

*Anekaant: A Journal of Polysemic Thought*

**Call for Papers**

**DISEASE, MEDICINE AND THE HUMANITIES**

Disease may happen to our body or mind, but it is also understood in certain ways: as a sign of human vulnerability, punishment for personal or collective transgression that may be deserved or undeserved, unforeseen calamity, the negation of selfhood. In fact, the biological effects of disease and its social meanings and consequences are entangled in such a complex fashion that it is not possible to separate them. Anthropologists make a theoretical distinction between disease as an objective and verifiable event and illness as the meaning it acquires in subjective experience, but the two are invariably understood to intersect or overlap. These meanings determine how we are perceived, by ourselves and others, often leading to self-abjection and stigma, and affect the way our lives unfold. As Susan Sontag wrote in *AIDS and Its Metaphors*, it is the meanings we associate with particular diseases that kill, as much as the disease itself does.

As such, therefore, the study of disease, its meanings and how they impact our personal and social life, has been an important focus of interdisciplinary humanities. If the object of humanities is the significance of being human, this is an inquiry that serves a social as much as an academic need. It is often said that the disciplinary protocol of medicine, which has become increasingly technoscientific in the last hundred years, is ‘dehumanizing’. The meaning of illness and its effect on human suffering, as Arthur Kleinman wrote, have tended to become irrelevant to the pedagogy and practice of the discipline. “Meaning itself is not configured as a central focus or task of medicine.” Medical humanities emerged in the mid-twentieth century as a corrective to this tendency, to supplement medical science with a knowledge of ethics and thereby to ‘humanize’ its practice. The Columbia University Medical Center was one of the first to introduce a programme in narrative medicine, the object of which was to sensitize clinicians to the patient’s story. As Rita Charon, one of the founders of this programme, put it: “We have increasingly come to recognize that the *having* of a human body gives us a rare ground of unity—we have the same body, we have the same organs, we are prey to the same diseases, and we all will die.” It is in developing these “commonalities of values, meanings, and goals” that narrative medicine can contribute to a clinical

practice that doesn't only cure but heals, in the convergence of the doctor's diagnosis of disease and the patient's story of illness and suffering.

If subjects such as medical ethics and narrative medicine have become important foci of research in medical humanities, supplementing medical knowledge with the 'arts' of healing, another focus that has emerged is a 'critical medical humanities' that doesn't supplement but critiques the discourses and practices of healthcare. Drawing on critical theory, it examines the links between medical knowledge and power, the 'medicalization' of human behaviour, and the ideological underpinnings of health and illness. Most importantly, it extends the scope of medical humanities beyond the clinical setting and examines issues pertaining to public health, epidemic disease, and the affirmation of or resistance to hegemonic social meanings and values. In this focus, the humanities relate to medicine neither as friend nor foe, but in a critical interface of the sciences and the arts of the human.

This special issue of *Anekaant* invites articles on disease from the perspective of interdisciplinary humanities, on topics including, but not limited to

- the therapeutic function of the arts,
- disease and illness,
- curing and healing,
- clinical encounters,
- illness narratives,
- comparative health systems,
- cultural politics of healthcare,
- biopolitics of public health,
- epidemic narratives,
- the diseased body and the law,
- public health pedagogy and health communication,
- the application of General Semantics to health and illness.

**Guest Editor: Dilip K. Das**

Dilip K. Das is Professor of Cultural Studies in the School of Interdisciplinary Studies at The English and Foreign Languages University, Hyderabad. He is the recipient of a Fulbright Postdoctoral Fellowship at University of Illinois, Urbana-Champaign, USA, and South Asia Regional Fellowship from the Social Science Research Council, New York. Interdisciplinary body studies is his primary domain of research. He has published prolifically on the social dimensions of disease. His latest publication is titled *Teaching AIDS: The Cultural Politics of HIV Disease in India* (2019).

**Submission Guidelines:**

*Anekaant* is an international, biannual, double-blind peer reviewed academic journal that publishes research articles written under the broad rubric of interdisciplinary human sciences and General Semantics. Its calls for submissions are typically announced eight months ahead of publication. The objective of *Anekaant* is to facilitate conversations between specialists and lay readers on topics of current relevance. Contributions, therefore, are welcomed in simple, lucid English, without excessive use of specialized terminology, so that they may be accessible to all readers.

1. Expected length of papers: 4000-6000 words
2. Papers to be submitted in MS Word documents only
3. Submissions are expected to have the following components (mentioned in order of organization):
  - a. The Cover Page must include the author's name, designation, institutional affiliation (wherever applicable), contact information (email id and phone number).  
If a paper is co-authored, the details of both the authors is requested.
  - b. Title
  - c. Abstract (not exceeding 300 words)
  - d. Keywords (not exceeding 8)
  - e. Body of paper (divided in sections according to the author's discretion)
  - f. Notes (if required, please provide notes at the end of the article, not in its body)

g. Works Cited

**The author's name should appear only on the cover page, for blind review by our referees.**

4. All submissions will be checked for plagiarism: all references and source material should be adequately cited according to the MLA style of academic referencing.
5. Further, citations from other works (including source material) should not take up more than 10% of the entire length of the paper.
6. Submissions must carry a signed disclaimer stating that the work is original and hitherto unpublished.
7. Submissions should be emailed to [tonishaforfct@gmail.com](mailto:tonishaforfct@gmail.com) and [deekaydas@gmail.com](mailto:deekaydas@gmail.com) only.

Only articles selected by the reviewers shall be published, with revisions if recommended.

**Last Date of Submission: 31 December, 2020**

Please reach us at [tonishaforfct@gmail.com](mailto:tonishaforfct@gmail.com) for further queries.