecognised when clinical frameworks are not attuned to migration, racism or gendered labour?

Ethics, voice and listening

A further implication concerns ethics and listening. DasGupta's notion of "narrative humility" insists that clinicians must approach patient stories with recognition of their own interpretive limits and openness to being surprised (DasGupta, 2008). Lahiri's characters repeatedly dramatise failures of such humility.

Mrs. Das misrecognises Kapasi as a kind of confessor who can "interpret" her moral malady, while Kapasi projects onto her a fantasy of romantic redemption. Neither truly listens to the other; their brief exchange ends with the address lost, a symbol of missed ethical encounter. In *Unaccustomed Earth*, Ruma and her father conceal key aspects of their emotional and bodily states from one another—his new relationship, her fear of repeating her mother's life—producing a fragile peace built on partial truths. These narrative patterns invite readers to reflect on partial listening in clinical practice: how often do practitioners, family members or interpreters hear only what fits their expectations?

The emphasis on interpreters, translators and letter-writing also aligns with recent work on the centrality of language in migrant health encounters. Systematic reviews of South Asian migrants' experiences highlight that feeling rushed, judged or not properly heard is a recurrent complaint, with significant consequences for trust and adherence (Vakil et al., 2023; Adhikari et al., 2021). Lahiri's stories personify these dynamics at the level of individual conversations, making them emotionally and ethically vivid in ways that policy documents cannot.

For medical humanities pedagogy, this suggests concrete exercises: students might practice identifying where listening breaks down in a story; rewrite a scene from another character's perspective; or imagine how a more narratively humble clinician might respond. Such activities echo the goals of narrative-medicine workshops described in educational literature, which use fiction to cultivate reflective, ethically attentive practitioners (Anil et al., 2023; Arunakumari, 2023).

In sum, viewing Lahiri through a medical-humanities lens reveals her work as a rich pedagogical and theoretical resource. Her narratives (i) exemplify the complexity of diasporic illness experiences, (ii)

expose the limits of narrow biomedical frames, and (iii) model the ethical stakes of listening, misrecognition and translation in contexts marked by migration and inequality. Incorporating these texts into medical and allied curricula can help shift medical humanities towards a more critical, postcolonial orientation, responsive to the realities of globalised health and diasporic life.

CONCLUSION

This paper has contended that the fiction of Jhumpa Lahiri presents illness narratives of diasporism which can best be considered as the medical humanities and diaspora/postcolonial theory framework. Based on the concepts of illness-narrative and narrative-medicine, it has demonstrated that Lahiri prefigures illness as experience and sickness as social scripting, instead of focusing on disease as biomedical entity (Kleinman, 1988; Frank, 1995; Charon, 2006). Reproductive loss and bereavement serve as biographical disturbances the meaning of which are influenced by migration, racialisation and expectations of the family, but not just by clinical content (Jain, 2016; Kashikar, 2020).

According to the readings of The Treatment of Bibi Haldar and other stories, as chronic or mysterious conditions reveal the boundaries of diagnosis, they demonstrate gendered and economic systems through which the term illness and what treatment should be are determined (Kashikar, 2020). The feeling of everyday malaise, loneliness, marital alienation, silent depression, in *Interpreter of Maladies* and *Unaccustomed Earth* also testify to how the life of a diaspora creates inexpressible, not nameable, sorts of ill-being that echo empirical studies of migrant mental health (Islam et al., 2014; Weaver and Karasz, 2022).

Meanwhile, the constant attention paid by Lahiri to interpreters, hospitals, women taking care of others, and internal conflicts between generations pre-empts the politics of care. In both *Interpreter of Maladies* and *The Namesake*, clinical experiences play out the purported dual translation of migrant healthcare: between languages and between the experiential and the institutional (Charon, 2001; Pandey, 2024). The main characters of stories focused on Ashima, Mrs. Sen or Ruma demonstrate how the unpaid care and emotional labour that women endure in the migration process are incurred in their bodies, which is in line with research on the health burden of South Asian migrant women (Rezazadeh & Hoover, 2018).

The combination of these analyses makes two claims. To begin with, Lahiri makes biomedical reductionism more complicated, demanding that disease cannot be discussed outside of the context of diaspora, gender and class-idea which agrees with the requests to hold a critical, structurally conscious medical humanities (Whitehead et al., 2016). Second, her fiction can serve as a significant pedagogical tool: it provides detailed case-like descriptions with the help of which students and practitioners can train narrative competence, cultural humility and ethical listening concerning migrant patients (Charon, 2006; DasGupta, 2008).

The create possibilities in future research may be the study of the texts of Lahiri written in Italian, a comparison of her narratives of illness with those of other South Asian diaspora writers, or the role of her written texts in real medical and nursing programs. However, even in the chosen corpus, the fiction by Lahiri shows that sickness in diaspora is never entirely an individual situation: it is constructed by

the migration history, unequal patterns of care, and narratives which are or are not even told within families and in the clinic. In this regard, her stories play a unique role in a postcolonial medical humanity that is concerned with world mobility and inequality (Whitehead et al., 2016).

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