

“If he is dying, he must be alive”: Demetaphorising Cancer through Pentadic Analysis of Dattani’s *Brief Candle*

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Abstract

This study identifies the metaphors of illness related to cancer and cancer-related death in Dattani’s *Brief Candle: A Dance between Love and Death* (2010) to demetaphorise the language of cancer and thereby destigmatize cancer patients in the Indian context. In the post-pandemic era, when the critics are resisting and redefining languages of illness to live a bit better or healthier in a world wherein disease is inevitable, it is necessary to reconsider the illness metaphors attached to cancer wherein the patient becomes the disease. For this, the study is divided into four sections: Section I situates Sontag’s (1977) *Illness as Metaphor* to understand why illness language related to cancer must be demetaphorised. Section II explicates how Burke’s pentadic analysis can be used as a meaningful tool to identify metaphors of illness in Dattani’s *Brief Candle: A Dance between Love and Death*. Section III makes a pentadic study of the play to metaphorize cancer. The final section thereby concludes. The study is unique as serious academic work on either Dattani Studies or Medical Humanities has under-noticed Dattani’s text in demetaphorising cancer to live cancer more healthily and if possible, to celebrate the disease when ‘nothing to be done.’

Keywords: Cancer, Demetaphorise, Destigmatize, Sontag, Burke’s Pentad, Dattani

For an audience, just buying a ticket to a show you know is about cancer starts a process of identification. Are you watching this show as a patient? A survivor? A bereaved

loved one? A hypochondriac? Are you watching as a potential fundraiser for the cure?

-Brian Lobel 2009: 2

Introduction

The present study seeks to identify the language of illness in Dattani’s *Brief Candle: A Dance between Love and Death* (Dattani 2010) related to cancer and cancer-related death. It examines the illness metaphors in the play by applying Burke’s pentadic tool of drama analysis. In so doing, it argues why illness metaphors must be demetaphorised with the aid of Sontag’s study of illness metaphors. Furthermore, it shows how the Agent in Dattani’s text demetaphorises illness with a concern to destigmatize himself and the disease itself. In the post-pandemic era, when the critics are resisting and redefining languages of illness to live a bit better or healthier in a world wherein disease is inevitable, it is necessary to reconsider the illness metaphors attached to cancer wherein the patient is labelled as the disease. For this, the study is divided into four sections: Section I situates Sontag’s (1977) *Illness as Metaphor* to understand why illness language related to cancer must be demetaphorised. Section II explicates how Burke’s pentadic analysis can be used as a meaningful tool to identify metaphors of illness in Dattani’s *Brief Candle: A Dance between Love and Death*. Section III makes a pentadic study of the play and thereby demetaphorises cancer. The final section concludes. Invisible lived lives of the middle-class Indians are the ‘taboo issues’ (Mee 2000: 319) delineated in Dattani’s plays and cancer is the most stigmatised and yet unquestioned of all such issues. Since drama can be the most powerful form of literary mechanism to channelise thought into action, Dattani’s cancer text can be a potent tool to destigmatize the disease.

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Section I: Sontag and Metaphors of Cancer

Sontag (1977) in *Metaphors of Illness* unfolds how illness in general, cancer and tuberculosis in particular, have been stigmatized and (even) criminalized by the predetermined arbitrary metaphors of illness that are imposed by society on a patient. In this context, Frankenberg (1986) critiques Sontag's experiential knowledge of illness metaphors:

With an unerring instinct for the mot juste, Sontag declares herself to be writing about *illness* as a metaphor. I believe but do not positively know, that her researches were set off by her own experiences as a cancer sufferer and that the main thrust of her admittedly complex (almost infinitely), stimulating argument is, not unreasonably, how socially and historically determined metaphors make the task of the individual's coming to terms with disease and death more and not less difficult. (606)

Various agents of society (from the medical sector to the domestic front) associate illness with some form of acute mystery meant to be feared and felt to be 'morally contagious' (Sontag 1977: 6). Metaphorical representations of illness are manufactured and labelled on illness to fix and determine an individual's identity and self-worth. Projection of illness as moral contagiousness leads patients dealing with noncontagious diseases (here, cancer) to discover themselves as isolated beings. The moral pressure is so intense that the very naming of certain diagnosed diseases in society can make a patient succumb, who could have lived for some more days. Dr Karl Meninger observes in *The Vital Balance*:

... the very word 'cancer' is said to kill some patients who would not have succumbed (so quickly) to the malignancy from which they suffer ... Patients who consult us because of their suffering and their distress and their disability have every right to resent being plastered with a damning index tab. (qtd in Sontag 1977: 6)

Meninger, therefore, suggests that since tags or labels unnecessarily debilitate a patient, the practice should be abandoned. It is not wrong to identify the disease and name it to the patient. But it is (almost) a crime to consider it as an illness and to project it as an 'evil, invincible predator' (Sontag 1977: 7): Disease should be the scientific deduction of a patient's illness by a doctor. Unfortunately, society (which includes medical interventions, relatives, and neighbours) needs 'to rectify the conception of the disease, to de-mythicize it' (Sontag 1977: 7) and thereby decriminalize it. The myth of disease is rooted in the concept of illness. Both literature and medical reviews have supported this myth. Sontag (1977) quotes from both sources to show how literature and medical science have mystified TB, Cancer, and cancer-related death:

In his *Morbidus Anglicus* (1672), Gideon Harvey declared

"melancholy" and "choler" to be "the sole cause" of TB (for which he used the metaphoric term "corrosion"). In 1881, a year before Robert Koch published his paper announcing the discovery of the tubercle bacillus and demonstrating that it was the primary cause of the disease, a standard medical textbook gave as the causes of tuberculosis: hereditary disposition, unfavourable climate, sedentary indoor life, defective ventilation, deficiency of light, and "depressing emotions." Though the entry had to be changed for the next edition, it took a long time for these notions to lose credibility. "I'm mentally ill, the disease of the lungs is nothing but an overflowing of my mental disease," Kafka wrote to Milena in 1920. (54)

This is dangerous. Sontag (1977) explicates how the notion of illness related to cancer can make a patient feel that the disease or cancer-related death could have been avoided if the patient had been in a different state of mind.

When disease is considered an extension of a patient's mental state of mind, it is assumed to be psychological. The assumption further 'expands' (Sontag 1977: 56) into two assumptions or as Sontag puts it, 'hypotheses' (Sontag 1977: 56)—illness as social or/and psychological deviation:

... if criminal behaviour can be considered an illness, then criminals are not to be condemned or punished but to be understood (as a doctor understands), treated, and cured. The second is that every illness can be considered psychologically. Illness is interpreted as, basically, a psychological event, and people are encouraged to believe that they get sick because they (unconsciously) want to, and that they can cure themselves by the mobilization of will; that they can choose not to die of the disease. (Sontag 1977: 56-57)

One hypothesis complements the other. While illness as social deviation frees a criminal from guilt, illness as a psychological deviation – according to Sontag (1977) -- injects guilt into patients. The patients are made to feel (and believe) that they have 'caused' (Sontag 1977: 57) their disease and must have 'deserved' it (Sontag 1977: 57). Consequently, the patients can be cured on their own and meanwhile should be ashamed of the illness. For example, society has/had ascribed the metaphor of decay (and therefore shame) to diseases like present-day cancer and Medieval leprosy. Disease, therefore, becomes/reduces into an undesirable, demeaning metaphor and thereby into a dreadful adjective. Moreover, medical science uses metaphors from warfare (for example, 'invade,' 'war on,' 'infest') which affect the doctors to think of the efficacy of treatment in a pessimistic way (Sontag 1977: 66). Sontag also adumbrates how illness metaphors philosophically harm a society, politically, and economically. And thus, disease, the other side of health and therefore inevitable,

is considered unnatural. This notion must be eliminated for the healthy living of a patient and society. Cancer must be liberated from mythical or metaphorical expressions or labelling. Impossible a solution, it can be effectively demonstrated by identifying pertinent signs and symbols in Dattani's *Brief Candle: A Dance between Love and Death*. Burke's pentadic analysis would help in reading the signs and symbols of destigmatizing the stigmatised cancer lives as represented in the Dattani text.

Section II: Burke's Pentadic Analysis

When drama responds to society's metaphorical interpretations of cancer and cancer-related death (which leads to a superfluous augmentation of 'always already' pain and anxiety), the result might be more than mere criticism—a practice perhaps. According to Burke, Dramatism, along with its representative tools, is "equipment of living" (qtd in Pesheva 2005: 34). It helps the reader/audience to identify signs and symbols that remain embedded beneath the dominant hero/survivor story. Furthermore, the representative tools allow the reader/audience to assimilate the meanings attached to these signs and symbols. The meanings provide the reader/audience insights to consider and live life in a better way, and in the present context, more healthily. According to Burke, this act of symbolical viewing of real issues is psychologically satisfying as it helps the participants to cope with lived/imagined problem areas. Its therapeutic value has been acknowledged by Brummet (1985): Brummet acknowledges the healing effect of the representative anecdotes of dramatism on troubled audiences. These anecdotes serve as symbolic medicine and equipment for living (Brummet 1985: 248). For systematic analysis of these representative tools in a text, Burke (1969: xv) offers a pentadic study of drama. To scientifically explore drama, Burke's dramaturgic pentad can be considered a universally applicable tool:

As its name suggests, the pentad consists of five elements—*act* (names what took place in thought or deed), *scene* (the background of the act, the situation in which it occurred), *agent* (what kind of person performed the act) *agency* (what means or instruments were used), and *purpose* (why it was done). (Pesheva 2005: 35)

However, these five elements are fluid as their reference positions can be turned around and varied when put in different contexts. Therefore, when a critic intends to apply Burke's pentad to a text, the critical perspective must be first contextualised. Depending on the context, the pentadic elements are to be identified and analysed in the text. The present study's context is to identify the illness language used in the context

of Cancer in India. In addition to the Pentad, Pesheva (2005: 38) references Burke's dramatic cycle, as identified in *The Rhetoric of Religion* (1961), of guilt-purification-redemption to analyse a play. However, the present study designs a contrary dramatic cycle of guiltlessness-impurification-damnation to identify metaphors of illness in *Brief Candle*. Agents or/and coagents in the play embrace cancer with a readiness that humans usually demonstrate while embracing health. The text ends with an inevitable perdition but what is important is the agent and coagent's choice to negotiate between surrender and subversion of what is inevitable. The cycle is opposed to Burke's (1961) theological principles, but it (perhaps) justifies the present context – the disease principle. In the present-day post-COVID-19 moment, humans have realised that disease is certain (perhaps more certain than health) wherein guiltless living is the only productive response to it.

Illness language, deceptively simple, makes visible the everyday 'cultural behaviour' (Wardhaugh and Fuller 2015: 18) of society. The language and thereby the culture, related to illness in India, when examined in *Brief Candle: A Dance between Love and Death* (2010), brings out the dramatic conflict. The dramatic conflict arises out of the individual and collective choices (of succumbing or/and resisting) that the Agent and coagent make in the face of cancer within the Indian urban societal context. The present study, therefore, is necessary to show how Indian English drama can be a potent tool to destigmatize cancer, especially in the post-COVID moment. The next segment identifies the dramatic conflict in *Brief Candle* (2010) and examines the play's Agent's and Coagents' nature of choice in accepting/rejecting societal interpretations, expectations, and impositions of cancer-related illness metaphors.

Section III: Pentadic Analysis of *Brief Candle: A Dance between Love and Death*

A methodology must be adopted to examine how drama – one of the most powerful modes of literary expression – represents illness and offers ways of demetaphorising illness. The present section applies Burke's pentad on *Brief Candle* to identify the dramatist's dominant idea of cancer as a metaphor. In so doing, the section traces the guiltlessness-impurification-damnation cycle to determine the mode of damnation in the play. The process might offer a distinct pattern of how cancer patients respond to destigmatize cancer. *Brief Candle* (Dattani 2010) is a stage play of nine scenes. First performed on 5 July 2009 at Sophia Bhabha Hall, Mumbai, by Prime Theatre Company, the play is an attempt to portray cancer patients as performers of a 'comedy play' (Dattani

2010: 3). Here, Deepika (doctor of the hospice), Mahesh (ward boy of the hospice), Amarinder (patient of prostate cancer), Amol (cancer patient), Shanti (patient of breast cancer) and Vikas (patient of AIDS-related cancer) put up the comedy wherein cancer-related death and cancer are viewed from a unique perspective. Sontag (1977) repeatedly indicates how criminalizing metaphors of/on cancer leads to a cancer patient's internalization of these metaphors. This unnecessary burden of guilt bore by cancer patients in addition to the fears of impending cancer-related death is meaningfully addressed in *Brief Candle*. Vikas, (the cancer patient, lover of Deepika, and playwright of “Hotel Stay longer”) propounds and propagates a healthy way to live and die cancer. Vikas's cycle of guiltlessness-impurification-damnation is experienced, penned and enacted in the hospice during and after his death.

Markers of Guiltlessness

Vikas, the Agent in the play, lives a guilt-free cancer. He prioritizes scripting his play on cancer above archiving his prescriptions. He clips the manuscript of the play that he is writing on to his medical reports. He indulges in a certain amount of leg-pulling with Deepika during her ward rounds reminding her of their passionate college days. Vikas can even make fun of death to show how insignificant it is compared to life:

... Are you [Mahesh] worried I will jump? Not that anything goes of your father's if I die. Except, you will have to clean up the mess [...] When you saw me trying to jump you were thinking, now I will have to clean the blood and God knows what else [...]. (Dattani 2010: 17)

Vikas is (perhaps) the only character in the text who can overcome the fear and pain of cancer, death, and separation in love. Furthermore, Vikas in an unabashed manner accepts that all he asks from the ward boy Mahesh is nothing but to love him the same way ‘while I die’ (Dattani 2010: 19). Moreover, he has planned his afterlife wherein he would fulfil his death wish: “I will touch you [Deepika] with this play of mine. From the dead.” (Dattani 2010: 16).

Markers of Impurification

Vikas unapologetically longs to live almost like the unborn mythological ‘bad son’ (Dattani 2010: 19) out of the two choices offered by Lord Shiva to a sage ‘who would live for a hundred years’ (Dattani 2010: 19). In a tone of self-mockery, he confesses to Mahesh about his bachelor-life: “But you [Mahesh] don't go around screwing like I did. You just sit in a corner. Like Little Jack Horny!” (Dattani

2010: 18). In this way, Vikas has contracted AIDS. He has embraced death by prioritizing sexual fulfilment over personal safety: His usual haunts include red-light areas of Mumbai like ‘Kamtipura, Falkland Street, and Dharavi’ (Dattani 2010: 40). Vikas acknowledges and celebrates the markers of his impurifications.

Markers of Damnation

Vikas is not only aware of the impending death but is also deeply aware of the fact that its fear haunts and disempowers the other cancer patients at the hospice. The cause and degree of the fear may vary from person to person, but it is ubiquitous. He is ‘always already’ aware of the markers of his damnation from the day he contracted AIDS—lovelessness, loneliness, pain, inevitable death, and an afterlife. He is sure that he will not be freed from the cycle of life and death by chanting the Hanuman Chalisa mantra before his death.

Vikas's cycle of guiltlessness-impurification-damnation foregrounds cancer as the major dramatic conflict. To sufficiently problematize the conflict, the drama needs to be further examined by applying Burke's pentad. The analysis could explicate how the Agent, Vikas, subverts metaphors of cancer before and after his death. He writes a play to educate his fellow cancer patients, the medical staff of the hospice and the audience or/and readers. In so doing, he intends to resist cancer metaphors and if possible, to celebrate cancer-related death. Staging of Vikas's afterlife on stage, along with the performance of the play within the play “Hotel Stay Longer,” emphasises the value of one's life when it is under threat: In his afterlife, he dances with his death mask with Amarinder and holds weeping Shanti (Dattani 2010: 36).

Scene: The play is staged on a composite set wherein a gauze curtain separates spaces indicating hotel rooms. One curtain bears a three-dimensional mask of the ‘Face of Cancer.’ The mask is abstract, and androgynous and is melting with ‘hollow eyes, sallow skin, tufts of hair’ (Dattani 2010: 7). It replicates the effects of chemotherapy. The face seems to be death ready, ‘... and is now ready to give up the struggle’ (Dattani 2010: 7). On its highest level at the top of the Face, Vikas plays the keyboard. The setting itself is the literal and metaphorical representation of a cancer patient's *joie de vivre* in the face of death. Vikas, here, seems to demetaphorise cancer that has been internalized by the other cancer patients at the hospice.

Agent: Vikas, the friend and former lover of Deepika, drops out of the medical college to ‘help the world move’ (Dattani 2010: 15). Deepika interprets this act of Vikas as ‘dumping me’ for the rest of her life (Dattani 2010: 15).

Meanwhile, Vikas turns into a globetrotter and in course of one of his many travels he is medically tested as HIV positive. Returning to India, he frequents the Kamptipura, Falkland Street and Dharavi in Mumbai, (ill-)reputed for prostitution. At this juncture of life, Vikas eventually longs for Deepika, 'to kiss you once again. Goodbye' (Dattani 2010: 40). He arrives at the hospice and Deepika admits him as a 'Patient admitted with Kaposi's Sarcoma' (40). At the hospice, he writes a play "Hotel Stay Longer" wherein he assigns every member of the hospice (both medical staff and fellow cancer patients) a role. Vikas dies over time and appears as a dead character playing live music literally in the 'Face of Cancer.' Furthermore, he interacts with the characters in the play who are engaged in performing the play-within-a-play, "Hotel Stay Longer".

Coagent-and-Counteragent: Curiously, the Coagents and the Counteragents in the text are complex characters with ambivalent viewpoints as real people in the real world are. Vikas's coagents turn into counteragents, depending on the situation. The coagents are the medical staff Deepika and Mahesh, and the cancer patients Amarinder, Amol and Shanti. They together perform the play written by Vikas to spread his perspective of laughing out cancer. However, the coagents turn counteragents when they respond to Vikas from their internalized prejudices, traumas and fears. During such circumstances, the counteragents behave in ways that impact their self-worth, motivations, and peer-to-peer interactions. For example, Deepika the treating doctor and ex-lover of Vikas, participates in the play "Hotel Stay Longer" and performs the role assigned to her by Vikas. But she has made numerous attempts to withdraw herself from Vikas in his last days. At the very onset, she could recognize the 'lesions' (Dattani 2010: 40) on Vikas's eyes. Consequently, she labelled Vikas on a prescription as a 'Patient admitted with Kaposi's Sarcoma' (Dattani 2010: 40). She has made desperate attempts to avoid Vikas's advances and has constantly reminded herself of how he forsook her in her college days to embrace the life of an irresponsible Casanova wanderer:

Vikas. I will move. I will move towards you! I swore I would. Last stop. [...]

Deepika. No. No, no, no! ... I couldn't let you see ... that I didn't love you. Anymore. I couldn't hurt you. I just didn't love you ...

Silence

Deepika. It is my turn to wander. (Dattani 2010: 40-41)

Deepika's personal and medical biases on certain ways of livelihood and disease result in prejudices that affect her

relationship with the dying Vikas. The result is a cycle of endless love, sorrow and mourning beyond life and death. Dead Vikas complains and Deepika is distraught. Both feel equally helpless:

Deepika. I did come back but you were gone [dead]!

Vikas. When you knew I was gone. You asked Mahesh whether I was gone [dead] before you came into the room. (Dattani 2010: 12)

Such crisp orchestrated dialogue brings out the immediacy of utter helplessness and pain that torture both Vikas and Deepika as they stand 'apart' (Dattani 2010: 49) for eternity. Here, Deepika becomes the agent and counteragent. It is not just an either-or case; it is both. Similarly, Mahesh's uneasiness as a ward boy in interacting with his cancer patients beyond the protocols, Amarinder and Shanti's sexual insecurities and bodily crises caused by prostate and breast cancers respectively, and Amol's financial uncertainties related to insurance policies for cancer treatment are the counteragents that upset Vikas. The Act (writing "Hotel Stay Longer") and the Purpose (to accept/recognize/celebrate life as a lover, writer and patient) of Agent Vikas are therefore supported by the Coagents (his fellow mates at the hospice) to combat the Counteragents (the metaphors of illness internalized by the fellow mates).

Act: Vikas drops out of medical college in search of life. To him an ideal life is to "rather just go where I want to or where I am needed" (Dattani 2010: 15). He leaves a medical degree and Deepika to live life to the full:

Vikas. I mean healing people is cool, but all this medical degree and stuff. For what? Start a clinic? You and I bound till eternity to some shitty buildings?

Deepika interprets Vikas's idea of an ideal life as "travelling and meeting farmers and field workers" (Dattani 2010: 40). Vikas admits that the call of globetrotting was so intense that he wouldn't have stopped for anyone: "Change tracks. Move on" (Dattani 2010: 40). He follows the same philosophy even after being HIV positive. Frequenting the prostitutes in Mumbai, he feels loved: "They embraced me. I want to live and die there [Kamptipura, Falkland Street, Dharavi] ..." (Dattani 2010: 40). But Vikas dreams a dream:

Vikas. [...] But then, one night I woke up with a dream. To kiss you [Deepika] once again. Goodbye. [...] I knew then what the destination was. (Dattani 2010: 40)

Vikas comes to Deepika and is hurt when Deepika "just picked up a pen and wrote 'Patient admitted with Kaposi's Sarcoma'" (Dattani 2010: 40). Deepika, meanwhile, has turned into a doctor who is unwilling to exhibit any

emotional attachment towards Vikas. In the hospice, Vikas interacts with Deepika, Mahesh, Amol, Shanti and Amarinder. He writes a play and eventually dies before its staging. In his afterlife, Vikas plays guitar, sings songs and dances with the characters:

During the waltz, Vikas, with his death mask on, dances with Amarinder for a while. Amar looks at the death mask and recoils as before but slowly begins to dance.

Vikas leaves him and holds a weeping Shanti, comforting her.
(Dattani 2010: 36)

Unable to heal the mental anxieties of Amol, Vikas, after death, hums the Maha Mrityunjaya mantra.

Agency: Vikas's idea of an ideal life — "travelling, making friends" (Dattani 2010: 39) and being loved "the same way while I die" (Dattani 2010: 19) — propels Vikas to do what he does in the play. Every act of his from dropping out of medical college to the playing of guitar in the afterlife revolves around the same philosophy to live, to love, to be loved while one is alive. To be dying, to him is also to be alive and he wants to be loved even then. He inserts a crisp dialogue in "Hotel Stay Longer" emphasising the importance of life before dying:

Mahesh. He is dying.

Shanti. He is dead, you mean.

Mahesh. No. No. He is dying.

Shanti. He is alive, you mean.

Mahesh. Yes. If he is dying, he must be alive.

[...]

Shanti kisses Amarinder.

[...]

Amarinder. Darling! I can see it again. (Dattani 2010: 48-49)

The play upholds the worth of a kiss to a dying patient who is (still) alive.

Purpose: The purpose of the Agent behind his actions is well summed up by Deepika at the end of the play. While addressing the spectators of the play "Hotel Stay Longer," Deepika explicates why Vikas wrote this play:

Deepika. This play also shows, all of us here, that all of us have a right to live as long as we can and to laugh at our follies. Vikas Tiwari lives on through this play. (Dattani 2010: 47)

This is perhaps the only motto of Vikas's life, which includes living, loving and being loved even while dying. 'Roxanol' (Dattani 2010: 15) medicine or/and

a prescription with 'Patient admitted with Kaposi's Sarcoma' on it cannot remove a cancer patient's disease or prevent a cancer-related death. They can only intensify the suffering caused by cancer. Love, recognition, and empathy can help a cancer patient to live, to love and to die guilt-free.

Conclusion

Vikas in *Brief Candle: A Dance between Love and Death* (2010) embraces illness with a readiness that humans usually demonstrate while embracing health. The text ends with an inevitable perdition but what is important is the patient and the medical staff's choice to negotiate between surrender and subversion of what is inevitable. The cycle is opposed to Burke's (1961) theological principles, but it (perhaps) justifies the demetaphorising of illness principle. In the present-day post-COVID-19 moment, humans have realised that illness is certain (perhaps more certain than health). And guiltless living is the only productive response to it. Dattani's metatext "A Note on the Play" in *Brief Candle*, in the context of cancer in India, shares a similar concern albeit with the dramatist's commitment attached to it:

Without indulging in philosophical speculations, if we feel the unbearable heaviness of being, perhaps we can think of lessening the burden of stress, emotional turmoil, guilt or whatever it is that is adding to all that baggage that we carry around. So wouldn't it be a good idea if we at least acknowledged that burden in our plays or cinema? Why can't we allow theatre to do what it has been doing for thousands of years? Provide a pathway to our feelings and concerns so that we can look at life and its vicissitudes squarely in the mirror without having to wear a mask of placid existence. (Dattani 2010: 3)

How can illness be accepted and lived by a cancer patient when nothing is to be done, is the question. Although the answer is blowing in the wind, it is necessary to foreground it in the post-covid19 moment with the aid of the Agent. The Agent in the text, as identified in the study, is Vikas. According to Burke (1969), an ideal philosophy is represented by the Agent. In the present context, Vikas demonstrates the willpower to survive, to write, to die and to celebrate the life of a cancer patient. He does this by resisting and if possible, by appropriating the metaphors of illness related to cancer. The drama, not merely tells, but shows how cancer metaphors are generated, and applied by society to patients, how these metaphors traumatize the patients, and most importantly, how the language can be resisted and demetaphorised. It shows how society considers cancer as the enemy of humans and therefore assigns metaphors of illness to it. The society directly/indirectly transfers these metaphors to the

patients, stigmatizing and disempowering them. Stigma, if read carefully, makes visible social marginalisation. Coleman (2006) looks at 'stigma' as a signifier of a form of social categorization' (141). It is doubly dangerous: The act not only disempowers the patients but also normalizes/legalizes several forms of social injustice, inequality, and discrimination 'always already' present in society. The Agent in Dattani's play justly codifies the idea that disease and cancer-related death are as natural as health and life. Moreover, in so doing, he resists the Indian mindsets that generate metaphors of illness. Ilo (2006) considers English (as a foreign language) to be a convenient language for its 'communicative exigency, including practical consideration for target audience and character realism' (8). Agent Vikas here speaks a language that reaches to his coagents, counteragents, readers, and spectators. It makes audible his perspectives on illness language and allows him and his fraternity to strive against the counteragents. Singh (2018) opines, that the dialogues in Dattani, though being in English 'do not look artificial but have the flavour of the locale in them' (31). Vikas, here, not only fights out his Counteragents but also speaks aloud how a life--where disease, disability or/and cancer-related death are inevitable--can be lived and celebrated healthily. He demetaphorises metaphors of illness (caused by cancer) but in the process, he also addresses the inner fears and biases of the members (of the medical staff and the cancer patients) of the hospice, situated in an urban scape of India. Multani (2007) acknowledges Dattani's dramatic skill to capture the 'everyday conflicts of so many urban people who may be living in transitional periods of history' (11), simultaneously negotiating between tradition, modernity, and globalisation. Since drama is the most powerful form of literary mechanism to channelize thought into action, Dattani's *Brief Candle* can be a potent tool to re-examine the everyday conflicts of Indian middle-class people who have lived through the transitional period of covid-19 pandemic by negotiating between traditional, modernity, and globalisation in quest of a bit more liberated life. The present study in this context is a humble attempt to

make visible the language(s) of illness -- as represented in Dattani's cancer play -- with a commitment to free cancer from illness metaphors.

Notes and References

- Brummett, B. 1985. "Electric Literature as Equipment for Living: Haunted House Films." *Critical Studies in Mass Communication*, 2(3), pp. 247-262.
- Burke, K. 1969. *A Grammar of Motives*. Berkeley and Los Angeles: University of California Press.
- Burke, K. 1989. *On Symbols and Society*. Chicago and London: University of Chicago Press.
- Coleman, Lerita M. 2006. "Stigma: An Enigma Demystified." In *The Disability Studies Reader*, edited by Lennard J. Davis, 2nd ed. New York: Routledge, pp. 141-52.
- Dattani, Mahesh. 2010. *Brief Candle: A Dance between Love and Death in Brief Candle: Three Plays*. Gurgaon: Penguin Books India, pp.1-50.
- Frankenberg, Ronald. 1986. "Sickness as Cultural Performance: Drama, Trajectory, and Pilgrimage Root Metaphors and the Making Social of Disease." *International Journal of Health Services*, Volume 16, Number 4, pp. 603-626.
- Ilo, Isaiah. 2006. "Language in Modern African Drama" *Comparative Literature and Culture*. Volume 8 Issue 4, December. <http://docs.lib.purdue.edu/clcweb/vol8/iss4/1>. pp 5-9.
- Lobel, Brian. 2019. *Theatre and Cancer*. London: Red Globe Press.
- Mee, Erin. 2000. "A Note on the Play." *Collected Plays: Mahesh Dattani*. New Delhi: Penguin Random House, pp. 319-320.
- Multani, Angelie. 2007 "Introduction". *Mahesh Dattani's Plays: Critical Perspectives*. New Delhi: Pencraft International, pp. 11-34.
- Pesheva, Ekaterina. 2005. *Disease as Drama: Dramatistic Constructs and Modes of Redemption in Covering Illness in Glamour Magazine*. Dissertation. University of Missouri-Columbia.
- Singh, Jaspal. May 2018. "Mahesh Dattani: Affirming English as the Language for Modern Indian Theatre". *International Journal of Innovative Knowledge Concepts* 6(5), pp. 30-34.
- Sontag, Susan. 1977. *Illness as Metaphor*. Toronto: McGraw-Hill Ryerson Ltd.
- Wardhaugh, Ronald, and Janet M. Fuller. 2015. *An Introduction to Sociolinguistics*. New Jersey: Wiley Blackwell.