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Unnamed Suffering: Silence, Gender, and Terminal Illness in Premchand's Fiction

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Abstract : Medical humanities scholarship has increasingly turned to literary texts to explore how illness, suffering, and care are narrated beyond the clinical encounter. Yet much of this work remains invested in explicitly named diseases and visible medical crises, often overlooking the narrative and ethical significance of silence. This paper argues that in the fiction of Premchand, women's terminal illnesses are frequently left unnamed, not as an aesthetic oversight but as a gendered form of diagnostic erasure. Drawing on feminist medical humanities and Veena Das's concept of everyday violence, the paper examines how women's bodily and psychological suffering in *Kafan*, *Nirmala*, and *Bade Ghar Ki Beti* is absorbed into domestic routine, moral discourse, and social inevitability. By refusing medical specificity, these narratives reveal a cultural logic in which women are permitted to suffer and die, but are denied recognition as patients. Situating Premchand within medical humanities discourse, the paper argues that silence itself functions as a narrative condition that exposes the gendered politics of care, recognition, and ethical responsibility in early twentieth-century Indian society.

Index Terms - medical humanities; diagnostic erasure; narrative silence; gendered illness; everyday violence; feminist ethics of care.

The interdisciplinary field of medical humanities has long relied on literature to illuminate the subjective, emotional, and social dimensions of illness that escape clinical documentation. Literary narratives offer access to suffering as lived experience, revealing how disease is shaped by class, gender, culture, and power. However, despite its ethical commitments, medical humanities has often privileged texts in which illness is clearly named, diagnosed, and thematically foregrounded, treating medical specificity as a prerequisite for critical engagement. As a result, silence surrounding illness—particularly when it concerns marginalized bodies—has frequently been overlooked or treated as narrative absence rather than as a meaningful representational strategy.

Indian fiction from the late colonial period presents a compelling challenge to this tendency. In many literary works of this era, illness appears unevenly across social categories, with certain bodies rendered medically legible while others remain invisible. Women's suffering, in particular, is frequently represented through silence, endurance, and moral expectation rather than through diagnosis or care. Among the most striking examples of this pattern are the works of Premchand, whose fiction repeatedly depicts women's bodily and emotional suffering within contexts of poverty, marriage, and domestic labour. While Premchand is widely celebrated for his social realism and ethical seriousness, relatively little attention has been paid to how illness operates in his narratives as a problem of medical recognition rather than mere social hardship.

This paper argues that women's terminal illnesses in Premchand's fiction are systematically left unnamed in ways that reveal a deeply gendered logic of care and recognition. In texts such as *Kafan*, *Nirmala*, and *Bade Ghar Ki Beti*, women suffer, deteriorate, and die without ever being framed as patients or medical subjects. Their suffering is not marked as exceptional or disruptive; instead, it is absorbed into the rhythms of everyday life, domestic duty, and moral expectation. By contrast, when illness affects male characters or socially productive bodies, it is more likely to be named, discussed, or treated as a matter of concern.

Rather than reading this silence as historical limitation or narrative economy, this paper approaches it as a form of diagnostic erasure that reflects broader social structures. Drawing on feminist medical humanities and Veena Das's theorization of everyday violence, the paper contends that silence surrounding women's illness functions as a mechanism through which suffering is normalized and ethical responsibility is deferred. In doing so, Premchand's fiction emerges as a crucial archive for understanding how gender shapes access to medical language, care, and recognition in early twentieth-century Indian society.

Silence in Premchand's fiction should not be understood merely as narrative restraint or stylistic minimalism; rather, it operates as a diagnostic regime that determines which bodies are eligible for medical recognition and which are not. Feminist medical humanities has repeatedly demonstrated that diagnosis is never a neutral act but a socially mediated process shaped by gender, class, and institutional power. To be diagnosed is not only to have a condition named, but to be acknowledged as a subject worthy of care, intervention, and ethical attention. In Premchand's fictional worlds, women are systematically excluded from this process. Their suffering is visible, prolonged, and often terminal, yet it remains outside the language of illness. Silence thus becomes a mode of

governance, regulating women's bodies by keeping them within the moral economy of endurance rather than the medical economy of care.

Here, Veena Das's concept of everyday violence is especially illuminating because it shifts analytical attention away from spectacular moments of crisis toward the slow normalization of suffering. Das argues that when violence is absorbed into the ordinary, it ceases to register as an ethical rupture. Applying this framework to Premchand's fiction reveals that women's illness is rendered ethically inert precisely because it is continuous. There is no single moment at which intervention appears necessary; instead, suffering unfolds as part of life itself. Silence, therefore, is not a gap in representation but a sign that suffering has crossed into the realm of the expected. Medical humanities, when attentive to such narrative silences, can uncover how care is withheld not through overt denial but through normalization.

In Premchand's fiction, women's illnesses are repeatedly positioned within this space of everyday violence. Their bodily decline does not interrupt domestic routine; it confirms it. Pain is anticipated, endured, and normalized. The absence of diagnostic language is therefore not incidental. To name illness would be to acknowledge the need for care, resources, and responsibility—demands that patriarchal domestic structures systematically evade. Silence thus functions as a stabilizing force that preserves social order by refusing to recognize women as patients.

Kafan is frequently read as a bleak commentary on poverty, moral degeneration, and social indifference. Much critical attention has focused on the shocking behavior of Ghisu and Madhav, whose refusal to assist Budhiya during childbirth culminates in their misuse of funeral money. While this reading captures the story's social satire, it risks overlooking the medical and ethical implications of Budhiya's suffering. From a medical humanities perspective, the most striking feature of *Kafan* is not merely neglect, but the complete absence of medical language surrounding Budhiya's death. Budhiya's condition is clearly life-threatening. She labours through childbirth in extreme pain, exhausted, malnourished, and unattended. Yet the narrative never names her illness or frames her suffering as a medical crisis. There is no mention of complications, infection, hemorrhage, or maternal exhaustion—only the inevitability of death. Budhiya is not represented as a patient but as a suffering body whose pain is expected and endured in silence. Her death is narrated as a foregone conclusion rather than as a preventable tragedy.

In *Kafan*, Budhiya's death during childbirth is often read as an indictment of poverty or male callousness, yet such readings risk individualizing what is, in fact, a structural condition. Budhiya's suffering is not treated as exceptional even within the story's moral universe; her pain is anticipated long before it becomes fatal. The men's refusal to act is shocking, but it is also socially intelligible within a world where women's reproductive labour is assumed to be endlessly sacrificial. From a medical humanities perspective, the absence of diagnostic language surrounding Budhiya's condition performs a crucial ideological function: it removes the possibility of medical accountability.

Budhiya does not "die of" anything in particular. She simply dies. This narrative move is significant because it prevents readers from locating causality within the realm of health, care, or intervention. Instead, death appears as the natural endpoint of poverty and womanhood. Through the lens of everyday violence, Budhiya's death exemplifies how maternal suffering is rendered disposable. Her body is valuable only insofar as it labours and reproduces; once it fails, it exits the narrative without medical explanation. Silence thus ensures that maternal death remains a social inevitability rather than a medical failure.

This silence constitutes a form of diagnostic erasure. Budhiya's suffering does not demand care because it is not recognized as illness. Instead, it is absorbed into the domestic and economic realities of poverty, where women's bodies are expected to endure limitless strain. Through the lens of everyday violence, Budhiya's death exemplifies how women's suffering is normalized to the point of ethical invisibility. Even death fails to produce moral urgency. Silence here actively enables indifference by stripping suffering of its claim to care.

Bade Ghar Ki Beti deepens this pattern by representing a form of suffering that never becomes legible as illness precisely because it lacks dramatic rupture. The women in the text endure prolonged physical exhaustion, emotional strain, and self-negation, yet these conditions are framed as virtues rather than vulnerabilities. Their weakening bodies are interpreted as signs of moral strength, patience, and familial devotion. Illness, when it emerges, is diffused across everyday gestures—fatigue, silence, withdrawal—none of which trigger medical concern.

From the perspective of feminist medical humanities, this represents a particularly insidious form of diagnostic erasure because it transforms illness into ethics. To acknowledge bodily breakdown would be to question the moral structure of domestic life itself. Drawing again on Das, this can be read as slow violence: suffering that accumulates without ever being recognized as harmful. The absence of diagnosis stabilizes the household by preventing disruption. Read alongside *Kafan*, this text demonstrates that silence does not correlate with the severity of illness but with its location. When suffering is embedded in domestic femininity, it becomes unspeakable as illness.

While *Kafan* depicts acute bodily terminality, *Bade Ghar Ki Beti* presents a slower, less visible form of bodily decline that unfolds through chronic domestic exhaustion. The women in this story endure relentless emotional strain, self-effacement, and physical depletion, yet their weakening bodies are never medically recognized. Illness appears not as crisis but as gradual erosion, folded into the routine of domestic responsibility.

From a medical humanities perspective, this represents a form of slow violence, where suffering accumulates without ever crossing into medical visibility. The female body is treated as endlessly resilient; its deterioration interpreted as moral endurance rather than physical breakdown. Illness, when it appears, is never named; instead, it is reframed as duty, patience, or sacrifice. This refusal of diagnosis ensures that domestic order remains intact, even as women's health steadily erodes.

Applying Veena Das's framework, the narrative reveals how suffering becomes intelligible only when it is silent. To articulate illness would be to disrupt familial harmony and demand of care. Silence thus functions as a gendered ethical injunction, compelling women to absorb pain privately. Read alongside *Kafan*, *Bade Ghar Ki Beti* demonstrates that diagnostic erasure is not tied to the severity of illness, but to the social location of suffering within the household.

While *Kafan* and *Bade Ghar Ki Beti* foreground bodily suffering, *Nirmala* presents a prolonged narrative of psychological and emotional deterioration. Nirmala's decline is marked by anxiety, guilt, fear, and exhaustion, yet the narrative consistently refuses medical framing. There is no language of mental illness, no recognition of trauma or depression, and no suggestion of care. Instead, her suffering is moralized and internalized, treated as an extension of her character rather than as a condition requiring intervention.

Nirmala extends Premchand's exploration of silence into the psychological domain, revealing how mental suffering is rendered invisible through moral interpretation. Nirmala's emotional deterioration is continuous and devastating, yet it is never framed as illness. Her anxiety, guilt, and despair are interpreted as personal weakness or moral excess rather than as symptoms of psychological distress. This narrative choice forecloses the possibility of care. Illness that is moralized cannot be treated; it can only be endured.

From a medical humanities standpoint, Nirmala's fate illustrates how women's mental health is systematically excluded from medical discourse when it threatens patriarchal stability. Diagnosis would require acknowledgment of harm within marriage and domestic surveillance. Silence thus functions as containment, ensuring that psychological suffering remains individualized rather than socially interrogated. Through everyday violence, Nirmala's pain becomes part of the ordinary texture of womanhood. Her death is not a medical failure but a narrative resolution, reinforcing the idea that some lives are exhausted rather than ended.

Nirmala's marriage, isolation, and constant moral surveillance produce a psychological environment that steadily erodes her health. However, these effects are framed as moral consequences rather than medical realities. From a feminist medical humanities perspective, Nirmala's decline constitutes a form of psychological terminality, where suffering is normalized to the point that recovery becomes impossible. Silence here functions as containment, ensuring that pain remains confined within domestic space.

Through the lens of everyday violence, Nirmala's suffering becomes part of the ordinary. Her illness does not interrupt domestic routine; it sustains it. By refusing diagnostic language, Premchand exposes the ethical costs of silence, revealing how moral discourse replaces care and recognition.

By examining *Kafan*, *Bade Ghar Ki Beti*, and *Nirmala* together, this paper has shown that silence surrounding women's terminal illness in Premchand's fiction operates as a gendered diagnostic regime rather than narrative absence. Across bodily death, chronic exhaustion, and psychological collapse, women's suffering is absorbed into everyday life, moral discourse, and domestic expectation. Drawing on feminist medical humanities and Veena Das's concept of everyday violence, the paper demonstrates that silence functions as an ethical event—one that determines whose suffering is visible, whose illness is speakable, and whose pain is allowed to matter.

Premchand's fiction thus offers a powerful critique of medical invisibility in early twentieth-century Indian society. By refusing to name women's illness, his narratives expose the social structures that deny women recognition as patients. For medical humanities, this insight is crucial: the absence of diagnosis is not neutral. It is a mechanism through which care is withheld and responsibility deferred. Recovering these silences allows us to rethink illness not only as a biological condition, but as a socially governed category shaped by gendered ethics of endurance.

Premchand's fiction does not uniformly avoid medical specificity. In several texts, particularly those involving male characters, illness is named, discussed, and treated as a matter of concern. This contrast is crucial, as it demonstrates that silence surrounding women's terminal suffering is selective rather than inevitable. The ability to name illness is unevenly distributed, shaped by gender and social value.

When illness threatens male productivity or public order, it becomes visible and speakable. When it consumes women within domestic spaces, it remains unnamed. Silence thus functions as a social mechanism that determines whose suffering is worthy of recognition. Naming illness would demand care and responsibility; silence preserves patriarchal order by rendering women's suffering private and normalized.

This paper has argued that the silence surrounding women's terminal illnesses in Premchand's fiction constitutes a form of gendered diagnostic erasure rather than narrative absence. Through sustained analysis of *Kafan*, *Bade Ghar Ki Beti*, and *Nirmala*, and by applying Veena Das's concept of everyday violence alongside feminist medical humanities, the study demonstrates how women's suffering is absorbed into domestic routine, moral discourse, and social inevitability. Premchand's narratives reveal a cultural logic in which women are permitted to suffer and die, but denied recognition as patients whose pain demands care.

By foregrounding silence as a narrative condition, this paper contributes to medical humanities by shifting attention from named diseases to the social processes that determine medical visibility. Premchand's fiction reminds us that the absence of diagnosis is itself an ethical event, exposing the unequal distribution of care, recognition, and responsibility. In recovering these silences, medical humanities can more fully address the gendered politics of suffering and the conditions under which illness becomes speakable.

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