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Losing Voice, Reconstructing Selfhood: Journey of a Laryngeal Cancer Patient in the Bengali Film *Konttho*

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Abstract

The article presents a cinematic representation of bodily loss and identity reconstruction after laryngectomy through an examination of the Bengali film, Konttho (2019) by Nandita Roy and Shiboprosad Mukherjee. Arjun, the film's protagonist, is a radio professional. He is diagnosed with laryngeal cancer and needs to undergo a treatment called laryngectomy. The surgical process requires the removal of the larynx, resulting in the loss of his natural voice. Using Michael Bury's concept of "biographical disruption," the study shows that for a person whose personal and professional identities are deeply connected to voice, laryngectomy is not merely a bodily loss. It creates an identity crisis. The article also uses Elisabeth Kübler-Ross's theory of the 'Five Stages of Grief' to examine Arjun's journey toward embracing his new self after bodily changes resulting from a laryngectomy, through emotional and psychological negotiation. The article emphasizes the significance of encountering people living their lives after laryngectomy, as it enables Arjun to consider his life beyond the loss. Furthermore, this article highlights the role of caregivers and physicians in helping patients navigate grief and adapt to a new life. Situating the study within the interdisciplinary field of health humanities, this article shows how regional cinema can portray the psychosocial dimensions of cancer, survivorship and adaptation, which often remain neglected within biomedical discourse.
Keywords: laryngeal cancer, laryngectomy, health humanities, Bengali cinema, identity

Introduction

Cancer is not only a biomedical condition; it is also a sociocultural phenomenon, as it carries profound emotional, psychological and social weight. Stigma, fear, death, limited awareness and hopelessness shape public understanding of cancer in India (Broom et al. 7). Another stereotype tied to cancer in Indian society is the karmic belief, seeing cancer as a result of misdeeds of previous life (Broom et al. 6; Das and Venkatesan 483). Indian Hindi cinema, now popularly known as Bollywood, the largest film industry in India, has a long history of portraying physical and mental illness to its audience. A historical reading argues that Bollywood's treatment of mental illness has changed with the change of India's political and socio-economic climate: earlier films leaned toward "madness" and caricature, while later films show more sympathy and understanding (Malik et al. 183). In physical illness, the main character's condition is most often used to elicit audience sympathy. In films, depictions of illness are often unrealistic and lack scientific accuracy. Although the representation of illness has gradually changed, becoming more realistic in films like *Tare Zameen Par* (2007) and *Margarita with a Straw* (2014), among others. But the representation has not changed for some diseases like cancer. There is a significant gap between the existing medical knowledge of cancer and its portrayal in

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these films, which perpetuates misconceptions about the diagnosis and treatment of cancer (Pati 894; Sharma and Pandey 1509). In most of the Hindi films depicting cancer, it is shown that the ultimate destiny of the protagonist suffering from cancer is death. Bollywood's representation of the disease as untreatable creates fear in the minds of the people (Meena and Dwivedi 147). Sanghamitra Pati, in her study, emphasizes that the gloomy portrayal of cancer in the films can affect people, particularly those "with insufficient health literacy in rural and urban India" (Pati 895). Actress Manisha Koirala, an ovarian cancer survivor, said in an interview, "In our films, they show that if you are suffering from cancer, then you will die. Nobody has till now shown that you can deal with cancer and defeat it, and you can also survive with it for 30 to 40 years" (Koirala 2014). From the early films *Safar (1970)*, *Anand (1971),* and *Kal Ho Naa Ho (2003)* to the recent films *Katti Batti* (2015), *Ae Dil Hai Mushkil* (2016), and *Dil Bechara* (2020), the theme has remained consistent.

Existing scholarship has paid little attention to the representation of illness in Bengali films, with the depiction of cancer remaining particularly unexplored. There are scattered examples of the representation of various diseases, including cancer, in Bengali films. However, in earlier films, the representations are gloomy, similar to those in Bollywood. But the Bengali film *Konttho* (2019) is an exception to this tradition. The film *Konttho,* which translates to 'voice,' explores the emotional and psychological negotiation of a laryngectomy patient as he confronts his new self, highlighting his journey from denial to acceptance. This study uses narrative analysis as the primary qualitative method to examine key scenes, character development, and dialogues of the film that focus on the representation and experiences of the protagonist, Arjun, as a patient with laryngeal cancer.

Laryngectomy and Disruption of Identity

As conceptualized by Michael Bury (1982), any chronic illness is a disruptive experience for a patient. Bury notes that illness creates 'biographical disruption' in three ways: first, by disrupting everyday bodily performance; second, by destabilizing the concept of one's identity and self; and third, by compelling individuals to adapt to their altered lives (Bury 1982). Chronic illness not only brings an initial shock disrupting the body and the sense of self, but it also continues affecting the person repeatedly over time (Bhattacharyya and Mishra 85). Cancer survivors face difficulty in understanding their past, present and future and their experiences of illness change their perception of themselves (Dehghan et al. 4231).In the film 'Konttho,' the diagnosis of laryngeal cancer is not merely a bodily impairment; it creates a crisis in the identity of the protagonist Arjun. Health humanities scholarship challenges the biomedical tendency to see voice as an anatomical or functional phenomenon; rather, it emphasizes its role as a medium through which individuals form identity, subjectivity and agency. The film shows how laryngectomy, a surgical procedure to remove the larynx, on the one hand, acts as a surgical intervention to save the life of the protagonist and on the other hand, it dismantles his embodied identity. As a radio jockey, whose professional and social identity are deeply connected to his voice, losing his voice is equivalent to losing his existence. His comparison to imagining Zakir Hussain, a famous Indian tabla player, without his hands shows the connection between bodily capacity and embodied identity (*Konttho* 27.40).

The film foregrounds the importance of voice from the opening sequences. Arjun's inability to speak while receiving the 'Voice of the Year' award foreshadows the rupture he awaits following laryngectomy (*Konttho* 18.43-19.21). After the surgery, oesophageal speech becomes his only way for verbal communication. Unlike his earlier voice produced by the voice box, the sound produced through oesophageal voice is unclear, strained and difficult for others to understand. For Arjun, a radio professional, using oesophageal speech creates 'biographical disruption',

making him to negotiate with his identity and bodily transformation.

Negotiating Grief and Altered Selfhood in *Konttho*

Konttho shows Arjun's post-laryngectomy journey through Elisabeth Kübler-Ross's "Five Stages of Grief." In *On Death and Dying*, Kübler-Ross conceptualizes grief through five stages: denial, anger, bargaining, depression, and acceptance, that individuals may experience while going through terminal or life-altering illness (Kubler-Ross 1997). Although this is one of the most widely used frameworks for understanding responses to loss, some researchers have identified several limitations. Stroebe and Schut have criticized this model, arguing that grieving individuals do not always experience grief in the chronological order proposed by Kübler-Ross and that some may never experience certain stages at all. The Dual Process Model (1999), proposed by them, argues that rather than going through stages, grieving persons move between loss-oriented coping (focusing on the loss and related emotions) and restoration-oriented coping (adapting to new life) (Stroebe and Schut 215). However, this article uses Elisabeth Kübler-Ross's "Five Stages of Grief" to understand Arjun's grief, not simply for the physical illness but for the loss of his natural voice and the associated disruption of his identity. For Arjun, a professional voice artist, the larynx is much more than a bodily organ. It represents his professional and social identity. The removal of the larynx, therefore, creates an identity crisis accompanied by psychological suffering. Through Arjun's journey, the film shows how individuals go through the stages of denial, anger, bargaining, depression, and acceptance as they confront their altered selves.

The denial phase is first visible when he comes to know that he is diagnosed with laryngeal cancer. Unable to imagine his life without his natural voice, he refuses to go for surgery. Again and again, he says that he would rather die than live without his voice (*Konttho* 27.51-28.01). He says that living without his voice would be living like a vegetable for him. His resistance comes not as a refusal to accept the illness but to accept his change of identity after laryngectomy. Even after the surgical procedure, denial becomes visible again when he refuses to learn to speak in oesophageal voice because the sound produced by it sounds distorted. As a voice artist whose identity depends on his voice, he sees this as a threat to his selfhood.

As denial gradually subsides, the phase of anger becomes more prominent in Arjun's behavior toward his surroundings. Hearing the sound of the radio makes him frustrated, as it reminds him of his exclusion from his professional identity. Her epeatedly tries to switch off the radio to distance himself from the world of sound that once defined his professional identity. He also shows anger toward his wife, affirming the observation that Kübler-Ross made that patients often direct anger toward those close to them (Kubler-Ross 221).

The bargaining stage appears subtly in the film. This stage is evident when he seeks out the best speech therapist in the city, Romila Chowdhary, to help him recover with a less distorted voice, rather than attending the hospital's laryngectomy club. This shows his bargaining to completely accept the disrupted self.

Then comes the depression stage, when he faces the limitations of oesophageal speech and the fear of social judgment. He alienates himself from his friends and family, refrains from social interactions, and confines himself to his room (*Konttho* 57.14-58.19).His grief intensifies when he hears his relatives commenting that he has become a burden to his wife, revealing the social stigma and dependency associated with illness (*Konttho* 01.36.57-01.37.19). The film portrays that depression emerges not solely from the physical limitations of illness, but from social judgments and fear of losing one's social and professional identity. Arjun's repeated failure to learn oesophageal speech intensifies his frustration (*Konttho* 01.19.52-01.20.36).

At last, the acceptance stage arrives, when he finally understands that his survivorship does

not need the restoration of natural voice, but rather an adaptation to his transformed voice. Acceptance becomes visible when he starts speaking in oesophageal voice in public without feeling uncomfortable and eventually returns to the radio show (*Konttho* 02.05.21). The film shows Arjun's acceptance as a reconstruction of his identity and his confrontation with his altered self through the adoption of an oesophageal voice. Publicly embracing his new self, he transforms his shame and insecurity into a means of reclaiming agency.

Role of Caregiving, Medical Support, and Narrative Witnessing in the Reconstruction of Self

The film *Konttho* emphasizes the collective nature of recovery after laryngectomy. The film shows that Arjun's journey from denial to acceptance is not an alienating journey; caregivers, medical professionals, and other survivors play their roles to make the journey easier for Arjun. Arjun's wife serves as the primary caregiver, who provides emotional support to Arjun during the post-surgical period. The scene in which he throws water at her demonstrates how illness can complicate intimate relationships (*Konttho* 01.22.52). The film shows that caregiving is not a passive work; rather, it highlights its emotional and psychological complexity. On one hand, Arjun's wife takes care of Arjun, on the other hand, she manages domestic responsibilities, controls her own emotions and endures Arjun's emotional outbursts. Further, the film shows the complexities of caregiving when the speech therapist advises her to sometimes stop assisting Arjun so he can try to produce sounds to ask for it (*Konttho* 01.21.00-01.22.00). Such moments portray the emotional burden caregivers face whenthey are placed in a dilemma between compassion and therapeutic discipline. Withholding assistance makes them go through guilt, emotional exhaustion, and sacrifice, even though they are doing it for the recovery of the patient.

Medical professionals also play an important role in Arjun's journey. While the conventional biomedical representation focuses only on treatment and cure, *Konttho* presents the rehabilitation journey as an affective and relational process. The speech therapist, Romila Chowdhury, is not merely a speech therapist; she appears as an emotional support for Arjun. Their relationship exceeds the boundary of formal therapy; she accompanies Arjun to deal with emotional breakdown, public hesitation and frustration. By encouraging him to speak in public using oesophageal voice, she helps Arjun to overcome the fear of judgment and gradually regain his confidence (*Konttho* 01.13.53-01.15.36). Romila's assurance that he can perform on the radio again gives him hope for the future. Her role as a speech therapist expands understanding of the doctor-patient relationship by demonstrating emotional assurance, encouragement, and empathy that are integral to recovery.

Another major contribution of the film is the representation of encounters with other laryngectomy survivors. Witnessing individuals who have adapted a life with oesophageal voice after laryngectomy encourages Arjun to embrace his transformed self. The speech therapist, Romila Chowdhury, introduces Arjun to people from diverse professional and social backgrounds (bus drivers, professors, and ordinary working people) who are living ordinary, socially engaged lives using oesophageal voice (*Konttho* 01.32.28-01.34.15).These encounters offer Arjun a ray of hope that he can live a social life with his altered voice.

Through these encounters, *Konttho* highlights the importance of shared illness narratives. Listening to the experiences of other survivors, Arjun understands survivorship as adaptation rather than complete restoration. The film shows that recovery is achieved not only through clinical help but also through collective experience and empathy. Other survivors become examples for Arjun to consider living a social life after laryngectomy.

Ultimately, *Konttho* portrays Arjun's journey after laryngectomy as a collaborative endeavor. The combined efforts of caregivers, medical professionals and the survivor community help

Arjun to embrace his new self. Thus, the film shows that recovery is not limited to a clinical event; it needs the collective effort to reconstruct emotional, social and professional identity.

Conclusion

The article has studied how a laryngectomy patient struggles with his own self after the diagnosis of laryngeal cancer and how he finally embraces his new self. The film not only shows the bodily loss and disruption of identity but also how the protagonist reconstructs his identity. The loss of a natural voice is a significant disadvantage for a voice artist, affecting overall quality of life. Employing Michael Bury's concept of "biographical disruption," this article shows that losing natural voice not only causes a bodily impairment, but it also causes disruption of identity for a voice artist. The article also uses Elisabeth Kübler-Ross's model of the "Five Stages of Grief" to understand how Arjun moves through the stages of denial, anger, bargaining, depression, and eventual acceptance to finally embrace their altered self.

The film *Konttho* emphasizes laryngectomy rehabilitation and shows that there is hope for patients to regain their voice and improve their quality of life. The movie authentically portrays emotional and physical struggles faced by laryngectomy patients.

A major contribution of the film is its emphasis on the collaborative nature of recovery. The support of family, friends, and healthcare providers helps the protagonist, Arjun, find hope and resilience. Emotional support from his family, especially his wife, pushes him to do his best to adopt oesophageal voice. The speech therapist motivates him to talk in public without any hesitation, using oesophageal voice. The survivors of laryngectomy who successfully live their lives become Arjun's inspiration to lead a social life.

By situating *Konttho* within the interdisciplinary field of health humanities, this article shows the potential of regional cinema to portray illness not merely as a biomedical dimension. It portrays the psychosocial dimensions of laryngectomy, depicting the disruption of identity caused by the procedure and the journey of its reconstruction.

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