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Queering the matrix? Language and identity troubles in HIV/AIDS contexts[1]

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Abstract

The aim of the present paper is to take a *queer* approach to language and HIV/AIDS discourse, one which problematizes the notions of sexual identity and group categories, and instead calls for a foregrounding of (sexual) practices and desires. In support of this argument, I will examine two very different examples of patient-doctor interaction. One is a fictional verbal exchange taken from the TV miniseries *Angels in America*, in which one of the main characters, the lawyer Roy Cohn, is diagnosed with HIV/AIDS. The other one is a personal experience in a state-financed medical practice in Stockholm, Sweden, where the symptoms of tonsillitis became re-interpreted by the doctor as manifestations of HIV/AIDS infection as soon as I disclosed that I was dating a man.

Keywords: Angels in America, healthcare, identity, queer theory, sexuality

1. Introduction

"The homosexual's language" (Sonenschein 1969), "Gayspeak" (Hayes 1976), "Can there be gay discourse without gay language?" (Leap 1994), and "Playing the straight man: displaying and maintaining male heterosexuality in discourse" (Kiesling 2002) are just a few influential writings in language and sexuality research during the last forty years or so (see also Cameron and Kulick 2003a, 2003b, 2005; Kulick 2000 for an overview). Judging from these, it is fair to say that such research has been heavily reliant on the notion of "identity". Indeed, one could go as far as to say that, whether viewed as a stable, unified "core" with ontological status that can explain a particular linguistic behaviour, or as a fluid, multi-faceted social construct which is itself in need of explanation, identity has occupied a special position in the study of the relationships between language and sexuality.

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As Foucault (1976) has cogently pointed out, however, sexual identities are relatively recent and troublesome categories. In fact, it was not until the mid-19th century that same-sex practices – a man having sex with another man – became the terrain on which an identity category, "homosexual", was created in Europe. At that specific nexus of time and space, what had in previous centuries been treated as a "temporary aberration" (Foucault 1976:43) – sodomy/pederasty – became reified into a long-standing condition: homosexuality. Put differently, what had been viewed as something a man *does* more or less often (in addition to or exclusive of other sexual practices) became something a man *is*. The birth of the "homosexual," together with its dyadic counterpart, the "heterosexual," was not a trivial incident of terminological novelty, but represented a key historical moment which would have far-reaching epistemological consequences on western *Weltanschauung*. This is insofar as it marked the origin of a particular "matrix of intelligibility" (Butler 1999 [1990]), a lens of cultural understanding that conflates – equates even – particular sexual practices with a particular sexual identity. Put simply, according to the matrix of intelligibility, a man is *essentially* and *necessarily* homosexual if he desires or has sex with other men.

Inspired by Foucault's work, some scholars have called for the need for a "queering" of identity in investigations of language and sexuality. The main champions of this position have been Cameron and Kulick (2003a, 2003b, 2005), who have pointed out that sexuality is not and cannot be reducible to sexual identity alone. Moreover, drawing upon insights from psychoanalysis, Cameron and Kulick have argued that a deeper understanding of sexuality cannot leave out an engagement with desire and the unconscious. In this regard, it is important to state up-front that a queer approach does not entail a complete rejection of "identity" as an analytical construct. In fact, it is hard to dispute that "people do self-identify and are labelled by others as male, female, gay, lesbian or heterosexual, etc. These identities 'exist' within discourse, shaping the minds, bodies and lives of many people" (Baker 2008:194). However, the point that Cameron and Kulick tried to make is that, whereas identity does matter sometimes, it is not enough to capture the complexity of sexuality as perceived, embodied and lived by people in their social contexts.

In line with this scholarly work, the aim of the present paper is to take a queer approach to language and HIV/AIDS discourse, one which problematizes the notions of sexual identity and group categories, and instead calls for a foregrounding of (sexual) practices and desires (see also McCormick 2009). In support of this argument, I will examine two very different examples of patient-doctor interaction. One is a fictional verbal exchange taken from the TV-miniseries *Angels in America*, in which one of the main characters, the lawyer Roy Cohn, is diagnosed with HIV/AIDS. The other example is a personal experience in a state-financed medical practice in Stockholm, Sweden, where the symptoms of tonsillitis became re-interpreted by the doctor as manifestations of HIV/AIDS infection as soon as I disclosed that I was dating a man.

Before proceeding further, it is important to make a few methodological observations about the choice of the texts on which the following analysis will be based. In this regard, one could raise a common critique advanced against qualitative research methodologies, namely the researcher's bias in relation to the choice of the texts to be analyzed. Directly targeting Critical Discourse Analysis (CDA), Widdowson (1995, 1998) has pointed out that an arbitrary selection of sample texts may strategically present "findings" that support the researcher's preconceptions regarding a specific issue. Such choices become even more contentious when the researcher relies on data taken from his or her personal experiences.

As a response to these critical points, scholars working within post-structuralist paradigms have highlighted that all research is ideologically laden – or, as Irvine and Gal suggestively put it, "there is no 'view from nowhere,' no gaze that is not positioned" (2000:36). The recognition that knowledge is always partial and locally situated, however, is by no means tantamount to underplaying the importance of academic rigour – an exercise that, according to post-structuralists, requires the analyst to be self-reflexive and to acknowledge his or her ideological and institutional positions, "rather than to employ amnesia and poor arithmetic whilst claiming academic neutrality" (Heugh 2003:39). In this regard, it is not accidental that the queer approach advocated in this article strongly resonates with a personal dissatisfaction with identity politics in the countries where I have lived: Italy, South Africa, Sweden, and the United Kingdom. Here, my experience is that identity can be a divisive and constraining straitjacket rather than a transformative and empowering resource.

Moreover, commenting on Savage's (2010) personal account of living with HIV/AIDS, Higgins and Norton have brought to our attention the empowering function of autobiographical narratives, which, in their view, "can form the basis of education outreach efforts from a highly personalized perspective" (2010:11). To this, one could add that the researcher's use of examples from his or her own life can be justified by a desire to unearth those empirical "blind spots" which would never have been able to be documented through more conventional and "detached" research methodologies (cf. Sunderland 2002; see also Pennycook 2012 for the importance of personal narratives in research on multilingualism and mobility).

With these caveats in mind, I will begin by offering an overview of queer theory; I will then go on to summarize and analyze the two patient-doctor interactions. I will conclude with a few reflections on the value of queer theory for research on language and HIV/AIDS discourse, which is the focus of this issue of SPIL Plus.

2. Queer theory: What is it? What is it good for?

The expression "queer theory" is a provocative oxymoron. Supposedly, the first public usage of this term was as part of a title of a conference organized in 1990 by Teresa de Lauretis at the University of California, Santa Cruz (cf. de Lauretis 1991; Halperin 2003). Kulick (2005:10) explains that the provocative element lies in the fact that the "rebellious" word *queer* – originally a derogatory slur, re-appropriated and re-interpreted in a positive radical fashion by some American homosexuals in the 1980s – is tied together to the more "respectable" word *theory*. At this juncture, it is important to highlight that, like any other theoretical framework developed in so-called "post-" or "late-" paradigms (i.e. post-structuralism, post-modernism, late-modernity, etc.), queer theory should not be viewed as a consistent, coherent, and all-encompassing apparatus. In short, there is no such a thing as "a queer theory" in the singular. Rather, queer theory consists of many, very different, slippery, and, at times, apparently incoherent approaches (cf. Kulick 2005:10; Sauntson 2008:271). As Halperin puts it, "[q]ueer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without essence" (Halperin 1995:61-62). To use Saussure's terminology, queer is a signifier without a signified. But if all we have is a name, then we might want to ask ourselves: What is it that makes a specific academic inquiry queer? What kind of "added value" does a queer lens offer that other approaches don't?

At the risk of falling into the trap of imposing a single definition on queer theory and thus curtailing its radical potential, I would argue that the core feature of any queer enterprise is to take a critical stance that problematizes "*normative* consolidations of sex, gender and sexuality – and that, consequently, is critical of all those versions of identity, community and politics that are believed to evolve 'naturally' from such consolidations" (Jagose 1996:99; emphasis added). Underpinning the sceptical view of gender/sexual identity which is so characteristic of queer approaches are the assumptions that (1) gender and sexuality have been "casually entangled in knots that must be undone" (Butler 1998:225-226), and (2) "identity categories tend to be instruments of regulatory regimes, whether as the normalizing categories of oppressive structures or as the rallying points for a liberatory contestation of that very oppression" (Butler 1991:13-14).

Three points can be made on the basis of Jagose's and Butler's observations. Firstly, because of the focus on "normative consolidations" as well as the distrust of "all versions of identity", queer approaches should not be viewed as identical to lesbian, gay, bisexual and transgender (LGBT) studies. As will become evident below, studies inflected by queer theory are likely to be as concerned with casting a critical gaze at heterosexuality as they would be with scrutinizing homosexuality, as well as examining the complex intersections between the two (cf. Sedgwick 1990; Cameron and Kulick 2003a:149).

Secondly, despite acknowledging that sex, gender and sexuality are separate categories, queer theory highlights that these are constructs that have been socially entwined in such a way that they have developed a "unique relationship" (Sauntson 2008:274) with each other. Hence, what a queer stance tries to highlight is not simply how biological sex (the dichotomy between males and females on the basis of their reproductive organs) is mapped onto gender (the opposition between men and women in terms of masculinity and femininity), and how these dyads are in turn the foundations on which heterosexuality rests (cf. Butler 1999, [1990]:194). Rather, it also seeks to foreground how some of the ties between sex, gender and sexuality are socially (re)produced as "normal" and "desirable" (typically, the attraction between two allegedly opposite and complementary sexes/genders that underpins heterosexuality) whilst others are devalued as "deviant" and "unwanted" (usually, same-sex desire).

Thirdly, and this is perhaps the most controversial point to make, queer theory highlights that an understanding of the social construction of normality vs. deviance cannot be limited to the investigation of the processes that (re)produce the polarity between heterosexuality and homosexuality. Instead, it is more productive to think of queer as "an aggressive impulse of generalization; it rejects a minoritizing logic of toleration or simple political interest-representation in favour of a more thorough resistance to regimes of the normal" (Warner 1993:xxvi). According to such a view, a queer perspective should also shed light on the ways in which certain forms of same-sex desire can themselves become normalized and legitimized over time (for example, monogamous, committed homosexual relationships) whilst others are (re)cast into the domain of abjection (for example, sadomasochism and uncommitted, multi-partnered relationships) (cf. Bourdieu 1998; McCormick 2011).

Although queer theory has had a substantial impact on a variety of disciplines (anthropology, drama, film and literary studies, human geography, etc.) since its inception, it did not immediately gain momentum in sociolinguistic and linguistic anthropological work. This is not to say that sociolinguists and linguistic anthropologists have not considered the potential of a queer perspective. In fact, in a groundbreaking collection entitled *Queerly Phrased*, Livia and Hall (1997) were pioneering in calling linguists to seriously engage with the work of one of the most well-known queer theorists, namely Judith Butler, and her theoretical reflections on gender performativity. Five years later, in an edited collection on language and sexuality, Campbell-Kibler, Podesva, Roberts and Wong (2002) showcased a heated academic debate on the future of "queer linguistics" (see in particular Barrett 2002; Eckert 2002; Kulick 2002; Leap 2002; McElhinny 2002; Queen 2002). Whilst this could be taken as textual evidence of the impact of queer theory on linguistics, I concur with Cameron and Kulick (2003a, 2003b; see also Baker 2008) that what is meant by "queer" in this scholarship is still too reliant on the notion of identity (but see Baker 2008 chapters 7 and 8 for a notable exception, as well as Motschenbacher 2011), whereas precisely the aim of a queer approach is to "articulate the problems and leakages of identity categories." (Yep 2003:39; see also King 2011).

3. "If you are homosexual, then it could be HIV": The "real" effects of the matrix of intelligibility

From the overview of queer theory in the previous section, one could easily conclude that such an approach seems to reduce everything to discourse, because it casts the spotlight on the often problematic and conflicting ways in which identity categories are materialized and signified through different kinds of meaning-making resources. However, giving primacy to discourse as the object of investigation should not be viewed as tantamount to the naïve denial of the existence of materiality. On the contrary, the point here is that the relationship between individuals and the world is never unmediated: material "stuff" can only acquire meaning in and through some kind of signifying system. Furthermore, stating that identity is not something we *have* but something we constantly *do* through discourse (cf. Butler 1999 [1990]) does not mean that identity and discourse are less "real" than the material world "out there" (cf. Pavlenko and Blackledge 2004). For if there is something that queer scholars do not deny, it is that "homosexuals exist; just as there is no doubt that women 'really' exist, or that men do. If anything these identity categories are only *too* real" (Warner 2004:324). From a queer perspective, then, the question that needs asking is what kind of "real" effects these "natural" categories have on people in their daily lives.

I will make use of a personal experience in a public healthcare facility in Stockholm, Sweden, as a case in point of the effects of the matrix of intelligibility around sexual categories. Before analyzing the interaction, however, some contextual information is needed. The verbal exchange reproduced in the extract below took place at the end of July 2005. At that time, I had developed a sore throat accompanied by swollen lymph nodes at the back of my jaw. I feared that I was developing tonsillitis, a bacterial infection of the throat from which I have suffered occasionally since childhood. Accordingly, I made an appointment with my GP, a middle-aged Swedish female medical doctor working in a public healthcare centre in a Stockholm suburb. After considering the symptoms, inspecting my oral cavity and feeling the swollen lymph nodes, the doctor declared confidently that it seemed to be a rather straightforward case of tonsillitis, and that I would recover quickly with a dose of antibiotics. However, she went on to say that tonsillitis shows the same manifestations as glandular fever, more commonly known as the "kissing disease" because it is mainly transmitted through oral contact. Unlike tonsillitis, however, glandular fever does not react to treatment with antibiotics. As I was in a relationship at the time of the visit, I began to wonder whether I could have contracted glandular fever from my partner. It is at this point that what started as an ordinary patient/doctor interaction about rather "banal" diseases suddenly took an unexpected turn.

Extract 1

Tommaso:	*Kan du få körtelfeber även om den andra personen inte visar några symptomer?* [Can you get glandular fever even if the other person doesn't show any symptoms?]
Doctor:	*Nej, högst osannolikt. Varför frågar du?* [No, highly unlikely. Why do you ask?]
T:	*Killen som jag dejtar visar inga symptomer.* [The guy I am dating doesn't show any symptoms]
D:	(who was sitting in her chair typing on the computer suddenly turns towards T): *Men om du är homosexuell, då kan det vara HIV* (But if you are homosexual, then it can be HIV)
T:	(irritated): *Nej, det kan det inte!* (No, it cannot!)
D:	*Varför inte?* (Why not?)
T:	(even more irritated): *Eftersom jag vet hur mitt sexliv ser ut!* (Because I know what my sex life looks like!)
D:	(looks at T perplexed)

To begin with, it is interesting to note the process of subject positioning (cf. Davies and Harré 1990) at work in the extract above. In answering the doctor's question about the reasons for my curiosity about glandular fever, I described my non-heterosexual relationship by shunning sexual categories (homosexual/gay), and instead resorting to a formulation that highlights more my desires and practices ("the guy I am dating"). Interestingly, the disclosure of my non-heterosexual behaviour fuelled a dual discursive move. The first step provides us with a textbook example of the operations of the matrix of intelligibility described above, according to which sexual desires and practices are interpreted as "naturally" co-extensive with sexual identity. In fact, for the doctor, it was natural, commonsensical, and relatively unproblematic to categorize me as "homosexual" since I was involved with a man. What is erased here is the possibility that I could also desire and engage in sexual practices with women.

What is most interesting is how the attribution of the category “homosexual” was the *sine qua non* for the second discursive move to occur, namely a re-signification of the medical symptoms. What had thus far been viewed as indicating tonsillitis or glandular fever became re-interpreted as signs of HIV. As Warner points out, “[o]nce a person is identified as belonging to a natural category, ‘natural’ assumptions are made: men have penises and desire women, women are soft and make good secretaries, etc.” (2004:323). Likewise, once I was positioned as a “homosexual”, a “natural” assumption was made, namely that I could be HIV-positive. Notably, such an assumption was absent as long as the doctor presumed that I was heterosexual.

I do not dispute that it is a cornerstone of the medical profession to gauge the probability of a disease instead of another on the basis of often similar symptoms. To this, it should be added that men who have sex with other men have constituted approximately 40% of all cases of HIV infection in Sweden since 1999. In light of this, it is possible to conclude, then, that there was nothing inherently wrong in the reaction of the Swedish GP. In the remainder of this section, however, I will proceed to show how such behaviour, no matter how well-meant it might be, is ultimately discriminatory, and is the result of a specific “discursive regime” (Butler 1997) which has generated and given priority to the notion of “risk categories”.

It is well-known that, during the early years of its outbreak, AIDS was labelled as the “gay-related immune deficiency” (GRID), the “gay disease” or the “gay plague”. It is precisely the term “plague” that Sontag (1989) singled out as “the principal metaphor by which the AIDS epidemic is understood.” Essential to grasping this metaphor is the Judeo-Christian moral discourse from which it originates, where a plague is synonymous with a divine punishment against a disobedient population. As Sontag (1989) poignantly observes, the interpretation of AIDS as a plague retains many of its original Christian moral connotations. However, whereas in Christian mythology a plague tended to indiscriminately afflict everyone in a society, in the case of AIDS, it targeted specific pockets of the population – the so-called “risk groups”, those who are characterized by “abnormal” or “illegal” behaviour: “indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant.” (Sontag 1989:113). Crucially, this “metaphorizing” process is neither banal nor innocuous. Firstly, the Manichean undertone about what is good or bad and normal or deviant behaviour contributed to shifting the attention from the illness itself, its causes and treatments, to whom was to blame for it. This meant that homosexual men, together with intravenous drug addicts, became more or less explicitly responsible and vilified for the origin and spread of AIDS (cf. Treichler 1988). From a discourse analytical perspective, this exercise of “scapegoating” could be taken as an emblematic example of so-called “blame the victim” strategies, according to which a vulnerable group is singled out as the cause of its own disadvantage. Secondly, the link between AIDS and specific “risk groups” created a “magic frontier” (Bourdieu 2000) in western discourse between the potentially ill (i.e. male homosexuals and intravenous drug addicts), on the one hand, and everyone else, one the other, who, by contrast, were to be seen as “risk-free.” As Patton (1990) highlights, this dichotomy also had a racial component as a result of the grand narrative of AIDS as an African/black disease that spread to the rest of the world. This meant that the “risk-free” group was limited to white heterosexual men and women who were not intravenous drug addicts (see also Bredström 2008 for an overview of debates).

Needless to say, the symbolic division along the lines of "risk" could not be further from the truth, because "HIV does not distinguish whether it is entering a male or female partner, whether the partner is married with three children or working the streets to pay the rent" (Crawhall 2005:275). In fact, leaving aside for a moment the issue of intravenous drug use, HIV transmission has nothing to do with how one identifies oneself or is identified by others – whether as homosexual, heterosexual, bisexual, queer, black, white, or Asian. Nor has it to do with where one has sex. This is a particularly relevant point to make in relation to the many policies around the world which criminalized so called "gay saunas" in the (false) hope of diminishing infection rates among homosexuals (e.g. Sweden's law SFS 1987:375). Rather, the crux of the HIV/AIDS epidemic lies in what one does or, in other words, what kind(s) of sexual practices one engages in. These are "queer" statements that have been made by HIV/AIDS activists around the world since the 1980s (in the case of Sweden see e.g. the pronouncements made by the national association for LBGT rights, *Riksförbundet för homosexuellas, bisexuellas och transpersoners rättigheter* (or RFSL – The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights), and the healthcare centre for men who have sex with men called *Venhälsan*, in opposition to the law against gay saunas Prop. 1986/87:149). They are queer because they aim to disrupt the conflation of sexual practices and sexual categories. In light of this, it might be unsurprising that "[t]he most public mobilisations of the term 'queer' have doubtless been in the services of AIDS activism, which in turn has been one of the most visible sites for the restructuring of sexual identities" (Jagose 1996:96). A practical example of such restructuring is the emergence of the term "men who have sex with other men" (MSM), which replaced "homosexual" within much HIV/AIDS prevention discourse as part of a more effective outreach strategy through which to target those men who engage in same-sex practices but do not identify themselves as homosexual/gay (cf. Baker 2008).

Notwithstanding this "queer turn" in HIV/AIDS discourse, it is remarkable how a doctor in what is often considered one of the most liberal democracies in the world instinctively made a judgment based upon a matrix of intelligibility that incorrectly discriminates "risk groups" from the rest of the population, thus downplaying the most important aspect of HIV transmission, namely sexual practices. Three elements in particular are noteworthy in the event reproduced in Extract 1. Firstly, at the beginning of the visit, the doctor assumed that I was heterosexual. This assumption can be taken as an instance of everyday heteronormativity, namely the sets of beliefs that (re)produce heterosexuality as a self-evident and default aspect of the human condition (cf. Cameron and Kulick 2003:55). Secondly, HIV became a possibility only *after* I revealed that my partner was a man. Of course, we do not know whether this leap had an ethnic component and was facilitated by the fact that I was a non-Swede, or whether the doctor would have behaved in exactly the same way with a Swede. Thirdly, and most problematically, the GP never asked whether I had engaged in unprotected sex, and reacted with perplexity to my dismissal of her suggestion on the basis of my knowledge about my sexual life.

Certainly, one could dispute that this was a minor example. After all, I did dare to openly question the doctor's assumptions; as a result, she decided to prescribe antibiotics, which in turn led to a speedy recovery from what proved to be common tonsillitis. The problem, however, is that we still know too little about these fleeting moments of "discursive violence" (Yep 2003) in an everyday patient/doctor interaction. No matter how ephemeral and insignificant they might be, these slippages are no more innocuous than more overt manifestations of, say, racism, xenophobia and homophobia. It is precisely because of their almost unnoticed and seemingly commonsensical character that banal forms of discrimination are possibly the most insidious "blind spots" in which social inequality is reproduced and remains unchallenged in everyday life (see Billig 1995, Hill 2008 and Baker 2008 for similar observations about "banal" forms of nationalism, racism and heteronormativity respectively).

4. "Roy Cohn is a heterosexual man who fucks around with guys": Queering the matrix of intelligibility?

Whereas in the previous section we saw an example of the ways in which the matrix of intelligibility works by generating a particular sequence of conclusions, here I want to show the complex and ambiguous positions that a speaker may inhabit in questioning the matrix. To this end, I will investigate an extract from *Angels in America*. Originally written by Tony Kushner as a play in two acts, *Angels in America* was later turned into a TV miniseries featuring a multi-star cast including Al Pacino, Meryl Streep, Emma Thompson, Jeffrey Wright, Justin Kirk, Ben Shenkman, Patrick Wilson, and Mary-Louise Parker. Both the play and the TV miniseries were hugely acclaimed, winning the Pulitzer Prize and various Golden Globe awards respectively.

Set in New York City in the mid-'80s, *Angels in America* could best be described as a form of political magic realism. It offers snippets of apparently real, everyday tragedies during the outbreak of the AIDS epidemic, couched within a magic, supernatural frame in which angels descend to earth to find their prophet. The magic and the real are marshalled together for political purposes, turning scrutiny on the national context of the United States at a particular historical turning point. The political undertone of the play emerges most patently in the inclusion of a few historical characters who played a controversial role in North American politics. One of these is Roy Cohn, a much-feared lawyer who, during the communist witch-hunt of the McCarthy era, became famous for his involvement in the Rosenberg trial. Cohn was suspected of having intimate relationships with other men, and ultimately died from AIDS in 1986.

The following extract is taken from the scene in the TV miniseries where Roy Cohn, played by Al Pacino, has just been visited by his family doctor and been told that he has contracted AIDS.

Extract 2

1	Roy:	This disease
2	Doctor:	Syndrome
3	R:	Whatever. It afflicts mostly homosexuals and drug addicts
4	D:	Mostly. Hemophiliacs are also at risk.
5	R:	Homosexuals and drug addicts. So why are you implying that I ... What are you implying, Henry?
6	D:	I don't think I was implying anything.
7	R:	I'm not a drug addict.
8	D:	Oh come on, Roy
9	R:	What? What? Come on Roy what? You think I'm a junkie, Henry? Do you see tracks?

10 D: This is absurd.
11 R: So say it.
12 D: Say what?
13 R: Say "Roy Cohn, you are a ..."
14 D: Roy
15 R: "You are a ..." Go on. Not "Roy Cohn you are a drug fiend." "Roy Marcus Cohn, you are a ..." Go on, Henry, it starts with an H.
16 D: Oh, I'm not gonna get into
17 R: With an H and it isn't hemophiliac. Come on!
18 D: Why are you doing this, Roy?
19 R: No, I mean it, say it. Say "Roy Cohn, you are a homosexual" and I will proceed systematically to destroy your reputation and your practice and your career in the state of New York, Henry, which you know I can do.
20 D: Roy, you have been seeing me since 1958. Apart from the face lifts, I have treated you for everything from syphilis
21 R: From a whore in Dallas
22 D: from syphilis to venereal warts in your rectum, which you may have gotten from a whore in Dallas but it wasn't a female whore.
23 R: So say it.
24 D: Roy Cohn, you are ... you have had sex with men many, many times, Roy, and one of those men or any number of them has made you very sick. You have AIDS.
25 R: AIDS? You know, your problem, Henry, is that you are hung up on words, on labels, that you believe they mean what they seem to mean. AIDS, homosexual, gay, lesbian. You think these are names that tell you who someone sleeps with? They don't tell you that.
26 D: No?
27 R: No. Like all labels, they tell you one thing and one thing only, where does an individual so identified fit in the food chain, in the pecking order. Not ideology or sexual taste but something much simpler: clout. Not who I fuck or who fucks me but who will pick up the phone when I call, who owes me favours. This is what a label refers to. Now, to someone who does not understand this, homosexual is what I am because I have sex with men. But really, this is wrong. Homosexuals are not men who sleep with other men. Homosexuals are men who, in fifteen years of trying, cannot pass a pissant antidiscrimination bill through City Council. Homosexuals are men who know nobody and who nobody knows, who have zero clout. Does this sound like me, Henry?
28 D: No.
29 R: No. I have clout. Lots. I pick up this phone, I punch fifteen numbers, you know who's on the other end? In under five minutes, Henry?
30 D: The President.
31 R: Better, Henry. His wife.
32 D: I'm impressed.
33 R: I don't want you to be impressed. I want you to understand. This is not sophistry and this is not hypocrisy. This is reality. I have sex with men but unlike nearly every other man of whom this is true I bring the guy

> I'm screwing to the White House and President Reagan smiles at us and shakes his hand because what I am is entirely defined by who I am. Roy Cohn is not a homosexual. Roy Cohn is a heterosexual man, Henry, who fucks around with guys.

There are many entry points from which this verbal exchange can be analyzed. To begin with, this interaction could be seen as an interesting example of the ways in which power is engendered, negotiated and contested in discourse. As I mentioned earlier, I take a Foucauldian approach that conceptualizes power as a "multiplicity of force relations," which "is everywhere; not because it embraces everything, but because it comes from everywhere" (Foucault 1976:92-93). While such a view of power has often been criticized for its vagueness and lack of heuristic force, it is of key importance because it forces us to avoid reducing power to physical violence, social status, and the law. Instead, it allows us to foreground the more subtle and mundane ways in which power is woven into discourse. According to Foucault (1980), these ways are always imbricated with the (re)production and contestation of knowledge.

In light of this, it is my contention that the intersection between power and knowledge constitutes the pivotal element around which the interaction above revolves. At a linguistic level, such a discursive struggle manifests itself most visibly in the opening turn, where the doctor corrects the lay word "disease" with the more accurate medical term "syndrome". This correction, however, is countered by Cohn's abrupt usage of the interjection "Whatever", which dismisses the doctor's correction as irrelevant. The competition for power/knowledge continues in the following turns, where Roy Cohn lists two so-called risk groups – "homosexuals and drug addicts". To this, the doctor adds a parenthetical clause including "hemophiliacs". However, the doctor's qualifying statement is once again immediately dismissed by Roy Cohn who repeats the words "homosexuals" and "drug addicts", but leaves out "hemophiliacs", pretending not to have heard the doctor. Significantly, the reference to "risk groups" also marks the start of a new phase in the verbal duelling between the two interlocutors, namely a contest about sexual identity categories ("homosexual"/ "heterosexual") and their referents, which begins in the guise of a word guessing game (turns 13-19).

It is a truism that any social label is inherently political; it encodes particular ideologies and carries with it specific histories and connotations (cf. Milani 2010). As we saw in the previous section, Foucault (1976) has illustrated how the creation of the homosexual/heterosexual dyad generated a particular discursive regime according to which engaging in particular sexual practices is inevitably synonymous with a particular identity positioning: a man engaging in sexual practices with men = "homosexual". And any attempt to question and step out of this logic will ultimately result in the risk of becoming unintelligible, incoherent and meaningless (cf. Butler 1999 [1990]; Warner 2004).

Against this backdrop, I would argue that what Roy Cohn is performing in turns 27 and 33 is an endeavour to queer the matrix of intelligibility around sexual identity. He is stating that the fact that a man desires and has sex with another man does not necessarily make him homosexual. Admittedly, one could counter-argue that Cohn was a "closeted gay man". By this interpretation, his ranting against being pigeon-holed into the category "homosexual" is nothing but a strategic rhetorical manoeuvre through which he attempts to persuade the doctor to write a diagnosis of liver cancer instead of AIDS. The necessity of this rhetorical move can be understood if we consider that, since its inception, AIDS had been culturally scripted as the "gay plague" (cf. Sontag 1989). A diagnosis of AIDS, then, would have translated into a public reinforcement of the suspicions on the part of many of Cohn's detractors about his proclivity for men. This would have been politically fatal in the conservative political circles of which Cohn was a supporter. In brief, according to this logic, the questioning of the category "homosexual" is nothing but a conscious tactic through which Cohn is aiming to safeguard his personal and political interests.

In arguing that Roy Cohn is, instead, queering hegemonic discourses about sexual identity, I would like to propose an alternative and more radical reading – one which relies rather less on positioning *a priori* Roy Cohn in alignment with an existing matrix of intelligibility (through the category "closeted gay man"), than on unveiling the conflicting and often incoherent positions that he embodies in discourse.

First of all, it is important to observe that Cohn does not opt out of identity categories altogether; rather, he invokes and thus reproduces the homosexuality/heterosexuality polarity by pitting these two categories against each other. However, as I will demonstrate below, the meaning of what counts as homosexual/heterosexual is slippery and unstable in this context. Suffice it to say at this point that what is highlighted most prominently is the power differential between their referents. This appears clearly in the claim that "homosexuals are men with zero clout," which evidently entails that their binary counterpart, heterosexuals (including Cohn himself), do have power and influence. This power imbalance, however, is not employed as the springboard for a call for the enhancement of the social status of sexual minorities in New York City. On the contrary, Cohn is openly dismissive of the gay identity politics of the time, scornfully blaming homosexual New Yorkers for their political inability to lobby for a "pissant anti-discrimination law."

Of course, it is an anthropological axiom that "ways of talking about the 'Other' are ways of talking about ourselves" (Woolard 1989:276) and vice versa. This means that the negative representation of the "Other" – the "homosexual" – as powerless and politically inept could be interpreted as a discursive strategy through which Cohn aims to achieve a positive self-presentation (cf. van Dijk 1993, 1995) as powerful and politically skilled. Having said that, what is most interesting and most contentious in Cohn's argument is the semantic re-deployment of the "homosexual"/"heterosexual" dyad. As was previously mentioned, the meaning of these categories is ambiguous in this context, not least because they seem to have less to do with sexual practices than with social status. Or, as Cohn puts it, "Homosexuals are not men who sleep with other men. […] Homosexuals are men who know nobody and who nobody knows, who have zero clout." Such twisting of the meaning of sexual identity categories reaches its climax at the end of the interaction where Cohn baldly rejects the identity of "homosexual," and instead claims for himself the rather contentious subject position of "a heterosexual man […] who fucks around with guys."

At first glance, such an argument might sound paradoxical in the sense that "two apparently contradictory notions or views are held simultaneously" (Harvey 2000:244). The paradox lies in the juxtaposition of two elements that are mutually exclusive according to the matrix of intelligibility: (1) a "heterosexual man" as someone who has sex with women, and (2) the sexual practice contained in the relative clause "who fucks around with guys", which is the key signifying element of homosexuality. However, Oscar Wilde has taught us that paradox can be an important rhetorical weapon of socio-political criticism. This is insofar as paradox allows the speaker or writer to occupy a liminal standpoint at the intersections between rationality and incoherence, a position from which to critique and unsettle established moral and social conventions. Similarly, paradox enables Cohn to inhabit a complex subject position, albeit a short-lived one, in which he treads the razor-thin verge between intelligibility and absurdity. Such a standpoint could be defined as "queer" because it disturbs "natural" assumptions about sexuality. More specifically, the troubling element here lies in two discursive moves: (1) the uncoupling of the identity "homosexual" from its signifying core, the practices ("fucks around with guys"), and, related to this, (2) the semantic twisting through which the sexual element in the categories "heterosexual" and "homosexual" is backgrounded whilst the power dimension is foregrounded, thus making these categories synonymous with "powerful" and "powerless", respectively.

In conclusion, Roy Cohn indeed ends up getting muddled in a normative discursive regime of identity, which reinforces and legitimizes the power imbalances between homosexuality and heterosexuality. However, through paradox, he is also bringing into being a fleeting moment of "queerness" by temporarily "misperforming in such a way that 'natural' assumptions are called into question; mixing and matching in ways that are not allowed and not called for" (Warner 2004:325).

5. Concluding remarks

In their introduction to a recent and timely collection entitled *Language and HIV/AIDS*, Higgins and Norton (2010) lament that most of the existing sociolinguistic and discourse analytical literature on HIV/AIDS has given priority to "contexts relevant to gay men in resource-rich nations" and "has focused on stigma, risk and *sexual identification* in face-to-face interactions" (Higgins and Norton 2010:6; emphasis added).

As a way of partially redressing this epistemological bias towards "sexual identity", I draw upon Cameron and Kulick's (2003a, 2003b) sceptical stance, and propose that researchers investigating the relationship between language/discourse and HIV/AIDS in western and non-western contexts could benefit from incorporating queer theory into their theoretical apparatuses. This entails "developing a methodology of the margins that does not seek to make things intelligible in terms of the heteropatriarchy, but tries to find the words of the margins itself" (Warner 2004:335).

This paper has sought to illustrate that a queer eye from the margins is less concerned with spotting performances of sexual identity in well-regulated "orders of discourse" (Fairclough 1992). This downplaying of identity, however, should not be read as a token of political apathy on the part of queer scholars. Rather, as Gill provocatively puts it, "like the 'party-pooping' postcolonial intellectual, the queer theorist's/activist's job is to interrupt and disrupt the smooth functioning of the heterosexual/homosexual binary, with the aim of dismantling it" (Gill 2007:70-71). Here the assumption underpinning any queer project is that, even when mobilized towards the achievement of an emancipatory agenda (i.e. LGBT rights), too much focus on sexual identities can, in the best of cases, only lead to a temporary recalibration of power inequalities – something that leaves the homo-/heterosexual binary intact (cf. Yep 2003:47). Instead, in order to achieve a deeper radical project of social transformation of the status quo (cf. Stroud 2001), a queer eye turns its gaze upon those “misperformances” and “disorders of discourse” (cf. Wodak 1996) that do not just sit uncomfortably in seemingly “normal” schemes of understanding, but also destabilize the very truth of that normality.

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