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TRIPURARI SHARMA'S PLAY *THE WOODEN CART*: DEBATING AND DEFEATING THE DISEASE, STIGMA, AND IGNORANCE

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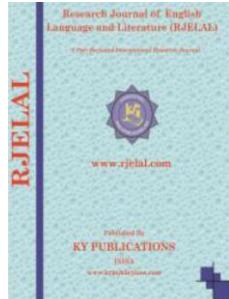
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ABSTRACT



The conventional mimetic theatre has been proved inadequate and restrictive in view of the rise in educative usages the theatre is put to in contemporary times. The success of the theatre for social change, street theatre, forum theatre and such other forms depends mainly on their disseminating, dialogic, and participatory interactivity. South Asian theatre activists and their groups, such as Usha Ganguli's Rangakarmi, Tripurari Sharma's Allarippu, Manisha Mehta's Forum Theatre, Pakistani activist Madiha Gohar's Ajoka, practiced the interactive and dialogic aesthetics of theatre for social change. In this paper I conjoin Augusto Boal's concept of theatre of the oppressed, a site for developing the "expressive ability of body," and Paulo Freire attempt to seek "an instrument of humanizing pedagogy" to examine Tripurari Sharma's play *The Wooden Cart* (Published in 2001), to argue for new interactivism of theatre in global and local context. The play is "material" turned "into a play" after the workshops Tripurari Sharma conducted on behalf of UNICEF "to educate people about leprosy and deal with prejudices blocking the diagnosis and treatment of the disease".

During her workshops instead of using a written script Ms Sharma allowed the performers, who were mainly the leprosy patients, to speak voluntarily in their language (the language of stigma, fear, and isolation), in leprosy-affected areas. Further, as she reveals, it led to the disclosure by a patient in order to make others come out, disclose and get treated. The interactivity entailed is between the stigma and ignorance about leprosy and the will and the ways to change; between the rejection, prejudice, and inhumanity and the possibility, hope, and recovery. Further the disclosure, sharing, interrogation, and discussion engaged the affected rationally to re-knowledge themselves about their disease. It asserted the proactive role of probity and educative understanding over the regressive superstitions and community codes.

Key-words – theatre for social change; interactive and dialogic aesthetic; theatre of the oppressed; humanizing pedagogy; re-knowledge.

Introduction:

"Sharma is not interested in providing answers or solutions to problems. She is more interested in opening up dialogue, presenting multiple points of view, and providing a forum for exchange. Many parts of *The Wooden Cart*—which focuses on the social stigmas surrounding leprosy—were originally presented as street theatre pieces, but the version published here is not actually a street theatre piece. It is developed out of interviews with patients and workshops with paramedical doctors and was presented at the National School of Drama." (Mee 3)

Among various instruments of oppression, caste, class, and sex were used predominantly in India for a long time. We consider them as social issues causing social disabilities on able-bodied. The diseases, however pathogenic in origin and affective—irrespective of class, caste and gender, existed as a silent instrument of division in classes accordingly and create another form of disability for the affected body. The disabled body as such is often discarded and made mute and invisible. Disability, which is visible due to specific diseases (and specially when they are contagious and associated with lot of superstitions) such as mutilation and disfigurement of limbs in leprosy and weak and thin body in TB or AIDS is responsible for alienation of the body by the people in society who are not yet infected by such diseases. A pathologist, who would like to know about the disease, bases his investigation on the symptoms of the body. The symptomatic expression of the body establishes the genesis, behaviour, and stages of the disease and the disease causing viruses and bacteria. In that context it is highly desirable for the pathologist to investigate the expression of the body. Hiding of any symptom may affect the correct diagnosis of the disease and thereby delay or distort the cure. Once it is understood that the expression of symptoms is inevitably necessary in pathological discourse how should this be compatible or contributory with the expression socially. While the expression of the pathogenic symptoms is beneficiary in curing the disease the social visibility of the disease is penal.

This contradictory approach is not only detrimental to the ease with which the body appears privately as well as publicly. This unease in public appearance creates psychological fear of isolation, exclusion and alienation to the body in public spaces and discourses. In all cases the social conclusions (and not the pathological preventive reasons for the spread of the disease) severely weaken the strength of the human body and mind while fighting the disease and its effect.

Theatre for expressive ability of body:

As the body fights with the disease a simultaneous fight is necessary for it to end the social exclusion based on the appearance of the diseased body. The body has to find an expressivity which invokes the reasoning to prevent the public shunning of the body and prohibits from creating any exigencies which are counterproductive in such appearances. As the social exclusion is based on the ill-informed knowledge, superstitions, taboos and so on, a positive knowledge based on experience, facts, and science becomes useful. The theatre performances about leprosy and the lives of leprosy patients in public creates a forum where the disease is debated publicly to create awareness about the disease, disseminate the relevant information regarding the treatment of it, and prevent stigmatization.

Criticality of the performance:

Appearance of a leprosy patient on stage in the play distinguishes itself from his/her everyday (dis)appearances in the community spheres. A person living with a disease and acting a disease become two different things at the same time. From the perspective of the audience it is reconciliation of two diagonally opposite ideas—a leprosy patient and the disability due disfigurement and their confirmed belief in his/her absence from public view. The reduction in the aversion and resentment to the public presence of the diseased body is sought by the play by means of reconciliation based on informative interaction. The play in particular and the theatre in general is based on the exploration of possibilities of alternative expressivity of the body. However discarding and resenting the public view to the leprosy might be it cannot avert the artistic

engagement and output of the body. The leprosy patients express in terms of artistic capacities. The products and handicrafts made by leprosy patients are bought by the guard and the officer in the play, people listen to Narayan's singing of devotional songs, etc. Similarly the interactions between the narrator of the play, the actors of the theatre troupe and the characters affected by leprosy time again reveal the fundamental truths of the community of the leprosy patients. The sense of rejection, isolation, eternal poverty, helplessness and the looming death, which can become themes of any play, are themes of their lives. The play, the workshops, and the interactions with patients and paramedical persons become a medium to understand the reasons to these themes and as beneficiaries of the awareness programmes they actively take part in the workshops. This participation is a performance for the disease. The frequent and active performances ensure the success of such workshops in changing the situation.

As a UNICEF programme for creating awareness and eradication of Leprosy from the community the play *The Wooden Cart* leads the campaign. With the successive performances, interaction with stakeholders and research this grows into a meaningful movement. Many social issues can find a method from the theatre for social change. Micro theatre, like these performances, based on community participation can replicate the momentum of awareness in the public and social life.

Theatre and humanization of pedagogy:

The alternative expressive ability of bodies should also conjoin with the creation of medium and atmosphere for interaction between the leprosy patients and others. Theatre of the oppressed can be a demonstration for humanizing the discourse and development of a pedagogy for such interactions at community level. It is necessary to understand that the disease, in this case leprosy, is not only a pathological issue but an issue to be dealt with at various social levels and tiers such as families and communities. It is necessary in the light of the fact that anybody can be subject to a disease of any kind and the self-assumed immunity from diseases

can be a myth in the wake of contagious and infectious nature of diseases in contemporary periods. Although they are detected and cured rather fast compared to the prolonged process of diagnosis and cure in past, they are still less likely to be completely immune from social stigmatization.

Based on the relationship between the oppressor and the oppressed as explained by Paulo Freire an analogy can be drawn for explaining the relationship between the stigmatizer and the stigmatized. The stigma attached with leprosy creates a horizontal division among the stigmatizer and the stigmatized beset with the discourse of stigmatization. The stigmatizer may or may not be the creator of the discourse of stigma but he/she is definitely the carrier of it. What Freire says about the oppressor-oppressed is that the former dehumanizes, deprives the oppressed of agency, and makes them "marginals" is true about the stigmatizer-stigmatized. The constant stigmatization creates a situation of isolation, destitution and perpetual neglect for the leprosy patient. Sterilizing the discourse off stigmatization should coincide with the affirmative humanization of discourse about the stigmatized. Any discourse or interaction among the stigmatized needs to be based on certain key aspects. Freire's suggestion of the pedagogy of the oppressed provides vital clue here. He says,

[a] pedagogy which must be forged *with*, not *for*, the oppressed (whether individuals or peoples) in the incessant struggle to regain their humanity. This pedagogy makes oppression and its causes the objects of reflection by the oppressed, and with the reflection comes their necessary engagement in the struggle for liberation. And in the struggle this pedagogy will be made and remade. The central problem is this: how can the oppressed, as divided, unauthentic beings, participate in developing the pedagogy of their liberation? Only as they discover themselves to be "hosts" of the oppressor can they contribute to the midwifery of their liberating pedagogy. As long as they live in the duality which *to be* is *to be like*, and *to be like* is *to be like the oppressor*,

this contribution is impossible. The pedagogy of the oppressed is an instrument for their critical discovery that both they and their oppressors are manifestation of dehumanization. (Freire 48)

The stigmatized has a role to play in this. Freire puts onus on the oppressed that they should participate in creating the pedagogy of the oppressed. The stigmatization cruelly dehumanizes the stigmatized by treating them as "things". For the oppressed Freire suggests,

In order to regain their humanity they must cease to be things and fight as men and women. This is a radical requirement. They cannot enter the struggle as objects in order *later* to become human beings (Freire 68).

Supplementary to this Freire suggests that the foundation for a dialogue among the oppressed as well as between the oppressor and the oppressed has to be "profound love for the world and for people" (Freire 89). He explains the nature of such dialogue:

Dialogue is thus and existential necessity. And since dialogue is the encounter in which the united reflection and action of the dialoguers are addressed to the world which is to be transformed and humanized, this dialogue cannot be reduced to the act of one persons "depositing" ideas in another, nor can it become a simple exchange of ideas to be "consumed" by the discussants (Freire 88-89).

Debating and defeating the disease:

In Indian context diseases have been and are approached rather ignominiously whether at personal or social level. Earlier the diseases like cholera and plague affected the communities at epidemic levels; diseases like TB and leprosy were seen as curse of gods or resulting from the sins of past; and now cancer or AIDS are major threats to public life. Although with the medical advancements the nature of some of the erstwhile deadly diseases changed from untreatable to treatable the social status of unspeakability publicly remained almost

unchanged. Leprosy is one of them. The play *The Wooden Cart* essentially addresses the issue of speaking about the disease in public in the leprosy prone areas. The narrator in the play interacts with audience about the treatment of Madan, "We did the tests, and began the treatment. I didn't want to hide anything from him. And he wanted to know it all. I showed him the smear slide" (Sharma 189). Madan reacts to the bacterium when he sees it through a microscope, "So! This is the cruel God, germ of so much shame and hatred. How Gerhard Hansen must have felt when he first saw it!" (Sharma 189) This suddenly makes the mighty disease identifiable and containable and thus divested of its terror.

Through the interactive form of performance it not only explains the causes of the disease, symptoms and various stages of the disease and places where the treatment is available and what precautions the patients have to take. After one such performance during the workshop with paramedical doctors in a leprosy prone area, Sharma recalls, "one villager disclosed about his disease and explained that he initiated to come forward to tell people that he too suffered from leprosy but cured off it and there is no reason to hide" (Mee 12). This makes Sharma realize that "theatre is a forum. It is not so important for the play to say everything, the fact that you bring something out in the open in itself sends out vibrations which are in some way liberating, and get people talking... the fact that you create this forum is itself an event, and it leads to many other kinds of events." (Mee 12)

The awareness campaigns taken up by the governments, NGOs and WHO sponsored agencies have yielded results in many cases such as polio, malaria, and AIDS.

Debating and defeating the stigma:

Leprosy Mission Trust Mission explains stigma as follows:

Stigma is a negative opinion or judgment held against a person or group of people who are 'different' from the norm. When stigma is acted upon these are acts of discrimination. Stigma and discrimination

are linked. Stigmatizing thoughts can lead a person to act or behave in a way that denies services or entitlements to another person.

Stigma associated with the diseases arises due to ignorance and fear. Ignorance creates a complex web of superstitions, fatality, and taboos around the disease. Fear perpetuates isolation of the diseased and avoidance of discussion or appearance in public. Compared to other diseases the visible symptoms of leprosy make the patient vulnerable to stigmatization. Stigmatizing results in perceptual issues about leprosy which is one of the major difficulties in identification and treatment of leprosy. In a situation like this both the stigmatizer and the stigmatized are victims of ignorance and fear. Theatre of the oppressed with its application of humanized pedagogy can defeat stigma and rehumanize the discourse. With successive performances of *The Wooden Cart* and research on leprosy Sharma realized that eradication of social stigma should have more focus in the play. In fact her conclusion that the play "is really a play about social stigma"(Mee 12) and "leprosy could be incidental" highlight the corrosive effect of stigma compared to the effect of leprosy on the patient.

Debating and defeating the ignorance:

Much of our social campaigns have focused on awareness, sensitization and affirmative action due to various reasons. Sharma's own understanding comes after her research on leprosy. Mee mentions, that the disease is not in the fingers however it manifests in the loss of sensitivity of fingers. Confusion and chaos about the causes, symptoms, and classification of stages of leprosy has a blurred history of the disease. We had serious misconceptions about the origins of diseases—such as diseases resulting from the curses and wraths of gods, superstitious origins, and hereditary origins. Approach to leprosy too was mostly fatalistic.

Ignorance and unawareness about leprosy prolongs the identification and treatment of it. Making the patient aware of the disease, avoid the panic aftermath, assuring him/her of privacy, convincing him/her of the curability of the disease, and bringing him to the health centre are crucial.

Frequent educative demonstrations at sites with leprosy patients are necessary. The street plays like *The Wooden Cart* have persuasive appeal to all—the patients, who are suffering and those who are cured as well as the general public.

Conclusion

A spectator had a similar experience while watching *Shifa* (2010), a play directed by Tripurari Sharma for creating awareness about HIV/AIDS. A spectator Anita Verma says "After watching this play, my attitude towards HIV positive people has definitely changed... I will spread the message among my friends that HIV positive persons have the same right to love and respect as any normal being"(Sarkar). The educative performances like *The Wooden Cart* give correct directions for curing the diseases or social ills by creating right kind of performative models for all the stakeholders.

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