AN ANALYSIS OF INSTITUTIONAL DISCOURSE AND THE PROBLEM OF AIDS IN NIKITA LALWANI'S ESSAY "MISTER X VERSUS HOSPITAL Y"

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Abstract

Social institutions afflict HIV/AIDS victims with libeled and disregarded status (in a South Asian subcontinent). Besides, medical innovations to cure the disease, literary contributions, too, tend to bring a shift in traditional approach toward HIV/AIDS. Contemporary writers approach social institutions to extend a hand in offering a solution to the problem. The qualitative study is an attempt to analyze the role played bysocial institutions, that is, institution of family, health and marriage for emancipation of the AIDS victims in Nakita Lalwani's narrative, "MISTER X VERSUS HOSPITAL Y". The research is carried out in the light of Norman Fairclough's (1993) Critical Discourse Analysis (CDA). Passages from the text relevant to the counter narrative are analyzed, bearing in mind the expressive, relational and experiential signification of the vocabulary. The study carries significance due to its optimistic approach toward HIV/AIDS. It works toward the empowerment of stigmatized victim (s) by introducing counter discourse to the traditional institutional discourse on HIV/AIDS. As Critical Discourse Analysis is associated with suggesting social change; hence, the study infers that if writers continue to highlight the role of social institutions to combat the

severity of the disease in their works, it is much likely to educate the public to work for mitigation (if not eradication) of the nuisance associated with the stigma. It also recommends that the severity of the disease can be moderated if members from social institutions adopt constructive attitude towards the victims and provide them with healthy environment to combat this medical-cum-social problem.

Keywords: *Stigmatization; Family; Marriage; Health Institutions; Social Change; Emancipation*

1.1. INTRODUCTION

HIV/AIDS can be contracted in a variety of ways: through semen or shared use of a hypodermic needle, blood transfusions, or breast milk. Pregnant women can transmit it to their unborn babies. In South Asian subcontinent in general, and in India in particular there are misconceptions about HIV/AIDS, owing to low literary rate and lack of awareness. In Indian context the disease is a stigma and it brands its victim like a scarlet letter and forces him/her to live a humiliated life. According to Jones (2008),"Indians do not associate AIDS with drug use or blood transfer, to most people it simply means sex. And not just any sex-sex with girls for hire, sex that is not mentionable, sex that gives a good son a bad reputation, sex that is deadly" (p. 223). Moreover, due to lack of resources, exposure, understanding there are also misconceptions about its being infectious. It is considered to be passed on through touch, sharing of daily use items and living in same room.

Since1986, the year of diagnosis of first case of AIDS in India, like other fields of human interest, and study, literature, too, plays a pivotal role in raising awareness about HIV/AIDS among the public. Being representative of spirit of the age, mostly, writers portray negative image of the disease prevalent in the society. The focus of present work is to analyze the attitude of society towards the infected character of Tokuga in Nakita Lalwani's narrative *"Mr.*

X versus Hospital Y". The essay is taken from anthology of essays, titled, "AIDS Sutra" contributed by sixteen renowned writers from India. These writers were assigned the task by Avahan foundation. It is an AIDS prevention program and is supervised by Bill Gates and Melinda Gates. These writers come forward with different essays based on real life stories from people infected by the HIV in order to analyze the complications associated with this medical-cum-social issue. This work shows the human side of the disease and follows the motto is "open your eyes to HIV/ AIDS" (2008).

1.2. THE STUDY ARGUMENT

The present study is an effort to explore the nature of institutional discourse, i.e., family, marriage and health with respect to the problem of HIV/AIDS in Nakita Lalwani's narrative *"Mr. X versus Hospital Y".* The study is delimited to the character of Tokuga who struggles with his HIV positive status in Indian socio-cultural context.

1.3. RESEARCH QUESTIONS

2. What is the nature of discourse produced by institution of family, marriage and health with reference to the character of Tokuga (HIV positive) in Nakita Lalwani narrative *"Mr. X versus Hospital Y"?*
3. How can change be induced through counter discourse to the existing institutional discourse in a society, with reference to Nakita Lalwani's work *"Mr. X versus Hospital Y"?*

1.4. LITERARY REVIEW

It has been discussed earlier that HIV/ AIDS is a medical-cum-social issue. Not only doctors through their research endeavor to combat this disease but social activists and writers also lend their hands in bringing this epidemic under control. The worsening issue of HIV/AIDS has

acted as a catalyst to activate writers to solve this problem in a variety of ways. Gays, homosexuals and heterosexual have enriched AIDS literature with dramas, novels and poems. Early AIDS literature was angry and combative. Recent literary works portray the problem in milder tone with infusions of comedy and the themes of love.

Most of the writers through their literary contributions tend to represent the spirit and consciousness of the age and lay the blame of this epidemic on the individual. It is believed that the "infection is primarily contracted through voluntary acts, such as unsafe sex, it is individual rather than the society that should take responsibility for avoiding the disease and accepting the consequences of irresponsible actions" (Sen, 2008, p. 14). In countries like USA and India the belief is also prevalent that the person could have evaded the infection if he had changed his personal behavior (Philipson & Posner, 1993). In India where literary rate is much low the problem of blaming the victim becomes more aggravated. There HIV/AIDS is parallel to a curse hence; most social institutions also reprimand the victim with sarcasm, reproach, accusations and negligence rather than showing attention and care. In Indian context, many villagers consider a HIV positive as "worse than an animal" (Singh, 2008, p. 99) All this prevailing AIDS discourse, induces sense of rejection and dejection in the victim which consumes him/her more than the infection itself. As rightly said by Shanghvi (2008), that in the case of HIV/AIDS the "worst sort of segregation is self-inflicted" (p. 52).

Due to prevailing discourse, the AIDS patient is made to feel ignominy and develop hatred for him-self. This self-loathing is the extension of the social loathing for positive people. In spite of their awareness, people from the institution of health are notorious for their ill treatment of the victim. In Shanghvi (2008) narrative, a patient expresses his sense of dejection in the following words "we have been treated worse than stray dogs, when the doctor touched my hand; it was as if he was spitting on me" (p. 52). John (2008), also reports same kind of experience shared by a female victim, Ashwini in the hands of people from institution of

family. Her "food and clothes were kept separately", and they put aside her used glass of water. Moreover, her mother in- law would make "excuses to prevent her from cooking" (p.227).

But in fact, personal behavior is not the only reason behind this epidemic. It can "come to a person in a way over which he or she has little control" (Sen, 2008, p. 15). It happens through blood transfusion, infected syringes, new born receive it from their parents, and wives get it from their husbands and vice versa. Apart from Individual responsibility "routes to its exercise go through many related territories, including knowledge, understanding, individual resolve and group norms" (Sen, 2008, p. 15). Hence, HIV/ AIDS not problem of an individual but it is a social termite which also engulfs people around the victim.

Like infected adults, infected children are punished by social institutions for no fault of their own in Indian society. According to Singh (2008), the problem of an infected child becomes more severe as it is more difficult to explain the "deadly virus to the child, social stigma, discrimination" (p.89). A child with the virus is considered as a bad omen for the family and the family tries to get rid of the child. Sachin, one-year boy is abandoned in a cradle outside an orphanage in Rajastan. Mani, a six years old girl with HIV virus is "abandoned outside a temple by her grandmother" (p. 88). Tanu is another eleven years old girl who is HIV positive. Her extended family rejected her. She misses her father and whenever she sees a plane flying, she says, "My father is in the plane" (p. 90). Apart from the institution of family the institution of education also denies the right to educate infected children. According to Singh (2008),"in 2004 in India two positive kids were kicked out of a school in Kerela by headmaster"(p.92).

Like Singh (2008), Lalwani in her narrative has also dealt with marginalized character of Tokuga who is made to suffer, owing to the conservative approach of social institution towards AIDS victims. Tokuga's privacy is violated by hospital staff that discloses his positive status on his cousin's husband rather than himself, who keeps his status a secret for six months. His

cousin's husband encourages him to marry and helps him in selection of a bride. But when Toku arrives home with his wedding dress in his hands, his positive status is disclosed to all family members by his cousin's husband. He gets his marriage cancelled. When he complains against the hospital for violating his privacy, doctors treat "him with disdain". His disease arouses "disgust and moral judgment" (2008, p. 23) and he is made to suffer.

In a nutshell, most writers present traditional institutional discourse towards AIDS in their works. They blame institution of family, education and health for isolating the patients and depriving them from the kind of institutional care they deserve more than healthy people. But the present work is an effort to explore the nature of counter narrative towards HIV/AIDS produced by social institutions in Nakita Lalwani's narrative "*Mr X versus Hospital Y*".

1.5. THEORETICAL FRAMEWORK AND METHODOLOGY

This qualitative study is concerned with linguistic analysis of the narrative *"Mr. X versus Hospital Y".* Relevant passages from the narrative will be analyzed by putting those in their socio-cultural context. Role played by members from institution of family and marriage, and health has been examined by the standpoint of Poststructuralism which considers language as non-linear. Words possess multiple meanings in multiple contexts; hence, meaning is unstable (Derrida, 1976). Similarly, according to Baker and Galasinski (2001), texts possess multiple meanings which can be explored by keeping in mind the situation and pre- understandings of the interpreter. Keeping this polysemic nature of language in mind, the researchers will analyze the given text by Lalwani, in the light of Fairclough's (1993), Critical Discourse Analysis. This theory divides the process of analysis into three stages, i.e., description, interpretation and explanation.

Description is concerned with discourse-as-text and explores the expressive, relational and experiential value of vocabulary. At this stage the vocabulary related to nouns, verbs,

adjectives, over wording will be analyzed. The second stage examines the interaction between the text and the context. It looks at discourse-as-discursive practice, i.e., discourse as something that is produced and consumed in a society. Discursive practices have ideological effects and are associated with unequal power relations (Blommaert and Bulcaen, 2000). While the stage of explanation examines discourse as an active agent which not only shapes social institutions and situations but is also shaped by them (Todolí et al., 2006: 15).

The framework of CDA has been delimited to the following questions:

- What experiential, relational and expressive values do words have and what is their significance?
- What is the nature of role played by institution of family and marriage, and health in inculcating social change with respect to HIV/AIDS in India?

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

1.6. ANALYSIS OF *"MR X VERSUS HOSPITAL Y"*

After being diagnosed with positive status, Tokuga experiences psychological trauma for losing his health, hope and love. The following lines from the text give expression to express his sense of dejection: "…his 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. 24).

The experiential value of the vocabulary of the given text is quite significant. The nouns, vocation, age, location, filial-familial background are identifying words which differentiate Tokuga from other people. But in the given context, these indicators become meaningless for

Tokuga. His identity indicator is only “HIV positive”. The phrase “HIV positive, and nothing else "excludes Toku from the list of normal fellow-beings and stresses his maligned and marginalized status as an AIDS patient. But different social institutions, health, family and marriage play significant role to empower Tokuga and restore his importance as a human-being.

Institution of Health

His state of suffering from sense of nothingness do not last long and there comes turning point in Tokuga’s life. Director of Research center for AIDS judges his inner potential and hires him as a doctor in his research center. “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.” (2008, p. 25)

The above text is related to the institution of health. As discussed in literature review that most health centers in India use traditional discourse towards AIDS and positive people were humiliated even by health practitioners who knew that there could be several reasons for being infected. But the discourse used in the above text counters this discourse and sets a new literary trend towards HIV infected patients.

Dr. Solomon considers Toku’s importance as a doctor. All those labels which were going to be associated with him throughout his life change due to Dr. Solomon’s help. The relational value of the sentence “she would respect me as a doctor, not just see me as an AIDS patient” carries significance. It uses the same lens to judge a doctor and a positive person. Their relationship is based on equality. The victim is not treated as a social burden but means to lessen this burden by lending his help as a doctor. The phrase “changed my life” comes as an expression of achievement and counters the traditional discourse used by institution of health in association with AIDS victims.

Similarly, experiential value of vocabulary, "respect him as a doctor" rather than "see as an AIDS patient" further stresses Toku's worth as a useful person. It counters his experience as "a man whose whole status is HIV positive, and nothing else".

Institution of Marriage

After Tokuga establishes his reputation as a doctor, he falls in love with a psychologist. He makes his positive status clarified, shows reluctance to marry a negative person and expresses his prospective repercussions regarding her health risks and the likely children, in future. She remains supportive, agrees to marry him and gives consent to adopt children. She encourages Tokuga to remain optimistic in the following lines: "Life is in the hands of God," she said, "What is short or long? It is the sweet memories that matter. You can have a hundred years of bad times. Or some good ones" (2008, p. 26).

The relational value of the vocabulary is concerned with the relationship of the participants. The participants of the text are AIDS victims: Toku and his would-be wife. She is well aware that her fiancé is suffering from stigmatized epidemic. But she adopts positive attitude towards her future with a HIV positive person, in the following manner:

- Firstly, instead of bearing kids of their own, they can adopt children;
- Secondly, generally, a positive person is associated with short life, but death keeps no calendar for healthy `person either; and,
- Thirdly, living a short but fully enjoyable life with a positive person is much better than spending bad times with a healthy person.

In the above mentioned literary text, Lalwani introduces counter discourse to the established discourse of nihilistic attitude to HIV patients, which denies the right of solemnizing marriage and bearing children for AIDS victims. In the text, the idea of adopting children is not new but

the hope which encourages Tokuga to live a normal life is noteworthy. This text tends to make readers conscious that more than offering some solution "the restrictions on the marriages of HIV infected persons can have serious repercussions" as "aside from obvious links between marriage and stability, or procreation, there is something hungry and romantic about the assumption that this aspect of human companionship is recognized as a basic need (Lalwani, 2008, p. 28). This is stated by Tuku as: "we have (adopted) two sons—" (2008, p. 30), which is an optimistic perception of life amid the nuisance of AIDS.

The support of Toku's wife helps him maintain a healthy and prosperous life. They adopt two children who keep them busy all the time without letting them despaired and disparaged. Being an AIDS patient is no crime and such person has full right to enjoy emotional and moral support of his family.

Institution of Family

After Tokuga is diagnosed with HIV/ AIDS, all his family members isolate him and people around him treat him very contemptuously. "Normally, if (he) returned from a trip, quite a few members would come to pick (him)up from the airport- help (him) with the luggage. This time it was just(his) sister (2008, p. 22). This isolation from his family members shatters his self-confidence and induces sense of nothingness in him. He realizes that AIDS is "such a stigma, so much shame, people are criticizing me". I wanted to disappear but did not know "how to disappear" (p.24).

After his marriage he and his wife conceal his positive status from his mother-in-law, but the print media publish all the details about Toku including his positive status. When Toku's mother in-law comes to know about it, she abandons them. But soon she realizes that she was unjust and, changes her attitude towards Toku. Toku's mother-in-law said that "they would support us, and asked us to come and see them. I went back to Goa for Christmas, to their

family home…But they didn't treat me differently. They said they would be there with us" (p.29)

Making a shift in attitude in two weeks' time span is significant due to relational point of view of the vocabulary. The pronoun "they" is significant, because it shows multiplicity of positive attitude and care towards positive people. Instead of isolating Tokuga, all his family members are united to speak on his behalf. Besides, the verbs "support us", "asked us to come and see them", and "didn't treat me differently", all express positive and welcoming attitude towards Tokuga and his positive status. Even the phrase "didn't treat me differently" is noteworthy in conveying a positive meaning and message. Although, Toku was, consciously, ready to be treated in a different way, as he was well-aware of the maligned and marginalized status of a positive person in India society. But his family was ready to own him and to support him. This is obvious from the fact that his "My mother-in-law became the ambassador between us and the rest of the family" (p. 29).

The relational value of the text is substantially meaningful, as it shows a strong filial-familial connection between a positive person and the institution of family. Similarly, in view of experiential value of vocabulary, the word "ambassador" is worth mentioning, because Tokuga's mother in-law is more conscious and concerned of his status as a human being more than an infected person.

Tokuga, supported by his relatives, wife and friends, tries to restore the marital rights of other positive people in his research center. As in "the hospital, and 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).

Tokuga tries to "actively restore the right to marriage as part of his own patients' right to life—by attempting to reignite that part of the human psyche that maybe we all share. The part that

believes that we own the right to love in that particular way, and be loved in return" (2008. p. 31, 32).

As mentioned earlier that main stream Indian society denies marital rights of/for AIDS patients, hence, deprive them from psycho-physical motivation and support. For that matter, they are much likely to be antagonistic towards spending a useful and prosperous life. But the hospital patronized and supervised by Tokuga represents the other side of the picture. Making a portfolio of HIV infected people and stressing their "needs" and "bio data" restores the importance of emotional and physical needs of positive people.

The given discourse in the text, that is, "50 faces photographed in hero and maiden poses, on park benches, and in studios", carries significance from experiential viewpoint of vocabulary. The nouns "maiden" and "hero" replace the labels of weakness and ugliness associated with HIV positive patients. Even the quantitative noun "50" is substantively significant, as it speaks volumes for the increasing number of positive people carrying positive attitude towards matrimonial wedlock in life.

According to Fairclough, a discourse can be situational, institutional or social. The given discourse is related and relevant to the institution of marriage. It stresses the importance of marriage for the stigmatized and marginalized people. Toku himself acknowledges after contracting marriage that "it is now possible to live a long life, and that companionship is important" (2008, p. 31). Further he establishes and supports his argument by putting the analogy as: "If a fire is lit in the forest, which of the trees will catch fire and perish? Obviously, the one without the green leaves. The one with the green leaves, with the rights, will survive. Those without rights are therefore most vulnerable" (Lalwani, 2008, p. 24).

In the absence of institutional and individual support, positive people would perish like trees without leaves. HIV/AIDS is not as much risky and lethal as social isolation itself is. In

Tokuga's case, his family members, hospital authorities, wife and friends keep the candle of his life lit. As a result, he does not only lead a normal life but also acts as a role model for other positive people. Towards the end of the essay, Toku refers to the physical and moral support and encouragement of his friends, who contributed to his success in life in the following words: "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).

The experiential value of the text is significant here, because it contains over-wording in the form of main verbs: "achieved", "managed" and "admired", that carry positive meaning in connection with the efforts of an HIV infected person.

Negation has also been used in the text. It has an experiential value, because it is the basic way to distinguish between what is not the case in reality from what is the case (Fairclough, 1993). The statement "if I had not become HIV positive I could not have achieved what I have managed" is highly paradoxical. Generally, HIV/AIDS is associated with failure, sense of feelings of nothingness and lack of interest in life. But the text counters traditional discourse associated with life of AIDS victim.

1.7. CONCLUSION

The concern of first question was with the kind of social institutions discussed in the given text and the nature of discourse produced by these social institutions in Nakita Lalwani narrative "Mr. X versus Hospital Y". In this regard three social institutions are under reference, that is, family, health and marriage. It has been discussed in literature review that the institution of health, family and marriage treat positive people with disdain and deprive them from basic human rights. But the text under examination introduces counter discourse to the traditional trite institutional discourse. Firstly, the institution of health respects Tokuga as a doctor and offers him respectable position in an AIDS Research Centre. This platform helps him open

new vistas for emancipation of many positive people around him. Secondly, the institution of family supports and encourages Tokuga by owning him even with his positive status. This institution also reassures Tokuga to live a healthy married life. Thirdly, the institution of marriage assists him with emotional and psychological support to bear children and live a happy family life ever after. Summing up the counter discourse, "we have to stop blaming the victims and stop looking for reasons for leaving them to look after themselves. We are in it together" (Sen,2008, p. 17).

The second question was concerned with the kind of social change introduced through institutional discourse. As per analysis, it becomes evident that the pervasiveness of counter discourse from the institution of family health and marriage encourages Tokuga in favor of positive and healthy attitude towards his own life, and lives of other positive people around him. Such attitude can, in turn, motivates these people to live a healthy and happy life. If this counter discourse prevails, it is much likely to assist other patients not only to disclose their (HIV positive) identity and receive proper care from people around, but also enables them to lend a helping hand to other patients around them. This notion of positive perception is most likely to introduce a meaningful change in a society wherein a positive person in normally considered as infectious and stigmatized. Such counter discourse employed in the text also tends to introduce and invite shift in thinking process of its readers that, in turn, can make them associate positive people with normal life and societal progress. Hence, this work suggests social change through empowerment, emancipation, enlightenment and positive image of positive people.

1.8. RECOMMENDATIONS

- "Shallow understanding from people of good will is more frustrating than absolute misunderstanding from people of ill will" (Luther, 1963). In India literary rate is low in poor and remote areas of the country and AIDS becomes more severe in this context,

as the proportion of children with infection from low income background is much high. As a result, infected children are disowned by their family members. In order to minimize ostracizing of innocent victims, public in every nook and corner of the country needs to be educated about HIV/AIDS causes and consequences through conferences, seminars, print and electronic media (Singh, 2008).

- The severity of the disease can be mitigated to great extent through caring and sharing of the problem of the victims by people from different social institutions. Besides, HIV positive should also be provided with basic human rights of health care, marriage and bearing children.
- HIV positive should be offered with viable roles and responsibilities in a society, in order to make them feel and experience worthy life.

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