

**AIDS DISCOURSE IN NIKITA LALWANI'S ESSAY
"MISTER X VERSUS HOSPITAL Y"**

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Abstract

HIV/AIDS is considered as a stigmatized epidemic that afflicts its patient(s) with maligned and marginalized status (in a South Asian subcontinent). However, through the present position paper, the problem is not only addressed humanely, but it also invites maximum social attention and action via literature. Besides, medical advancements to cure the disease, industrious literary oeuvre, too, tend to change the attitude of public towards this medical-cum-social problem. Contemporary writers approach prevalent traditional AIDS discourse with a counter discourse in order to bring awareness in public. The existing qualitative study is an attempt to analyze the nature of counter discourse introduced by Nakita Lalwani, a contemporary Indian writer, in her narrative, "MISTER X VERSUS HOSPITAL Y". The research is carried out in the light of Norman Fairclough's (1993) Critical Discourse Analysis (CDA). Select passages related and relevant to the counter narrative are analyzed, bearing in mind the expressive, relational and experiential signification of the vocabulary used in the text. The work is significant due to its positive and substantial approach toward HIV/AIDS. It

works towards the emancipation of stigmatized and marginalized patient(s) of AIDS. As Critical Discourse Analysis is associated with introducing and suggesting social change; hence, the study infers that if writers continue to counter the traditional discourse of HIV/AIDS in their literary endeavors, it is much likely to bring in awareness for alleviation (if not eradication) of the said problem. It also recommends that the severity of the disease can be mitigated through caring and sharing of ideas, by giving the HIV positive with basic human rights, and by offering them with viable roles and responsibilities in a society they live in.

Keywords: *Patient; Stigmatization; Marginalization; Emancipation*

1.1. INTRODUCTION

In 1980, medical doctors in Africa and large urban areas of the United States began to confront a new and mysterious disease. In the following year, the disease was identified as Acquired Immune Deficiency Syndrome (AIDS), a lethal infection in the immune system. In 1983, researchers isolated human immunodeficiency virus (HIV), which attacks the immune system, constituting the first phase of AIDS. The virus spreads from the initial site through the lymph nodes. Eventually, about 10 years later, it moves into its final phase, AIDS. At that precarious point, diseases such as pneumonia, lymphoma, or sarcoma develop.

Although AIDS is now a worldwide pandemic, the most seriously affected area remains sub Saharan Africa. One controversial feature of the response to AIDS in America has been the perceived inadequacy of research efforts to fight the disease. The AIDS historian Randy Shilts summarises the issue as: “the federal government viewed AIDS as a budget problem, local public health officials saw it as a political problem, gay leaders considered it a public relations problem, and the news media regarded it as a homosexual problem that wouldn’t interest

anybody else” (2007, p. v). Since those early years, research and treatment have benefited the United States and other Western countries, but the condition in Africa and Asia has become increasingly alarming and appalling.

Since its appearance in 1980s, AIDs (as a fatal epidemic) has been one of the core interests across all fields of human observation, study and research. Thereby, opening new and innovative vistas for maximum attention and action around the globe. In the existing context, Literature is no exception to concentrate on the said epidemic, its impact and implications on a human society, at large. Although, reaction of the endemic on humans is portrayed differently (depending on diverse codes and contexts) all over the literary world. However, one thing remains central to the discourse of the terminal syndrome that the overall effect of the disease is scornfully despised, everywhere.

Contextualizing India in the current code and context, AIDS is considered as a stigmatized epidemic. Since 1986, the year of diagnosis of first case of AIDS in India, apart from scientific works on AIDS; literature, has also been playing a pivotal role in raising awareness among the public. In literary works, writers tend to represent the spirit of their age through their characters, plots, themes, setting as well as language. Indian literary writers have been dealing with the rampant epidemic of AIDS through their literary oeuvre for raising awareness and knowledge sharing among public.

1.2. THE STUDY ARGUMENT

The present study is an effort to explore the nature of counter discourse introduced by Nakita Lalwani in response to the traditional AIDS discourse in her narrative “Mr. X versus Hospital

Y”. The essay is taken from anthology of essays, titled, “AIDS Sutra” (2008) on HIV/AIDS that afflicts India.

1.3. OBJECTIVES OF THE CURRENT STUDY

2. To explore and investigate how Nakita Lalwani treats and challenges the traditional AIDS discourse in her narrative “Mr. X versus Hospital Y”.
3. Also, the paper explores and analyses the social change introduced by Nakita Lalwani in her said narrative.

1.4. LITERATURE REVIEW

In the relatively brief period since its outbreak in the early 1980s, AIDS has resulted in the production and publication of a large corpus of literature. Most of such literature entails central themes pertaining to current-contemporary gay literature. As the epidemic disease acquires global scope and significance, and world’s attention, nonetheless, a small but increasing proportion of AIDS literature is being written by heterosexuals.

Much of the early AIDS literature is gnashing, blatant, and combative, striving to overcome the hostility, superstition, and fear that accompanied the disease. While more recent literature has retained the enraged tone, it has been tempered by infusions of comedy and themes of love, compassion, and remembrance.

Among the early accounts of the disease was the widely acclaimed “The Way We Live Now”, a powerful short story by Susan Sontag (1933–), published in the *New Yorker* in 1986, which depicts the progression of the disease in a young man, as reflected in the conversations of his friends, who continually refer to “it”, unable to bring themselves to use the word *AIDS*, and

Larry Kramer's (1935–) *The Normal Heart* (1985), the first play to bring AIDS to the attention of the general public. The outstanding chronicler of the disease in literature is of Paul Monette (1945–95), who died of AIDS in 1995. Monette's novels *Afterlife* (1990) and *Halfway Home* (1991) affirm the strengths of homosexual love in the face of death. Monette, too, is the author of a moving collection of poems celebrating the life of his deceased lover: *Love Alone: Eighteen Elegies for Rog* (1988).

In drama, the AIDS crisis constructs the centre of the most acclaimed American play in many years, Tony Kushner's (1957–) *Angels in America* (1991), a two-part drama that touches on a broad range of themes, with AIDS playing a central role. Among the non-gay literature of AIDS, a notable example is Alice Hoffman's (1952–) *At Risk* (1988), the account of an 11-year-old girl's contracting of AIDS from a blood transfusion. Reynolds Price's (1933–). *The AIDS Promise of Rest* (1995) is a lyrical rendering of a father's reconciliation with his son, who is dying of AIDS. Notable among the early histories of the disease is Randy Shilts's *And the Band Played On* (1987). *AIDS: The Literary Response*, edited by Emmanuel Nelson (1992), is a collection of critical essays examining the literature of the crisis from a variety of perspectives. *Confronting AIDS through Literature*, edited by Judith Laurence Pastore (1993), provides a variety of views on using literature as a means of understanding the disease and its ramifications.

As mentioned, the writers through their literary contributions represent the critical understanding and analytical responsiveness of the age they live in. They do not only influence social forces and discourses, but also come under the influence of such social dynamics. In India, AIDS is a stigma and parallel to a curse, hence, most writers portray the bleak side of the epidemic in their literary works. Kiran Desai (2008), in the continuing discourse of AIDS,

describes the unhygienic condition of a hotel as: “tinted glass in the windows; mosquitoes coming at you through slowly swirling cigarette smoke” (p. 40). The stained glass, buzzing mosquitoes and smoke of cigarette depict lack of transparency and worthlessness. Amartaya Sen (2008), also parallels AIDS to a predicament which eventually draws its prey to death. She presents AIDS victims as people who suffer and are “disabled, lose their freedom to do things, become dependent on others, and a large number of the victims die prematurely” (p.12). Similarly, Shanghvi (2008), connects AIDS with agony and incapacitation. His character, Murad, a victim of AIDS, “was sick”, his “eyes were turned, his jaws dropped”, he looked “exhausted”, and had “weird sadness in his brow”(p. 55).Further, Kiran Desai (2008), links dullness and repulsion with female AIDS victims. She describes details of their physique as: “women are balding, with weeping sores, blisters ringing their mouths. Some with dullness about their beings, an inside out look to their eyes” (p. 42). Moreover, Shanghvi (2008), equates life of AIDS victim to “a patch on a quilt, a photograph on a mantelpiece and a letter from another summer” (p. 56). While, Edmund White (1987), in his essay ‘Esthetics and Loss’, links AIDS with destruction and nothingness. He describes death of the artists and the glory of their arts as “falling like flies, and within the rapids of their suffering and eventual passing was lost their art and all its fury, consolation, splendor, argument, tenderness, provocation” (p.46).

In a nutshell, most writers compare lives of AIDS patients with ‘heap of broken images’, incompleteness, inaccessibility, dementia and estrangement. The prevalence of such stigmatized discourse about AIDS induces reluctance in the patients to disclose their status and, thus they receive no proper care. The present study is an effort to explore the nature of discourse introduced by Nakita Lalwani in response to the traditional AIDS discourse in her narrative “Mr. X versus Hospital Y”.

1.5. METHODOLOGY AND THEORETICAL FRAMEWORK

This qualitative study necessitates linguistic analysis of the given primary text. The text has been analyzed by contextualizing it in its socio-cultural milieu. Counter discourse to the traditional HIV/AIDS discourse is investigated through Post structural perspective. Post structuralism considers language as slippery and subjective that has fissures and lacunas. According to Jacques Derrida (1976), words convey multiple meanings and messages in multiple contexts; hence, meaning put across is unstable, and Language is non-representational. Baker and Galasinski (2001), also underscore the polysemic nature of literary and critical texts. They, too, are of the opinion that such texts embody multiple meanings in different contexts depending on the shared background knowledge of the interpreter.

Keeping in view the above said conceptual background about the polysemic nature of language, the researchers have analyzed the given text by Lalwani, in the light of Fairclough's (1993) Critical Discourse Analysis. The given theoretical framework implies the process of analysis into description, interpretation and explanation stages.

Description is concerned with discourse-as-text—an analysis of linguistic features of the text. It takes into account the expressive, relational and experiential value of vocabulary. At this stage, the vocabulary related to nouns, verbs, adjectives, over-wording and metaphors are selected and analyzed (1993, p.140). The interpretation considers the interaction between the text and the context. It looks at the discourse-as-discursive practice, i.e., discourse as something that is produced and consumed in a society. Discursive practices are concerned with unequal power relations; hence, they have ideological effects (Blommaert and Bulcaen, 2000).

While the explanation examines discourse in a social context: “discourse is not only shaped by situations, institutions and social structures, but it also shapes them” (Todoli et al., 2006, p. 15).

As Critical Discourse Analysis is linked with introducing and suggesting social change, hence, the given study is concerned with the power of discourse that could foster change in the treatment of AIDS in Indian context with reference to Lalwani’s essay.

The theoretical framework of CDA is delimited to the following questions:

1. What experiential, relational and expressive values do words have and what is their significance?
2. What is the nature of social change suggested in the essay “Mr. X versus hospital Y”?

The formal features of language in the text is selected, analyzed, interpreted and explained simultaneously.

1.6. ANALYSIS OF “MR X VERSUS HOSPITAL Y”

The essay is about a man named Tokuga (Toku) whose social status changes dramatically after being diagnosed with AIDS. The hospital which runs tests on his blood reveals his HIV positive status to his brother in-law who keeps it a secret until the day of his marriage draws near. Thereby, with his fiancée's wedding dress in his hands and with all his family members assembled, it is declared that Toku’s wedding has been called off due to his HIV positive status. Knowing that, he remains baffled and angst-ridden for losing his love and liberty. Immediately after that, his psychosocial status changes from negative to positive. He is

denounced and, thus, loses every asset of life. But surprisingly, he remains determined to fight for his rights: rights of HIV positive population in India.

“Some revolutions occur quietly: no manifestoes, no marching and singing, no tumult in the streets; simply a shift in perspective, a new way of seeing what had always been there” (Suleiman, 1980, p. 3).

Disclosure of Dr. Tokuga’s (Toku) terminal illness makes him experience a psychological trauma as his “...his vocation, age, location, familial background, the impending union with another person and their family...those indicators become irrelevant—he becomes a man whose whole status is HIV positive, and nothing else” (2008, p. 25).

The experiential value and signification of the vocabulary used in the given text (here) is quite significant. The nouns, vocation, age, location, familial background is identifying words which differentiate one person from another. But in Toku case these indicators are irrelevant. His identity indicator is only “HIV positive”. The phrase “nothing else” excludes Toku from the list of normal fellow beings and stresses his maligned and marginalized status as an AIDS patient. But there comes a turning point in Toku life. His changed status becomes evidently obvious from the text when he is informed by the director as: “The director Dr Suniti Solomon... changed my life,’ ‘She said she would respect me as a doctor, not just see me as an AIDS patient. And incredibly, she said she would hire me” (p. 25)

The relational value of the sentence “she would respect me as a doctor, not just see me as an AIDS patient” holds much significance. That, in turn, counters the traditional discourse which links AIDS patients with “nothingness” and nihility. Dr. Suniti reconsiders and treasures his importance as a medical doctor. The fulfilling phrase “changed my life” beckons ray of hope

and summons impending achievement in his life. All the linguistic labels and tags through which he will be identified throughout his life get changed with the helping hand of Dr Solomons and Toku's personal interest in life.

In view of the experiential value and implication of vocabulary used, words like "respect" and "see" also makes the difference clear. They emancipate and grant renewed liberty to Toku as a doctor rather than merely seeing him as an AIDS patient.

On visiting Toku at YR Gaitonde Centre for AIDS Research and Education to interview him, the writer observes that the environment around him is typically atypical of the AIDS patients. Usually, such places are bracketed with and are portrayed as "dingy", messy and filthy. But (in the existing connection) the introductory lines of the essay are quite significant, because in that case "The room is clean, fresh and comforting; controlled, yet welcoming...I wonder if these defining characteristics are coming from Toku himself (p. 20).

The expressive import of the vocabulary is related and relevant to the social identities and subject position—who speaks and for what purpose? In the text under examination, the writer reveals her sense of surprise after being exposed to different kind of background in association with HIV positive patients. In addition, the excerpt is significant from experiential view point as indicated by the suggestive vocabulary. It contains over-wording in the form of "clean, fresh and comforting", which gives unusual social attention to the environment around Toku. The overemphasis of the writer on physical objects around Toku brings forth the discourse of stereotyping. Conventionally, the disease is not only associated with inducing marginalized status on the patient, but also encompasses the surrounding vicinity with its curse. But the present study breaks with all conventions of typecasting connected to AIDS discourse and sets new standards of assessment and exploration. The interviewer further states that:

I look around the room for more clues.

On the wall is a poster ... entitled 'Enduring Beyond'. The image is of a warrior ready for battle. Above that, a few trophies in a glass cage. To their left, a picture of a park in eighties film colours—heightened greens and flushed (rosy) fuchsia (rose coloured) blooms. 'God Bless You' is inscribed on a wooden plaque...His name written in faded gold on a thin length of wood by the computer" (p.20).

Significantly, the experiential importance of vocabulary in the above quote signifies a binary blend of challenges and perseverance, however, the narrative ends up with optimistic note towards life. The “glass cage” stands for the trials and tribulations faced by AIDS patients and the phrase “a few trophies” represent their limited success, thus far. While “the warrior ready for battle” and the “flushed and fuchsia blooms” accompanied by the invocations “God Bless You” communicate their uplifting and lively spirits towards life and the stigmatized terminal disease. Even the name of Toku inscribed in faded gold is significant. Gold though faded stands for his undaunted spirit.

The expressive signification of word choice is related to social construction of identities and subject position—who speaks and for what purpose? In the given text, the writer speaks for the reconstructed identities of HIV positive people; hence, she tends to introduce and apply counter-discourse that highlights their unrelenting struggle and fulfilling achievements rather miseries and ultimate failures. She seems to believe that challenges in life can be addressed and pain mitigated by opting positive attitude towards as challenging issues as AIDS. In this connection, Dr Tokugha (Toku) bears that:

clear skin the colour of light pine, high cheek boned, hair arranged with a tidy side parting, silver-framed spectacles.... And indeed, I think, this is the first thing that strikes you about Toku: his spotless skin and demeanor(conduct), the infallible (reliable) quality of seeming to be in very good health...any sense of physical weakness is hidden—something you have to be told about, rather than glean (pick up) for yourself (pp. 20-30).

The experiential vocabulary is also noteworthy, because over wording in the form of nouns and modifiers used are usually associated with HIV negative person, and an individual bearing exceptionally normal health. His “clear skin, his spotless skin and demeanor” repeatedly refers to his normal appearance. The recurrent reference to his good health, that is, “the infallible quality of seeming to be in very good health...any sense of physical weakness is hidden—something you have to be told about, rather than glean for yourself” grasps substantial meaning-making relation. That is, the writer over emphasizes the physical vigor of an AIDS patient and, hence counters the traditional labels of “incapacitation” associated with AIDS patients.

All of the doctors from nearby came,’ he says. ‘They came to see how I looked... “How is it possible that he is HIV positive? How can he talk like that?” They didn’t listen to me, just stared! Then gradually, they came to their senses and started to listen. They thought I would be incapacitated (weakened) living in a dingy (dirty) place. They didn’t imagine that I would seem so normal. Or empowered’ (p. 30).

The counter discourse continues when Toku observes that his visitors are surprised to see his physical health and aptness. The inquiring and inquisitive form and approach of sentences,

like “How is it possible that he is HIV positive? How can he talk like that? They didn’t listen to me, just stared! Then gradually, they came to their senses and started to listen”, further, strengthens the argument that AIDS patients are stereotyped as having no physical prowess and charm (p. 30). The word “empowered” counters the word “incapacitated” and differentiates the fact from the description that in “the hospital, I see 50 faces photographed in hero and maiden poses, on park benches, and in studios. They are typical portraits for potential suitors...with personal handwritten statement including their ‘Biodata’ and ‘Needs’(p. 30).

In the text under reference, “50 faces photographed in hero and maiden poses, on park benches, and in studios” carries across the implication from experiential perspective and perception of vocabulary (p. 31). The nouns: “maiden” and “hero” counter the generalized discourse developed about “AIDS patient”. The backgrounds of the photographs are either “park” or “studios” that supplants the grubby and dingy places surrounding HIV positives.

Essentially, the relational association can best be observed, analyzed and clarified between the beginning of the text when Toku was diagnosed with AIDS and, later on, his HIV positive status of “someone with AIDS”. “His vocation, age, location, familial background, the impending union with another person and their family...those indicators become very irrelevant—they have become someone whose ground is that of HIV positive”. In the given text the “bio data” and “needs” of positive people reconstructs their social identity that had been negated and neglected after being diagnosed with AIDS. The text can now be reconstructed as “their vocation, age, location, familial background, the impending union with another person and their family...those indicators become very relevant—they have become someone whose status is more than HIV positive”. Even the quantitative noun “50”

is significant. It speaks volumes for the importance of collective efforts of positive people to reconstruct their social identity and identification.

Towards the end of the essay, Toku refers to his friends who appreciate his success in his life: ‘They said if I had not become HIV positive I could not have achieved what I have managed. They admired what I was doing’ (p. 30). “Negation has experiential value as it is the basic way to distinguish what is not the case in reality from what is the case” (Fairclough, 1993). The main verbs “achieved”, “managed” and “admired”—all carry cross positive meaning and message in association with AIDS patients. The statement “if I had not become HIV positive I could not have achieved what I have managed” is considerably substantial because it says all. Generally, HIV/AIDS is associated with failure, sense of nothingness and lack of interest in life. But the text associates positive status with positive attitude and height of ambition.

1.7. RESULTS AND DISCUSSION

The researchers arrive at a conclusion that if (in/through literature) HIV patients are treated positively, and the stigma attached to HIV is portrayed expectantly, the consequences would be far more different than what the victims of the said disease receive now. Surely, the disease is less malignant than several other human ailments, and can be cured through advanced medical treatment as well as socio-cultural and private-personal awareness. Thereby, literary writers (through their writings), while realizing their socio-cultural role and responsibilities, can mitigate the intensity of stigmatization and marginalization annexed with HIV and its patients. As discussed, if a single person’s life can be so optimistically changed (through literary piece of work), that eventually leads him to live as normal life as others, so can be done by the efforts of other writers, in the ongoing context. Conclusively, collective literary effort can bring about a collective social change that would make the social environment as

conducive as possible, especially for those who suffer from HIV and its attendant consequences.

1.8. CONCLUSION

The first question has answered the nature of counter discourse introduced in/by Lalwani's narrative, "Mr. X versus Hospital Y". It concludes that Lalwani reconstructs the traditional discourse associated with the appearance and physical environment of AIDS victims. She de-stigmatizes AIDS by eliminating the labels of ill hygiene, curse and agony associated with it. The study explores that she looks at AIDS as an ailment in need of cure.

The second question has dealt with the nature of social change that the essay suggests. The prevalence of stigmatized discourse about AIDS induces reluctance in the patients to disclose their status and receive proper care. According to a survey in Maharashtra, "people Living with HIV/AIDS' (PLHA)", fail to receive proper care as 56% of the patients do not disclose their status to their community and 79% do not disclose it to their employers. Subsequently, they remain deprived from getting timely care and treatment. But as a result of such counter discourse people can rethink and reconstruct the negative labels associated with the disease. It can encourage victims to disclose their status and demand for their rights. This, in turn, can mitigate the pain that comes in close association with AIDS. If writers continue to counter the traditional discourse in their literary works, it is much likely to bring awareness for alleviation of the said problem. Such a changed attitude tends to introduce change in a society.

1.9. RECOMMENDATIONS

In view of the above said research, it is recommended that literature produced in English language needs to give focal attention to positive perception on HIV AIDS and its victims.

Since literature sees and presents the society effectively, therefore it has a considerable room for inviting readers to encourage affirmative social attention and action towards the disease and its victims under reference. In the existing context, Indian sub-continent where AIDS and its patients are stigmatized, maligned and marginalized, invites special interest and attention of the literary writers to project a viable and curable image of the disease. For sure, that would bring about a viably sustainable change in the mindset of people who scorns and scolds the disease and its patients.

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