Seeing Disease and Identity in Relation to HIV/AIDS

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There are quite a few areas of anxiety in the North-east. One of them is prevalence of HIV AIDS in a major way in almost all states of the region, but more particularly in Manipur and Nagaland. The related area of anxiety is the prevalence of drug addiction. In fact there exists a link between these two areas, because a major cause behind spread of HIV AIDS is through the use of common injection needles by the drug addicts. In our earlier series in Ishani, we had carried a couple of articles on the drug menace. We were also on the lookout for a competent author who can write about HIV AIDS. In course of our search, we came across the name of Prof. Maniklal Bhanja, teaching English at a reputed college situated in Tezpur. Prof. Bhanja, in fact, has prepared a highly acclaimed dissertation on HIV AIDS for getting doctorate.

Though Prof. Bhanja's discipline is English, he has also earned a name as a literary figure in his mother tongue Oriya. Besides this, he also takes interest and writes about different social issues. Since some of our knowledgeable well-wishers strongly recommended Prof. Bhanja's essay on HIV AIDS, we approached him to give us an abridged version of his dissertation. After considering our request carefully, he has adapted a chapter and some relevant portions from his dissertation which he feels would help to convey his thoughts to the readers. But, we found that even this abridgement turned out to be more than thirty pages long. A bi-monthly and non-academic journal like Ishani will face difficulty in providing space for long articles. We shall, therefore, publish it in two issues, i.e., March 2008 and May 2008. We take this opportunity to thank Prof. Bhanja for having agreed to contribute his essay for Ishani and we shall look forward to request him for contribution on other subjects also.

Prof. Bhanja in his introductory remark about his essay states as follows: “HIV/AIDS is a disease that requires both clinical and nonclinical interventions to curb its epidemic spread. In this article, the writer seeks to intervene nonmedically and intellectually as well in the popular perception of the disease as stigma. He has argued that HIV/AIDS entails more an epistemological question than a moral one. He critiques the different cultural perceptions and interpretations of the AIDS epidemic and shows that our tendency to label and stigmatize HIV positive people issues out of our ideologies and prejudices that are often normative or regulatory rather than rational or nonjudgmental.

The bottom line is that even as disease is experienced in the body individually, it is simultaneously cultural in its effects, since its implication is understood and represented by community, nation and world at once in terms of medical, ethical and political issues that consequently address the question of identity of the diseased. In the light of this, the writer has seen disease and identity in relation to the HIV/AIDS epidemic.”

I

Understanding HIV/AIDS

Author
The term “disease” is defined as an unhealthy condition of the body or the mind. Usually the absence of “disease” is understood to constitute “health” - “health” that is foreknown, predetermined to be whole, hence privileged and desirable, which is why, as John Donne in his prose work *Devotions Upon Emergent Occasions* puts it, “We study Health, and we deliberate upon our meats, and drink, and ayre, and exercises, [...] and so our Health is a long and a regular work” (417). According to Ludwig Wittgenstein (who died of cancer), even though painful bodily processes involved both in healthiness and unhealthiness are almost identical, “no one wants to put a disease on the same level as normal life [and no one wants to speak of disease as if it had the same rights as healthy bodily processes (even painful ones)]” (20e). He argues further that it is possible to regard disease in the body as “natural” if the whole feeling of the people and the nation for the body changes. Wittgenstein’s argument points to the fact that health is always already out there as dominant, hegemonic. This is how health is culturally mapped out.

In this preconceived wholeness of health, disease is a split and is known in and through its social and cultural practices that are predominantly medical, ethical and political. The medical is connected with the practice of diagnosis, treatment and prevention of disease. Thus, the clinical aspects of illness involve technological discovery of microorganisms, antibodies, pathological signs or symptoms, infections, routes of transmission, treatment of illness and epidemiology. The ethical is concerned with goodness or badness and accepted rules of human character and behaviour and with the distinction between right and wrong. The moral aspects of sickness involve stigmatization, status degradation, identity transformation (the disabled body) and labelling or categorizing. The political refers to the practices of discrimination, marginalization of disease and the exercise of power over them. The politics of disease is manifested through accusation and activism (resistance).

These practices that will be examined in their interrelatedness later in this article are the established ways in which societies respond to disease and consequently conceptualize, represent and interpret the state of being unwell in body or mind. In so doing, they define only the lack of that preformulated wholeness of health. Out of these practices, the “clinical” is the preferred choice and is accepted as the general perception of disease in modern times. However, its supreme scientific status over the humanistic in disease discourse has been questioned following the AIDS epidemic.

Acquired Immune Deficiency Syndrome (AIDS) is caused by a retrovirus called the human immunodeficiency virus (HIV), of “unknown” origin, that is transmitted through body fluids (blood, sexual fluids and breast milk), leading to a severe loss of immunity and leaving the sufferer susceptible to infection. Explaining what HIV does in the body, the World Health Organization (WHO) notes, “our body has white blood cells which fight against disease germs and kill them. Thus, white blood cells protect us from falling sick. When a person has HIV in the body, the virus destroys the white blood cells which then can no longer fight against disease germs. This makes the person sick” (3). These white blood cells are called Thymus lymphocytes or T-cells. Immediately after its transmission in the bloodstream, HIV incorporates itself within the genetic structure of a specific T-cell that is not killed but rendered non-functional. Remaining dormant, it then gradually uses the material of the cell to manufacture millions of copies of itself before the cell's death. These newly created HIVs locate other healthy T-cells in the bloodstream to resume their process of replication and destruction. The virus is extremely labile and has a ten-year-plus incubation period. Dryness, simplest sterilization and the mildest disinfectants can destroy HIV outside the body system.

HIV impairs the immune system and thereby causes opportunities for other infections or diseases. The term AIDS refers to a complex of disease conditions like fever, rash, diarrhoea, weight loss, lymphadenopathy (swelling of lymph nodes), a rare skin cancer called Kaposi’s Sarcoma, a form of pneumonia called Pneumocystis Carinii Pneumonia (PCP), candidiasis (yeast infection), cryptococcus meningitis and tuberculosis. Symptoms vary from one location to another, from country to country. People affected by HIV/AIDS are also susceptible to the infections/diseases that are already present in any given geography. One gradually succumbs to the virus and the syndrome manifested in a nexus of diseases. People with intact immune system are not normally affected by HIV/AIDS-related diseases. Thus HIV/AIDS in itself is transmissible but not contagious or infectious. It is a condition of an ever-changing group of concurrent pathological signs or symptoms. At the moment there is no accurate treatment, no known cure for the disease, even though scientific communities the world over are engaged in developing a vaccine.

As of now, routes of transmission of HIV/AIDS are believed to be sexual (anal or vaginal) intercourse, blood transfusion, use of infected injection or surgical equipment such as needles, blades or razors and from infected mother to child. There is also some risk of transmission through breast milk. As soon as HIV enters the human body, the individual becomes infectious, that is, he or she can infect other people with HIV. The symptomatological nature and eventual fatalness of HIV/AIDS have been a cause for major concern in the medical community.
What is now known as HIV/AIDS was first recognized as a disease among “white” homosexual males in USA in 1981. As early as 1979, doctors in New York, Los Angeles and San Francisco had observed their young gay male patients with long term swelling of lymph nodes, pneumocystis carinii pneumonia (PCP) and Kaposi's Sarcoma (KS), which were similar to those seen among Central Africans and elderly men of Mediterranean origin. These diseases were linked to immune deficiency and the complex was initially designated AIDS (Acquired Immune Deficiency). ACIDS (Acquired Community Immune Deficiency Syndrome) or GRID (Gay-Related Immune Deficiency). After the identification of more symptoms, diseases and germs in non-gays like intravenous drug users, haemophiliacs and Haitians, the Centers for Disease Control (CDC) in Atlanta adopted the neutral acronym AIDS (Acquired Immune Deficiency Syndrome) in 1982. Only at a later stage was it recognized that heterosexuals were also susceptible to the disease. The virus that caused AIDS was initially named LAV (lymphadenopathy-associated virus) by Luc Montagnier of the Pasteur Institute, France in 1983. It was subsequently named HTLV-III (human T-cell lymphotropic virus type III) by Robert Gallo of the National Cancer Institute, USA in 1984. It was once again named ARV (AIDS-associated retrovirus) by Dr. Jay Levy of the University of California, San Francisco, USA in 1984. The Centers for Disease Control (CDC) adopted the joint name LAV/HTLV-III and HTLV-III/LAV as a peacekeeping formula for scientific communities in France and USA. It was popularly known as the AIDS virus by the press, and finally named HIV (human immunodeficiency virus) as a unifying formula in May 1986. The World Health Organization (WHO) recommends the acronym HIV/AIDS to rise above all disputes pertaining to the naming of the virus and the disease.

This brief account of HIV/AIDS shows the succession of discursive naming and categories that has been informed by the medical model of the disease in one register. In the other register, transmissibility of the disease through “unsafe” heterosexual or homosexual sex has most significantly problematized desire and pleasure as well as the body and the mind of the human being, since it is impossible to give up sex. This latter position is perhaps the single most important reason as to why HIV/AIDS, with its ineluctable association with stigma and death has drastically changed the ways of seeing disease in recent years and thereby occasions an ever-shifting semantic crisis over disease in general. The canonical privilege of biomedicine in regard to the “meaning” of disease is critiqued in humanities and social sciences. As Thomas E. Yingling in an unpaginated article in AIDS and the National Body puts it, “it is the question of reading with uncertain terms that AIDS forces upon us.”

The justification for such multidisciplinary approaches to disease lies perhaps in the notion of what W.J.T. Mitchell calls, “a hard, rigorous relativism that regards knowledge as a social product, a matter of dialogue between different versions of the world, including different languages, ideologies, and modes of representation” (Iconology 38). Relativism is the doctrine that knowledge is relative, not absolute or objective and universally valid. It considers any knowledge as having significance in relation to something else, as implying comparison or contextual relationship, as involving a different but corresponding idea. In other words, relativism is a difference in similarity between things or terms in the world of knowledge produced by society. Thus the knowledge of a thing or a person is understood in terms of another and eternally tends to be indeterminate. That is why all types of episteme, be it personal, esoteric or exoteric, need to be approached holistically for appropriate understanding.

Hence, the knowledge of disease following the HIV/AIDS epidemic has been seen as at once individual and sociocultural. Like the interpretive convention of any community or nation, the present experience of disease is looked at in the light of its significant (mostly catastrophic) pastness or historicity coupled with the self-conscious theoretical practices of knowledge of sickness by the medical profession and society as well. These methodological symbolic readings of pathological signs that are projected as similar to the original symptoms provide eventually, to quote Sander L. Gilman, “the set of associations, which we, as doctors, patients, or observers subconsciously apply to the idea of specific diseases” (7). In this process disease is assigned a name that is validated officially and in due course communally.

II

The Representation of the Disease

HIV/AIDS has caused, as Yingling argues, an “asymptotic space,” “a gap between the apprehension and the comprehension of the disease […]” (38). This state of the disease, as has been shown above in the brief history of HIV/AIDS, always supplements or substitutes paradigmatically creating difference and deferral in the epistemic status of its “meaning” objectified and communicated in “representation.” Representation is defined as the act of standing for or corresponding to something or someone that once again stands for or acts for a whole group of things by consensual agreement. In fact the notion of representation, be it semiotic or political, is always elastic, open-ended and essentially symbolic. In semiotic
theories of representation, the representational material (object or form) is called the “signifier,” while the concept (idea or referent) which that material evokes is designated as the “signified.” In order to represent something, human beings establish relationships between the signifier and the signified in iconic, indexical and symbolic ways. The iconic shows resemblance. The indexical stresses cause-and-effect relationship (for example, visual things like cinematic and photographic images are both iconic and indexical). The symbolic stipulates arbitrariness without having any resemblance. In this process, as against the Saussurean linguistic norm that “sign” arbitrarily unites a sound-image (signifier, for instance “tree”) and a concept (signified, e.g. the sound-image/word “tree” conjures up in people’s minds the idea or picture of “tree”), the commutability of the signified is continuously attained. As the French philosopher Jacques Derrida cogently argues, “the signified always already functions as a signifier. [...] There is not a single signified that escapes [...] the play of signifying references that constitute language” (7). In many ways, as Kaja Silverman has shown, “one signified always gives way to another, functions in its turn as a signifier” (38). This is precisely the process of signification. In political form of representation where persons act for other persons, there is also a flexible interaction between the citizens and the government. Thus, in both forms of representation is inherent a shifting and unstable relationship to authentic “meaning” of knowledge or experience that is endlessly constituted by what it is not. Talking about “experience” Jonathan Culler says, “it has always already occurred and yet is still to be produced - an indispensable point of reference, yet never simply there” (63).

Thus, every representation is a misrecognition of the “original or authentic.” W.J.T. Mitchell in his essay “Representation” appropriately remarks, “Representation is that by which we make our will known and, simultaneously, that which alienates our will from ourselves [...]. Every representation exacts some cost, in the form of lost immediacy, presence, or truth, in the form of a gap between intention and realization, original and copy [...] Sometimes it is as ample as the gap between life and death” (21). This “gap” consequently creates an “illusion” of a thing per se in the representational world. These endless illusions at once influencing and being influenced by stimuli emerging from within and without the individual are constantly constructed and organized as schemata that possibly seek to serve as, to quote Joseph Sandler, “the background frame of reference to all current processes of perception, imagining, remembering, feeling, and thinking”(qtd. in Gilman 1). These schemata are once again subject to revisionism in the course of human experience. In other words, as the American philosopher Charles Sanders Peirce argues, “The meaning of a representation can be nothing but a representation” (1:171).

In this perspective of perpetually open-ended representation mediated through language, everything including disease always acquires meanings or signification. HIV/AIDS has also continually been proliferating viral, personal, communal, national and global histories and allegories in its semiotic or political form of representation. Through the mass media, as Cindy Patton puts it, “the virus itself becomes a character – the little hunk of protein that refuses to give up its secrets. ‘Perhaps the virus is trying to tell us something,’ both new right doomsday prophets and scientists have said” (Inventing 25-6). Referring to the battles over the constantly changing meaning and naming of the virus that have accompanied every stage of research and treatment, Paula A. Triechler calls HIV/AIDS an epidemic of a transmissible lethal disease and an epidemic of meanings or signification. She uses the term “epidemic” to refer to the exponential compounding of meanings as opposed to the simpler spread of a term through population and applies the term “signification” in the linguistic sense. She writes, “Many scientists and physicians, even those sensitive to the complexities of AIDS, believe that ‘the fact’ (‘science’ or ‘reason’) will resolve contradiction and supplant speculation; they express impatience with social interpretations, which they perceive as superfluous or incorrect [...]. Signification processes are not the handmaidens of ‘the facts’, rather ‘the facts’ themselves arise out of the signifying practices of biomedical discourse” (331). In a similar fashion, Thomas Yingling writes, “AIDS [...] can be apprehended – on bodies, in friends, in news reports, in changing populations, behaviors, and rituals: we know that it is in some undeniable sense ‘real,’ whether its reality be outside or within us. But the frames of intelligibility that provide it with even a meager measure of comprehensibility are notoriously unstable. [...] the quotidian meaning of AIDS seems to change almost as often as the virus itself replicates [...]” (38). In its potential for decentring its centre or origin, HIV/AIDS has most justifiably been called a postmodern disease in the Derridean sense. In fact, as Karen Atkinson and Rob Middlehurst in their essay “Representing AIDS: the textual politics of health discourse” put it, “AIDS constitutes a site for a discursive struggle for meanings” (115).

This engenders tensions between the material reality (a tiny virus) and the linguistic portrayal (shifts in sociocultural perception) and, as a result, spawns mythopoeic discourses about HIV/AIDS. For example, the tsunami in the Indian Ocean on December 26, 2004 that killed nearly two lakh people has been compared with the “devastation wreaked by the virus all over the world” (8). The Times of India in its January 8, 2005 edition puts the headline of its editorial as, “Viral Tsunami: Unchecked HIV epidemic could destroy
countries.” The editorial relates to the death of a niece, two grand-nephews and son of South African President Nelson Mandela from HIV/AIDS that is also, at this point of time, killing at least one thousand people every day. African archbishop Desmond Tutu says that it is an affliction more devastating than apartheid.

Discussing the tropes of disease discourse in the West, Susan Sontag in her book *AIDS and Its Metaphors* refers to military metaphors like “invasion,” “invaders,” “enemy,” “battlefield” and “war” respectively for disease, microorganisms, the ill, the body and efforts to minimize mortality rate from disease. Sontag analyses leprosy, syphilis, cholera, cancer and plague as metaphorized illnesses that give those affected by them new identities through the transformation of their bodies and faces into something alienating. The manifestation of these illnesses and sexually transmitted diseases (STDs) like syphilis in particular in different periods of the history of disease are described and hence perceived by doctors, religious leaders and bureaucrats as “collective calamity, evil, scourge,” “the wrath of God,” “punishment,” “pollution” and “plague.” Added to these metaphors that also flourish around HIV/AIDS are ascriptions like “the revenge of nature,” “the gay plague,” “corruption,” “catastrophe” and “apocalypse.” The HIV/AIDS condition has been referred to as “terrifying,” “stigmatizing,” “dehumanizing,” “disempowering” and “disgusting.” The risk-groups are treated as “the exotic, primitive,” “others,” “foreign,” “the non-us, the alien” and “a community of pariahs” (Sontag 45-87). This metaphoric factor with its militaristic connotation entrenches the notion of disease as invasion. According to Sontag, “The metaphorized illnesses that haunt the collective imagination are all hard deaths, or envisaged as such. Being deadly is not in itself enough to produce terror” (38). Sontag argues that the effect of the military imagery is far-reaching: “It overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill” (94). In exposing, criticizing, belaboring and using up military metaphors she seeks liberation from the constraints of the martial ethos of HIV/AIDS tropes. She finds this ethically consoling. For her, “the medical model of the public weal [...] not only provides a persuasive justification for authoritarian rule but implicitly suggests the necessity of state-sponsored repression and violence [...]” (94).

The different names of the virus such as LAV, HTLV-III, ARV, LAV/HTLV-III or HTLV–III/LAV, AIDS virus and HIV are another instance of signification. The epidemiological model that categorizes high-risk groups (rather than high-risk practices) such as the “4-H list” (homosexuals, haemophiliacs, heroin addicts and Haitians) and “prostitutes,” rather than “heterosexuals” who are initially excluded as forming a category susceptible also to HIV/AIDS, is yet another instance. This is the reason why Steven F. Kruger argues, “Diseases often, perhaps always, take on social and cultural meanings that make it possible for them to be seen not just as random events, but as part of some plan or meaningful pattern [...]. Molecular biology, in its most basic terms and concepts, metaphorizes its subject matter as language” (23). Such shifts in signification in the dominant discourse of molecular or clinical “language” and “intentionality” also influence, even shape the perception of HIV/AIDS at all levels. As Cindy Patton in *Globalizing AIDS* has put it, “The methodical nature of Western medicine and the degree to which modern society is medicalized means that without the procedures and sanctions of official medicine, expressions of bodily experiences and complaints are not considered real, sometimes not even by the sufferer”(xxiii). Thus the constant circulation of these terms in hegemonic discourse constructs stereotypes of disease and the diseased that in turn serve as the fixed model for imagining sickness and labelling the sufferers of sickness. The above argument on HIV/AIDS discourse highlights the “language” of representation and shows, as the French philosopher Paul Ricouer would maintain, “Language, indeed, is constituted in such a way that it does not condemn us to the choice [...] between the conceptual or the ineffable”(27).

### III

#### The Question of Identity

The representational dynamics of disease discourse must be understood in terms of human identity, since it is in and through representation that identities, including diseased ones, are constituted. Human beings, unlike other animals, are instinctively representational. It is within representation that people imagine, visualize and recognize themselves and thereby produce identities. Talking about the key role that representation plays in human life, Kath Woodword says, “This is how we signal our identities to others and visualize and recognize themselves and thereby produce identities. Talking about the key role that...” (12). Moreover, HIV/AIDS discourse has highlighted the overarching question of identity in a most articulate manner, since it focuses on a palpable/objective live “body” conducting itself promiscuously through unfulfillable desire and pleasure to death. Simon Watney in *Policing Desire: Pornography, AIDS, and the Media* writes, “AIDS is not only a medical crisis on an unparalleled scale, it involves a crisis of representation itself, a crisis over the entire framing of knowledge about the human body and its capacities for sexual pleasure” (9). This is why it is crucial to address the problematics of identity (in which is also most
prominently implicated “the body” that has been gendered, sexualized and politicized) in relation to HIV/AIDS. However, first of all, it is imperative to understand “identity.”

“Identity” as a term is derived from the Latin word idem meaning “same.” It is defined in two ways: the first refers to the quality or condition of being a specified person or thing, to individuality, personality; and the second relates to identification, to the state of being identical, of being the same in substance, nature, qualities, etc. The first definition focuses on the innate, unified and fixed notion of identity. It is essentialist in the sense that it is founded on, as Diana Fuss shows, “a belief in true essence – that which is most irreducible, unchanging, and therefore constitutive of a given person or thing” (2). In this view, identity is inborn, naturally given, pure, uncoded and cannot be constructed or reconstructed - that is to say, one is born with an identity.

The second definition points to the interactive and constructed notion of “identification” as an act of associating oneself with another or of regarding oneself as sharing characteristics of another. It entails active engagement with a position by the one who takes up identities. One has to consciously or unconsciously identify with, has to be recruited into an identity position. As Paul Ricoeur argues, “To identify something is to be able to make apparent to others, amid a range of particular things of the same type, of which one we intend to speak” (27). One has to perform an identity. It is constructionist in the sense that “the natural is itself posited as a construction of the social” (Fuss 3). However, sociality always changes and in the process differences are produced and organized. This leads to the question of interrelationship between social “structures” (dynamics beyond human control that shape and exercise constraint over identities) and individual “agency” (degree of intervention and control one can exert over one’s participation or choice in construction of identities). Identity is thus constituted by the interaction between the public or social meanings on the one hand and personal experience (subjective evaluations and choices) on the other. To identify with a group or nation by sharing is called collective identity. Identity is a configuration of differences and similarities across collectivities or individuals. Simply put, “Identity is marked by similarity, that is of the people like us, and by difference, of those who are not” (Woodward 7). It is defined by what one is not - the other, the difference that relationally involves oppositions, inequality. In this view, identity is always in the process of being made, formed and can be reconstructed.

The problem of identity, as Avrum Stroll sees it, “may be thought of as the problem of trying to give a true explanation of those features of the world which account for its sameness, on the one hand, and for its diversity and change, on the other [...]. Difficulties about identity lie at the heart of a vast corpus of seemingly unrelated problems” (121). Difficulties about “identity” at the conceptual level need to be looked at somewhat deeply in consideration of the issues that HIV/AIDS discourse raises in this connection.

“Identity” of the individual was described in the French philosopher Rene Descartes’s formula (1641) cogito,ergo sum meaning ‘I think, therefore I am.’ ”I” is the self. Identity of the Cartesian human subject established by the fact of its thinking or awareness was centred on individual “consciousness” that was considered to be the origin of knowledge, meaning, and action. Contrary to this belief, the Post-Cartesian existence of a being is predominantly shaped by “language” and psychoanalysis with its stress on “the unconscious.”

The human subject uses “language” and is defined by means of it. Language manifests itself through “signs” expressing ideas or meanings. Along with the semiotic model of Ferdinand de Saussure, the semiotic scheme of Charles Sanders Peirce describes the human subject as the product of language, as cognitively experiencing the world through language. He writes, “the word or sign which man uses is the man himself [...] the fact that every thought is a sign, taken in conjunction with the fact that life is a train of thought, proves that man is a sign [...] the man and the [...] sign are identical [...]. Thus my language is the sum total of myself; for the man is the thought” (5: 189). Man and his thought as well are at once a sign or signifier. By linking closely language and human consciousness, Peirce here insists that people’s sense of themselves and of the world outside is only accessed by semiotic process. Peirce’s model is open-ended in its treatment of signs, and by extension, identity as against the Saussurean one.

The logocentricity of the Saussurean model seeks to define the linguistic “sign” as the “arbitrary” (not natural) combination of the signifier (form) and the signified (concept that form evokes), both being without any identity outside the linguistic convention. Sign possesses meaning by virtue of it being different from any other sign without any linguistic reason. The word “house” is the signifier and the concept of “house” is the signified. Between them there is no natural link outside the linguistic system to explain the meaning of house. A word is identified only through its relationship with and difference from other words in the system of language. Meaning emanates from linguistic “differences” without any positive terms. Saussure’s model operates within a closed domain of signification. It, however, suggests that language speaks individuals, rather than individuals speak language. It is language that situates people in different social contexts and
thereby constructs their identities. People know themselves within language. Saussure indirectly makes a case for somewhat fixed construction of identity. This Structuralist notion of structuring of human identity in and through language has been taken up by Emile Benveniste who, insisting on the subjective foundations of language argues:

It is in and through language that man constitutes himself as a subject, because language alone establishes the concept of “ego” in reality, in its reality which is that of the being.

The “subjectivity” [...] is the capacity of the speaker to posit himself as “subject.” It is defined not by the feeling which everyone experiences of being himself [...] but as the psychic unity that transcends the totality of the actual experiences it assembles and that makes the permanence of the conscious. Now we hold that that “subjectivity,” whether it is placed in phenomenology or in psychology, as one may wish, is only the emergence in the being of a fundamental property of language. “Ego” is he who says “ego.” That is where we see the foundation of “subjectivity,” which is determined by the linguistic status of “person.” (224)

Benveniste treats language (langue), discourse (parole) and subjectivity (a grammatical entity and a speaker) “inseparably.” He believes that the cultural identity of the individual is possible only within discourse, by means of the pronouns “I” and “you” that are for him, signifiers without conventional signifieds. Person identifies with the first and is defined in opposition to the second. As Kaja Silverman notes, “the signifier ‘I’ always implies a speaker, to whom it refers. Similarly, the signifier ‘you’ always implies a listener, to whom the speaker talks. These roles are endlessly reversible, as are the signifiers which depend upon them; the person who functions as a speaker for one moment functions as a listener for the next. They are also only intermittently activated, as a consequence of which the signifiers ‘I’ and ‘you’ have only periodic meaning” (44). In this discursive process these pronouns subsequently lose their significance. The speaking subject is the agency of discourse. The subject of speech is the discursive element. The spoken subject is the subject produced through discourse. For Benveniste, the subject remains indistinguishable from signification and is provisional by being continuously reconstructed through discourse such as conversation, film, the mass media, internet, photography, and so on. In discourse between two persons, one addresses the other and in the process defines oneself and hence gains “identity.” Benveniste’s linguistic model is closely linked to the interpellation model of the French Marxist Philosopher Louis Althusser.

In Althusser, discourse takes place between an individual and a socioculturally constructed (even determined) identity position or agent that is ideological. The latter addresses the former and defines in the process much of the former’s identity. This address is what Althusser calls “hailing” or “interpellation” that is described as an operation or process whereby people are consciously or unconsciously compelled to recognize themselves in a particular identity through identifying themselves with the representations which their culture provides. In his essay “Ideology and Ideological State Apparatuses,” he writes, “ideology acts or ‘functions’ in such a way that it ‘recruits’ subjects among the individuals (it recruits them all) or ‘transforms’ the individuals into subjects (it transforms them all) by [...] interpellation or hailing” (130). When the policeman, for instance, hails “Hey, you there!” the hailed individual will turn round thinking “yes, that’s me.” In this process of physical conversion, he becomes a “subject” because of the recognition that the hail or the call was “really” addressed to him, and that it was really he who was hailed and not someone else. It is used by institutional apparatuses to solicit individual’s imaginary notion of self and society into a “specific” form of societal reality and subjectivity. This process of subjectification that is attained in and through subjection only accords the person the status of social subject. This is how people come to recognize, look at themselves, feel and think that an identity is the one which fits them.

Althusser claims that “The existence of ideology and the hailing or interpellation of individuals as subjects are one and the same thing” (131). Despite the sharp differentiation between the addressee (the speaking subject) and the addressed (the spoken subject) in the Althusserian scheme, they are, however, inter-linked for the simple reason that the latter is constituted only through the subject of speech by the former. This model shows there is always a link between the personal and the social, and that sociocultural structures work to recruit people into identities.

The postmodern critics develop their theory of “identity” by appropriating the deconstructionist notion of indeterminacy of language and meaning. This needs further clarification. Saussurean scheme (discussed above) is critiqued by the Post-structuralist philosopher Jacques Derrida who opposes the notion of absoluteness and irreducibility in the differences between the signifier and the signified, since it entails the presence of “the transcendental or the original signified.” The central or transcendental signified is the autonomous and final concept that is independent of a given signifying system it seeks to articulate and is incapable of relating beyond itself to any other term. Saussure invokes Western metaphysical scheme of opposition that privileges the signified (thought, concept or spirit) over the signifier (form, substance or matter). Derrida argues that every signified is replaceable, substitutable, and is present within the system it tries to determine. The signifieds derive their meanings and values from its location within a larger structure that precedes it. Hence there is no essence. Everything has structurality. He writes, “the substitute does not substitute itself for anything which has somehow existed before it. Henceforth, it was necessary to begin
thinking that there was no center, [...] in the absence of a center or origin, everything became discourse [...] that is to say, a system in which the central signified, the original or transcendental signified, is never absolutely present outside a system of differences. The absence of the transcendental signified extends the domain and play of signification infinitely” (Writing and Difference 280). Thus every signified commutes for another and operates in turn as a signifier in a perpetual play of signification. In this process of supplementarity, the signifier is proliferated out of the signified. Meaning gets slipped or displaced from one term to another and tends eternally to be indeterminate. The human subject is caught up in the webs of signification, since “subject” and “signification” interdependently yet differentially always keep shifting and are unstable.

Using this Derrida’s notion of deconstruction, the postmodern critics of “identity” argue, “the self - as a unified, stable, and knowable entity existing prior to or outside language – is merely a fiction of language, an effect of discourse” (Moya 6). Thus everything is always already there as “construction” of language of people, society and culture. Identity is always heterogeneous, fractured. This is the notion of anti-essentialism, of constructionism.

This linguistic, constructionist position of identity has been viewed psychoanalytically with the emphasis on “the unconscious” by Jacques Lacan who shares and revises as well some ideas of Sigmund Freud. Freud rejects the Cartesian notion of “awareness” or “the conscious” only constituting the “mind” by focussing on “the unconscious” being defined as that part of the mind which is latent, hidden from and inaccessible to the conscious mind but which affects behaviour, emotions, etc. The notion of the unconscious needs further explanation. A child is not allowed to do or to have all the things he or she needs or wants, and in the process, represses his or her feelings and desires. These suppressed or repressed materials pass into the unconscious and are manifested in later life through fears, memories, wishes, dreams and Freudian slips (the word uttered is not the word intended). These in turn often influence the adult human “identity” that is constituted by the conflation of the pastness (the unconscious feelings) of childhood experience with the rational (conscious) present. This suggests fluid, incoherent and changing nature of identity. This is the earlier Freud who was very close to constructionism. The “divide” between the conscious and the unconscious through the repression barrier is popularly known as the descriptive or “topographic model” that was revised later by Freud. The revised model is called “ego-psychology” whereby the ego becomes both part of the unconscious (“id”) and the conscious (“super-ego”) as well. Ego-psychology seeks to project the ego, or subject as an unbroken, coherent entity and thereby contradicts the earlier Freud who believes in the divide. This is the later Freud who was an essentialist.

Freud’s theory of the Oedipus complex draws attention to the fact that the major concern of psychoanalysis is sex, sexuality and gender. It is framed from the story of the legendary Greek king Oedipus who unknowingly killed his father and married his mother. The theory is the complex of emotions aroused “naturally” in a young (male) child by an unconscious sexual desire for the mother and wish to eliminate the father, so as to take his (father’s) place. Being unable to exclude his father, the child takes father’s identity into himself and thereby both loves and hates his father even as he both desires and resents his mother. This initial hostile bisexuality of the child diminishes as his identification with the image of the parent of the same sex continues to grow till it effects in removal of his father by incorporation of his father in himself. The child admires his father even though his affection for the mother continues. The female child marked by the absence of a penis according to Freud, feels “lack” or “castrated,” even though like the male subject her first love object is the mother who is in due course perceived as not only deficient herself but as the cause of the daughter’s deficiency. Subsequently she views the entire female sex in this light. On this ground she rejects her mother and turns towards her father who becomes the central figure in her psychic register. This replacement of one parent with the other without identification with the same sex causes violent interruptions in daughter’s erotic life that remains heterosexual, procreative and patriarchal. This is the female Oedipal complex. These theories have raised controversies, since as Kaja Silverman notes, “anatomy only acquires meaning and value as the consequence of intense cultural mediation” (142). However, in the Freudian scheme, children are sexual and develop psycho-sexually. It implies that both gender and sexuality are crucial to the understanding of identity. Peoples’ sense of who they are is prominently associated with their awareness of their identities as men or as women. Freud’s naturalist project of the Oedipus complex represents essentialism, universalism and foundationalism. In other words, the Freudian subject has a pre-given identity.

Freudian ideas are reread by Lacan who does not subscribe to the “ego-psychology” of the later Freud. He argues in favour of the topographic model of the earlier Freud. For him, the “I” or ego or subject is always “split” within itself and is constituted by a conscious, knowable mind and an unconscious, unknowable series of forces and drives. The unconscious that is not “recognized” by the subject as an aspect of itself is the
Other. It is experienced by the subject as other from itself. The subject’s own desire is projected on to the Other which in turn sees itself in the subject. The subject does not know that its own unconscious is a part of itself and hence “misrecognizes” its own unconscious as the Other. Consequently, it fails to recognize that it desires what the Other desires. That is why, as Francoise Meltzer puts it, “Lacan’s famous maxim is that ‘the unconscious is the discourse of the Other.’ [...] unconsciousness emerges as otherness within consciousness” (158). The dialectic of conscious/unconscious has been paralleled with subject/Other. Of course, in Oedipal sense the father is the real Other. However, the Lacanian father, unlike the Freudian is not natural but normative, it is “the Name-of-the-Father,’ rather than the biological father per se” (Fuss 7). The Name-of-the-Father is the paternal signifier. In this context, it is also important to note that for Lacan, the “phallus” is a representational symbol and “not” an anatomical organ, “not a fantasy, not an object, and most especially not an organ (the penis or the clitoris) [...] The phallus is instead a signifier, [...] is prior to the penis; [...] is the privileged mark through which both sexes accede to sexual identity by a recognition and acceptance of castration” (Fuss 8). Identity of the Lacanian subject is constructed through language, symbol and metaphor.

The Lacanian subject is also constituted by a “lack.” The Lacanian theory of the subject defined by lack has three registers: the “real,” the “imaginary” and the “symbolic.” The “real” that fails to differentiate sexes (male or female) in terms of “signification” begins from the moment of zygote formation within the womb till the separation of the child from the mother at birth. The “real” by being subject to sex lacks the “primordial” notion of living being as the androgy nous whole. This is the first lack. Thus the primordial (always the pre-Oedipal) psychological wholeness is a fantasy that is intermittently ruptured by a series of lacks that spell anxiety. The second lack occurs in the subject after birth when its body is materially and culturally prepared for the sexual differentiation. The mouth, the anus, the penis, the vagina of the child are most frequently taken care of by the mother who in the process territorializes, defines and inscribes the body and the erotic zones of the baby. The third lack starts between the ages of six months and eighteen months of the subject when it enters the “imaginary” or “mirror stage.” It is a stage of identification and duality, of the subject’s self and the other. The subject lacks the coherence of its own reflection in the mirror. The mirror image of the subject is its lateral inversion that it recognizes to be its own self. This is mis-recognition. The subject’s perception of objects is structured by and vacillates between the two extremes or binary oppositions such as love and hate. This points to the self-alienation of the subject who knows itself through an external image. The fourth lack is shown in the “symbolic” order that marks the subject’s access to “language” and Oedipal complex. In this symbolic register only the subject learns the notion of “lack,” of “the Other,” brings the unconscious into existence. The discourse of the Other within which the subject’s identity is formed takes place in this symbolic order. As Fuss puts it, “the Symbolic represents the order of language which permits the child entry into subjectivity, into the realm of speech, law, and sociality. The Imaginary signifies the mother-child dyad which the Symbolic interrupts through the agency of the paternal function – the ‘Name-of-the-Father’ [...]” (7). For Lacan, the Oedipus complex is also symbolic. However, all these stages are not free from cultural intervention that contributes significantly to the making of the identity of the child.

Lacanian “lack” then is purely sexual in definition. Lack in turn engenders or is experienced as “desire” which animals (except their biological need) do not experience psychologically. This desire in the unconscious is, in the Freudian sense, forever displaced (distorted) and disguised as something else (called the state of repression) and in the process causes tension (displeasure) that seeks hydraulically (involuntarily) release into consciousness to achieve the “stasis” or pleasure resulting in the absence (stoppage) of desire. After the stasis is attained, a “gap” is produced. The unconscious reveals itself in laying stress on filling the “gap” that is felt by the subject as lack in him or her. This lack in turn generates desire in the subject and desire always remains unfulfilled.

Displacing the classical humanist subject in favour of linguistic production of the subject, Lacan says that the unconscious is structured like a language. The unconscious is formed in the same manner as the subject’s inborn ability for language. The innate structures in the mind for the making of an unconscious and for language acquisition are same. That is why the subject is unaware of the signifying processes. To explain this, Lacan combines the Saussurean concept of a linguistic sign as the union of the signifier and the signified with the linguist Roman Jakobson’s idea of “metaphor” (a word-for-word substitution based semantically on the notion of similarity) and “metonymy” (a word-to-word displacement based syntactically on the principle of contiguity). The signifier is the unconscious and the signified the conscious. Lacan privileges the signifier over the signified. Metaphor and metonymy, for Lacan, are what Francoise Meltzer calls “the rhetoric of the unconscious” (159). Meltzer writes:

Metonymy is [...] is a chain of signifiers that are horizontal, [...] is the signifier of desire [...]. What is desired is always displaced, always deferred, and reappears endlessly in another guise. Desire, in other words, is the
signifier that never changes […]. In spite of its apparent difference of meaning (the signifieds) in each case, each signifier in this chain has in fact the same meaning as the one before it: the lack which spells desire. Metaphor, on the other hand, is a vertical, non-contiguous structure, and is a system of substitution rather than displacement. For Lacan, […] this can be shown by saying that one signifier can substitute as the signified for another signifier. (160)

Thus, in this Lacanian model, unfulfillable unconscious desire marked as and by “lack” is eternally displaced (transformed) or substituted for, thereby constituting a chain of signifiers that like the unconscious perpetually leaves its own traces. Thus, the Lacanian subject is fragmented both linguistically and unconsciously. It also suggests that there is, as Ernesto Laclau puts it, “a lack at the root of any identity; one needs to identify with some one because there is an originary and insurmountable lack of identity” (3). By extending the naturalist Freudian model through the interconnections between psychoanalysis on the one hand and linguistic and anthropological semiotics on the other, Lacanian model synthesizes subject, signifier and culture and thereby argues for subject positions or multiple and mobile identities. Lacanian identity is always alienated, fictitious, contingent and provisional. Most importantly, as Fuss puts it, “The Lacanian subject is a sexed subject first and last” (10).

This linguistic-cum-psychoanalytic reductionism of postmodern identity as against the nonreductionist universal paradigm of Cartesian identity known through the “dualism” expressed as the conscious mind controlling the body has triggered polarization of constructionism and essentialism. However, they overlap and converge when the question of “the body” that the people inhabit emerges. Essentialists would argue that the body is “natural,” “pre-” or “a-” social, always out there as “real.” The constructionist position is that the body is always already socioculturally created. Now how can the hunger, thirst, pain, suffering, palpable pathological signs, illness and death of the body be accounted for, even though they are understood in a socially determined manner? What is more intimate and immediate to the subject than the experience of its own body that is obviously inaccessible in its exactness to the social others? Is it possible to have the sociocultural understanding of the subject’s experience even prior to the subject’s knowledge of itself? After all, identity is not apprehended in abstraction but in a given spatiotemporal location. As Madan Sarup argues, “any study of identity must be localised in space and time […] based on something called ‘evidence’ and we must be aware of our methods of perception” (15). The body is the space, time and evidence of identity. As Paul Ricoeur would write, “Possessing bodies is precisely what persons do indeed do, or rather what they actually are” (33). However, “developing” a particular kind of body (for example, through gendering, sexualizing, racializing, politicizing, plastic surgery, bodybuilding, boxing, etc.) is social. This argument makes a case for the compromise between the arbitrary notion of essentialism and the deterministic project of constructionism. This compromise is perhaps at the root of Satya Mohanty’s postpositivist realist theory of identity that seeks to insist that, as Paula M.L.Moya in her essay “Postmodernism, ‘Realism,’ and the Politics of Identity: Cherrie Moraga and Chicana Feminism” sums up: we acknowledge and interrogate the consequences- social, political, economic, and epistemic – of social location. To do this, we must first acknowledge the reality of those social categories (race, class, gender, and sexuality) that together make up an individual’s social location. We do not need to see these categories as uncontestable or absolutely fixed to acknowledge their ontological status. We do, however, need to recognize that they have real material effects and that their effects are systematic rather than accidental. A realist theory of identity understands that while identities are not fixed, neither are they random. There is a nonarbitrary limit to the range of identities we can plausibly ‘construct’ or ‘choose’ for any individual in a given society. (87)

Identity requires “labelling” either by the subject itself or by the collectivities such as the society, culture and nation for its manifestation. The label in turn forms the “categorization” theory that places identity in a class or division. When the most typical, conventional or common characteristics of the category is represented in an exaggerated, oversimplified manner it is called “stereotype” whereby a person or thing conforms to an unjustifiably fixed, standardized mental picture. Here power comes into play in order to be dominant and hegemonic, since categorization entails inclusion of some people by exclusion of others. Exclusion then is justified through “stigma” that aims at demeaning, discrediting or disgracing either the categorized (the “in-group” or “us”) or the noncategorized (the “out-group” or “them”). It also tends to found one’s politics on an exclusive sense of personal identity (for example, as female, as gay, as Black, as person living with AIDS) known as “identity politics.”

Hence categorization is both descriptive and prescriptive (normative), thereby encouraging discrimination and hierarchy. “Sex” and “gender” through which everyone is categorized as either “male” or “female” and is characteristically stereotyped as either “masculine” or “feminine,” are the most basic and controversial examples, needing further discussion particularly in the context of the present study concerning HIV/AIDS.
Conventionally, sex and gender are understood as same and biological, and are defined in terms of the anatomical organs that signify men and women. However, in social sciences though “sex” is understood as a natural, biological given, the term “gender” refers to the social and cultural practices or performances that produce sexed bodies. Social practices such as wearing of clothes that present gender hints even as they hide genitalia and hence the bodily evidence can be one instance. Likewise at the genetic level, sometimes it is possible to have two X chromosomes and one Y chromosome instead of either only two X chromosomes (for women) or one X and one Y chromosome (for men), even though chromosomal category is taken for granted. Eunuchs and hermaphrodites do not belong to the gender identity category because of their gender incoherence. Even a child is domesticated, educationally or whatever to imbibe feminine or masculine traits by the gender-appropriate behaviours of a society and a culture. The children learn to categorize themselves as boy or girl between two and three years of age. Law and the mass media also inform people to categorize themselves. Therefore gender is constructed and used. The cultural apparatus genders a person.

However, men and women differ from each other in the materiality of their bodies, particularly in the menstruating and reproductive capability of “most” (not all) women of certain age which men do not have. At this point poststructuralists argue, “in seeking to map and catalogue these differences, to order them along certain axes, to describe the objective ‘reality’ of bodies, the descriptor will inevitably impose particular understandings and values to construct a particular version of what is described” (Sheldon 21).

In this sociological, constructionist perspective, gender is cultural causing sex/gender binarism. This binarism is challenged by the French philosopher Michel Foucault who in *The History of Sexuality* observes, “Sexuality must not be thought of as a kind of natural given [...]. It is the name that can be given to a historical construct [...]” (105). Sexuality is not trans-historical or pre-cultural quality of the body. Following Foucault, Judith Butler in *Bodies that Matter* also argues, “The category of ‘sex’ is, from the start, normative; [...] a ‘regulatory ideal’ [...] that produces the bodies it governs, that is, whose regulatory force is made clear as a kind of productive power, the power to produce-demarcate, circulate, differentiate- the bodies it controls. [...] In other words, ‘sex’ is an ideal construct which is forcibly materialized through time” (1). The normativization of sex seeks to impose certain values to serve and maintain the interest of the heterosexual imperative and thereby rules out the materiality of the body. Thus sex like gender is also culturally constructed. The body is constructed through language, through discourse, since “there is no reference to a pure body which is not at the same time a further formation of that body” (Bodies 10). Thus “the body” understood through social mediation is disembodied and “identities” in relation to the bodies are always already gendered, sexualized.

This argument is reinforced by the Butler’s notion of performativity. Butler draws on Nietzsche’s idea that “there is no ‘being’ behind doing, effecting, becoming; ‘the doer’ is merely a fiction added to the deed – the deed is everything” (45). She argues that gender is “performative.” Blurring the distinction between gender and sex, she argues in *Gender Trouble* that “There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very ‘expressions’ that are said to be its results” (25). In her view sex itself is gendered by performance. Thus the performance of gender can cause subversion of essential and dominant notions of gendered and sexed identities such as male or female, gay and lesbian or straight. The queer theorist Elizabeth Grosz privileges sex over gender by arguing that sex itself and bodies themselves are unstable. Therefore, she pleads, “what anybody is capable of doing is well beyond the tolerance of any given culture” (qtd. in Milner and Browitt 138). For her, all bodies being always necessarily the objects and subjects of attitudes and judgments, are sites of “mediations” or “exchanges” between the biological (private) and the cultural (public), the psychological and the social. However, Grosz like Butler, does not believe in the “pure” materiality of the body. The anti-essentialist and disunited notions of sexuality and identity are further connected to “fetishism” by Thomas Yingling who argues that “fetishism [...] has been defined in psychoanalysis [...] as the denial of lack. All identity is fetishistic in that it is structured on the denial of self-difference and absence; identity, that is, cannot occur except through fundamental (and generative) misrecognitions” (112). The “reality” of sexuality and identity is a fantasy.

“Sexual identity” of a human being thus is structured out of the densely connected group of already existing different forms of knowledge, power, desire and pleasure centering on bodies. Bodies show and see the whole at one view without themselves being looked at and hence, it can be argued, are “panoptic” and political. As Foucault in *Discipline and Punish* describes, “The body is directly involved in a political field; power relations have an immediate hold upon it; they invest it, train it, torture it, force it to carry out tasks, to perform ceremonies and to emit signs” (25). He suggests that systems of surveillance – surveillance that is either actually existing or imagined to be existing - shape and discipline the body. Andrew Edgar in his article “body” rightly sums up, “Analysis of the body can therefore increasingly see it as a product of social
constraint and construction [...] or of the languages and discourses within which it is discussed and analysed (as for example, in the languages of medical science, psychiatry, or criminology)” (47).

However, feminists, sociologists and philosophers are embodied subjects themselves. They therefore must not, according to the Canadian feminist philosopher Susan Wendell, “confuse the lived reality of bodies with cultural discourse about and representations of bodies, [...] I do not think my body is a cultural representation, although I recognize that my experience of it is both highly interpreted and very influenced by cultural (including medical) representations. Moreover [...] it would be cruel, as well as a distortion of people’s lives, to [...] simply [...] recognize that human bodies and their varied conditions are both changeable and highly interpreted” (44). As an ME (chronic fatigue and depression syndrome) patient herself, she realizes that the constructionist position of the body erases or ignores the everyday, practical and experienced limitations of people’s disabilities.

In a postpositivist realist mode S. Williams and G. Bendelow plead that sociology should theorize “not so much about bodies [...] but from bodies as lived entities [...]. Social institutions and discursive practices cannot be understood apart from the real lived experiences and actions of embodied human beings across time and space. Social theory must therefore be rooted in the problems of human embodiment” (209). This is best realized, or illustrated through the impaired, disabled and diseased bodies. As Carol Thomas puts it, “Those of us who live with marked impairments know that the body is ‘real’ however thoroughly it is culturally represented’ (77). Sociology of disease, disability and pain therefore needs to be able to negotiate the real materiality of bodies with the interpretative communities around bodies. The body is neither natural nor social. The fact remains that people live in their bodies that serve multiple (often ambiguous) purposes and conceal their “selfhood” projected always as “otherness.” As Paul Ricouer points out, “the selfhood of oneself implies otherness to such an intimate degree that one cannot be thought of without the other, that instead one passes into the other [...]” (3). The bodies can be mothers, fathers, children, drag king or queen, masters, slaves, gays, blacks, whites, politicians, citizens and so on. Coupled with the “experiences” of these bodies in constantly “changing” times and locations, multiple and perhaps uncertain (work-related and income-related, for example) identities will continue to emerge. These identities constituted through experience then have material, epistemic and political effects. That is why the bodies as the significant constitutive domain of identities matter. Concerning identities, as Paula M. L. Moya with an ethical concern adds, “they are often assumed or chosen for complex subjective reasons that can be objectively evaluated” (Introduction 9). In the process of evaluation the pros and cons of their present status can be thoroughly understood in proper perspective to effect transformation or dismantlement of those factors that have produced them. (To be continued)

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