

Attree, Elizabeth (2007)

The Literary Responses to HIV and AIDS in South Africa and Zimbabwe 1990-2005.

PhD thesis. SOAS University of London.

DOI: <https://doi.org/10.25501/SOAS.00043267>

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The Literary Responses to HIV and AIDS in South Africa and Zimbabwe 1990-2005

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PhD



Abstract

This thesis maps the literary responses to HIV and AIDS in South Africa and Zimbabwe from 1990 to 2005. It begins by asking what counter-narratives does HIV/AIDS literature in English from South Africa and Zimbabwe offer to narratives produced in the West since the 1980s? By the conclusion it is possible to see different developments in HIV/AIDS narratives from South Africa and Zimbabwe, as well as distinguishing features of genesis and form, with a particular focus on the body and the individual. Theories of silence, trauma, displacement and amnesia are employed to address why it has taken so long for writers, particularly women, to claim the subject of the self for themselves.

Chapter One outlines the socio-political contexts in both countries and asks whether literature about HIV/AIDS has formed a national literary genre or style. Chapter Two compares dominant Western HIV/AIDS imagery such as plague and apocalypse to depictions of HIV/AIDS in South Africa and Zimbabwe and seeks to explain why such metaphors are frequently absent in these national literatures. Chapter Three recognises that HIV/AIDS narratives in each country are gendered and that analyses of the male body are often ignored in order to preserve patriarchal hegemony. The relationship between masculinity and disease is deconstructed in the context of predominantly male authored texts on HIV/AIDS. Chapter Four identifies the small number of women authors who have written about HIV/AIDS and how their gender has affected their subject matter, in particular novelistic portrayals of love, sex, motherhood and mourning using semi-fictional autobiography. Chapter Five locates HIV/AIDS in literature about the city, examining urban spaces of infection and focuses particularly on Phaswane Mpe's *Welcome to our Hillbrow*. Chapter Six looks at first person narratives and the distinctions between confession, witnessing, testimony and autobiography, linking their relationship to truth with the novel and fictional narratives.

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Acknowledgements

I owe enormous thanks to the following:

Nana Wilson-Tagoe	Niq Mhlongo
Kai Easton	Sindiwe Magona
Matthew Huntley	Kgafela oa Magagodi
Mary Attree	Alexander Kanengoni
Larry Attree	Vivienne Kernohan
Terry Edwards/Albert Fox	Shimmer Chinodya
Meg Samuelson	Charles Mungoshi
Ranka Primorac	Virginia Phiri
Phaswane Mpe	Brian Chikwava
Robert Muponde	Katrin Berndt
Sunanda Ray	Bettina Weiss
Irene Staunton	Pauline Dodgson-Katiyo
Murray McCartney	Kizito Muchemwa
Isabel Hofmeyr	Lene Bull Christiansen
Jon Hislop	Brian Hurwitz & Neil Vickers
Agnes Muriungi	Drew Shaw
Akin Oyetade	John Hawley
Kwadwo Osei-Nyame	Michael Green
Stephen Chan	Jocelyn Alexander
Tom Odhiambo	Tendai Marima
Mai Palmberg	Zoe Norridge
Chiedza Musengezi	James Graham
Jane Nineham	Wendy Willems
SAfAIDS	Fraser McNeill
Mbonisi Zikhali	Miranda King
Fungai Machirori	Lutz Marten & Nhlanhla Thwala
Deborah Posel	Alice & Judy Lloyd
Graeme Reid	Asma Shah, Halima Begum, Tom
Sarah Nuttall	Levine, Tim Hogbin, Patrick Steel
Liz McGregor	Ashleigh Harris
Julia Hornberger	Starfish & Heartbeat especially Isaac
Liz Gunner	Peter Simon

Fieldwork funders: SOAS, AHRB Centre for Asian and African literatures, and facilitated by WISER in 2004.

The research for this thesis was aided by a grant from the University of London Central Research Fund.

Draft papers were accepted and presented at three conferences: EACLALS (Malta 2005), City and Literature Conference (SOAS 2005) and the University of Stellenbosch (2006).

And finally the excellent cab drivers in South Africa and Zimbabwe, without whom I would literally have got nowhere: Howard 'the pastor', Dawood 'my darling' and Eddie Chigariro.

Introduction

Using literature from Zimbabwe and South Africa published between 1990 to 2005 as points of comparison, this thesis investigates how narratives about HIV/AIDS enhance both an understanding of the disease and its impact on human and community relations. The devastating personal effects of HIV/AIDS are often absorbed or sidelined in larger cultural and political arguments. Yet the disease impacts profoundly on several aspects of individual and communal relations, and the creative literature around it opens up several questions for investigation and exploration. Apart from its corrosive effect on the individual body and psyche, HIV/AIDS and its social associations destabilise personal relations, undermine norms of intimacy and sexuality, and redefine boundaries of space, gender, race and taboo. In its overall focus the thesis thus investigates how “literature contributes to the very essence of what AIDS is”,¹ providing “a reflective and critical space wherein reading (as a critical and cultural practise) is mobilised to provide a space for interrogation and speculation”.²

To this end, the thesis asks a number of questions as a basis for its investigation: To what extent do these narratives look beyond stigma, individual pain and isolation, to challenge us to greater engagement with HIV/AIDS and its implications? How do they address, question or change cultural meanings and notions about intimacy, sexuality, gender or community, and how are narratives of male and female writers mediated by social status, gender and power? The HIV/AIDS phenomenon politicises literature and forces both writers and readers to look beyond colonialism and re-formulate ideas that structure the communities imagined in both literature and reality. How have these narratives intervened in broader national and

¹ James Agar, “Remembrance of Health Lost: Dis/Figuring Africa in European AIDS writing”, *National Healths: Gender, Sexuality and Health In a cross-cultural context* (London: UCL Press, 2004), p.102.

² *ibid.*, p.97. “Reading fictions about and of AIDS, then, allows for a critical re-reading of some of the seemingly dominant and stereotyped issues inherent in AIDS discourse.”

cultural debates about nation and national community?³ The wider location of these narratives in both global and local discourses on disease and HIV/AIDS in particular, provides the basis for exploring how such narratives may counter the racialised, hyper-sexualised, gendered narratives that dominate HIV/AIDS discourse not only *about* Africa, but *from* Africa as a counterpoint to Western HIV/AIDS narratives.⁴

The questions I continue to ask throughout the thesis emulate Paula Treichler, who asks

[H]ow are authoritative definitions constructed and deployed? Conversely, how are they challenged, evaded, disrupted, or redefined? How does discourse, in other words, work to articulate, codify, maintain, or challenge various forms of authority, power, and control over material resources?⁵

My enquiry follows a similar approach which historically, in asking these questions, recorded the subversion of a series of conventional Western responses to fatal disease. According to Treichler, these questions subverted “grand modernist narratives of aesthetic transcendence, humanist celebrations of art and other eternal verities, and visions of AIDS as a tragic inevitability that must be faced, accepted, and learned from.” The power of this interrogative subversion was that it

cleared space for anger, politics, aggressive treatment and social service initiatives, safer sex campaigns, grassroots organizing and other collective actions, marches, media interventions, lawsuits and a range of other responses.⁶

Ultimately, I agree with Treichler that “The activities and ideas that we organize around the sign AIDS – including the chronicles that we write – have the power to change the fate of the epidemic”.⁷ Thus by deconstructing and questioning the cultural assumptions around HIV/AIDS in literature from both

³ Following Steven Kruger’s examination of “how fictional narratives have responded to and participated in broader cultural constructions of HIV and AIDS – and whether we can see such narratives, and particularly the novel, *intervening politically* to challenge such constructions and their many dangerous (mis)understandings.” *Aids Narratives*, p.61 (my italics).

⁴ Barbara Bowen, “Series Editor’s Foreword”, *Aids Narratives*, p.viii.

⁵ Paula Treichler, *How to have theory in an epidemic – Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), p.173.

⁶ *ibid.*, p.325.

⁷ *ibid.*, p.329.

Zimbabwe and South Africa, my analysis helps to shape more complex understandings of the epidemic.

* * * *

This thesis began based on the premise that by comparing the literature from Zimbabwe and South Africa from 1990 to 2005 I would find distinct national differences, as well as similarities between the two, not least given the contrasting beliefs of their two presidents, which differ enormously from the rest of the world. Mbeki's 'AIDS denialism' and Mugabe's homophobic speeches set up the potential for a unique dialectic between artistic and cultural voices in both countries, and the official discourses about HIV/AIDS. South Africa in particular seemed a prime candidate for cultivating a literature of dissidence, based on the tradition of anti-apartheid literature that had flourished in the 1970s and 1980s. Searching for a literature of protest, I expected to draw parallels with Agnes Muriungi's findings in Kenya in which, in *The Last Plague*,⁸ the novelist Meja Mwangi "mobilises the image of the wasting body as a metaphor for the modern Kenyan state... Mwangi appropriates notions of health and illness as allegorical devices that embrace the entire society in a time of crisis."⁹ As a consequence, I have explored depictions of HIV/AIDS as allegories, metaphors or euphemisms for their nations, believing that literary texts would enact a form of cultural correction to the ideas espoused by the political elites of South Africa and Zimbabwe. However, the resulting analysis of the thesis suggests that such assumptions are inadequate, and must be adjusted and even discarded based on the available evidence and experience. Finding evidence of the distinct characteristics of literatures from different African nations is not the same as reading national allegories into these distinct characteristics: there is room for more nuanced, individual readings of literature within national categories.

⁸ Mwangi, *The Last Plague* (Nairobi: East African Educational Publishers, 2000).

⁹ Agnes Muriungi, "The 'Total/Real' Man and the 'Proper' Woman: Safe Sex, Risk and Gender in Meja Mwangi's *The Last Plague*", *English Studies In Africa* 45,2 (2002), p.74.

The argument for analysing literary fiction is suggested by the Zimbabwean publisher Irene Staunton who writes on the role of literary fiction in refracting images of Africa that

while writers may be social commentators, their role differs from that of journalists or historians in that good writing, by definition, offers multiple meanings and invites multiple interpretations; it allows us to perceive situations from many different points of view. Indeed, fiction, to paraphrase Iris Murdoch, is a way of telling the truth, and is sometimes the only way of telling a complex truth.¹⁰

Following Attridge, it is possible to see the “inventive literary work” as “an ethically charged event, one that befalls individual readers and, at the same time, the culture within which, and through which, they read”.¹¹ The quality of literature and its cultural context determines whether books *are* read, and if read, “The event of the literary work can have powerful effects on its readers, and through them, on the cultural and political environment; but these can never be predicted in advance.”¹² Hence texts featuring HIV/AIDS are not by necessity good - by which I do not mean to make callous or shallow value judgements – but it is reasonable to expect that stories have to be good, or critically acclaimed, to be read on a wide basis. Otherwise, such books would only be read by those already interested in the subject of HIV/AIDS. The literature I discuss in this thesis must feature HIV/AIDS, but linguistic and technical considerations, subtlety and complexity, are crucial in determining the success and impact of these works.

Thesis Background

There is little research available which specifically analyses literature from South Africa and Zimbabwe in relation to HIV/AIDS. I conducted fieldwork in South Africa in 2004, returning two years later and visiting Zimbabwe for the first time in 2006. I collected over 38 literary texts in English, compiling a unique bibliography on this subject, which is fully detailed under Primary Texts on pages 287-9 of the Bibliography. I also conducted eight interviews with

¹⁰ Irene Staunton, *Writing Still* Irene Staunton (ed.) (Harare: Weaver Press, 2003), p.xv.

¹¹ Derek Attridge, *J.M. Coetzee and the Ethics of Reading* (Chicago: University of Chicago Press, 2004), p.xii.

¹² *ibid.*

key authors, which are attached as appendices. In addition, Sandile Memela's two emailed responses are attached, alongside three pieces of literature that are either unpublished or difficult to obtain in the UK. Collectively, these provide an illuminating source of secondary information for my analytic research. Although it was later published, I include as an appendix the interview with Phaswane Mpe conducted the week before he died, as it forms the first significant part of my entire research project.

This thesis focuses on literature produced independently and aimed at an adult audience and excludes 'edu-tainment',¹³ and the growing repertoire of theatre for development that has been produced and enacted in both township and rural areas of Zimbabwe and South Africa. There is a growing demand from the medical and non-governmental fields for more information about HIV/AIDS to be generated from a social and cultural base, because medical information is often too dry, complex and exclusive for the average person. Medical narratives and explanations about disease are also lacking in their full human descriptions of the nature and effect of disease on the individual in society as well as the reasons for its continuing spread, which cannot simply be explained with a basic knowledge of viruses and contagion. As Arnold Weinstein has said, "Literary texts about disease are revelatory and can tell us something about the repressed fears and the emerging fault lines of a culture in ways that the epidemiologist as such cannot chart."¹⁴

The work of cultural critics such as Susan Sontag, Phillip Winn and Paula Treichler provide the theoretical context within which I locate literary texts from southern Africa. Sontag highlights the plethora of meanings that HIV/AIDS has generated, writing that "AIDS has turned out, not surprisingly, to be one of the most meaning-laden of diseases, along with leprosy and

¹³ "The art of integrating social issues into popular and high-quality entertainment formats, based on a thorough research process." For example: "SC IHDC [Soul City Institute for Health and Development Communication] uses prime time television and radio dramas to engage mass audiences in a powerful way." www.soulcity.org.za/about-us/institute-for-health-development/.

¹⁴ Arnold Weinstein, "Afterword: Infection as metaphor", *Literature and Medicine* 22,1 (2003), p.109.

syphilis.”¹⁵ Winn relates imaginaries of HIV/AIDS to Africa by noting that “It appears that with the advent of AIDS writing, Africa has yet again been reinscribed, in Western thought, as the dark, mysterious and ultimately dangerous continent”.¹⁶ He provides the impetus to “redress the interpretive balance”, by calling for “a close examination of AIDS literature from an African perspective... Undoubtedly, such a study would reveal quite different metaphysical-mythical suspects.”¹⁷ Treichler confirms that what is “particularly needed is the construction of sound, compelling, and politically progressive cultural theory that can challenge the unquestioned supremacy of other chronicles of the epidemic.”¹⁸ By analysing literary texts within this framework, adapted to quite different contexts, I begin to redress the ‘interpretive balance’ of HIV/AIDS as seen from a southern African perspective, and in the process provide new critical readings against a background of disease and its dual roles in literature and society.

For example, in contrast to Western perceptions of disease, in which a patient is said to suffer *from* a disease which has entered the body from outside, the Zulu term for being HIV-positive or having full blown AIDS means that you ‘are’ AIDS;¹⁹ the patient embodies the disease, and its dangers. This is a very different linguistic construction, which reveals a different epistemological understanding of the nature of disease itself. The Zulu conception of becoming the disease is akin to a transformation – it is like being ‘death’ itself, while still alive and therefore an object of fear. The patient is no longer

¹⁵ Susan Sontag, *Aids and its Metaphors* (New York: Penguin, 1988), pp.91-2. Also printed in *Illness as Metaphor* as a combined edition by Penguin in 1991, and Penguin Classics in 2002. I refer to the single publication of *Aids and its Metaphors* (1988) unless otherwise specified.

¹⁶ Phillip Winn, “Personal Suspects and the Framing of Africa: Who's to Blame for AIDS?” (1997) www.arts.uwa.edu.au/MotsPluriels/MP397pw.html.

¹⁷ *ibid.*

¹⁸ Treichler, *How to have theory*, pp.233-4.

¹⁹ “You are ingculazo”: “ingculazo’ is a nasty, horrible word – its associations are sex and dirt and filth. It’s the most unpleasant thing you could say about someone.” *The Orphans of Nkandla* directed by Brian Woods (True Vision Production, 2003). www.bbc.co.uk/bbcfour/documentaries/features/orphans.shtml. Confirmed by Lutz Marten and Nhlanhla Thwala: “u yi AIDS” means “you are AIDS” – “it means you are consumed by AIDS, you are AIDS itself, your personality has been taken over by AIDS. It’s not specific to AIDS, you could also say this of, for example, hunger” – by email 29/09/06.

human, or at least no longer owed the dignities and rights of human patients suffering from a terrible illness. Although the linguistic construction is common to other forms of expression, the way HIV/AIDS in particular embodies death means that it is the only disease that invokes this strength of reaction. Perhaps because of its connotations with sex, immorality, transgression and its incurability, AIDS cumulatively embodies death.²⁰ This is close to Western conceptions of plague – and not unlike the understandable fears and dread associated with other terminal illnesses – but seems to reach another level when it leads to the shunning or disassociation from people who are diseased in the modern context.²¹

The editors of *Nobody ever said AIDS* note that when they began the anthology project in 2002, “there was virtually no published creative writing in southern Africa in English by or about people living with HIV/AIDS, nor by or about those who are witness to their lives and deaths.”²² Their findings reflect the similar difficulties I encountered when conducting my literature survey, for not only was there a significant lack of primary texts to critique, but as a consequence, there is also a dearth of secondary critical texts. The response of the editors was to run a competition, “to generate new writing and to encourage previously unpublished writers to reflect on the effects of HIV/AIDS”.²³ They credit the number of responses to “the enormous impact of HIV/AIDS on all aspects of life in this region”,²⁴ and yet, as the first major South African publication to be produced around this theme, the recent date of publication (2004) proves that the taboo of HIV/AIDS still needs to be unearthed and discussed.

²⁰ See Harriet Deacon, et al., *Understanding HIV/AIDS Stigma – A theoretical and methodological analysis* (Cape Town: HSRC Research Monograph, 2005), pp.25-7.

²¹ Indeed, it is possible that AIDS is seen as usurping valuable, limited resources best restricted to those who are healthy. The logic of this Darwinian survival instinct breaks down when those upon whom society relies to survive are not themselves cared for, and also die: that is, Doctors and teachers.

²² Samuelson and Thomas, “Introduction”, p.11.

²³ *ibid.*, p.11.

²⁴ *ibid.*

While publications such as *Welcome to our Hillbrow*²⁵ by Phaswane Mpe, *Waste not your Tears*²⁶ by Violet Kala, "If God was a Woman"²⁷ by Stanley Nyamfukudza, "Effortless Tears"²⁸ by Alexander Kanengoni, "A State of Outrage"²⁹ by Sindiwe Magona and the anthology *We Are the Herb*³⁰ do exist, the majority of the material is not yet available in print form, particularly outside South Africa and Zimbabwe. Where it *is* available, it has not been reviewed or critiqued to the level of similar material in America and France, which have a strong historical tradition of writing about disease, power and sexuality.³¹ Although I refer frequently in this thesis to Sontag's *Aids and its Metaphors*, which demystifies the narrative manipulation of HIV/AIDS in the modern context, Sontag's essays only examine HIV/AIDS in relation to American and European texts. I explore the different forms that representations of HIV/AIDS take in communities in Africa that have different perceptions and attitudes to disease from those in the West, and examine what possibilities such narratives have for moving beyond taboo to describe individual suffering and social critique. This will expand understandings of HIV/AIDS and experiences of this disease from new, individual perspectives.

In the 1980s Njabulo Ndebele called for:

Intimacy and introspection to be restored to a literature dominated, in his view, by the spectacular and exterior, by heroic contests between the powerless and the powerful. At a time when culture was touted as a 'weapon of struggle', he honed his singular vision of the 'rediscovery of the ordinary' into lyrical fiction.³²

²⁵ Phaswane Mpe, *Welcome to our Hillbrow* (Pietermaritzburg: University of Natal Press, 2001).

²⁶ Violet Kala, *Waste not your Tears* (Harare: Baobab Books, 1994).

²⁷ Stanley Nyamfukudza, "If God was a Woman", *If God was a Woman* (Harare: The College Press, 1992), pp.115-128.

²⁸ Alexander Kanengoni, "Effortless Tears", *Effortless Tears* (Harare: Baobab Books, 1993), pp.71-6.

²⁹ Sindiwe Magona, "A State of Outrage", *Opening Spaces* (Harare: Baobab Books, 1999), pp.114-127.

³⁰ Lovemore Gunduza and Maurice Vambe (eds.) *We Are the Herb* (Gweru: Mambo Press 2001).

³¹ For example: Michel Foucault's *The History of Sexuality*; Herzlich and Pierret's *Illness and Self in Society*.

³² *The Guardian* 24/04/04 and see Njabulo Ndebele, *South African Literature and Culture: The Rediscovery of the Ordinary* (Manchester: Manchester University Press, 1994).

In 2004, in the midst of another, quite different struggle against oppression, he writes in the foreword to *Nobody ever said AIDS* that “the intimate ways in which people across all communities are being affected by HIV/AIDS are all too often lost in media reports and statistics. It is creative responses such as these that remind us of the power of art in foregrounding the human face of suffering.”³³ He reminds us of the facility with which words can “open the space for us as readers to understand, to mourn, and to grieve”.³⁴ As the editors Meg Samuelson and Kylie Thomas note in the Introduction to the same publication:

[W]riters in the region have long applied their art to struggles for freedom. Many of the writers included in this volume rightly perceive HIV/AIDS to be a threat to the rights for which they and their predecessors fought in previous decades. They have returned to the language of struggle to confront both the pandemic and the inadequate response of local governments and the international community... A number of the contributions by South African writers reflect on the ways in which the end of apartheid and the transition to democracy have been overshadowed by sickness and death.³⁵

This thesis looks at this literature ‘overshadowed by sickness and death’, and examines how the experience of HIV/AIDS in South Africa and Zimbabwe has transformed it, opening spaces for readers to understand, mourn and grieve.

* * * *

Outline of Thesis

Following Mikhail Bakhtin’s theory in “Discourse in the Novel” that meaning is constructed dialogically between specific texts and readers, it is necessary to consider for whom HIV/AIDS literature is meant – who are the ‘implied readers’; and whether the texts are widely read.³⁶ Due to the recent publication of many of the texts under scrutiny it can be assumed that many have not yet been widely read: nonetheless, Attridge’s belief in the power of literary work to affect the reader and the cultural and political environment

³³ Njabulo Ndebele, “Foreword”, *Nobody ever said AIDS*, p.9.

³⁴ *ibid.*

³⁵ Samuelson and Thomas, *Nobody ever said AIDS*, p.13.

³⁶ Mikhail Bakhtin, “Discourse in the Novel”, *The Dialogic Imagination* (USA: University of Texas Press, 2000).

allows us to consider the impact of literary works separately from their mainstream consumption. Alex de Waal suggests that publicly accessible quality media – and, I would add, literature – can help to change perceptions, reduce stigma and raise awareness, so that HIV/AIDS is prioritised in everyday life: “[C]ommunication through the media appears to be the key in overcoming denial and turning recognition of the AIDS epidemic into determination to make it a public priority.”³⁷ Furthermore, de Waal makes clear that “It is not that public education messages are getting through in some places and not others” – in fact, it is the form of these messages, their calibre and their content, that has the greatest impact on audiences:

It is actually counterproductive for all AIDS advocates to be ‘on message’, because that makes people bored, sceptical and switched-off. Having been fed propaganda for decades they are instinctively distrustful of any message purveyed with earnest consensus.³⁸

By analysing literature from South Africa and Zimbabwe I have made a case for the continuing examination of literary forms in the fight against HIV/AIDS. It is important to establish the author’s role in filtering and constructing texts at a time when the choice of material will inevitably be very close to documentary or real-life experiences: the mediation and differentiation of these experiences in literature and narrative is key. Attempting to add sense and meaning to the apparent chaos and wanton destruction of HIV/AIDS is essential not only in trying to understand the disease itself and its implications, but also in understanding the role of stories, narratives, poetics, art and culture in reflecting suffering and hope and restoring agency to the conquering realm of victimisation created by a terminal disease.

The six chapters that follow are structured under the headings: AIDS, Nation and Narrative; Conceptions of Plague and Apocalypse; The Strong Healthy Man – Masculinity and HIV/AIDS; Women Writing AIDS; AIDS and the City – Shared Spaces of Infection; and Narratives of the Self: Confession, Witness, Testimony and Autobiography. Each chapter

³⁷ Alex de Waal, *AIDS and Power – Why there is no political crisis – yet* (London: Zed Books, 2006), p.28.

³⁸ *ibid.*, pp.29-30.

addresses in turn issues of form, theme, authorship, fictionalisation, figurations of the body, spatial and communal considerations, truth telling and narrative perspective. Innovative theorisations arise from close readings of texts in each chapter; however, certain texts inevitably cross thematic categories and are cross-referenced throughout the thesis.

Concerning South Africa, I am interested in determining whether, as Samuelson and Thomas suggest, literature about HIV/AIDS has displaced the centrality of apartheid as a theme in national literature and the extent to which HIV/AIDS can now be said to form a part of this literature. As regards Zimbabwe, the dominance of nationalist literature about the Chimurenga (the war of liberation) has led to questions about what literature can reflect in the face of the failure of the national project and the destruction of a nation through dictatorship, disease and corruption, both bureaucratic and corporeal. In Chapter One I examine the extent to which previous colonial or economic models or descriptions of the 'nation' have been usurped by this more deadly definition. Can both the nations under discussion be solely defined in literature through their common experience of, and reflections on, the HIV/AIDS epidemic? And if not, what effect has the impact of HIV/AIDS had on their national literatures? Does it form a sub-genre such as the TRC (Truth and Reconciliation Commission) genre?³⁹ Or could HIV/AIDS become a macro-genre, such as war in Zimbabwe?⁴⁰

By addressing the unique national contexts from which the literature about HIV/AIDS in each country arises, it was possible to delineate how this literature has interacted with dominant political and cultural discourses about HIV/AIDS. It soon became clear that few texts took on HIV/AIDS in a

³⁹ For more on the TRC in literature see Jane Poyner, "Truth and Reconciliation in JM Coetzee's *Disgrace*", *Scutiny* 2 5,2 (2000), pp.67-77; Antjie Krog, *Country of my Skull* (Johannesburg: Random House, 1998); Mark Sanders, "Truth, Telling, Questioning: The Truth and Reconciliation Commission, Antjie Krog's *Country of My Skull*, and Literature after Apartheid", *Modern Fiction Studies* 46,1 (2000), pp.13-41.

⁴⁰ See Ranka Primorac, *The Place of Tears – The Novel and Politics in Modern Zimbabwe* (London: I.B. Tauris, 2006).

national context in literary fiction, preferring instead to focus on the experiences of the affected individual. In Zimbabwe, the smaller number of written texts in English is testament to an impoverished publishing industry and readership, whereas in South Africa the growing strength of the publishing industry is not reflected in the quantity of literature about HIV/AIDS.

Texts such as *Father Michael's Lottery*⁴¹ by Johan Steyn, published in Kwa-Zulu Natal, call into question the very notion of national literatures and complicate my set criteria. Written by a South African doctor who has spent the last eighteen years in Botswana, the novel depicts an African rural hospital, which could ostensibly be anywhere in southern Africa. The hospital is populated with "scarecrow" patients, all of whom are dying. The author notes, at the beginning of the book, that Botswana "is the one country in southern Africa that has approached this pandemic effectively". Later on in the novel there are references to the fact that there is no dialysis machine in the country (p.172) – which seems unlikely to be true of South Africa – and the statement that instructions were written in both of the country's national languages (p.177), which in Botswana would be Setswana and English (whereas in South Africa there are eleven national languages). The novel's lack of specificity as a national text makes it difficult to incorporate it in my comparisons of texts from South Africa and Zimbabwe. It is also highly likely that the majority of the references and context are more closely derived from Botswana, in which case a direct correlation, by analogy on my part, to South Africa, would perhaps be misguided.⁴²

As a consequence of the difficulties in categorising *Father Michael's Lottery* as part of South African national literature, I used the following guidelines to select texts from South Africa and Zimbabwe published between 1990 and

⁴¹ Johan Steyn, *Father Michael's Lottery* (Scottsville: University of KwaZulu-Natal Press, 2005).

⁴² The rural nature of the text would provide fruitful comparisons with other Botswanan texts such as Unity Dow's *Far and Beyond* (Botswana: Spinifex Press, 2001) and Anna Koblanck's *A Few Days More... The story of a young woman living with HIV in Botswana* (Harare: SAfAIDS and SIDA, 2005).

2005. Firstly, the texts must have been published in either South Africa or Zimbabwe. The only exception to this rule applies to Sindiwe Magona's unpublished play *Vukanil*,⁴³ which I include by necessity owing to the absence of any other long fiction in English about HIV/AIDS by black South African women. Secondly, the setting must be the countries in question, so, for example, Luta Shaba's book *Secrets of a Woman's Soul*,⁴⁴ is set in Zimbabwe and I consider Shaba herself to be Zimbabwean, although some Zimbabweans may not, as she is a second-generation Malawian immigrant. Thirdly, the texts must feature HIV/AIDS as their main subject. The inclusion of confession and autobiography as literary forms in Chapters Four and Six is predicated on Attridge's guidance that "confession is... a variety of literature, perhaps even a variety of fiction"⁴⁵ and "autobiography ...hovers permanently at the borders of the literary and the nonliterary".⁴⁶

The scarcity of literature and the silencing that has occurred in both South Africa and Zimbabwe around HIV/AIDS, particularly in the 1990s, is an intriguing cultural factor that is nevertheless distinct in each country. The idea that "with cases of witchcraft, silence and discretion are the norm",⁴⁷ is explored further in Chapter Two in connection with cultural and spiritual beliefs and their relationship to representations of HIV/AIDS. The title of Adam Ashforth's article "An Epidemic of Witchcraft?" reveals the fact that witchcraft is being used as an explanation for AIDS deaths: the epidemic proportions of witchcraft should be read as a direct corollary to the incidence of AIDS. The correlation of plague and apocalypse with HIV/AIDS in the West suggests that this conceptualisation could be a dominant global metaphor. But explorations of the variety of metaphors and idioms used in texts from South Africa and Zimbabwe reveal that the hegemony of plague and apocalypse is not applicable to these works of

⁴³ *Vukanil/Wake Up!* is included as Appendix 9.

⁴⁴ Luta Shaba, *Secrets of a Woman's Soul* (Harare: Lutanga Shaba, 2005).

⁴⁵ Attridge, *The Ethics of Reading*, p.145.

⁴⁶ *ibid.*, p.161.

⁴⁷ Adam Ashforth, "An Epidemic of Witchcraft? The implications of AIDS for the Post-Apartheid State", *African Studies* 61,1 (2002), p.135.

literature. Nevertheless the truth telling element of apocalypse remains significant and is reapplied in Chapter Six.

In addition, it is significant that few of the texts I have examined detail the *physical* impact of the disease – the effect on the decaying body – and this remains a theoretical preoccupation in every chapter of this study. Thus in Chapter Two I ask whether this aspect of HIV/AIDS narratives is part of a Western tradition of writing about disease. According to Gilman the focus on the aesthetic of the morbid corporeal degenerative aspect of disease can be located in many Western literary traditions, art and other aesthetic cultural praxis,⁴⁸ but the absence in Africa of literary texts about epidemic diseases opens up space for critical investigation. The diseased body has yet to form a substantial aesthetic or canon in literature in English from South Africa or Zimbabwe, and has certainly not yet been theorised as a consequence. Indeed, what may now be emerging in Rayda Jacobs's and Sandile Memela's work, as well as in anthologies of poetry and short stories such as *Nobody ever said AIDS* or *We Are the Herb*, represents the beginnings of a tradition in which the disfigured AIDS patient takes centre stage.

The location of the body in the written text is pursued in Chapter Three, which deals with the diseased male body and asks whether this is an 'other' figure that has yet to be recognised in African literature. Having linked dominant national discourses to patriarchy and masculinity in Chapters One and Two, positioning the body between literature and the nation, I continue by analysing the representation of men in HIV/AIDS narratives. This is of particular significance, as the majority of the literary texts that have been published on HIV/AIDS in Zimbabwe and South Africa are by men. In this chapter, the silencing of HIV/AIDS can be clearly linked to the reluctance to confront or challenge widely accepted ideas about masculinity that would undermine the construction of the fabric of society and question the natural stability of male

⁴⁸ "It is the fear of collapse, the sense of dissolution, which contaminates the western image of all diseases" Sander Gilman, *Disease and Representation – images of illness from madness to AIDS* (Ithaca: Cornell University Press, 1988), pp.1-2.

power in the modern context. The gendering of HIV/AIDS in these male-authored texts is also noted, particularly when these authors represent women in their stories, writing on behalf of the women who had yet to negotiate their own representations in literature.

The significance of gender continues to be foregrounded, particularly in the context of the widespread belief that women are inherently sexually 'unclean' (the restriction of women's movement on these grounds is explored in Chapter Five). Following the analysis of changing masculinities in relation to HIV/AIDS, it is logical to address the role of women in the construction of gender and sexuality in literature. This is distinctly significant, since it has taken longer for women to write about HIV/AIDS. Chapter Four initiates an interrogation of women's writing by asking: who is writing AIDS? And *how* are women writing AIDS? The range of texts described in this chapter provides the basis for a debate about authorship, form and genre, as more recently published texts enter the realm of semi-autobiography or fictional-autobiography. This concern is echoed throughout the thesis in the exploration of the 'drama of the self', both in form and content, and is further explored in Chapter Six. The issue of 'coalitional politics' is also addressed in relation to collaborative works of literature.

After this examination of the destabilisation of representations of both masculine and feminine roles and sexuality, Chapter Five focuses on the location in which such destabilisation occurs by looking at HIV/AIDS and the city. I found that the majority of HIV/AIDS narratives are situated in the modern African city, particularly Harare, Bulawayo, Johannesburg and Cape Town. The longevity of associations of disease with society, and particularly with the city, prompted me to examine how African city spaces are figured in the HIV/AIDS narratives predominantly emanating from these very cities themselves.⁴⁹ The body in the city, and the movement of the diseased body in

⁴⁹ "The long-standing use of the human body as a symbol of society – a body/society often conceptualized as female – takes on special force in an epidemic of sexually transmitted disease, where the images and terminology routinely associated with physical disease – sickness, contamination, infection, death, filth, malnutrition, breakdown, disorganization, and

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the city, provided the key to examining HIV/AIDS narratives in this context, with a particular focus on Phaswane Mpe's *Welcome to our Hillbrow* and representations of sex and the city. This chapter follows logically from the previous extended examinations of sexuality and gender as African cities have formed with a gendered dynamic. The break with tradition, and the increased freedom that comes with a life in the city has formed distinct modern individuals whose autonomy and agency provides fertile ground for creativity and sexual freedom to flourish. It is my argument that one of the major concerns of the modern urban individual is HIV/AIDS, and I examine how experiences of HIV/AIDS are figured in the city by both men and women, forging and imagining new identities.

By the final chapter, a larger, over-arching movement develops towards a narrative focus on the self. Chapter Six documents the very recent emergence of autobiography and biography as a category in HIV/AIDS literature, in 2005, the last year of this study. An attempt to explain the delay is provided by theories of trauma, suggested in previous chapters, and theorisations on the eventual unveiling of truth refer back to interpretations of apocalypse from Chapter Two. This confessional – or witnessing – literature provides a unique perspective, which for the first time presents narratives of survival, giving hope to those who are suffering from HIV/AIDS and breaking the taboos and silence of those who are personally infected, enabling them to tell their own stories in the first person for the first time. The narrative displacement strategies used by Zimbabwean women authors evidenced in Chapter Four are compared in Chapter Six with two male South African authors whose direct access to, and representation of, the self distinguishes them in a social, racial and economic hierarchy in which such direct, brave outspoken positions become possible.

To establish what has given rise to narratives of HIV and AIDS in South Africa and Zimbabwe, especially in communities that are usually reticent about

death, among others – seem to blend seamlessly with commentary on the society in which the epidemic is occurring." Treichler, *How to have theory*, p.45.

naming what is overwhelmingly disastrous, I refer to Mthuzeli Isaac Skosana, who began writing poetry after his diagnosis as HIV positive in 1996. His message to people living with HIV/AIDS is: "Don't look down, walk tall and face your enemy."⁵⁰ These sentiments are directly reflected in his poem "When I Rise". This is the first short example of poetry written in the first person by a black South African man about his own infection with HIV. This determination to record and bear witness to a struggle and an experience that many seek to deny has yet to appear in a longer, sustained fictional literary narrative in South Africa. But the publication of this initial poem is a political act that uses literature, art and poetry as a medium or tool, a form of cultural memory and conscience, outside of officially sanctioned discourses to assert the right of the 'I' to self-definition.

Michael Worton follows Ross Chambers by positioning the act of (creative and critical) witnessing close to the act of narrativisation:

[T]he reason witnessing mitigates the pain it cannot cure seems to lie in the fact that an act of witnessing, contrary to the circumstances of trauma themselves, implies a certain belief in there being a future... the act of witness can never be immediate or direct, but must always be oblique and deferred with respect to its object.⁵¹

The complex cultural requirements of narratives which require oblique or deferred reference to their object, that is, HIV/AIDS, create a space for the areas of cross-fertilisation that occur when autobiographical narratives are established as fictions and the boundaries of witnessing are stretched. Even fictive narratives allow for a kind of witnessing – a story that 'reflects' life but is artificial. It must also be noted that fictive barriers are often created to protect the author from exposing his or her own experience directly to public scrutiny, and this is a fact to which we must be sensitive to throughout. Fiction can also be used to negotiate trauma, displacing the subject in order to 'mitigate the pain'. These creative, literary negotiations are documented and examined from a southern African perspective for the first time in this thesis.

⁵⁰ Mthuzeli Isaac Skosana, "Biographical notes", *Nobody ever said AIDS*, p.190.

⁵¹ Worton, "Behold the (Sick) Man", p.164.

AIDS Imaginaries

Most critical and medical discourses about HIV/AIDS begin in America in the early 1980s, often locating Africa as its source. The virus that causes AIDS was identified by a French scientist, Luc Montagnier, in 1983.⁵² But until recently, Western HIV/AIDS narratives have largely ignored the

worldwide situation of the AIDS pandemic, treating Africa – as it has been generally treated in American discussions – not as a place where real people are sick but as a laboratory for disease, important only as the locus where a biological agent was discovered or developed for use against American gay men.⁵³

In 1988, Susan Sontag identified the “predictable efforts to pin the disease on a deviant group or dark continent”, in her seminal text *Aids and its Metaphors*.⁵⁴ James Agar rightly surmises that this basic narrative of stigmatisation amounts to

a mysterious entity presented as a kind of cultural, linguistic, geographic, religious and social homogeneity... Such a narrative is based on racist stereotypes of a Third World Africa, figuring Africa (from a Western and Eurocentric position of supposed superiority) as an overpopulated, primitive land marked by animalistic sexual license.⁵⁵

With some contradiction, the African continent is, in more general terms, also seen as the passive victim in different circumstances, but in relation to HIV/AIDS this passivity is akin to the conceptualisation of the gay sexual act, the act of penetration and infection. This is referred to by Agar as a ‘reductive schematisation of active/passive roles in gay sex’.⁵⁶ Similar to ideas of colonisation, this is clearly not an image in which Africa actively participates, and is just as reductive. Africa can just as easily be figured as a female continent that has been raped, plundered and pillaged by everything from colonialism and neo-colonialism to HIV/AIDS.⁵⁷ The

⁵² Alan Whiteside and Clem Sunter, *Aids: The Challenge for South Africa* (Cape Town: Human and Rousseau, 2000), p.2.

⁵³ Steven Kruger, *Aids Narratives – Gender and sexuality, fiction and science* (New York: Garland Publishing, 1996), p.237.

⁵⁴ Sontag, *Aids and its Metaphors*, p.92.

⁵⁵ Agar, “Remembrance of Health Lost”, p.98.

⁵⁶ *ibid.*, p.99.

⁵⁷ For more on the feminisation of Africa see for example David Spurr, “Eroticization”, *The Rhetoric of Empire – colonial discourse in journalism, travel writing and Imperial*
Continued

unequal power relations that such ideas of sexuality and gender demonstrate are inseparable from discourses on HIV/AIDS both in Africa and the West.⁵⁸

One of the reasons for using these negative images of Africa in relation to HIV/AIDS is to protect and distance oneself from the 'other' that is simultaneously 'diseased' and 'foreign' in origin. As Agar notes:

AIDS is, particularly in North America and Western Europe, both culturally specific and nationally configured, constructed and disseminated in ways which betray the desire to protect the ideological boundary of the nation from invasion and infection by a foreign body.⁵⁹

This terminology has implications for the reconfiguration of national ideologies in South Africa and Zimbabwe, and in outlining the political nature of disease and its connotations I deliberately move beyond the restrictive realm of medicine and the common assumption that it is the sole source from which its meanings are drawn. This imagery provokes questions. When Africa *does* take part in narratives about HIV/AIDS, how is this prescribed role as victim constructed? Does southern African literature overturn this type of narrativisation and, as in other post-colonial literature, reject such victimhood through the agency of the de-colonised individual? Or does the epidemiological language of HIV/AIDS continue to victimise Africa? Do southern African narratives in turn, blame and victimise other 'others', as has happened in Russia?⁶⁰ Indeed Winn identifies this tendency in all HIV/AIDS narratives and applies it to Africa, wondering whether in some cases "AIDS may be seen as a Western

administration (Durham: Duke University Press, 1993): "The allegorization of colonized nations in terms of the female *figure* (bodily, rhetorical) has been a cliché of colonial history." p.171; Elleke Boehmer, "Motherlands, Mothers and nationalist sons: theorising the engendered nation", *Stories of Women* (Manchester University Press, 2005), pp.22-41; Sander Gilman details the derogatory associations of Africa and African women "The Hottentot and the Prostitute", *Difference and Pathology – Stereotypes of sexuality, race and madness* (Ithaca: Cornell University Press, 1985), p.99.

⁵⁸ I am keen to avoid essentialising and homogenising 'the West' as much as 'Africa'. However, as an analysis of the difference in post/colonial trajectories of various European and North American cultures is beyond the scope of this study, I will, for ease of reference, use the term to cover the UK, France and North America.

⁵⁹ Agar, "Remembrance of Health Lost", p.97.

plague, the result of depravity and crime".⁶¹ He concludes: "To what degree Africa and the West stand on opposite sides of a metaphysical-mythical AIDS divide still remains to be seen."⁶²

In South Africa an initial response to HIV/AIDS amongst the black community was to ascribe its origin to white, gay males.⁶³ In his biography of South African President Thabo Mbeki, the journalist William Gumede says that this racial stereotyping was one of the reasons why HIV/AIDS was not prioritised by either the apartheid regime or the ANC in their early stages of government.⁶⁴ However, if the victimisation of Africa conforms to overriding Western expectations of it as a hopeless state (in the context of development and disease in general) do African HIV/AIDS narratives simply re-enact existing paradigms of the inevitability of Africa's decline, or do they offer some hope for the future? Do South African and Zimbabwean narratives perceive illness differently from the world at large and from each other? What particular understanding of disease and trauma underlies conceptualisations of HIV/AIDS and responses to it in these narratives? What alternatives can southern African HIV/AIDS narratives offer to the global associations that HIV and AIDS have with stigma, taboo, disempowerment, immorality and victimisation? How are catastrophe and individual suffering figured in southern African HIV/AIDS narratives? And if they *are* figured, how does such figuration disrupt the conflation of 'disease' with 'African-ness' itself?

I argue that, to the West, Africa has become a metonym for AIDS. In the wider African metaphor, it has also become a quarantined zone, where the West fears to tread.⁶⁵ There is a need to de-medicalise the disease, and

⁶⁰ "the epidemic's origin is often identified with foreignness – Africa not the United States, the United States not Russia." Kruger, *Aids Narratives*, p.80.

⁶¹ Winn, "Personal Suspects", p.6.

⁶² *ibid.*

⁶³ Whiteside and Sunter, *Aids: The Challenge*, p.136.

⁶⁴ William Gumede, *Thabo Mbeki and the Battle for the Soul of the ANC* (Cape Town: Zebra Press, 2005), p.152.

⁶⁵ There have been changes to this since Africa '05 and the Commission for Africa report which informed the G8 and put Africa on the global agenda. However I think this is still the predominant Western view of Africa as a problem that needs solving – see Stephen Chan, *Grasping Africa* (London: I.B. Tauris, 2007).

perhaps the continent, which has repeatedly been blamed for past epidemics such as syphilis and plague.⁶⁶ However, this should not be taken as an argument supporting the more radical opinion presented in books such as *Africa, AIDS and Racism*,⁶⁷ which suggest that erroneous testing has produced misrepresentative figures of infection levels in Africa. This controversial text is now substantially out of date, but reflected genuine concern during the onset of the epidemic that statistics did not represent real levels of infection. Even so, it would be misleading to suggest that HIV/AIDS (particularly in Zimbabwe and South Africa) has not now reached a level that threatens the socio-economic stability of southern Africa in the near future.

Nevertheless, the over-reliance on statistics to tell the story of HIV/AIDS risks “the dehumanization of the person with AIDS, the replacing of the individual by a statistic, the subordination of individual behaviour to membership in a community ‘at risk’.”⁶⁸ In the case of southern Africa, the community ‘at risk’ is the entire population. The most recent regional and global estimates were published in the *AIDS Epidemic Update*, December 2006, in advance of World AIDS Day.⁶⁹ All estimates of the total number of people living with HIV in a given country are for 2005. A previous annual UNAIDS (United Nations AIDS) and WHO (World Health Organisation) Update states that the level of HIV infection in Zimbabwe was at its height in 2001 at 34%,⁷⁰ and that in South Africa 5.5 million people⁷¹ were

⁶⁶ Treichler, *How to have theory*, p.320.

⁶⁷ Richard and Rosalind Chirimuuta (eds.) *Aids, Africa and Racism* (London: Free Association Books, 1989).

⁶⁸ Kruger, *Aids Narratives*, p.80.

⁶⁹ *AIDS Epidemic Update* (2006) www.unaids.org.

⁷⁰ *AIDS Epidemic Update* (2003): “Figures released this year have put national adult HIV prevalence in Zimbabwe at 25% while it had been estimated at 34% at the end of 2001. Unfortunately, this does not correspond to a real decline of 9% in prevalence. The new figure represents a statistical correction of the 2001 estimate, which had relied on antenatal data that included a significant proportion of testing irregularities. In addition, new data has become available from a national survey. The corrected estimates, although lower, therefore show no actual decline in HIV prevalence in the country.” It is regularly reported in national newspapers and news services that 3,000 people die each week in Zimbabwe – see “Zim gets Aids drugs”, *News24 (SA)* www.zwnews.net 07/06/07. The 2006 UNAIDS Update states: “The only evidence of declining national adult HIV prevalence in southern Africa comes from Zimbabwe, where both HIV prevalence and incidence have fallen (UNAIDS, 2005). Antenatal clinical data show HIV infection levels in pregnant women hovering at 30-32% in the early 2000s before declining to 24% in 2004. In the capital, Harare, prevalence

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infected, second only to Botswana in the prevalence of infection, which having hit 39% is thought to be one of the highest in the world.⁷² Globally, AIDS killed approximately 2.3 million people in 2003,⁷³ rising to 2.9 million people in 2006.⁷⁴ In 1998, AIDS was the largest killer in southern Africa, nearly double the one million deaths from malaria and eight times the 209,000 deaths from tuberculosis.⁷⁵ Of those dying globally of AIDS, the majority live in southern Africa.

The idea of literary representations of HIV/AIDS seems unnecessary when the statistics above seem to speak for themselves. However when the associated social and cultural implications of infection with HIV are considered, fictional representations contribute significantly to our understanding of the impact of HIV/AIDS on communities and individuals, and provide a much-needed basis for 'humanising' an epidemic that has reached the statistically unimaginable. It has been said that the feelings and reactions that HIV/AIDS inspires are often "too unreal for words",⁷⁶ and it is this very notion, that certain diseases are taboo, unmentionable, and hardly even named as such, that makes verbalisation of this epidemic a modern imperative. The anthology *Nobody ever said AIDS* takes this idea as its title, which it draws directly from the first poem by Eddie Vulani Maluleke.⁷⁷ Most important in the act of verbalisation is the removal of the silence, which according to the editors effectively erases the lived experiences of people infected and affected by HIV/AIDS.⁷⁸ Even today,

among pregnant women peaked at over 36% in 1996 before falling to approximately 21% in mid-2004... However, inconsistencies and biases in some of the data mean that the extent of the decline in HIV prevalence might not be as substantial as indicated by the antenatal clinic HIV data." Chan suggests that the height of the 2001 Zimbabwean epidemic is attributable to simultaneous food shortages in *Grasping Africa*, p.80.

⁷¹ *AIDS Epidemic Update* (2006).

⁷² Whiteside and Sunter, *Aids: The Challenge*, p.54.

⁷³ *AIDS Epidemic Update* (2003).

⁷⁴ *AIDS Epidemic Update* (2006).

⁷⁵ Whiteside and Sunter, *Aids: The Challenge*, p.44.

⁷⁶ Richard Dellamora, *Apocalyptic Overtures – sexual politics and the sense of an ending* (New Brunswick, New Jersey: Rutgers University Press, 1994), p.154.

⁷⁷ Eddie Vulani Maluleke, "Nobody Ever Said AIDS", *Nobody ever said AIDS: Stories and Poems from Southern Africa* Nobantu Rasebotsa, Meg Samuelson and Kylie Thomas (eds.) (South Africa: Kwela Books, 2004), pp.17-20.

⁷⁸ Samuelson and Thomas, *Nobody ever said AIDS*, p.12.

there are major authors in both South Africa and Zimbabwe who have not yet focused on or mentioned HIV/AIDS in their written work.⁷⁹

* * * *

Case for Comparison

Julia Epstein expertly outlines the correlation of disease with the body and formations of the self, which is central to my analysis of HIV/AIDS in literature:

diseases are cultural artifacts and social constructions as well as biological processes, and... individually, historically, and socially determined subjectivities impinge upon the relation of the body to the self.⁸⁰

It is logical to conclude that if the concepts and narratives of disease are socially and culturally constructed, it follows that diseases are represented differently from country to country. The similar infection levels in Zimbabwe and South Africa make it pertinent to compare these two countries, which have otherwise had different social and political experiences of HIV/AIDS. For the purpose of this thesis it is also important that both countries have an established written literature in English, and that English is the dominant European language used in official discourses. I have therefore chosen to study texts written in English, since this offers similar grounds for comparison between South Africa and Zimbabwe. It is also the case that as there are eleven official languages in South Africa, there is a risk of limiting my study by isolating or excluding any of these. In support of this position, Michael Green quotes Phaswane Mpe positing that in South Africa “blacks have mostly come to see their languages, in education, as agents of separatist ideology that our

⁷⁹ By way of qualification, J.M. Coetzee mentions HIV/AIDS in “The Humanities in Africa” in *Elizabeth Costello* (2003), and it is implied in relation to rape in *Disgrace* (1999). After editing the anthology *Telling Tales* (2004) to raise money for the TAC, Nadine Gordimer features a black adopted HIV-orphan in *Get a Life* (2005) and Tsitsi Dangarembga, although never having written on HIV/AIDS, made the films *Everyone's Child* (1996) and *Growing Stronger* (2005) about Tendayi Westerhof. Yvonne Vera and Chenjerai Hove have not mentioned HIV/AIDS in their written work.

⁸⁰ Julia Epstein, *Altered Conditions* (New York: Routledge, 1995), pp.1-2.

new dispensation cannot afford to promote.”⁸¹ This recognition culminates in “the sheer functional power and cultural cachet of English”⁸² in a country in which the “major requirement of non-exclusionary South African-ness must instead be a radical act – or rather an ongoing, multi-accented series of acts – of translation.”⁸³ In parallel with this outlook, the South African government’s Department of Arts and Culture only began providing incentives to publish in indigenous languages in January 2005 with the aim of increasing diversity and representation in education and publishing.⁸⁴ It would be the work of a larger future project to analyse texts in indigenous languages and compare them with those published in English. My decision to work with texts written in English is based not only on the assumption that ideas within the nations of South Africa and Zimbabwe permeate all of their linguistic cultures, but also that this choice will provide a bridge between those cultures, at a time when the spread of ideas cannot afford to be exclusionary or isolationist.

South Africa and Zimbabwe border each other physically and politically; and both countries had staggered, late releases from the grips of colonialism, compared with most African countries. For this reason Zimbabwe and South Africa are not typical ‘post-colonial’ nations,⁸⁵ nor do they produce typical postcolonial literature, which Elleke Boehmer identifies as not simply “writing which ‘came after’ empire,” but as “that which critically or subversively scrutinizes the colonial relationship.”⁸⁶ Zimbabwe was declared independent in 1980, after a liberation war lasting fifteen years, and South Africa became free in 1994, after a relatively peaceful transition to democracy stemming from Nelson Mandela’s release from prison in 1990 and the concurrent un-banning of the ANC. Both countries were colonised by the British: South Africa was

⁸¹ Michael Green, “Translating the Nation: South Africa in the Second Person”, (SOAS, AHRB Centre for Asian and African Literatures Conference “Narrating and Imagining the Nation” 12/06/03), p.3.

⁸² *ibid.*

⁸³ *ibid.*, p.4.

⁸⁴ www.dac.gov.za/news/press_releases/2005_05_11.htm.

⁸⁵ Dennis Walder for example asks “at what point ...can one reasonably say South Africa became ‘post-colonial’?” *Post-colonial literatures in English – History, Language, Theory* (Oxford: Blackwell Publishers, 1998), p.2.

⁸⁶ Elleke Boehmer, *Colonial and Postcolonial Literature* (Oxford: Oxford University Press, 2005), p.3.

part of the British Commonwealth until 1961 and Rhodesia declared independence from Britain in 1965 with the Universal Declaration of Independence (UDI), which triggered the fifteen-year civil war. In this respect there were two moments in each country that constituted a form of independence, creating a double de-colonisation in both places. This has led to a belated creation of nationhood, and meant that both countries have formed their national identities in unique ways in contradistinction not only to British colonisation but also to Afrikaner/Boer nationalism at a time when other former British colonies in Africa were becoming classically defined post-colonial states.⁸⁷

South Africa and Zimbabwe are currently experiencing very different political situations. Zimbabwe is struggling under the virtual dictatorship of Robert Mugabe, while South Africa is celebrating thirteen years of democracy and progress. Neither country is entirely free of its colonial legacies, and the imbalances between rich and poor create enormous social instability in both countries. According to Tony Barnett and Alan Whiteside, this combination of wealth with social instability is the worst combination, creating the optimum conditions for the spread of HIV/AIDS.⁸⁸ Zimbabwe is frequently on the verge of famine with unemployment at over 80% and inflation at over 4,500%, suffering both in the midst of a devastating HIV/AIDS epidemic.⁸⁹ South Africa also has high unemployment at 25.5% and now contains over one million Zimbabweans⁹⁰ who have fled Zimbabwe both legally and illegally since the last elections in 2001, which although declared free and fair by South Africa,

⁸⁷ For a critique of the development of power and violence in the colonial and postcolonial periods see Achille Mbembe, *On the Postcolony* (Berkeley: University of California Press, 2001), "the notion 'postcolony' identifies specifically a given historical trajectory – that of societies recently emerging from the experience of colonization and the violence which the colonial relationship involves... the postcolony is chaotically pluralistic; it has nonetheless an internal coherence" p.102.

⁸⁸ Tony Barnett and Alan Whiteside, *AIDS in the Twenty-First Century – Disease and Globalization* (Basingstoke: Palgrave Macmillan, 2003), p.99.

⁸⁹ For inflation see for example: Tony Hawkins, "Mugabe thrives amidst economic ruin", *Financial Times* 20/07/07 and for unemployment see *BBC News Online* 12/02/07 <http://news.bbc.co.uk/1/hi/business/6354783.stm>.

⁹⁰ "Broad definition 38.8% narrow definition 26.7%" *South African Labour and Development Research Unit (SALDRU)* (University of Cape Town, Sept 2005) www.saldru.uct.ac.za.

are widely thought to have been rigged by Mugabe. A powerful newly elected Zimbabwean government started land invasions in November 2001, amending the Land Acquisition Act to allow it to allocate land without giving the owners the right to contest the seizures. The reclaiming of white-owned farms by force in order to reassign land to the black population was violent, and has been unsuccessful in redistributing wealth and maintaining food production. The resulting political instability and neglected, uncultivated land are cited as the cause for the current economic crisis in Zimbabwe, whose inflation is by far the highest in the world.

Timeframe

1990 to 2005, encompasses a fixed fifteen-year period which begins with South Africa's emerging emancipation from forty years of apartheid at Mandela's release in 1990, and the creation in Zimbabwe in 1989 of the AIDS Counselling Trust, which published the book *AIDS: Act Now* by Helen Jackson in February of that year. In May 1989 the Society for Women and AIDS in Africa met in Harare for a three day conference hosting women from fifteen African states.⁹¹ These dates are significant because, according to Dr Sunanda Ray, the first clinically described AIDS case in Zimbabwe was in 1983,⁹² but it was not possible to verify this with an HIV test until 1985, when the first test became commercially available.⁹³ Ray's conviction is that "during the period 1985-1990... accurate information on the existence of HIV and how to protect oneself from it was actively suppressed by politicians and the medical profession".⁹⁴ The year 1989-90 signals a change not only in Zimbabwe, but also across Africa in relation to the official acknowledgement of HIV/AIDS on the continent.

In South Africa from 1990 until 1994

⁹¹ *The Herald* 03/05/89, p.3.

⁹² Confirmed in *AIDS and the Third World* (London: The Panos Institute, 1988): "The first reported cases of AIDS in Africa were in 1982 in Uganda and South Africa. In 1983 Congo, Kenya, Rwanda, Zaire and Zimbabwe also reported their first cases." p.167.

⁹³ Sunanda Ray and Farai Madzimbamuto, "The HIV Epidemic in Zimbabwe – The Penalty of Silence", *The Round Table* 95,384 (2006), p.221.

⁹⁴ *ibid.*, p.219.

large numbers of people were involved in debating the principles and content of an appropriate response to AIDS in South Africa. In 1992 an umbrella body, the National AIDS Committee of South Africa (NACOSA) was formed to coordinate a process of policy development and the writing of an AIDS plan.⁹⁵

1989 was also the year when Kenneth Kaunda, president of Zambia announced at the fifth International Conference on AIDS in Montreal that his son had died of AIDS.⁹⁶ Thus it seems logical to take 1990 as a clear starting point for this study. It was the beginning of the end of apartheid, and a key date in the creation of official discourses about HIV/AIDS in both South Africa and Zimbabwe. UNAIDS statistics in both countries also only begin in 1989 (Zimbabwe) and 1990 (South Africa).⁹⁷

The cut-off date of 2005 is partly for practical purposes, as it would be difficult to continue to analyse literature produced until the present day (2007), but it also fits as the year of Operation *Murambatsvina*⁹⁸ when Mugabe turned on the poorest, most vulnerable people in Zimbabwe, subsuming the life of the individual within the fate of the nation, demolishing houses around Harare and Bulawayo in the name of 'cleaning up the filth' or 'clearing away the rubbish'. The connotations that this terminology has with disease and sites of infection around the city (many residents were sent in trucks to the rural areas) also resonates with the terrorising, genocidal language of *Gukuruhundi* over twenty years before. In South Africa, 2005 is the year when anti-retrovirals (ARVs) began to be rolled out nationwide.⁹⁹ The selected period has also been very significant in the history of HIV/AIDS literature in both Zimbabwe and South

⁹⁵ Helen Schneider, "On the fault-line: the politics of AIDS policy in contemporary South Africa", *African Studies* 61,1 (2002).

⁹⁶ *The Herald* 24/06/89, p.3.

⁹⁷ "Information on HIV prevalence among antenatal clinics attendees is available from Zimbabwe since 1989"; "National sentinel surveillance surveys of antenatal clinic attendees were conducted in South Africa since 1990". *Country reports* www.unaids.org.

⁹⁸ Murambatsvina ('clear away the rubbish') was a government initiated housing clearance instigated in May 2005 with echoes of Gukuruhundi ('to blow away the chaff') - the name given to the massacre of 20,000 civilian Ndebele people by Mugabe's 5th Brigade in 1982.

⁹⁹ "Cynics have no doubt that the only reason the government backed down on the ARV roll-out was to deny opposition parties the chance to use the issue as a vote-catcher in the 2004 elections." Gumede, *Thabo Mbeki*, p.172; "in August 2004, Tshabalala-Msimang confirmed that the government would not meet its target of supplying ARVs to a paltry 53,000 people by March 2005." p.172-3. In fact they were only supplying 11,250 people. 296,700 adults were receiving treatment as of 31/03/07. www.tac.org.za/documents.et22.pdf.

Africa since 1990 proved to be the year the first short story on HIV/AIDS was published in Zimbabwe, and 2005 was the year in which the first autobiographies and biographies of people living with AIDS (PLWA) were published in both South Africa and Zimbabwe.

So, although 1990 to 2005 has been a period of immense change in both countries, particularly in the steep rise in the prevalence of HIV, it was also a significant period in which the two countries begin to engage with HIV/AIDS, both politically and in literature. The significance of literature itself lies not only in Kruger's identification of the potential for literature to 'intervene politically', but also in what Alex de Waal identifies as an indirect means of discovering what kinds of discussions are sparked by news about AIDS.¹⁰⁰ Literature provides access to a complex web of cultural information that other forms of research cannot. As de Waal reiterates: "We need to *imagine* HIV/AIDS before we can think practically about it".¹⁰¹ This study performs an analysis of African imaginaries of HIV/AIDS, as witnessed in literature about HIV/AIDS from Zimbabwe and South Africa.

The different rhetorical and textual strategies selected by authors from Zimbabwe and South Africa uncover differing cultural views and the necessity for methods of revelation to continually captivate and engage the reader, or audience. It is evident from this thesis that there is an increasing syncretism between reality and fiction, which requires a widening of the poetics of HIV/AIDS. It seems possible that there are the beginnings of a literary discourse in which this disease is not seen simply as a separate entity in itself, but as a kind of knowledge, which plants the idea that this knowledge itself is dangerous. There must be an expansion and a varied illustration and critique of this knowledge, to transmit it in all its complexity. It is not just

¹⁰⁰ "No researcher has investigated what people actually talk about, as opposed to how they receive official education messages. We can, however, approach this question indirectly, through those professional observers of everyday life: novelists. A small sample of African novels in English provides a first cut at exploring this topic, and it is clear that AIDS is approached indirectly, in diverse ways, through other issues." de Waal, *AIDS and Power*, p.32.

¹⁰¹ *ibid.*, p.117.

knowledge about disease but about humanity, and the effect this particular disease has on the individual. This sustains the idea that diseases not only amount to more than their biological facts, but that they are imbued with cultural ideas and associations, which can be as dangerous to the self, in terms of fear, and imagined death, as the disease itself. As we will see, Sindiwe Magona shows us that it is often these very associations – stigma and taboo – that can be more deadly than HIV/AIDS. It is these culturally ingrained and overturned associations that literature helps to reinforce or undermine and expose, and that this thesis begins to uncover.

Chapter 1

AIDS, Nation and Narrative

HIV/AIDS re-defines the nation in southern Africa under new markers and signifiers of experience, suffering, myths and taboos. As an opening statement this requires evidence and qualification, but does provide a provocative gambit with which to enter the arena of HIV/AIDS literature in South Africa and Zimbabwe. Susan Sontag's, original thinking on AIDS as metaphor frames this thesis by suggesting that HIV/AIDS has triggered an unprecedented plethora of meanings since its eruption in the early 1980s. Paula Treichler also termed the cultural impact of AIDS as an 'epidemic of signification'¹ which produced meanings as quickly as it produced HIV infection, multiplying cultural connotations at the speed of the rapidly spreading virus around the globe. It is Treichler who urges us to interrogate these meanings by asking:

[A]s we look over the meanings that AIDS has generated as it moves among subcultures and around the globe, we can ask different kinds of questions. Who are cast as villains in a particular account of AIDS? How does a given account resonate with different constituencies? What's in it for its adherents?²

The meanings that HIV/AIDS acquires, or is ascribed in different countries are particularly significant in differentiating between African countries, since in the past HIV/AIDS has been more grandly associated with the continent as a whole, rather than with specific countries within Africa. Not only do epidemic levels differ greatly between African countries, but, as a continent, Africa has been far more susceptible to HIV/AIDS than other parts of the world.³ This requires the development of a distinctly African discourse about HIV/AIDS as well as a discourse unique to each individual country.

¹ First termed in "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification", *Cultural Studies* 1,3 (1988), pp.263-305. Reprinted in *AIDS: Cultural Analysis/Cultural Activism*, Douglas Crimp (ed.) (Cambridge: MIT Press, 1988). Explained thus: "An 'epidemic of signification' is inevitable: no matter how literal and denotative a linguistic form may first appear, it will develop new meanings almost as fast as we can identify old ones." Treichler, *How to have theory*, p.171.

² Treichler, *How to have theory*, p.221.

³ For a more in-depth analysis of why this has happened, see Chapter 5, "Why Africa?" Barnett and Whiteside, *AIDS in the Twenty-First Century*, pp.124-156.

From a Western perspective it is possible to identify particular rhetoric, which produces beliefs about HIV/AIDS and 'Africa' which have hindered education and prevention work, primarily delivered by NGOs. Treichler cites:

[T]he widespread belief that AIDS is a deliberate experiment conducted on vulnerable populations is an example. In sub-Saharan Africa, the idea is common that AIDS is the latest effort by a white global elite to control the reproduction of people of color.⁴

Other misconceptions created by Western media are notions, which if left unchallenged can be assumed as true by many people. Treichler cites some other common examples:

[W]omen with AIDS in Africa actually get it from anal intercourse, contact with bisexuals, or needles used in clinics and 'in certain tribal customs'.⁵

There are even more ludicrous beliefs such as the idea posited at a conference in the United States, that: "AIDS could be taken as 'Africa's revenge for the slave trade'."⁶

The eminent cultural theorist Sander Gilman explains that this process of differentiation is bound up with the idea of the 'pathological': "the potential illness, age, and corruption of the self is projected onto others so that the world becomes seen as both corrupt and corrupting, polluted and polluting. The threat and its result become one."⁷ Whether created inside each respective country or imposed from outside, the prejudices which accompany such correlations of HIV/AIDS with Africa are a form of othering that hinders access to truth and perpetuates stigma and denial on a day-to-day basis. As Treichler continues to urge us, from research conducted almost ten years ago, "understanding the AIDS epidemic as a medical phenomenon involves understanding it as a cultural phenomenon... Deeply entrenched institutional agendas and cultural precedents in the First World prevent us from hearing

⁴ Treichler, *How to have theory*, p.221.

⁵ *ibid.*, p.91.

⁶ *ibid.*, p.320.

⁷ Sander Gilman, *Difference and Pathology – Stereotypes of Sexuality, Race and Madness* (Ithaca: Cornell University Press, 1985), p.23.

the story of AIDS in the Third World as a complex narrative.”⁸ This complex narrative, in literature at least, still waits to be heard and interpreted and moreover is infrequently viewed from an African perspective.

This chapter outlines the HIV/AIDS situation in South Africa and Zimbabwe in order to explore national and cultural associations. By providing infection statistics and a summary of the different cultural receptions of HIV/AIDS, specific to the two countries, I expand ideas put forward in the Introduction, contextualised within the global situation. The chapter will address the hypothesis that HIV/AIDS has caused a re-conceptualization of nationhood in southern Africa and locates the literary responses to HIV/AIDS within a specific temporal-spatial frame, thus identifying when representations of the disease began in the literature of each country and in what form and also how representations have changed throughout 1990-2005.

The analytical importance of locating HIV/AIDS discourse within two distinct national cultures from southern Africa, and in turn relating that discourse to representations in literature, is related by Annalisa Oboe who writes:

this imaginary construct which is the nation depends for its existence on an apparatus of cultural fictions in which imaginative literature, especially the novel, plays a central role.⁹

Amongst other academics, the Kenyan literary critic Simon Gikandi, has long theorised on the role of African literature in depicting and creating ideas of nation and national consciousness stating that: “clearly, nation, national consciousness, and narration would walk hand in hand in African literature”.¹⁰ Indeed the focus on literary representations of the nation in the context of decolonisation has dominated African literary theory for many years. Gikandi also astutely draws our attention to the emerging changes in depictions of the nation and a resurgence of other concerns of African literature in more recent times, asserting that “our new global situation demands narratives which face

⁸ Treichler, *How to have theory*, p.99.

⁹ Annalisa Oboe, *Fiction, History and Nation in South Africa* (Padova: Supernova, 1994), p.19.

up to the task of representing the ambivalences of the post-colonial situation".¹¹ I would argue that such concerns include the rise of the individual, the reclamation of city spaces, and the demise of the power of the nation-state due to globalisation and HIV/AIDS.

Gikandi also problematises the inevitable or natural relationship between nation and subject, suggesting that there are other spaces of belonging besides the nation:

the nation does not naturally proffer identities, nor lead to the fulfilment of the desire to belong to a real or mythical community, but often comes between post-colonial subjects and their quest for a communal ideal, a *natio*, a space of belonging.¹²

I position the body between nation and subject and ask how health and ill-health figure in the formation of subjectivity and national consciousness. The body is, after all, the means through which we experience the world. In relation to HIV/AIDS, Treichler upholds the idea that "every state has a 'social imaginary', something it dreams itself to be"¹³, and urges us to "illuminate[s] the construction of AIDS as a complex narrative and raise[s] questions not so much about truth as about power and representation".¹⁴ The way a nation represents HIV/AIDS should tell us something about the 'social imaginary' of that nation. HIV/AIDS in turn can alter the 'social imaginary', changing national consciousness to include a story of HIV/AIDS. If the story of HIV/AIDS is dominant, it is possible that HIV/AIDS could become a defining feature of literary ideas about the nation.

Linking the microcosm to the macrocosm, Gikandi asserts that literature tells us as much about the self as the nation, stating, "to write is to claim a text of one's own; textuality is an instrument of territorial repossession; because the other confers on us an identity that alienates us from ourselves, narrative is

¹⁰ Simon Gikandi, "The Politics and Poetics of National Formation: Recent African Writing", *From Commonwealth to Post Colonial* Anna Rutherford (ed.) (Sydney: Dangaroo Press, 1992), p.378.

¹¹ *ibid.*, p.380. I will discuss the unusual position of South Africa and Zimbabwe as 'post-colonies' later in the chapter.

¹² *ibid.*, p.382.

¹³ Treichler, *How to have theory*, pp.108-9.

¹⁴ *ibid.*, p.109.

crucial to the discovery of our selfhood".¹⁵ This reclamation speaks of the functionality of literature, such that literature actively participates in the creation and formation of selfhood. This is the basis for my exploration of texts about HIV/AIDS, produced by Africans themselves in both Zimbabwe and South Africa. By comparing these texts it is possible to establish that "other forms of representation, drawing on different conventions, different rules, may make claims to truth in different ways."¹⁶ By using narrative to discover or reclaim selfhood, writers are simultaneously constructing a space of belonging. This belonging can be individual, communal or national, and is often all three. It is the role of the critic to raise questions about power and representation and, in this time of HIV/AIDS, relate complex individual narrative to national conceptions of HIV/AIDS, asking how HIV/AIDS impacts on both the formation of selfhood and national consciousness.

Global and National

The link to the global from the national is also pertinent because HIV/AIDS has taken on not only global proportions as a pandemic, but global associations in the imaginary systems of our modern globalised world:¹⁷ a world which is not only post-colonial but arguably post-national in terms of the neo-colonial ideology of rich and poor which cuts across relations between Europe, America and the rest of the world. Tony Barnett and Alan Whiteside explicitly state that "AIDS is the first epidemic of globalisation. It has spread rapidly because of the massive acceleration of communication, the rapidity with which desire is reconstructed and marketed globally, and the flagrant inequality that exists within and between societies".¹⁸ The effects of globalisation are said paradoxically to exacerbate difference while reinforcing the illusion of universality. Dennis Altman helpfully emphasises this paradox in the context of HIV/AIDS:

¹⁵ Gikandi, "Politics and Poetics", p.384.

¹⁶ Treichler, *How to have theory*, p.109.

¹⁷ Mbembe discusses "the peculiar 'historicity' of African societies... that, although particular and sometimes local, cannot be conceptualized outside a world that is... globalized." *On the Postcolony*, p.9.

¹⁸ Barnett and Whiteside, *AIDS in the Twenty-First Century*, p.4.

the political/cultural arena remains as important as the economic... Processes of globalization simultaneously reinforce cultural differences while they disseminate certain images and consumer goods that create the appearance of homogenization.¹⁹

It is important to bear in mind these crucial cultural differences when examining the literature produced in both South Africa and Zimbabwe, noting not only the differences between supposedly universal or Western conceptions of HIV/AIDS, but also differences in conception between the two nation states themselves. Just because the disease is global does not mean that the connotations are homogenised in every country of the world. Neither does it mean the connotations are homogenised across southern Africa. Indeed, the spread of infection demonstrates quite the opposite: "HIV/AIDS shows up global inequalities"²⁰, which in southern Africa are specific to each nation state – HIV/AIDS has distinct national characteristics which can be traced in literature.

Though Treichler draws attention to "the reproduction in AIDS discourse of existing social divisions [which] appears to be virtually universal", it is important to note that this is not also to say that HIV/AIDS discourse and responses to HIV/AIDS can be predicted or are universal. Indeed, Altman emphasises that "although the *vulnerability* of people to HIV varies greatly and is closely linked to their socioeconomic status, the *response* to AIDS is closely related to cultural and political factors."²¹ The ability to predict that nations will reproduce existing social divisions is not the same as knowing or understanding what those social divisions are, and how they will be reproduced in HIV/AIDS discourse. In particular, it is possible that although HIV/AIDS may be associated with injustice and gender inequality in Zimbabwe, the response to HIV/AIDS from women themselves may be to try to reform such injustices, rather than to allow men to continue to reinforce them. While in one country this might lead to the successful bolstering of women's rights at a constitutional level, in another there might be a backlash

¹⁹ Dennis Altman, "Globalisation, Political Economy and HIV/AIDS", in *Sexualities and Society. A Reader*, J. Weeks, J. Holland and M. Waites (eds.) (Cambridge: Polity Press, 2003), p.192.

²⁰ Barnett and Whiteside, *AIDS in the Twenty-First Century*, p.24.

against women involving punishment for perceived sexual promiscuity thought to be spreading the disease.

Significantly, HIV/AIDS is also part of post-colonial discourse. Neither South Africa nor Zimbabwe fit conventional definitions as post-colonies, as I mention in the Introduction. But, since Boehmer identifies postcolonial literature as “writing that sets out in one way or another to resist the colonialist perspectives”²², it is possible to see links with postcolonial literature in literature about HIV/AIDS in its resistance of hegemonic perspectives. A key part of this resistance and subversion lies in the literature that deals with the effect of colonisation on the self and the destabilisation of identity that decolonisation engenders. The medical or psychological impact on society detailed in much literature written in Africa since decolonisation has been associated with the doubling produced by colonialism epitomised in Fanon’s description of the fractured self. Fanon’s *The Wretched of the Earth* encapsulates the dissolution or disruption of identity, notoriously termed the “nervous condition” of the colonised subject.²³ It is significant that psychological illness, associated with colonialism and its post-colonial aftermath, has become the dominant feature of literature of disease in Africa, citing colonialism as a scourge that has damaged the consciousness and psyche of post-colonial nations as well as individuals.²⁴ HIV/AIDS, like colonialism, politicises areas of life such as sexual relations, and the formation and dissolution of communities, and has the potential to create a fracturing of the self brought on by experiencing significant trauma or grief in one’s lifetime. Does HIV/AIDS create a similar kind of ‘nervous condition’ in the postcolonial subject?

²¹ Altman, “Globalisation”, p.192.

²² Boehmer, *Colonial and Postcolonial Literature*, p.3.

²³ Frantz Fanon, *The Wretched of the Earth* (London: Penguin, 1990).

²⁴ Mbembe discusses alienation in “African Modes of Self-Writing”, *Public Culture* 14,1 (2002), p.241. “Not only is the self no longer recognized by the Other; the self no longer recognizes itself.”

In one of two of the first articles on HIV/AIDS in Zimbabwean literature, Maurice Vambe states that “disease is a major theme in numerous works by African writers”.²⁵ He goes on to elucidate the relationship between colonialism and disease in African writing, citing Fanon, Cesaire and Marechera amongst others. But it is misleading to correlate this close metaphorical association of colonialism with *physical* disease. In fact, there is a distinct lack of explicit African writing in English about malaria, tuberculosis, sleeping sickness or other ‘African’ epidemic diseases, particularly in South Africa and Zimbabwe. This perhaps reflects cultures less preoccupied with such concerns, but also an absence in the African aesthetic of the luxury of looking at these diseases from a detached, historical perspective.²⁶ The postcolonial writers Vambe mentions deal primarily, if not solely, with *psychological*, metaphorical diseases, not physical, literal manifestations of disease in relation to colonialism.

However, the traumatic relationship of HIV/AIDS to the self, and to the nation in South Africa and Zimbabwe, could still be equated with the post-colonial trauma that Fanon details in *The Wretched of the Earth*. In this sense, HIV/AIDS is part of a post-colonial discourse that produces fractured, multiple selves, which in turn shape the construction of the fragmented modern nation in South African and Zimbabwean literature. The reclamation of the diseased body, and the traumatised, afflicted self is part of the process of writing HIV/AIDS in post-colonial South Africa and Zimbabwe that mirrors Gikandi’s ‘territorial repossession’. I argue that recognising the possibility of a diseased nation is closely related to this reclamation of the self and the body, and that in destabilising the myth of the ‘nation’ as a unified, monolithic, naturally healthy entity, narratives about HIV/AIDS deconstruct hegemonic (often patriarchal) discourses of the post-colonial nation. This reclamation has particularly significant implications for the patriarchal nation when the diseased body is either masculine or feminine.

²⁵ Vambe, “HIV/AIDS, African Sexuality”, p.474.

²⁶ Testimonial work recording trauma and suffering are often instigated by others, e.g. *Mothers of the Revolution, Suitcase Stories* and the children’s radio project “Growing up in a time of AIDS” (Cape Town: Zisize Education Trust and Children’s Institute, 2006).

It is also necessary to incorporate the new levels of struggle now present in post-colonial or neo-colonial societies into narratives about HIV/AIDS, and consider how these struggles destabilise ideas about the nation embodied in literature. How is the nation (in literature) undermined or subverted by this supra-national discourse of HIV/AIDS which fractures, dislocates and separates society? Some of the issues which might be reflected in HIV/AIDS literature would necessarily have national and international implications, for example, the rich and educated getting sick might create connections across classes and nations, or exacerbate current divides. Loss of generational continuity could lead to a rupture in the fabric of society, placing stress on families, that must care beyond their means. If the family is used as a model for national structures, how does it incorporate rape, altered sexuality and sexual behaviour into a model for survival? What values are inscribed on a nation which can no longer sustain the conventional family, and what structures are erected in its place? These 'ambivalences of the post-colonial situation' linked to globalisation demand not only new narratives but new literary theorisations.

It is a common observation that "the growing wealth of developed countries over the past two centuries, and the growing impoverishment of developing regions are inescapably related."²⁷ In the case of HIV/AIDS and the effect of poverty on Africans in a post-colonial context (often regarded as neo-colonial, due to the domination of trade and economics by Western powers), this means that "Africans are being systematically denied their health by increasing impoverishment and chronic inequities that create conditions of vulnerability."²⁸ This inequality denies Africans not only their health, but their right and ability to define themselves in the face of this erosion. I identify sentiments, thoughts and actions that re-inscribe agency to communities and individuals (whether writers or readers), enabling them to re-claim their identities.

²⁷ Susan Hunter, *Who Cares? Aids In Africa* (New York: Palgrave Macmillan, 2003), p.9.

The tripartite issues driven by HIV/AIDS between the global, the national and the individual generate a complex set of inter-related questions. Does the fundamental economic inequality between the West and Africa reinforce prejudices, class structures and national identities? Does it provide an enemy, an 'other' to form a resistance against? Does globalisation in all its complexity, provide writers with a forum to make their voices heard that goes beyond the nation? Or does the opposite occur, in a post-colonial context, in which no colonial villain can straightforwardly be denounced? Do these discourses begin to examine internal weaknesses and decry local failures to react to address this inequality? For example, the people of South Africa, in forming groups such as the Treatment Action Campaign (TAC), have taken on international pharmaceutical companies alongside the South African government in a bid to demand cheaper ARVs and the importation of generic drug patents into their country. This places individuals in direct conflict not just with other nations, but with the world – facing imperialism and oppression in a different form. Gumede reports that “in the face of local and international protests organised by the TAC, the pharmaceutical companies reached an out of court compromise with the government... Yet, despite what amounted to a victory against the pharmaceutical companies, the government still refused to make ARVs available to the masses.”²⁹ In this way, national concerns appear to continue to override individual and global priorities.

What do national and global inequalities mean for literature? Do they place fictions about HIV/AIDS at the mercy of an external market, in which readers in Zimbabwe and South Africa, when they cannot afford essential medicines, likewise cannot afford to purchase luxury items such as novels and poems? How do these stories contend with grassroots, street-level, oral forms: song,

²⁸ Ezekiel Kalipeni, Susan Craddock, Joseph Oppong, Jayati Ghosh (eds.) *HIV and AIDS In Africa, beyond epidemiology* (Blackwell Publishing, Oxford. 2004), p.10.

²⁹ Gumede, *Thabo Mbeki*, p.156.

radio and television?³⁰ Is there a danger that when viewing the inclusion of HIV/AIDS in literature, whether in printed form or other media, that the critic can be accused of looking for the exotic, the other, that is encapsulated in Edward Said's theory of Orientalism, or Ndebele's reference to the 'spectacle' in literature?³¹ Such accusations can be tempered by examining specific local characteristics and traits such as those seen in South Africa when President Mbeki refused to acknowledge the existence of AIDS, or the correlation of HIV infection with full-blown AIDS.³² This intransigence, in the face of enormous scientific evidence to the contrary, is not an externally imposed exoticisation of HIV/AIDS but a form of 'othering' that begins inside different communities.

HIV/AIDS was so silenced in public discourse by Mbeki that other leaders and figureheads in South Africa felt the need to redress this balance themselves:

[T]he Sisulu family proved a rare exception when they went public after a family member died of AIDS. Buthelezi, an arch-traditionalist, also broke the silence by acknowledging that both a son and a daughter had died of AIDS within months of one another in 2004 and publicly

³⁰ For more on Zulu oral forms in relation to HIV/AIDS see Liz Gunner, "Zulu Choral Music – Performing Identities in a New State", *Research in African Literatures* 37,2 (2006), pp.83-97 and "Those Dying Generations at their Song': Youth, *isicathamiya* and Singing of Life, Death and AIDS in Today's KwaZulu-Natal", *English Studies in Africa* 46,2 (2003), pp.42-53. In the Oscar nominated film *Yesterday* (2003) we are graphically shown how the AIDS patient is shunned by a Zulu community. The film provides a unique counterpoint to written literature, which rarely focuses on the physical and rural experience of HIV/AIDS. Likewise, the educational film *Everyone's Child* (1996) depicts Zimbabwean villagers's reactions to the orphaning of two children, who initially receive no help from their community. The popular television series *Soul City* began in South Africa in 1994. Billed as an African *ER* or *Casualty*, this hospital based drama regularly features HIV and AIDS, and did so in the very first episode. Soap operas such as *Isidingo* in South Africa have also more recently brought in HIV-positive characters (the beautiful female character Nandipha was infected in 2003 and shown to be in the stages of HIV infection in July 2006). Norbert Wildermuth comments: "men's involvement in the epidemic is implied but not seen. No man in *Isidingo* is seen to grapple with the implications of HIV/AIDS." Wildermuth, "Isidingo – the need – a mainstream approach to HIV/AIDS communication?" p.9. www.glocaltimes.k3.mah.se/viewarticle.aspx?articleID=70andissueID=7 (11/09/06). In 2002 South Africa's *Sesame Street* (*Takalani Sesame*) introduced an HIV-positive puppet, amidst much controversy, with the aim of educating the nation's children and de-stigmatising those with HIV i.e. it's safe to play with HIV-positive children. Jason Deans, "HIV-positive vibes on Sesame Street." <http://media.guardian.co.uk/broadcast/story/0,7493,754228,00.html> (12/07/02).

³¹ See Edward Said, *Orientalism* (London: Penguin, 1995); Graham Huggan, *The Postcolonial Exotic* (London: Routledge, 2001); Ndebele, "The Rediscovery of the Ordinary", *South African Literature and Culture*, pp.41-59; and Watney, "The Spectacle of AIDS", *AIDS: Cultural Analysis/Cultural Activism*, pp.71-86.

³² For example: "Small wonder, then, that Mbeki could tell the world, without blinking an eye, 'I don't know of anybody that died of AIDS,' in an interview with the *Washington Post* in September 2003." Gumede, *Thabo Mbeki*, p.172.

speaking of the devastation the disease caused within the family circle. And when Nelson Mandela announced that his son, Makgatho, had died of AIDS in January 2005, it was a move aimed at breaking one of the most stubborn taboos surrounding the pandemic.³³

Such confusion and silencing, which provoked respected and traditionalist members of society to speak out, has also stimulated a cultural response from people who feel their voices are not being heard at government level. And yet this response has been a long time coming in literature. For example, Sindiwe Magona's short story "A State of Outrage" (1999)³⁴ was the first response published in South Africa, some seventeen years after HIV/AIDS was initially reported in the country.³⁵ This silencing is equated by some with denial, and by others with the inability to express painful truths.

Ineffable Pain and Mourning

In terms of scale, Susan Hunter makes a direct comparison with the Holocaust when she says:

HIV/AIDS is fast becoming the worst human disease disaster the world has ever seen... AIDS will claim more lives than any other human epidemic... By 2010, its death toll will be higher than that of the two world wars combined, and it will soon be worse than the total claimed by all wars put together. Every year and a half, it claims more human lives than the Holocaust, and with the pace accelerating, there will be a new holocaust every year. There is simply nothing left to compare it to.³⁶

While Hunter expresses scale by referencing the Holocaust, she is presumably also incorporating its moral concomitant that if HIV/AIDS in Africa is ignored, those responsible bear a moral culpability on a par with the Nazis. This could account for some of the silence around HIV/AIDS in southern Africa and in the world generally now that it has become a 'manageable chronic condition'³⁷ in richer countries – a philosophical equivalent to the elephant in the room. It is perhaps a conscious decision born out of an illusion of self-preservation, the avoidance of taboos, or a mental distancing

³³ Gumede, *Thabo Mbeki*, p.173.

³⁴ Magona, "A State of Outrage", *Opening Spaces*, pp.114-127.

³⁵ Panos Institute, *AIDS and the Third World*, p.165.

³⁶ Hunter, *Who Cares? Aids in Africa*, p.7.

³⁷ Treichler, *How to have theory*, p.325.

required in order to 'carry on' with normal life when surrounded by death.³⁸ But the magnitude of the HIV/AIDS crisis in southern Africa makes the apparent silencing of such a 'holocaust' (in political as well as cultural and literary discourses) incredibly difficult to understand.

Sam Durrant writes that "postcolonial narrative, structured by a tension between the oppressive memory of the past and the liberatory promise of the future, is necessarily involved in a work of mourning",³⁹ but if this is so, why are there not more literary texts of mourning in this time of HIV/AIDS? Surely the post-colonial narratives of South Africa and Zimbabwe will encompass the widespread fact of death and mourning that affects almost every family in both nations? To use Gikandi's earlier formulation: where are the 'narratives which face up to the task of representing the ambivalences of the post-colonial situation'? Why are there not more works of literature about HIV and AIDS? The scale mentioned by Hunter (above) suggests that HIV/AIDS should have taken on national significance, become a national concern, and if it does not govern ideas about the nation in the form of a national crisis, then HIV/AIDS might at least contaminate ideas associated with the nation in Africa. Of course, there is a danger in these assumptions that I am prescribing through them what should occur in any national literature. I cautiously use these paradigms to query and interrogate the development of literature about HIV/AIDS, and do not intend to dictate the forms I believe it *should* take. Nevertheless it seems logical that HIV/AIDS would appear in literature, particularly in South Africa, which has a strong tradition of protest literature, and in Zimbabwe where disillusion with the success of the national project has produced a number of prize-winning authors.⁴⁰

³⁸ Sigmund Freud details taboos around death - see Freud, *Totem and Taboo and Other Works* (London: Vintage, 2001) - further described in a more African context by Mary Douglas, in *Purity and Danger – an analysis of concepts of pollution and taboo* (London: Routledge, 1966).

³⁹ Sam Durrant, *Postcolonial Narrative and the Work of Mourning* (Albany: State University of New York Press, 2004), p.1.

⁴⁰ The political engagement of the writer in Africa has a long history in African literary theory see Chinua Achebe, "The Role of the Writer in the New Nation", *African Writers on African Writing*, G.D. Killam (ed.) (Evanston: Northwestern University Press, 1973); Achebe, "The Novelist as Teacher", *Morning yet on Creation Day* (London: Heinemann, 1975).

Complex Nations and Liminal Spaces

Benedict Anderson's discussion of nations as 'imagined communities', although essential to understanding the creation of myths of national consciousness, also exposes the dichotomy between imagination and reality. Anderson demonstrates that nations do not have a fixed identity, and that their symbols and signifiers are fluid, subject to changes in context and perception.⁴¹ Treichler supports this formulation when she says:

[T]he chronicle of AIDS in the Third World cannot be understood monolithically. It must be understood not only in terms of the 'rich history and complex political chemistry' ...of each affected country but also as a heteroglossic series of conflicted, shifting, and contradictory positions.⁴²

So although HIV/AIDS cannot uniformly define African nations, each nation contains a series of definitions and concepts of HIV/AIDS that are culturally and socially specific. These definitions invariably feed into narratives of HIV/AIDS in South Africa and Zimbabwe, giving them distinct national characteristics.

Barnett and Whiteside, talk of "sub-national epidemics", which differ "depending on the stage of the epidemic and the particular history and circumstances of the risk environment."⁴³ This fits with Leon de Kock's analysis that it "remains problematic to regard 'South African literature' as a singular or unified field".⁴⁴ The same analysis can be applied to Zimbabwe. Ranka Primorac details the plurality in Zimbabwean literature which, despite a specific nationalistic trait, also contains subversive counter-narratives,

⁴¹ "I have tried to delineate the processes by which the nation came to be imagined, and, once imagined, modelled, adapted and transformed." Anderson, *Imagined Communities*, p.141.

⁴² Treichler, *How to have theory*, p.124.

⁴³ Barnett and Whiteside, *AIDS in the Twenty-First Century*, p.98.

⁴⁴ Leon de Kock, "South Africa in the Global Imaginary: An Introduction", *Poetics Today* 22,2 (2001), p.271: "If anything, 'South African literature' is an area of enquiry that raises a multiplicity of questions about the colonization of culture; about canonization and tradition formation; and about literary-critical historiography, identity, objects of literature, the materiality of discursive regimes, the construction of culture, and the relations of power to cultural production." I would argue that these concerns are the domain of all national literatures.

creating a diverse national canon.⁴⁵ The inherent instability of the signifier 'nation' leads me to suggest (along the lines of Homi Bhabha's *Nation and Narration*)⁴⁶ that discourses about HIV/AIDS are located precisely within that struggle between the national and the individual experience of HIV/AIDS, inhabiting a liminal space (a space of potential infection, between health and disease), complicating the notion of disease as both an individual, national and a communal experience.

* * * *

There is a tension between Western conceptions of the unified continent of Africa and the view Africans of different nationalities and ethnicities have of themselves in relation to HIV/AIDS. However, in the form of the African Union (AU), and the invention of cross-national, regional bodies such as the Southern African Development Community (SADC), it is possible to find and make tentative comparisons and similarities across national borders, particularly as linguistically and logistically, these borders are permeable. Indeed, it is this very porous, trans-national relationship epitomised in migrant labour, that has facilitated the spread of HIV/AIDS between the southern African countries of Zimbabwe, South Africa, Botswana, and Zambia in particular.⁴⁷

I will now set out the distinct trajectories that HIV/AIDS discourses have taken in both South Africa and Zimbabwe. It remains important to consider that

⁴⁵ See Ranka Primorac, *The Place of Tears – The Novel and Politics in Modern Zimbabwe* (London: I.B. Tauris, 2006).

⁴⁶ Homi Bhabha, *Nation and Narration* (London: Routledge, 1990).

⁴⁷ "HIV is making existing social problems worse. Southern Africa's long history of forced population migration has torn families apart by separating mothers and fathers from each other and from their children... The system of migrant labour was characterised by poor working conditions, occupational health risks, and overcrowded and unhygienic accommodation. This resulted in poor nutritional status and lowered immunity, which made people susceptible to many diseases including tuberculosis (TB). The separation of families, economic vulnerability, and bleak living conditions created an environment in which sexually transmitted infections (STIs) were commonplace. It is now well known that the presence of TB and STIs is associated with the rapid spread of HIV/AIDS, because these diseases compromise immunity." Liz Walker, Graeme Reid and Morna Cornell, *Waiting to Happen - HIV/AIDS in South Africa* (Cape Town: Double Storey Books, 2004), pp.16-17.



whether stable or not, conceptions of South Africa and Zimbabwe within those countries, shape and produce discourses about HIV/AIDS, and that whether or not these discourses are completely representative or consistent, they nevertheless have a distinct national character, informed by linguistic and cultural specificity. This does not mean that these national characters are entirely uniform or homogenous – indeed, my reading of nation entails an acceptance of complex, heterogeneous, pluralistic ideas of national consciousness. However, there are dominant political and social national discourses that take on an authoritative mantle with which other voices must struggle, subvert and dialogue. The establishment of these national contexts will enable the question: is there a corresponding national allegory in this literature related to HIV/AIDS? And if not, why not? In fact, the movement away from allegory towards more distinctive individual representations of the self in the context of HIV/AIDS is evident as the thesis progresses. It is key to bear in mind, as Treichler puts it, that: “distinct voices... represent not diverse accounts of reality but significant points of articulation for ongoing social and cultural struggles.”⁴⁸

South Africa

In South Africa, Thomas Long summarises the dichotomies that arose in early conceptualisations of HIV/AIDS:

The apartheid National Party had used fear of AIDS in its campaign against the African National Congress; what had initially been stigmatized as a ‘Gay Plague’ suddenly became ‘Black Death’ with racist images of hypersexual black men fueling white anxieties.⁴⁹

For the imaginary of HIV/AIDS, the legacy of apartheid created for some time the confusing idea that:

[T]here were “two totally different kinds of AIDS. The one that only affected blacks was acquired through sexual and ritual contact with baboons in central Africa. The other was acquired by sexual contact with homosexuals – white AIDS” (Seftel 1988,21).⁵⁰

⁴⁸ Treichler, *How to have theory*, p.126.

⁴⁹ Thomas Long, *AIDS and American Apocalypticism – The Cultural Semiotics of an Epidemic* (Albany: State University of New York Press, 2005), p.184.

⁵⁰ Treichler, *How to have theory*, p.116.

The highly racialised and sexually homophobic attitude to HIV/AIDS has had serious implications for the development of HIV/AIDS discourse in South Africa. Sadly, as many commentators have observed, South Africans “have been burdened by governmental failings before and after our transition to democracy, in which ineptitude on the part of the apartheid government in dealing with AIDS has been grievously matched by our democratic government.”⁵¹ The combination of two successive governments that failed to adequately address HIV/AIDS in South Africa has led to the unique predicament South Africa experiences to this day. There was much hope and expectation that with the end of apartheid there would be a new attempt to tackle the growing HIV/AIDS crisis: Long, amongst others, outlines the reasons why this was not the case:

Upon the end of apartheid, black majority leaders were in no better position to confront the epidemic, and ...Thabo Mbeki, has questioned the medical consensus about HIV and resisted providing government funds for making antiviral drugs available to pregnant women, choosing instead to call for moral reform.⁵²

Finally, in 2002, Mbeki “proposed that ARVs be made available to pregnant women and rape survivors without further delay”,⁵³ bringing to an end the political resistance of the government which, in 2001, Archbishop Desmond Tutu had suggested was “undermining his [Mbeki’s] stature in the world”.⁵⁴ It seemed that the issue of mother-to-child transmission of HIV united South African leaders behind campaigns for treatment, in a way in which the simple infection of men and women could not. (Mother-to-child transmission became the first campaign issue of the TAC when it was established in 1998).⁵⁵ It has led some, including most notably the former President Nelson Mandela, to speculate that: “the ANC does not care about the death of millions”.⁵⁶ The latent sympathy for the ‘innocent’ mirrors patterns in America, where haemophiliacs became the ‘innocent’ victims of HIV infection, and roused

⁵¹ Walker et al., *Waiting to Happen*, p.9.

⁵² Long, *AIDS and American Apocalypticism*, p.184.

⁵³ Gumede, *Thabo Mbeki*, p.171.

⁵⁴ *ibid.*, pp.169-70.

⁵⁵ Helen Schneider, “On the fault-line”, p.148.

⁵⁶ Gumede, *Thabo Mbeki*, p.169.

public sympathy in a way that gay victims could not. After a 2003 court ruling, the government “reluctantly rolled out a public programme to make ARV drugs available to people with Aids”⁵⁷, which effectively removed the moralising that accompanied previous restrictions to mother-to-child transmission or rape survivors. Although Mbeki still resists sacking his Health Minister Manto Tshabalala-Msimang, who has advocated the use of garlic, lemons, the African potato and beetroot as cures for AIDS, he has at least supplanted her with a new head for the AIDS task-force, the Deputy President Phumzile Mlambo-Ngcuka. Within weeks of her appointment in October 2006, Mlambo-Ngcuka finally broke the government’s denial about the link between HIV and AIDS and was seen walking arm in arm with Zackie Achmat of the TAC.⁵⁸

During the period under scrutiny, HIV prevalence in South Africa rose to a high of over 30% in 2005. These figures are not entirely accurate, however, as in the four years before democracy, testing was not conducted on a completely national basis, and only after 1994 does regional testing and statistical analysis become more representative.⁵⁹ Life expectancy also fell from approximately 62 years to 44 years over the same period⁶⁰ and from 1997 to 2004, during Mbeki’s presidency, prevalence rose from 20% to 30%.⁶¹ However despite the repeatedly consistent and reliable information that began to be collected after 1994, the new South African government continued to question the link between HIV and AIDS. In the context of new-nationhood, and the unique position of South Africa in being able to reconfigure, redefine and re-create national consciousness in the new era of democracy, it is particularly interesting to read Helen Schneider’s view that “the conflict around AIDS, in the context of an emerging post-apartheid state, represents a battle between certain state and non-state actors to define who has the right to speak about AIDS, to determine the response to AIDS, and even to define the

⁵⁷ Andrew Meldrum, “South African government ends Aids denial”, *The Guardian* 28/10/06.

⁵⁸ *ibid.*

⁵⁹ “Until then [1994] South Africa was divided into ‘white’ areas and black ‘homelands’. The ‘homelands’ were excluded from earlier surveys, as they were not considered to be part of South Africa under the apartheid regime.” Barnett and Whiteside, *AIDS In the Twenty-First Century*, p.117.

⁶⁰ *AIDS Epidemic Update* (2006).

⁶¹ *ibid.*

problem itself.”⁶² Schneider, following Pierre Bourdieu, argues that “contestation in the AIDS field, from the perspective of political leaders, is over symbolic capital: *the legitimate right to hold and exercise power.*”⁶³ Part of this contestation lies in a perceived threat to rights over ‘the struggle’, as Schneider points out:

AIDS activism in South Africa cannot be seen as a simple reflection of movements elsewhere. The social movement around AIDS in South Africa, even the gay rights elements of it, have roots in the mass democratic movement of the 1980s and 1990s, giving it a wider social base and a need to frame AIDS struggles within broader political and economic struggles.⁶⁴

According to Mandisa Mbali, who builds on Schneider’s work, the persistent return of Mbeki to allegations of racism when he was criticised for his HIV/AIDS policies, harks back to an era in which race defined the political battles of those in power.⁶⁵ This delimitation of the debate to categories of racial discrimination acted as a form of defence against any criticism of the government and unnecessarily diverted the debate away from the real problems that faced the majority black population, who also represent the majority of those infected.

One of the reasons that South Africans do not seek medical treatment for HIV/AIDS – other than Mbeki’s confusing messages about HIV and AIDS, in addition to the failure of the South African government to start treatment in the early stages of the epidemic – is rooted in a traditional culture that is far more easily accessible than expensive Western healthcare. Liz Walker, Graeme Reid, and Morna Cornell’s excellent book *Waiting to Happen - HIV/AIDS in*

⁶² Schneider, “On the fault-line”, p.153.

⁶³ *ibid.* (My italics).

⁶⁴ *ibid.*, p.157.

⁶⁵ Mandisa Mbali makes the point that “Mbeki is fundamentally constrained in his thinking by the ghosts of apartheid and colonial discourse around Africans, medicine and disease.” Mbali, “Mbeki’s Denialism and The Ghosts of Apartheid and Colonialism for Post-apartheid AIDS policy-making”, (University of Natal, Public Health Journal Club Seminar 03/05/02), p.8. www.nu.ac.za/ccs/files/mbeki.pdf. She asks whether we should “see Mbeki’s misguided attempt to rehabilitate African sexuality as an attempt to redefine South Africa [*sic*] nationhood and the body politic, in terms of his misty concept of the ‘African Renaissance’? Can Mbeki’s attempt to re-mould images of African sexuality, by denying the veracity of mainstream Western biomedicine’s model of AIDS, be seen as a nationalistic attempt to defend the nation against ideas that it is degenerate?”, p.17. She answers by stating: “The fact is that Mbeki offers no feasible alternative for reducing AIDS mortality and effectively preventing HIV”, p.21.

South Africa provides a context that helps to explain many of the unique circumstances that have led South Africans to approach HIV/AIDS in the particular way that they have. For example, on the subject of traditional healers, it is important to remember that:

[T]here are an estimated 150,000 to 200,000 traditional healers in South Africa... as many as 80% of African people consult traditional healers and they do so for a number of reasons. The absence of hospitals and clinics in many regions (particularly in rural areas) and understaffed and overcrowded health facilities (where they do exist) partly account for widespread reliance on traditional healers.⁶⁶

Given that only in 2005 were initial treatment programmes rolled out to 200,000 HIV-positive people, and that this is less than a quarter of those known to be infected, the fact that there is an equivalent number of healers shows the ubiquity of their presence: if there is one healer for every person in treatment, no wonder so many people are not in treatment. Not only are traditional healers, or sangomas and n'angas, particularly accessible to the people of southern Africa (including Zimbabwe), but:

[I]llnesses are understood to have a social cause, be they the consequence of bad relationships or the result of some action taken by the patient (or a close relative). Traditional healers usually take a holistic approach, dealing with all aspects of the patient's life, social context and psychological state. They provide culturally familiar ways of explaining the cause and timing of ill health and its relationship to the social and supernatural worlds... They also provide a conceptual framework that helps many of their patients to understand their illnesses.⁶⁷

As cited in the Introduction, if for example Zulu speakers refer to AIDS as "u yi AIDS" meaning "you are AIDS", this suggests a completely different way of understanding medically explained phenomena that perhaps the Western intellectual tradition takes for granted as universal.⁶⁸

Particularly important in the understanding of disease, and particularly diseases of great misfortune, such as those which kill the young and

⁶⁶ Walker et al., *Waiting to Happen*, p.94.

⁶⁷ *ibid.*, p.94.

⁶⁸ Sangomas have been enrolled in HIV/AIDS response by the African Medical Research Foundation – see, for example, Rebecca Harrison, "Sangomas help fight HIV", *Mail and Guardian* 04/06/07.

apparently innocent, and those which cannot be cured, is the role of the ancestors. Walker et al. elucidate:

the role of an individual's ancestors is seen as particularly important. Ancestors are the guardians of social norms and values and 'they have the power of unmediated intervention in the lives of their descendants'.⁶⁹

This epistemology means that spiritual causes or sources of infection are frequently sought to explain a patient's sudden onset of sickness. Inevitably, when an unexplained or apparently random infection occurs, such as HIV/AIDS, witchcraft is often thought to be the cause. It is not unusual therefore to learn that: "many people in Africa believe in the power of witchcraft and attest to its effects on their daily lives. Witchcraft may explain misfortune, bad luck, illness and death where no other obvious reason can be found."⁷⁰ Witchcraft is understood to mean:

'the manipulation by malicious individuals of powers inherent in persons, spiritual entities and substances to cause harm to others'... The AIDS epidemic is well suited to interpretations through the paradigm of witchcraft. It is mysterious, elusive, difficult to understand and constantly changing...The obvious injustice of a disease that, in addition to being incurable, primarily affects the most vulnerable – the poor, the youth and the 'blameless' – fuels suspicions of witchcraft.⁷¹

The link between witchcraft and silence, which in the context of HIV/AIDS has been particularly deadly, has been exacerbated by the obfuscation and silence⁷² of political leaders like Mbeki, and further strengthens misunderstanding and confusion around HIV/AIDS. The stigma of HIV/AIDS, which makes it a taboo subject, has also silenced people who might otherwise question the injustice of such widespread infection and death, so soon after the achievement of freedom in 1994. Walker et al. reiterate that "the stigma associated with AIDS is often more likely to be about witchcraft than about sex. With regard to both AIDS and witchcraft silence is the norm."⁷³ Questioning these taboos involves widespread social disruption and leaves

⁶⁹ Walker et al., *Waiting to Happen*, p.95.

⁷⁰ *ibid.*, p.100.

⁷¹ *ibid.*

⁷² "Following internal pressure within the ANC and an interview with Time Magazine in September 2000, perceived by many to be damaging, Mbeki apparently told the ANC National Executive that he was to withdraw from public debate over the science of HIV/AIDS." Schneider, "On the fault-line", p.149.

⁷³ Walker et al., *Waiting to Happen*, p.100.

the enquirers open to accusations of witchcraft themselves, or other more politically dangerous accusations regarding 'the legitimate right to hold and exercise power'. Whichever is the defining *raison d'être*, collectively stigmas associated with sex, possible witchcraft and the perceived living contamination with death or simply the impending fear of death, has meant that this silence has become normalised in South Africa.

Silence has meant that the truth about HIV/AIDS infection has been lost in the abyss, and that in its place dangerous and libellous reasoning has taken hold, for example, "large-scale fear of AIDS, misinformation, popular mythology, and the legacy of mistrust left by apartheid have created an environment highly unsympathetic to those infected with HIV and living with AIDS".⁷⁴ Not only are people unsympathetic, but also the root cause of infection is not addressed, so that when wives are blamed, their husbands re-marry, passing HIV to their new wives. Or when husbands die, wives are inherited by brothers or other male family members, passing HIV to these new husbands. Failure to treat these stigmatised and infected members of the community also means that the predominant narrative of HIV/AIDS is that of a lethal death sentence. The hope that would be provided by successful treatment is a narrative silenced along with everything else. The TAC represents one of the few voices willing to speak up and demand access to drugs. Their figurehead Zackie Achmat urges (in such publications as *Long Life...Positive HIV Stories* (2003)) that although "the tragedy of the HIV epidemic is depicted in some detail in *Long Life...* the message of this book is not one of tragedy, it is one of struggle and hope for the rights to life, dignity and health care. HIV/AIDS can be treated."⁷⁵ It is the combination of these complexly interacting threads that begin to provide the 'complex narrative' that Treichler urged us to seek out over ten years ago.

⁷⁴ *ibid.*, p.102.

⁷⁵ Zackie Achmat, "Afterword", *Long Life...Positive HIV Stories*, Jonathan Morgan and the Bambanani Women's Group (Cape Town: Double Storey Books, 2003), p.182.

Zimbabwe

In contrast, Long writes of Zimbabwe that:

[I]f there is a population that deserves the right to configure AIDS in apocalyptic terms, sub-Saharan Africans are it, but the trope is also used for the same demonizing purposes in Africa as in the United States. Robert Mugabe, President of Zimbabwe, frequently characterized AIDS as a message from God calling people to moral reform and repeatedly targeted homosexuality as a national threat.⁷⁶

Unlike Mbeki, Mugabe has at least spoken about HIV/AIDS,⁷⁷ but he has usually done so by linking it, as above, to a moralising message, placing the nation in danger from deviants or dissidents, whom he has long used to secure his own position and reinforce ZANU-PF national and political dominance. The identification of homosexuals with the HIV/AIDS pandemic has been particularly misleading in a country where the dominant means of transmission is heterosexual. According to Long, "apocalyptic discourse is particularly effective in promoting group solidarity by engaging the individual and collective sense of threat and crisis".⁷⁸ However, Long also points out that: "the apocalypse is equally at home at the service of radicals and reactionaries."⁷⁹ So the utilisation, manipulation and interpretation of such metaphors are not a foregone conclusion, and are certainly not culturally uniform. Indeed, the failure of such messages is proven by simply looking at the statistics.

During the period under scrutiny, HIV prevalence in Zimbabwe rose to a high of 34% in 2001. This dramatic increase has in the last two years, from 2003-2006, decreased to 25% in 2003 and 20% in 2005, suggesting the epidemic may be coming under control.⁸⁰ Some would doubt the accuracy of such statistics in modern Zimbabwe, and indeed the UNAIDS reports include caveats to their statistics based on the difficulty of verifying the information provided by the government. Prevalence figures, rather than incidence

⁷⁶ Long, *AIDS and American Apocalypticism*, pp.184-5.

⁷⁷ "Aids has hit my family, says Mugabe", Meldrum and Carroll, *The Guardian* 17/06/04.

⁷⁸ Long, *AIDS and American Apocalypticism*, p.9.

⁷⁹ *ibid.*

⁸⁰ *AIDS Epidemic Update* (2006): I reference the 2001 and 2003 figures on p.26, footnote 70.

figures are also misleading, as prevalence will fall with higher mortality, since it measures those who are currently infected. So a fall in prevalence looks positive epidemiologically, but can in fact be negative, showing a high number of deaths from AIDS. Incidence figures would give a better picture of how quickly HIV is spreading, as they would indicate the number of new infections. Prevalence also goes up when treatment is successful because the lives of those with HIV are extended, which means that the numbers of those currently living with HIV goes up, even as incidence of new infections continues to add to the prevalence figure. This gives the impression that the epidemic is worsening, when in fact higher levels of treatment enable people to live longer.

Suffice to say that the concealment or publication of accurate HIV prevalence data is always political, and in Zimbabwe we find “the most telling example of the politicisation of data”.⁸¹ Barnett and Whiteside cite that:

[T]he first report to the Global Programme on AIDS in Geneva was of several hundred cases in 1987. A few weeks later South Africa (then still under the apartheid regime) reported 120 cases. Within days the Zimbabwean government reduced its reported cases to 119 (*AIDS Analysis Africa*, 1990, p.6).⁸²

In his biography of Mugabe, Stephen Chan comments that in 1997, when HIV and AIDS were becoming a more pressing problem in Zimbabwe (topping the list of southern African countries with an infection rate of 25.84%),⁸³ it still was not an electoral issue.⁸⁴ The effacement of HIV/AIDS from public discourse in Zimbabwe seems mysterious, but can be explained by the populace’s intransigent reluctance to reveal the causes of death of AIDS sufferers, and thus to keep the issue below the surface. This correlates very closely to the silencing described in South Africa above, but seems to relate much more closely to the reluctance of ordinary people to speak out against AIDS. This was reinforced by Sunanda Ray’s account of government suppression of

⁸¹ Barnett and Whiteside, *AIDS in the Twenty-First Century*, p.55.

⁸² *ibid.*

⁸³ *AIDS Epidemic Update* (1998).

⁸⁴ Stephen Chan, *Robert Mugabe – a life of power and violence* (London: I.B. Tauris, 2003), p.135.

information about HIV/AIDS from 1985–1990, also mentioned earlier. Since then, Mugabe has certainly not been reticent in speaking about HIV/AIDS, but the distinct moral tone he employs (perhaps reinforced by his staunch Catholicism),⁸⁵ famously describing homosexuals as pigs and dogs,⁸⁶ has not removed the stigma associated with infection. Such silencing, endemic in other issues related to political dissidence in Zimbabwe,⁸⁷ is not the basis from which a political grassroots campaign could be launched to force the government to address issues such as inadequate healthcare, treatment, and education on sexual health in particular.

Chan concludes his brief two-page section on the disease, writing that “the President has done nothing presidential in this field – but thousands of citizens will die from HIV/AIDS, and their poverty will not help them postpone that death.”⁸⁸ He mitigates this neglect by citing the failure of the economy in general to provide education and drugs, saying that “there is little he [Mugabe] can do.”⁸⁹ But to contextualise this amongst other southern African countries, not least South Africa, he confirms that “there has been little enough done in any of the southern African countries to combat HIV and AIDS.”⁹⁰ Interestingly Ray contrasts Mugabe’s *inaction* with the pro-active stance of Uganda’s President Museveni, who “recognized the risk to the army, what that meant for his power base, and declared openly that AIDS was threatening to become a disaster and called for international help to fight the epidemic.”⁹¹ The comparison and disparate results between these countries, which are both poor and autocratic, once again adds weight to the notion of unique national characteristics evidenced in the response to HIV/AIDS.

⁸⁵ The politics of Catholicism in Zimbabwe means abortion is illegal.

⁸⁶ Cris Chinaka, “Mugabe takes another shot at West – and gays”, *Reuters* 25/02/06.

⁸⁷ The Access to Information and Protection of Privacy Act in 2002 is particularly important, as it has limited the freedom of the press in Zimbabwe. Criticising the President directly is also an imprisonable offence.

⁸⁸ Chan, *Robert Mugabe*, p.135 (published the year before Mugabe’s speech re: his extended family).

⁸⁹ *ibid.*, p.134.

⁹⁰ *ibid.*

⁹¹ Ray and Madzimbamuto, “The HIV Epidemic in Zimbabwe”, p.223.

Surprisingly, following reports that up to 3,000 people die of AIDS-related illnesses every week in Zimbabwe, the most recent UNAIDS *AIDS Epidemic Update*, suggests that Zimbabwe is one of the only southern African countries currently achieving a decline in prevalence.⁹² This corresponds to some of the only other good news coming from Zimbabwe, that Malaria infection has also been reduced by 40% in the last two years.⁹³ Though it is hard to disprove the decline in HIV prevalence, it is doubtful that current statistics from Zimbabwe are entirely reliable. The numbers who have migrated, and those who have already died, are in their millions, and a true picture, for a population reduced from twelve to ten million, will take another few years to emerge. Nevertheless, Zimbabwe's record in successful education programmes, although not necessarily government sponsored in this instance, and massive NGO and charitable funding for safe-sex campaigns, testing and treatment, could have begun to turn the tide on HIV/AIDS for the time being. Sadly, threats to survival in the forms of starvation, malnutrition, unemployment and generally inadequate healthcare provision mean that a reduction in HIV prevalence does not necessarily decrease mortality. Indeed, contrary to the apparent decline in HIV prevalence, the life expectancy in Zimbabwe is 37 for men and 34 for women,⁹⁴ a drop of some thirty years in over a decade.⁹⁵

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It has been my contention that HIV/AIDS is conceived as a national problem, and is thus experienced nationally as well as individually. This would lead to the conclusion that all literary narratives written about HIV/AIDS contain allegories which describe or reflect the state of a nation. And yet, Migraine-George, like Gikandi, posits that postcolonial African

⁹² *AIDS Epidemic Update* (2006): see p.26, footnote 70.

⁹³ "The number of malaria cases in Zimbabwe has dropped by 40% in the last two years, from three million to 1.8 million last year, the Ministry of Health and Child Welfare and UNICEF announced." This followed the distribution of 400,000 long-lasting insecticide treated nets in 2004-6: www.unicef.org/media/files/zimbabwe_UNICEF_PR_-_Malaria_April_2007_Final.pdf.

⁹⁴ *AIDS Epidemic Update - Country Profiles* (2006), p.488.

⁹⁵ Daniel Howden, "How Aids and starvation condemn Zimbabwe's women to early grave", *The Independent* 17/11/06: "34: Life expectancy for women. It was 65 just over a decade ago."

literature has all too often been subjected to “reductive sociopolitical readings.”⁹⁶ I, too, contest this subjection, and present literary texts which, although addressing HIV/AIDS, both directly and indirectly, do so while subverting monolithic national, political narratives, projecting HIV/AIDS into the local society around them, while simultaneously differentiating between, and individualising the suffering caused by, HIV/AIDS.⁹⁷

I argue that the telling of the individual story can be an end in itself, in line with Ndebele's search for ‘the rediscovery of the ordinary’. The alternative suggests that it is impossible to conceive of the African as an autonomous individual. It also presumes that the collectivity is a specific, coherent entity that can be represented in a unified way through the life of an individual. This fits with Ato Quayson's complaint that: “under the transparently chaotic political and social conditions in postcolonial Africa, the ‘individual’ is constantly being abrogated in favour of the collective, whether this be thought of as nation, ethnic group, or even kin.”⁹⁸ In contrast to this definitive collectivity, Quayson incites us to: “restore the individual to history”, and I advocate the same restoration to literature.

Following Homi Bhabha's definitions of nation and nationalist discourses in *Nation and Narration*, I read the texts of this thesis within the cultural specificity of each nation, while remaining alert to the traps involved in “the attempt by nationalist discourses persistently to produce the idea of the nation as a continuous narrative of national progress”.⁹⁹ The national narrative is constituted differently in South Africa and Zimbabwe, owing to their different historical development; however, as modern nation states, they both retain “the authoritarian, ‘normalizing’ tendencies within cultures

⁹⁶ Thérèse Migraine-George, “Ama Ata Aidoo's orphan ghosts: African literature and aesthetic postmodernity”, *Research in African Literatures* 34,4 (2003), p.84.

⁹⁷ Kruger asserts that in the West we are presented “with one major subgenre of the AIDS novel presenting accounts of personal illness, decline, and death, and a second focusing mainly on epidemic ‘spread’.” *Aids Narratives*, p.4.

⁹⁸ Ato Quayson, “Symbolization Compulsion: Testing a Psychoanalytical Category on Postcolonial African Literature”, *University of Toronto Quarterly* 73,2 (2004), p.758.

⁹⁹ Bhabha, *Nation and Narration*, p.1.

in the name of the national interest or the ethnic prerogative".¹⁰⁰ As Bhabha reminds us:

there is a tendency to read the Nation rather restrictively; either, as the ideological apparatus of state power, somewhat redefined by a hasty, functionalist reading of Foucault or Bakhtin; or, in a more utopian inversion, as the incipient or emergent expression of the 'national-popular' sentiment preserved in radical memory.¹⁰¹

This 'national-popular' sentiment can also be reinforced with the apparatus of state power, and in southern Africa the nation is both politically and popularly patriarchal.¹⁰² The distinction between South Africa and Zimbabwe lies in their varied conceptions of nationhood and their unique histories of cultural production. In South Africa, the 'new' nation remains in the process of definition. Since the end of apartheid the prefix of the 'new' South Africa has yet to wear off, and continues to fit broadly along the lines of the inclusive 'rainbow nation' envisaged first by Tutu, and then Mandela.¹⁰³ This plurality is underlined in the South African constitution, and the 'African renaissance' of Mbeki, upheld in the government marketing slogan 'Proudly South African'. Via these labels, South Africa is conceptualised as the leader of a cultural, economic and democratic political revival on the continent. In contrast, Zimbabwe's inclusive, de-racialised nationhood has become somewhat deformed since Independence, becoming nationalistic, patriotic,¹⁰⁴ exclusive, racist and predominantly Shona in character, increasing in inverse proportion to the collapse of the economy. South Africa defines itself positively in the light of

¹⁰⁰ *ibid.*, p.4.

¹⁰¹ *ibid.*, p.3.

¹⁰² Boehmer stipulates that there is a "supposition that the masculine, like the national, favor rationality, homogeneity and unitary order. Nationalism did not therefore become gendered simply through transmission and association. The national instead is *intrinsically* monologic, as is the patriarchal." *Stories of Women*, p.39, footnote 29.

¹⁰³ The phrase was elaborated on by Mandela in his first month of office: "Each of us is as intimately attached to the soil of this beautiful country as are the famous jacaranda trees of Pretoria and the mimosa trees of the bushveld – a rainbow nation at peace with itself and the world." Kathryn Manzo, *Creating boundaries: the politics of race and nation* (London: Lynne Reinner, 1996), p.71.

¹⁰⁴ "The narrative of 'the Third Chimurenga' – the third and last instalment of the liberation struggle first mounted in the 1890s – entails a reinscription of both the nation's past and the officially-sanctioned national identities. This narrative is the backbone of what... Terence Ranger calls Zimbabwe's 'patriotic history'." Robert Muponde and Ranka Primorac (eds.) *Versions of Zimbabwe – new approaches to literature and culture* (Harare: Weaver Press, 2005), p.xiii.

the victory against the struggles of the past, whereas Zimbabwe defines itself negatively in opposition to the often 'imagined' forces that still wish to overthrow the legitimacy of the ZANU-PF government, such as the opposition MDC party (Movement for Democratic Change), the British, colonialism and white Zimbabweans.

In addition to the official discourses outlined above, the nation can be read as a heteroglossic, plural construct, permanently in flux, comprising the dialogic voices of disparate individuals at both the margins and centre of culture. It is within this reading of nation that I position the narratives of HIV/AIDS that have been written in South Africa and Zimbabwe from 1990 to 2005. This period has witnessed distinct changes in the 'narratives of national progress' in both countries, and the stories of HIV/AIDS that I analyse form a unique part of that narrative. I argue that these diverse literary texts about HIV/AIDS counter the monolithic, hegemonic constructions of dominant national discourses, revealing the "*in-between* spaces through which the meanings of cultural and political authority are negotiated."¹⁰⁵ As I said earlier, discourses about HIV/AIDS are located precisely within that struggle between the national and the individual experience of HIV/AIDS. Uncovering this liminal space in literature, adds weight to the idea that: "hierarchical claims to the inherent originality or 'purity' of cultures are untenable... the meaning and symbols of culture have no primordial unity or fixity".¹⁰⁶ By restoring the individual to literature, in this liminal space, a space of sickness, Kruger's assertion of the power of literature to 'intervene politically' is once again raised, with the important caveat, that when the personal is political, the personal is not necessarily to be equated with national allegory. The individual life is significant in and of itself, without direct application to the collectivity to ensure its value. The plight of the individual depicted in literature, suffering in a time of HIV/AIDS, emphasises the importance of this sentiment.

¹⁰⁵ Bhabha, *Nation and Narration*, p.4.

¹⁰⁶ Homi Bhabha, "The Commitment to Theory", *The Location of Culture* (London: Routledge, 1994), p.37.

Following Bhabha's idea that "the anti-nationalist, ambivalent nation-space becomes the crossroads to a new transnational culture",¹⁰⁷ I would argue that there is a strong basis for trans-national comparisons. It seems that in the context of HIV/AIDS, which crosses so many national boundaries "the margins of the nation displace the centre; the peoples of the periphery return to rewrite the history and fiction of the metropolis".¹⁰⁸ Quayson reminds us that "in African literary studies, there is often a cross-mapping of literature onto national politics"¹⁰⁹, and he goes on to ask, "how is the narrative of the nation to be elaborated from the perspective of the ex-centric?"¹¹⁰ One could equally ask, how is the narrative of the nation to be elaborated from the perspective of the diseased? From the perspective of the shunned AIDS patient? From the perspective of the ostracised women and men who are HIV-positive? Does HIV/AIDS literature function as: "the intervention of the Third Space of enunciation" which, as Bhabha puts it, "challenges our sense of the historical identity of culture as a homogenizing, unifying force, authenticated by the originary Past, kept alive in the national tradition of the People"?¹¹¹

Leon de Kock suggests that South Africans have been told by outsiders that they "needed a master narrative, a 'rainbow nation' type of governing motif that would frame everyone's energies within the miraculous new nation",¹¹² and when I began this project I also suggested that HIV/AIDS could be the new master narrative of modern South Africa. De Kock helpfully positions the South African antipathy for a 'master narrative' amidst a disdain for the disastrous attempts in the past to produce a singular 'national' consciousness in South Africa: "the memory of master narratives (the grand designs of

¹⁰⁷ Bhabha, *Nation and Narration*, p.4.

¹⁰⁸ *ibid.*, p.6. In this instance the metropolis can be both global and local, national centres of hegemony.

¹⁰⁹ Quayson, "Symbolization Compulsions: Freud, African Literature, and South Africa's Process of Truth and Reconciliation", *Calibrations: Reading for the social* (Minneapolis: University of Minnesota Press, 2003), p.76.

¹¹⁰ *ibid.*

¹¹¹ Bhabha, "The Commitment to Theory", p.37.

¹¹² de Kock, "South Africa in the Global Imaginary", p.289.

colonialism, of apartheid, and of other forms of forcible conjunction or separation) were nothing short of bloody nightmares, literally.”¹¹³ Added to that are “misgivings about a virulent (‘affirmative’) counterracism, about corruption, and about the new intellectual orthodoxy of the ‘African Renaissance,’ which for some looked like a prelude to a one-party state”.¹¹⁴ In this context it seems a fool’s errand to search for a national form of HIV/AIDS narrative, or to even try to locate the new nation of South Africa entirely within the limits of its own HIV/AIDS discourse, and yet, as a means of entry into the terrain of HIV/AIDS narratives in two highly nationally conscious countries (albeit in different ways), I have used the ‘AIDS nations’ idea to open the debate. As a hypothesis, it warrants testing and re-evaluating, before it is reformulated.

There are two examples of national narratives on HIV/AIDS directly depicted in fiction from South Africa. In his choice of the title *Flowers of the Nation*, Memela indicates that he seeks to make allegorical references to the nation of South Africa in his novella. He names two characters: Sizwe – meaning ‘father of the nation’, and Winnie – with clear reference to the ex-wife of the former president Nelson Mandela, the former ‘mother of the nation’ Winnie Madikizela-Mandela. When Sizwe is sick, we are intended to believe that the health of the entire nation is at risk from HIV/AIDS. The title of Magona’s short story “A State of Outrage” also takes on a dual meaning when ‘state’ is configured nationally. As the story progresses towards political action – the emotional ‘state’ translates into the political ‘state’ of outrage. Both texts advocate strong female responses to the national patriarchal crisis, highlighting the intrinsically gendered nature of the intersection of HIV/AIDS and the nation. There are no such examples of direct national, allegorical critiques in literature in English about HIV/AIDS from Zimbabwe.

As a consequence, the search for a national form that seems suitable for a national epidemic like HIV/AIDS, has proved largely fruitless. However the

¹¹³ *ibid.*, p.289.

¹¹⁴ *ibid.*

comparative framework of national discourses outlined in this chapter remains useful to the project as a whole. The strongest trajectory I identify is encapsulated in the brevity of the form. Short stories dominate, particularly the early writing from South Africa and Zimbabwe. This may be explained by the period of time between contracting HIV and dying of AIDS which in both countries is tragically short, often only two years.

Comparisons with American National Discourses

The correlate national form in America, or at least the dominant national form, was driven and created by the gay community, who successfully gave voice to the pain and suffering caused by HIV/AIDS in art and literature. The need to overturn prejudices and assumptions about the gay community and its well-publicised decimation in the West by HIV/AIDS (known in the 1980s as the gay plague) led to a cultural movement that began to delimit its own parameters of an artistic response. This vocalisation was necessary to rid minority gay communities of the stigma and isolation that surrounded their treatment and vilification. It was also essential in preventing the spread of HIV amongst that community, and culminated in the changing perception of 'people dying from AIDS' to 'people living with AIDS'. This movement was mirrored by a growth in the economic status of gay people in American society. The distinct difference in experiences is that most countries in southern Africa have yet to reach an economically sustainable situation in which the idea of 'people living with AIDS' is a real possibility. The other major difference is that the scale of infection threatening the entire population in this region has prevented the mistaken perception (as in the West) that HIV/AIDS is limited to the homosexual community: in southern Africa, this is a disease which affects everyone.

There is a similarly stereotyped correlation of rampant sexual activity in gay communities with sexual behaviour in African communities, which Mbeki in particular has taken to heart as a distinctly racial criticism of black Africans.¹¹⁵

¹¹⁵ As we have seen in Schneider, Gumede and Mbali.

However, polygamy and promiscuous sexual behaviour (which is not unique to southern Africa) if left unchanged or unchallenged runs the risk of being at once highly dangerous, and also culturally conflictual. Nevertheless as Vambe points out:

[T]he magnitude of the problem points to cultural identities embedded in notions of African sexuality. The latter is shaped by cultural beliefs, values and notions of 'maleness' and 'femaleness', 'manhood' and 'womanhood', especially as determined within a colonial system... which is predominantly patriarchal in its modes of perceiving reality and constructing meanings.¹¹⁶

Indeed one of the defining themes that has arisen from my analysis of literature about HIV/AIDS in South Africa and Zimbabwe is gender. It is gender and sexuality which, in a quite different way from in the West, has defined the inscription of HIV/AIDS on different communities. It is gender that reaches across national boundaries in southern Africa and presents the greatest challenge to reshaping perceptions and understandings around this particular disease. Gender, is of course so culturally embedded that to tackle it through the prism of HIV/AIDS is to take on a far greater social challenge than simply advocating a change in individual sexual behaviour. In the patriarchal nations of Zimbabwe and South Africa it is perhaps this potential threat to masculinity that underlies the behaviour of both presidents, or, at least, their unwillingness to engage in productive, practical debate around HIV/AIDS.¹¹⁷ Traditional notions of 'maleness' and 'femaleness' are therefore tackled at greater length in Chapters Three and Four. For now, it is enough to indicate that it is the gendered body and the physical manifestations of sickness and health, rather than the nation, that comes to the fore in literature from South Africa and Zimbabwe.

It is true that depictions of the contraction of HIV/AIDS in literature are mainly limited to heterosexual activity. Often, the focal victims of disease in these stories are women and their children. This does not mean there are not

¹¹⁶ Vambe, "HIV/AIDS, African Sexuality", p.473.

¹¹⁷ Whiteside and Sunter recognise that "dealing with it [AIDS] means addressing many of the issues around male sexuality and power – not something that South African males (of all races) are comfortable with". *Aids: The Challenge*, p.124.

homosexual narratives, but perhaps suggests that they are well-hidden. However I have yet to find any gay literature linked to HIV/AIDS in Zimbabwe. Edwin Cameron and Adam Levin's autobiographies, published in 2005, present the most direct account of their experiences of HIV/AIDS and the fact that the disease was contracted by both authors through homosexual sex. In Chapter Six I argue that their relatively privileged positions, as white, middle class males, makes it easier for them to enter into this taboo territory in South Africa. They are of course legally protected by the liberal South African constitution, which permits gay marriage, but the social acceptability of being gay in South Africa is not matched with this progressive legislation in everyday experience. Nevertheless, as Schneider points out, the link between the movement for gay rights and the anti-apartheid struggle shares a distinct continuity with the current HIV/AIDS protest movement in South Africa. So although these autobiographies have now been written and published they still embody a form of political protest and activism unique to the South African context, which correlates with the HIV/AIDS activism of the West, though following much later chronologically, and framed more precisely within the South African discourse on human rights.

The Value of Literature: Writers and Readers

Literature has always been part of the composite media that make up national identity. It is in this role that literary texts about HIV/AIDS begin to mean something political – it is their level of influence or widespread acceptability that begin to determine whether the texts reflect or interrogate and oppose national consciousness or national identity. Texts need not deal with the nation explicitly in order to have an impact on national identity. Even when texts are not accepted nationally, the work can still form part of a national ideology through involvement in the social struggle defining a nation. As cited earlier (p.7), Kruger identifies a distinct link between literature and political activism in cultural constructions of HIV/AIDS. Such political readings require not only activist writers, but activist readers and critics, to engage in the dialogic process of the construction of meaning.

It is in this context that the perspective of the reader takes on a new role in forming meaning in these texts. Zimbabwean writer and critic Yvonne Vera rightly identified 'witnessing' as key to the role of the African woman writer,¹¹⁸ whereas, particularly in the context of HIV/AIDS narratives, James Agar re-assigns this role to the reader. He states that:

writing about AIDS... enforces a range of important ethical questions on both writer and reader alike, and this especially in the case of written texts whose authors have now died from AIDS related conditions. In a sense the weight of testimony, as Ross Chambers has convincingly argued, passes from the author through the text and lands on the shoulders of the reader. For the text to work as testimony it falls to the reader to carry the weight of the act of witnessing. This is, then, a personal situation for each and every reader to confront.¹¹⁹

This shift of emphasis, or responsibility, towards the reader and a dialogic formation of meaning in literature, recalls political writing, particularly during apartheid, in which the purpose of such literature was to incite others to action. Indeed Abuk says that: "in Magona's *A State of Outrage* the passion and skills of the struggle against apartheid are now directed against AIDS."¹²⁰ Perhaps the first community to be reshaped by literature written about HIV/AIDS will be the audience, the reader.

Foregrounding the Personal

The impact of these stories, that represent the beginnings of activism conducted on a personal and cultural as opposed to an explicitly public political level, will only be felt, at first, within very small audiences and readerships. The exchange of information, the transmission of personal stories on an individual level, from writer to reader, is only the beginning of a process that will begin to negotiate and define the reality of the experience of HIV/AIDS within southern African society, and the possible reactions to it. In support of the power of literature in this context Agar states that:

¹¹⁸ "The woman writer in Africa is a witness; forgiving the evidence of the eyes, pronouncing her experience with insight, artistry, and a fertile dexterity." Yvonne Vera, "Preface", *Opening Spaces*, p.5.

¹¹⁹ Agar, "Remembrance of Health Lost", pp.101-2.

¹²⁰ Christina Abuk, *SOAS Literary Review* 3 (2001), www.soas.ac.uk/soaslit/issue3/abuk.pdf.

[l]iterature ceases to be simply a reflection of another situation, AIDS, which is separate from and outside of literature... Rather, through language and narrative construction, literature contributes to the very essence of what AIDS is, what we understand by it, how we live (with or without) it. Fictional texts cease to be simply cultural inventions, while reading itself becomes a form of cultural (and political) intervention into the very reality of what positively constitutes our world.¹²¹

With regard to the world as it is currently divided into nation states, I would agree with Boehmer that: “[F]amously contradictory, nationalism can be deployed to reactionary and progressive ends; ...the nation continues to exert a hold on emergent geopolitical entities in quest of self-representation.”¹²² The contradictions of the collectivity of nationalism and individual self-definition are to be found within the short stories and poems in this thesis, which negotiate the complex realities of “the space of death”¹²³ within each unique national and individual context.

Liz Gunner, the prominent oral literature academic specialising in Zulu music and performance, has found in the performance genre *isicathamiya* the ability to meld ‘Zuluness’ with ‘South Africanness’¹²⁴ and comments that in certain songs that speak about HIV/AIDS, the “approach to the agency and power to change held by the individual is very striking. Community melts momentarily into the background and the individual’s capacity to make momentous choices is foregrounded.”¹²⁵ In this performance, ethnic and national belonging is paradoxically claimed, while at the same time the authority of the individual and in particular the youth, is invoked in order to instigate change. In support of this position, I agree with Boehmer that:

[N]arrative, like metaphor, can be said to have a discursive materiality; therefore the story of the nation permits the forging and testing of particular kinds of affiliation to a national community. Stories... *embody* nations, inscribing a national destiny into time and injecting new life into the myths of the past.¹²⁶

¹²¹ Agar, “Remembrance of Health Lost”, p.102.

¹²² Boehmer, *Stories of Women*, p.4.

¹²³ Liz Gunner, “Zulu Choral Music”, p.89.

¹²⁴ *ibid.*, p.95.

¹²⁵ *ibid.*, p.93.

¹²⁶ Boehmer, *Stories of Women*, p.11.

The rest of this thesis will chart the movement away from grand, national narratives towards stories of the individual and the liminal, interstitial spaces in between the individual and nation, claiming the voice and agency of the individual, 'forging and testing particular kinds of affiliation' in opposition to homogenous national forms.

By using an interdisciplinary framework to look beyond colonial and post-colonial discourse theories it is possible to examine to what extent HIV/AIDS narratives politicise literature and force us to look beyond previous notions of colonialism that have guided African literary theory in the past. By drawing on the work of social scientists it becomes possible to look at inherent weaknesses and ask, with Vera: to what extent does this literature offer "a moment of intervention"?¹²⁷ The writer is moved to intervene, and the implied readers are called to action, such that even the act of witnessing and constructing meaning by both writer and reader is a political act.¹²⁸ The problematic at the heart of this examination is the assertion that aesthetic qualities are marginalised when analysis of African fiction, indeed any fiction, is over-determined by social science paradigms and methodologies. There is a balance to be maintained between the politics of literature and what it can *do* in the world and the aesthetics of literary practice, which may, paradoxically, enable literature to *do more* by way of relating a 'complex truth'. Once again, it is important to be vigilant and particularly with an urgent and inherently activist-led subject like HIV/AIDS, not to be prescriptive or reductive in expectations of what literature *should* do, but to look more closely at *why* particular narrative strategies are employed and *how* they work to re-enforce, overturn, subvert or inscribe notions of disease, sickness, stigmatisation and taboo. The politics of literature amounts to more than activism or advocacy in the most basic sense. Literature has the ability to illuminate what exists and what can be, by introducing new discourses, new ways of looking at nation,

¹²⁷ Vera, *Opening Spaces*, p.3.

¹²⁸ Attridge also highlights the responsibility of the reader in constructing meaning: see *J.M. Coetzee and the Ethics of Reading*, p.xii.

communities, gender relations and intimacies; literature has the potential to reconfigure our world.

Chapter 2

Conceptions of Plague and Apocalypse in HIV/AIDS fiction from Zimbabwe and South Africa

The fact that HIV/AIDS can be contained but is incurable has led to its frequent associations in the past with plague and the collective judgement associated with apocalypse. In Barbara Fass Leavy's *To Blight with Plague – studies in a literary theme*, "plague, rather than the seemingly neutral epidemic, is traditionally associated with ...sin and God's judgement on individuals and whole peoples."¹ HIV/AIDS is associated with sinful sexual transmission² and global catastrophic significance.³ This global scale links HIV/AIDS and plague closely with apocalypse, but these connotations are predominantly Western in origin. In contrast I foreground in Zimbabwean and South African literature Leavy's supposition that plague literature "brings into sharp relief the complex issues surrounding that both essential and ephemeral entity known as the 'self'."⁴ Leavy is not alone in suggesting that "plague and the threat of infection force the drama of self and other to be played out at its most intimate and terrifying level".⁵ This seems close to what Ndebele is searching for in 'the rediscovery of the ordinary', a replacement of the ordinary individual at the heart of narrative through a complex examination of the self. In this chapter I link theorisations of plague and apocalypse and their relationship to theories of the self, to literary texts in English about HIV/AIDS from South Africa and Zimbabwe published from 1990-2005.

¹ Barbara Fass Leavy, *To Blight with Plague – studies in a literary theme* (New York: New York University Press, 1992), p.4.

² Sontag, *Aids and its Metaphors*, p.46.

³ Leavy, *To Blight with Plague*, p.5.

⁴ Although individual notions of the self are also primarily Western in origin (rooted in Enlightenment rationalist thought), Mbembe helpfully describes African identity as "constituted, in varying forms, through a series of practices, notably *practices of the self*...mobile, reversible, and unstable." "African Modes of Self-Writing", *Public Culture* 14,1 (2002), p.272.

⁵ Leavy, *To Blight with Plague*, p.7. Indeed, she is quoting Raymond Stephanson, "The plague narratives of Defoe and Camus: Illness as Metaphor", *Modern Language Quarterly* 48,3 (1987), p.239.

In keeping with Leavy, “there will be no attempt made to write a comprehensive history of plague literature”.⁶ However, by drawing parallels with works of literature, novels, poems and short stories emerging in South Africa and Zimbabwe about HIV/AIDS, I explore the history of such literature and examine the trajectory such theorisations follow. As my task is not to detail or analyse Western plague texts themselves, I will refer solely to Albert Camus’s *The Plague*⁷ and Daniel Defoe’s *Journal of the Plague Year*⁸ as examples of literature from the West; specifically, French Algerian and English in origin.

South African and Zimbabwean literature about HIV/AIDS can at first glance be added to this canon of ‘plague literature’. Bubonic plague, cholera, syphilis and tuberculosis are all epidemics which have been treated under the term ‘plague’ – a term laden with notions of an apocalyptic outcome and with strong connections to a history of morality, blame and punishment. The HIV/AIDS pandemic would seem to be no exception. The difference between seeing plague from a distance historically, and experiencing it as a ‘plague theme’ via HIV/AIDS in Africa now, can force plague and HIV/AIDS into an apparently incompatible framework drawing on metaphors that seem culturally, temporally, emotionally and physically distant from each other. But it is their similarities on which I initially wish to draw, using plague and the associated notion of apocalypse as a paradigm within which to identify similar motifs, and locate the differences in a more nuanced global and historical framework.

Scale

The scale of the HIV/AIDS pandemic in southern Africa has led Susan Hunter to place it on a par with the Holocaust,⁹ yet Leavy notes that the ‘plague theme’ is often surprisingly neglected or under-emphasised in literature,

⁶ *ibid.*, p.1.

⁷ Albert Camus, *The Plague* (London: Penguin, 1968), first published 1947.

⁸ Daniel Defoe, *Journal of the Plague Year* (London: Everyman, 1962), first published 1722.

⁹ Hunter also published *Black Death: AIDS in Africa* (New York: Palgrave Macmillan, 2003). According to the World Bank, “Deaths due to HIV/AIDS in Africa will soon surpass the twenty million Europeans killed by the plague epidemics of 1347-1351.” *Aids: The Challenge*, p.44.

perhaps because of the related question often posed by authors: "what can my art hope to achieve in a pestilence-ridden world?"¹⁰ The level of silence in arts and culture that has surrounded HIV/AIDS in southern Africa over the last twenty-five years is expanded on here in the wider context of disaster and disease. Unlike other disasters that can lead to increased co-operation between those affected, "communicable diseases intensify the isolation of individuals that eventually affects all social organizations and relations."¹¹ This isolation leads to silencing, and the displacement of the narrative subject which thematically links HIV/AIDS to other, often ineffable, apocalyptic narratives such as genocide and holocaust. Writing about the experience of living in a time of HIV/AIDS, whether via direct contact with the disease, or as a phenomenon witnessed in society, is a way to remove the silence, reduce the isolation and begin to understand how to live with HIV/AIDS. In the context of southern Africa, "while the AIDS/HIV epidemic in industrial and post-industrial societies is believed to be complex, intellectually and politically contested, and theoretically interesting, Third World epidemics are seen to be simple material disasters."¹² In the same way complex psychological readings of trauma or cultural shock are not routinely applied to African literature. I return to this point later.

In order to problematise literary constructions of disease, and move beyond seeing HIV/AIDS as simply a 'material disaster', it can be linked to plague with both positive and negative connotations. Most importantly, the plague metaphor connects HIV/AIDS with past epidemics which have eventually been overcome: testimonies to this survival exist in the literature that documents the experience. The epidemiology of HIV/AIDS has made it a global disease. Different strains of the virus cross international borders; it is increasingly transnational both in the nature of its transmission and in the relevance of its narratives. HIV/AIDS narratives could become comparable narratives of survival, like those of plague. There is an inherent value to

¹⁰ Leavy, *To Blight with Plague*, p.3.

¹¹ *ibid.*, p.18.

¹² Treichler, *How to have theory*, p.7.

exploring these new narratives, which question culturally established ideas and bring forth the subject from behind the unspeakable, highlighting Leavy's 'drama of the self'. They enable us to imagine HIV/AIDS differently, and tackle accusations of denial, wrongly equated with silencing in much biomedical HIV/AIDS discourse.¹³ As with all comparisons, it must be recognised that, in accepting narratives of HIV/AIDS as part of a global discourse, one must simultaneously acknowledge the risks involved in generalising about culturally specific concepts, such as blame or sin, which can have different connotations and applications in different cultures.

Plague and Apocalypse

In Western intellectual traditions, 'plague' is said to be "one of our essential signifiers, which at its paroxysm is used to express the disintegration of the individual and society."¹⁴ Herzlich and Pierret detail the referential nature of a long history of writing about disease and its symbolism: "every author repeats and cites another... for in order to describe and understand a present epidemic it is indispensable to refer to another, to all others."¹⁵ Similarly, 'apocalypse' is one of the key signifiers in religious notions of the progression of humanity towards an 'end' or a 'revelation'. Richard Dellamora expands this idea, linking it to narrative by quoting Frank Kermode's *The Sense of an Ending*, which he says: "focuses on the paradigms that human beings invent in order to give meaning to what would otherwise be 'purely successive, disorganized time.' Apocalypses, or 'fictions of the End', distinguish *saeculum* or ordinary chronicity from a sense of time that 'ends, transforms, and is concordant.'"¹⁶ The connection of apocalypse with times of plague arises not only from the sense of

¹³ I am grateful to Fraser McNeill for paraphrasing this idea so succinctly. McNeill submitted his thesis: *An Ethnographic Analysis of HIV/AIDS in Venda, South Africa: Politics, Peer Education and Music* at LSE in June 2007.

¹⁴ Claudine Herzlich and Janine Pierret, *Illness and self in society* (Baltimore and London: The John Hopkins University Press, 1987), p.39.

¹⁵ *ibid.*, p.40: "The plague, in its multiple manifestations, was a single entity, the very embodiment of disease... the recurrence of epidemics – a sign of the fate that always threatens humankind, of the eternal return of evil – was one of the most striking aspects of that fate."

¹⁶ Richard Dellamora, "Queer Apocalypse", *Postmodern apocalypse: theory and cultural practice at the end* Dellamora (ed.) (University of Pennsylvania Press, 1995), p.142.

impending death, the approach of 'the end', but also from the scale and moral judgement that this type of 'end' entails. HIV/AIDS links both these concepts, as it can be used to reference not only the widespread catastrophe implied in the sheer numbers infected with HIV, but the sense of blame, moral judgement and punishment implicit in a disease which is not only sexually transmitted and therefore associated with social and moral transgression and notions of sin, but also in parts of Zimbabwe and South Africa seen as an 'unnatural' death¹⁷ and thus taboo.

Sontag surmises that "the plague metaphor is an essential vehicle of *the most pessimistic* reading of the epidemiological prospects."¹⁸ Not only is this 'collective calamity' a judgement on a community, but HIV/AIDS in Europe and America had also become "a disease that was not only repulsive and retributive but collectively invasive."¹⁹ Sontag attributes such moralisation to the sexually transmitted nature of the disease, writing that "in the twentieth century it has become almost impossible to moralize about epidemics – except those which are transmitted sexually."²⁰ And as McFadden notes, it is the association with sex of any kind that makes subjects such as HIV/AIDS taboo in southern African society.²¹

One of the key threats associated with HIV/AIDS that enhances its menace to the individual and to society is "the notion of asymptomatic carriers" which is "invoked in the... discourse of AIDS, to emphasise deception, danger, even an apocalyptic threat, and to suggest that some infections occur more 'innocently' than others."²² This element of deception intensifies the fear of contamination in the mind, enabling imaginative projections of unpredictable,

¹⁷ Fraser McNeill, "The meaning of 'public silence': 'condoms cause AIDS'," (LSE (Anthropology) Africa Seminar 01/06/06).

¹⁸ Sontag, *Aids and its Metaphors* p.53, (my italics). But it is only if one believes death is 'bad' that one sees punishment in this 'ending': others see it as the required entry to paradise/the after-life.

¹⁹ *ibid.*, p.46.

²⁰ *ibid.*, p.56.

²¹ "AIDS... is still very taboo in most African societies, essentially because of its intimate relationship with the sexual act." Patricia McFadden, "Sex, Sexuality and Problems of AIDS", *Gender in Southern Africa* (Harare: Sapes Books, 1992), pp.157-8.

²² Kruger, *Aids Narratives*, pp.18-9.

potentially disastrous outcomes of normal human relations. In the realm of fiction, this 'hidden' element, whether intentional or not, provides fertile material for inventive fiction, detailing the process of infection, de-stabilising the widely accepted assumptions about intention and blame. Thus, "plague literature raises ethical issues that become psychological crises during epidemics, for plagues will inevitably strain the tension between total moral relativism and the facile judging of others."²³ By applying the framework theorised as 'plague literature' to literature about HIV/AIDS in South Africa and Zimbabwe it is possible to draw out the differences and similarities between the two, and explore whether the plague metaphor is an effective trope for southern African authors seeking to represent HIV/AIDS.

Plague itself is a culturally inscribed notion, utilised and re-defined by different societies in different contexts. HIV/AIDS writing from both America and Europe has consistently used plague and apocalypse to refer to HIV/AIDS since it first emerged in the 1980s.²⁴ In Africa, the popular Kenyan author Meja Mwangi used the title *The Last Plague* for his lengthy novel about HIV/AIDS in 2000. But to what extent has the notion of 'plague' become associated with HIV/AIDS in South Africa and Zimbabwe? Has the plague metaphor been re-appropriated? Or are notions of plague and apocalypse irrelevant to these two societies? Different sensibilities in South Africa and Zimbabwe reflect the absence of a cultural heritage which features these notions or concepts. Is there a reluctance to exaggerate or dramatise HIV/AIDS by using such religious mythical language – like the reluctance to name AIDS itself, is there a reluctance to hyperbolise and thereby effectively worsen perceptions of the epidemic in this way? The recognition of the power of language and naming is central to this interrogative framework.

Sontag notes about cancer that "the very reputation of this illness added to the suffering of those who have it."²⁵ Would linking plague to HIV/AIDS

²³ Leavy, *To Blight with Plague*, p.10.

²⁴ For examples of essays on this period see Crimp (ed.) *AIDS: cultural analysis/cultural activism*.

²⁵ Sontag, *Aids and its Metaphors*, p.12.

similarly heighten this sense of suffering? Sontag points out that “the metaphoric trappings... inhibit people from seeking treatment early enough, or from making a greater effort to get competent treatment. The metaphors and myths, I was convinced, kill.”²⁶ These myths have yet to be firmly identified in African HIV/AIDS discourses, though Fraser McNeill has identified the ‘metaphoric trappings’ related to ‘public silences’ in Venda by deconstructing the Western applied term ‘denial’ which is often used simplistically to explain ‘public silences’.²⁷ Tessa Dowling also suggests, using Pinnock, that indigenous semiotics of HIV/AIDS mirror “the development of a special language [in Xhosa] called (*uku*) *hlonipha*” which is “made up of substitute words and is a polite and reverent language used only for taboos and the ancestral spirits.”²⁸ Particular strategies exist in both South Africa and Zimbabwe regarding taboos, which prevents naming and discussion. Sontag urges us towards further identification of such mythic or metaphorical ‘othering’, as:

[W]ith this illness, one that elicits so much guilt and shame, the effort to detach it from these meanings, these metaphors, seems particularly liberating, even consoling. But the metaphors cannot be distanced just by abstaining from them. They have to be exposed, criticized, belabored, used up.²⁹

This exposition and critique is the aim of this study.

De-centring Plague and Apocalypse

If the concepts and narratives of disease are socially and culturally constructed,³⁰ it follows that different diseases are represented differently from

²⁶ *ibid.*, p.14.

²⁷ McNeill suggests a dominant reason for not naming AIDS in rural areas could be “the only feasible strategy which could be employed to ensure an individual’s innocence” as it avoids “suspected implication in the controversy”; “The rhetorical question would always be asked as to ‘how else would they know of such things, unless they were somehow involved in its production or distribution?’” p.10; “The system of codifying AIDS may be indicative of respect for grieving families, but... It is a safety precaution, collectively undertaken by individuals against the constant threat of guilt by association.” “The meaning of ‘public silence’”, p.13.

²⁸ Tessa Dowling, “HIV/AIDS and African Languages”, *African Voices*, p.3. www.isixhosa.co.za/research/aidsresearch.htm.

²⁹ Sontag, *Aids and Its Metaphors*, p.94.

³⁰ “AIDS is not only a condition... in the words of Paula Treichler, ‘an epidemic of signification.’ As Douglas Crimp states, ‘AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it.’ Neither does apocalypse.” Peter Dickinson, “Go-go dancing on the brink of the apocalypse”, *Postmodern apocalypse*, p.220.

country to country, and from culture to culture. In South Africa for example, Guiliana Lund writes:

the prominent role of plague in the European colonial imagination – and consequently in anti-imperialist rhetoric – has filtered into the literary tradition, where it has made numerous appearances both in its literal incarnation as epidemic and in metaphoric abstractions that center around contagion and social disintegration.³¹

A number of stories in *Nobody ever said AIDS* include plague or apocalyptic metaphors or references in relation to HIV/AIDS, but the present context no longer permits simple equations of plague with apartheid, as, for example, Lund suggests was common in the past. The stories and poems in this collection that use straightforward metaphors of plague from South Africa and Zimbabwe are: Ashraf Jamal's "Milk Blue" (pp.40-4); Karen Press's "Flakes of the Light Falling" (p.48); Achmat Dangor's "Skin Costs Extra" (pp.64-70); Rustum Kozain's "Crossing from Solitude" (p.71-2); Sindiwe Magona's "Leave-taking" (pp.124-141) and Kaizer Mabhilidi Nyatsumba's "Douse the Flames" (p.149). I will compare and analyse other literature from South Africa and Zimbabwe which contain references to plague and apocalypse amongst other metaphors in relation to HIV/AIDS such as Rayda Jacobs' *Confessions of a Gambler* (2003), Sindiwe Magona's unpublished play *Vukanil (Wake Up!)* (2002) and her short story "A State of Outrage" (1999), Stanley Nyamfukudza's "If God was a Woman" (1992), and Shimmer Chinodya's "Can We Talk" (2001).

Utopian, apocalyptic or post-apocalyptic narratives are often set in the future, but such stories are mostly absent. South African Peter Wilhelm's *The Mask of Freedom*³² is an example of a futuristic plague narrative that de-centres the plague element, forcing it to the background of the novel. Similarly Doris Lessing's *The Sweetest Dream*,³³ uses HIV/AIDS to provide the setting in

³¹ Giuliana Lund, "Healing the Nation' Medicolonial discourse and the state of emergency from apartheid to truth and reconciliation", *Cultural Critique* 54 (2003), p.99. Lund gives a précis of South African uses of plague: "Liberal South African fiction eliminates heroic medicine altogether. Where doctors do appear, they are implicated in the apartheid system, a reflection of class divisions and of the connections between medicine and imperialism in the region... doctors are likened to policemen and hospitals to prisons." p.100.

³² Peter Wilhelm, *The Mask of Freedom* (South Africa: Ad Donker Publishers, 1994).

³³ Doris Lessing, *The Sweetest Dream* (London: Flamingo, 2002).

Zimbabwe in which her characters act out key stages of their lives. One character, Sylvia, is profoundly affected by this background, but ultimately it is not the focus of the narrative. HIV/AIDS functions as a plot device bringing two 'innocent' AIDS orphans back to North London. This displacement of HIV/AIDS in the narrative speaks of the ubiquity of HIV/AIDS in Zimbabwe; inclusion is significant, though it remains in the margins. This marginalisation is frequent in short stories where characters who are HIV-positive or who have developed full-blown AIDS are referred to almost casually, and not dwelt on for long. More stories feature HIV/AIDS in the background in the *Writing Now* (2005) than in *Writing Still* (2003) edited by Irene Staunton, and the *Short Writings from Bulawayo* collections *I, II, III* (2003-2006) edited by Jane Morris mention HIV/AIDS briefly and more frequently as the collections proliferate. Chinodya, Mujajati and Mungoshi also refer to HIV/AIDS in the margins, as we shall see.

Countering the 'plague literature' paradigm are the substantially different images and metaphors used to refer to HIV/AIDS, such as those Raboko includes in "Sefela – Migrant Worker's Poem": "AmaXhosa call it kill-all / Basotho call it the lying-on-the-back-disease."³⁴ The multiple meanings contained in just these lines include references to sexual transmission, prostitution, and a description of the last stages of AIDS when one is immobile. Variations in representations and understanding of disease occur across time as well as space. In *The Plague* and *Journal of the Plague Year*, understandings of the disease and its transmission are limited by historical knowledge. Defoe's protagonist talks of the 'contagion' of the plague, and muses on seeds, incubation and transmission: "it may be proper to ask here how long it may be supposed men might have the seeds of the contagion in them before it discovered itself in this fatal manner and how long they might go about seemingly whole, and yet be contagious to all those that came near them." (p.222) Although this conclusion is close to the truth,

³⁴ Teboho Raboko, "Sefela – Migrant Worker's Poem", *Nobody ever said AIDS*, p.90.

Defoe's assumptions were limited by medical knowledge in the eighteenth century.

The Body

The two European plague texts are marked by their mutual fascination with the disfiguring aspects of the plague. Leavy discerns that "Defoe drew his most important images from the body ravaged by plague."³⁵ And indeed there are copious examples of mutilated bodies such that a mother,

looking upon her [daughter's] body with a candle, immediately discovered the fatal tokens on the inside of her thigh... As to the young maiden, she was a dead corpse from that moment, for the gangrene which occasions the spots had spread [over] her whole body, and she died in less than two hours. (p.63-4)

Leavy explains that "such corporeal imagery is supposedly symbolic and actually conveys the didactic spiritual content of Defoe's work, the 'brunt of his religious intentions'",³⁶ but I disagree. Such descriptions reflect a macabre fascination with the disintegration and suffering of others, emphasising the 'otherness' and horror of that affliction. The more marked another body is with the signs of a disease (even a fictional one) the more reassured one is that one's own body is free from contamination. Ergo, if you do not bear the mark, you are not infected. The 'other', has always held a beguiling attraction and, according to Lacan, gives us the basis of our self-identification, delimiting our (imaginary) identification with particular groups or individuals.³⁷ In the context of disease, Gilman details "the role of 'seeing' the Other as a sexualised being and the association of this image with illness". The relationship of "difference to pathology", projects anxiety on to the other.³⁸ The difficulty of communicating one's own pain highlights the divide between

³⁵ Leavy, *To Blight with Plague*, p.38. Defoe has been accused of sensationalising the plague: "Literary critics have a tendency to ascribe Defoe's preoccupation with capturing 'horror' to journalistic sensationalism." Margaret Healy, "Defoe's Journal and the English Plague Writing Tradition", *Literature and Medicine* 22,1 (2003), p.26.

³⁶ Leavy, *To Blight with Plague*, p.38.

³⁷ Lacan's discussions of 'othering' are furthered by Said in *Orientalism*, Foucault in *The History of Sexuality* (in terms of domination), and Kristeva in *Powers of Horror* (in terms of 'abjection'). 'Othering', or 'mirroring', establishes the imaginary, which is central to the process of attempting to locate the 'dimension of truth', which Lacan stated "emerges only with the appearance of language." "Lacan - The insistence of the letter in the unconscious", *Modern Criticism and Theory*, David Lodge (ed.) (London: Longman, 1993), p.102.

³⁸ Gilman, *Difference and Pathology*, pp.37-8.

self and other, epitomising the philosophical recognition that one cannot feel or know another's pain. As Elaine Scarry points out "to have pain is to have *certainty*; to hear about pain is to have *doubt*."³⁹ However much one might empathise, this difference in experience highlights the boundary between one human being and another.

In terms of narrative, Healy adds that "the covers of a book serve to put comforting 'boundaries' between us and the diseased 'other'. In some cases, the fearful is rendered harmless by being made comic; in some cases it looms as a threat, 'controlled only by being made visible.'"⁴⁰ The dangers of reduction to the spectacle are self-evident in any attempt to realistically depict the horrific, degenerative aspects of HIV/AIDS. Simon Gikandi comments on the use of descriptions of HIV-positive characters to demarcate morally reprehensible individuals in 1990s East African literature and HIV/AIDS as a motif used to "inject sensation" and serve as "punishment".⁴¹ But, unlike Healy on Defoe, Gikandi does not identify the description of physical deformation in literary texts with sensationalising HIV/AIDS. I have not found such judgmental moral tales in literature in English from South Africa or Zimbabwe, and to date have only found satirical comedy in relation to HIV/AIDS in South Africa in Kgafela oa Magagodi's poems in *Thy Condom Come* (2000), and in Pieter-Dirk Uys's famous cross-dressing act, in which he pithily quips: "In the old South Africa we killed people. Now we're just letting them die."⁴² Uys also performed a satirical play *Foreign Aids*, which attacked the government ineptitude in tackling the crisis.⁴³

³⁹ Elaine Scarry, "Introduction", *The Body In Pain: The making and unmaking of the world* (New York: Oxford University Press, 1987), p.13.

⁴⁰ Healy, "Defoe's Journal", p.38.

⁴¹ See Simon Gikandi and Evan Mwangi (eds.) *The Columbia Guide to East African Literature in English since 1945* (New York: Columbia University Press, 2007).

⁴² Uys is referenced in the title and quoted in Catherine Campbell, *'Letting Them Die' Why HIV/AIDS Intervention Programmes Fail* (Oxford: The International African Institute in association with James Currey, 2003), p.i and p.188; "I have always respected the power of humour. It cuts across all barriers and can be a satisfying way to confront fear. I used it against apartheid. I am using it against racism. I need it against the denials around HIV/Aids." Uys Newsletter (Sept 2005) www.pdu.co.za.

⁴³ John Hawley, "The Emerging Fictionalization of AIDS in Africa", *Proteus* 21,1 (2004), p.44, note 7 and www.williams.edu/acad-depts/theatre/guest/pieter.

Like Defoe, Camus also focuses on the plague's mutilation of the human body. In *The Plague*, Camus's "account is as horrific as theirs [Boccaccio and Defoe], with the significant addition that his focus is on a detailed account of the plague's psychological assault, the wearing down of the citizen's spirit".⁴⁴ For example, accounts that begin with descriptions such as

his face had gone livid, a greyish green, his lips were bloodless, his breath came in sudden gasps. His limbs spread out by the ganglions, embedded in the berth as if he were trying to bury himself (p.21)

develop into descriptions of

the collapse of their courage, will-power, and endurance [which] was so abrupt that they felt they could never drag themselves out of the pit of despond into which they had fallen. (p.61)

This transition partly suggests that once sights of the plague had become ubiquitous, the horror was somehow no longer noteworthy, or at least had less impact as the protagonist hardens himself to the ravages of the disease. It is this combination of both the physical horrors of the plague (the plague-pit) and a movement towards a more theoretical, philosophical or mythical conceptualisation of the disease (the pit of despond) which demarcates writing about plague as a distinct genre. Relating this back to Hunter's comments equating HIV/AIDS with the Holocaust, it is perhaps the ubiquity of suffering and death which has made HIV/AIDS 'no longer noteworthy', at least amongst those who see and experience it every day.

Spectator or Reader

The sublimation or displacement of the diseased subject is examined with relation to visual art by Michael Worton, who uses examples from different countries depicting smallpox, AIDS and varicose veins. He asserts that "the common illness that they both engage with and make present is the more insidious, but truly mortal disease of *intolerance*."⁴⁵ Worton argues that:

the artistic representation of suffering in the West almost invariably has a religious... dimension... alongside the Christian tradition (which dominates Western art even today), there is another tradition... which serves to reinforce the Christian message about the place and function

⁴⁴ Healy, "Defoe's Journal", p.186.

⁴⁵ Worton, "Behold the (Sick) Man", p.154.

of suffering. Since Aristotle associated art with catharsis, the aesthetic has been held to have a moral function.⁴⁶

He moves from the traditional religious and moral place of suffering and the association of art with catharsis, to art's tendency (in photography particularly) to make icons of 'things that should remain images'.⁴⁷ The difficulty with this, he explains, is that: "the photograph seems to issue directly from the physical world, yet it is also... an intervention into – and a manipulation of – the world of empirical experience."⁴⁸ This distinction between the often invisible status of a viral disease embodied in people who are HIV-positive and the more commonly held stereotypes of people with full-blown AIDS (which are inherently visual in Kaposi's sarcoma and 'slim' - the wasting of the body) creates the schism between the possibilities for visual representation and 'silent', internal, linguistic representations associated with the novel or other literary forms. It is the distance added by the medium of literature and the acknowledged fictional nature of literary narratives, which leads me to focus on visual representations of disease *in written fictional texts* rather than in visual culture. Agnes Muriungi undertook similar work in Kenyan AIDS literature. She crucially identifies that: "in [Meja Mwangi's] *The Last Plague*, pictures are seen as able to communicate information regarding HIV/AIDS better than written accounts or word of mouth. For this reason, the need to visualize the AIDS body also becomes essential".⁴⁹ The distinct presence of descriptive writing about the 'sick' body in Western texts such as *The Plague* and *Journal of the Plague Year* (products of a visual and literary plague tradition) prompted me to look for similar motifs in narratives from South Africa and Zimbabwe about HIV/AIDS, pursuing this line of enquiry in a cross-cultural context.

⁴⁶ *ibid.*

⁴⁷ *ibid.*, p.157.

⁴⁸ *ibid.*

⁴⁹ Agnes Muriungi, "Healthy Bodies versus Diseased Bodies: Romance as a trope of social order in Kenyan HIV/AIDS fiction", *Social Dynamics* 30,2 (2004), p.167; "This attempt to get the reader to visualize the diseased AIDS body and as a result emphasize the disastrous effects of HIV/AIDS on society compels Mwangi to turn to hyperbole and melodramatic representation", p.169.

Worton's key conclusion is that part of the value of works of art, as well as their aesthetic qualities, is their role in 'witnessing' suffering. It is important to note, as he does here, that:

[T]he spectator's response will be varied: empathetic, repulsed, charmed, intrigued... much will depend on the cultural position from which and within which the spectator is viewing the images. Inevitably, however, whatever one's position, to gaze on images of illness can be tantamount to intrusion, as well as being a supportive act of witness.⁵⁰

For my purposes we can substitute 'reader' for 'spectator'. I am wary of the dangers of exoticising or creating a spectacle by seeking out and analysing written texts about HIV/AIDS; my aim is rather to unearth and de-mystify the connotations and associations that HIV/AIDS generates when it is kept hidden and silent in social and literary discourses.

Different Aesthetics

Significantly few of the texts I have examined from South Africa and Zimbabwe extensively detail the physical impact of HIV/AIDS – the effect on the decaying body⁵¹ – using realism to depict the grotesque. This aspect of HIV/AIDS narratives, as detailed by critics such as Sontag, Gilman, Herzlich and Pierret, is part of a Western tradition of writing about disease. So the tradition is not necessarily absent in South Africa and Zimbabwe, but a tradition of another kind, displacing this focus onto other discourses is likely. Scarry's treatise on the ineffable nature of pain, as Worton sees it, suggests it is important to understand "just how difficult it is to represent suffering, since the very experience of pain is itself so extraordinarily torn, dichotomous, inexplicable."⁵² The depiction of pain is not impossible or ineffable, but difficult. Muriungi points out that: "although Sontag's texts stimulate a vigilant re-evaluation of the place of metaphor in our thinking about illness... she does not convincingly explain why it is unhealthy/wrong to think metaphorically

⁵⁰ Worton, "Behold the (Sick) Man", p.164.

⁵¹ However, the horrors of AIDS are powerfully, realistically depicted in biographical and autobiographical form in *Khabzela* (2005) by Liz McGregor, *Witness to AIDS* (2005) by Edwin Cameron and *AIDSAFARI* (2005) by Adam Levin. All three were notably published in the last two years.

⁵² Worton, "Behold the (Sick) Man", p.156.

about illness.”⁵³ Muriungi acknowledges that a “truthful way of regarding illness is not available to us”, citing Brian Patton’s query: “where are we to look for this ‘most truthful way of regarding illness’... Without relying upon metaphor, how can we think about illness at all?”⁵⁴ It is because the majority of metaphors associated with HIV/AIDS have negative connotations that Sontag urges us to strip them away from the ‘truth’. It is not my intention to strip away in order to remove metaphors, but to deconstruct and interrogate the metaphors that do arise, in order to de-mystify HIV/AIDS in a South African and Zimbabwean context. This is particularly important when metaphors are creatively and euphemistically ascribed to something that is otherwise unutterable or silenced, obscuring the real impact of HIV/AIDS. By using and exposing this coded language, writers and readers create new meanings and associations around otherwise taboo subjects, enabling individuals to empathise with HIV/AIDS sufferers rather than focusing solely on the overwhelming scale and stigma of the pandemic.

There is an argument for deconstructing narratives of ‘witchcraft’ and ‘poisonings’⁵⁵ as encoded, metonymic or allegorical representations of illness in an African context.⁵⁶ This fits with a similar encoding of blame or moral judgement dominant in plague and apocalyptic narratives, since (without exoticising or gendering notions of witchcraft)⁵⁷ narratives of witchcraft implicitly seek guilt or culpability for ‘unnatural’ deaths. They can also be seen as universally recognisable attempts to explain ‘end-time’, whether that be individual (one’s own death) or collective (the destruction of the

⁵³ Muriungi, “Healthy Bodies”, p.179.

⁵⁴ *ibid.*

⁵⁵ I am grateful to McNeill for his discussion of ‘poisonings’ in the Venda region, reiterating the significance for cultural and linguistic encoding (as opposed to simple anthropological phenomena) of Ashforth’s uncovering of an “AIDS induced ‘epidemic of witchcraft’”. “The meaning of ‘public silence’”, p.1. For more, see Ashforth, *Witchcraft, Violence and Democracy in South Africa* (London: University of Chicago Press, 2005).

⁵⁶ For example, a tetanus epidemic in Benin in the late 1970s and a meningitis epidemic in Ghana in 1977 – see Wolfgang Behringer, *Witches and Witch-Hunts: A Global History*, (Cambridge: Polity Press, 2004): I am grateful to Zoe Norridge for bringing these to my attention. A meta-narrative of African diseases is likely to be found in studies on witchcraft and traditional medicine.

⁵⁷ Shoef notes: “While witchcraft may be an ‘imagined violence,’ accusations often have social and material effects.” “AIDS, History, and Struggles over Meaning”, *HIV and AIDS in Africa*, p.23.

world/humanity, apocalypse).⁵⁸ There is also a correlation in this obscuration via 'witchcraft', whether conscious or subconscious, with the reluctance to name HIV/AIDS, to explicitly acknowledge that it really exists, that produces a similar reluctance to look on the face of HIV/AIDS and describe its physical effects. Language has the power to 'mark' someone as much as physical stigmata. In some cases, naming is not a passive act: naming actively calls upon the identity of the subject and named object. The Zimbabwean author Alexander Kanengoni demonstrates this in the title story of his collection *Effortless Tears* (1993), when he describes the avoidance of the subject of HIV/AIDS at a funeral: although everyone knows this has been the cause of death, they mourn in different ways. It is significant that Kanengoni himself names AIDS directly on the first page of the short story "Effortless Tears". However, it should be noted that there is a difference between 'saying' AIDS and 'writing' AIDS – writing itself has a distancing capacity. Nevertheless, the first publication of this story as "The Writing is on the Wall" in *The Herald* newspaper in 1990, certainly broke the silence (at least in fiction in English) as it was the first story about HIV/AIDS to be published in Zimbabwe.⁵⁹

These observations are not to suggest that the texts I examine do not deal with the reality of HIV/AIDS, since death is ever-present in these narratives, but the proclivity to gaze on the face of death in art is less common in South Africa and Zimbabwe, and is avoided where possible. Even Defoe's use of physical disfigurement to distance his narrator from disease by othering the diseased body is absent in much South African and Zimbabwean literature. This may have roots in spiritual societies in which a future return to the ancestors removes the emphasis from the importance of youthful living flesh,

⁵⁸ For example, the South African, Xhosa apocalyptic myth (closely associated with the coming of the white man) of the child prophet Nongqawuse, which Zakes Mda re-writes in *The Heart of Redness* (Oxford: Oxford University Press, 2002).

⁵⁹ See Appendices 5 and 10 – Alexander Kanengoni, "The Writing is on the Wall", *The Herald* 29/12/90.

so central to Western understandings of disease and sense of self.⁶⁰ This distinction also reflects the attitudes of societies in which certain diseases are taboo, particularly sexually transmitted diseases. Or perhaps the prevalence of death removes the desire to linger aesthetically in its presence.

Breaking silence

Writing about HIV/AIDS featuring the diseased body has only emerged in the last few years in the novels by Rayda Jacobs and Sandile Memela, and a few anthologies of short stories.⁶¹ When books are written about HIV/AIDS, the 'aesthetics of death' are cursory, functioning to remove stigma from the horror of watching loved ones degenerate as well as explicating the ravages of the disease on the body in order to pass on information about symptoms. In comparison with Kenyan writing, which has been relatively prolific in producing texts that deal with HIV/AIDS,⁶² South African and Zimbabwean texts notably demonstrate a reticence to name or explicitly personalise references to HIV/AIDS. Compare, for example, the more direct titles of *Confessions of an AIDS Victim* by Carolyne Adalla (Kenya, 1993) with *Confessions of a Gambler* by Rayda Jacobs (South Africa, 2003); Mwangi's *The Last Plague* (Kenya, 2000) versus Sandile Memela's *Flowers of the Nation* (South Africa, 2005). Both Kenyan novels pre-date the South African ones, and although the first pair are written in the first person, the subject with HIV/AIDS in *Confessions of a Gambler* is not the first person narrator, but Reza, Abeeda's (the narrator's) son.

⁶⁰ "Illness was first perceived and interpreted at the level of the body... involved all at once in work, pleasure, and attraction, as well as in illness, pain and death." p.69; "The vision of human beings and of the world expressed in the notion of the body as a microcosm attuned to the macrocosm of the universe and the collective attitudes towards uncontrollable misfortune and sin that illness represented have most certainly structured our ancestors' perception of the sick body as the locus of exteriorized horror." Herzlich and Pierret, *Illness and Self*, p.70.

⁶¹ Such as: *Short Writings from Bulawayo I, II, III* (Zimbabwe: 2003,'04,'06); *We Are the Herb* (Zimbabwe: 2001); and *Nobody ever said AIDS* (southern Africa: 2004).

⁶² See Muriungi's PhD thesis: *Romance, love and gender In times of crisis: HIV/AIDS In Kenyan popular fiction* (Johannesburg: University of Witwatersrand, 2005); Hawley, "Emerging Fictionalization"; and Gikandi and Mwangi (eds.) *Guide to East African Literature in English*.

Much of the silence around HIV/AIDS is gendered. In Zimbabwe, for example, the literary texts of the early 1990s are predominantly by male authors: Kanengoni, Mungoshi, Nyamfukudza and Zimunya,⁶³ whilst only two women were publishing concurrently: Violet Kala (aka Vivienne Ndlovu/Kernohan) and Barbara Makhalisa.⁶⁴ More recently, the anthologies *Writing Still* and *Writing Now*, as well as *Short Writings from Bulawayo I, II* and *III*, have all featured both male and female stories about HIV/AIDS, but there is a lack of texts in English from Zimbabwe between 1997 and 2003, which covers both the worst period of the epidemic, and the last election. However, Maurice Vambe⁶⁵ details three Shona texts published in this period: *Mapenzi* (Mad People) by Ignatius Mabasa,⁶⁶ *Jemedza* by Wiseman Magwa⁶⁷ and *Zviyedzo* by Daniel Matanganyidze.⁶⁸ Oral and indigenous forms frequently precede written literature in English.

Charles Mungoshi expressed in an interview I conducted with him that music has long carried the mournful as well as the joyous elements of culture in Zimbabwe and that this is why words do not always carry the full meaning found in music.⁶⁹ He explained that in Shona's nuanced language sound conveys sentiments that the written word cannot. He thought that more written literature would follow musical work. Certainly in the new millennium

⁶³ Kanengoni, "Effortless Tears", *Effortless Tears* (1993); Mungoshi, "Did You Have to Go that Far?", *Walking Still* (1997); Nyamfukudza, "If God was a Woman", *If God was a Woman* (1992); and Zimunya, "Here's to Harare", *Nightshift and other stories* (1995). Of these four examples, two stories assume the title of the collection, and Mungoshi's is the longest story in his collection, and yet the presence of HIV/AIDS in these narratives has never been commented on.

⁶⁴ Stories by Kernohan appeared under pseudonyms: Vee Ndlovu, "Life Changes", *Horizon* (Zimbabwe: October, 1992), pp.46-50 (see Appendix 12); "For Better or Worse", *Anthology – over 100 works by Zimbabwe Women Writers* (Harare: Zimbabwe Women Writers, 1994), pp.113-119; Violet Kala *Waste not your Tears* (1994); Makhalisa published "Together", pp.1-12; and "Lumpy bed", pp.79-94 in *Eva's Song* (1996).

⁶⁵ See Vambe, "HIV/AIDS, African sexuality", pp.473-488.

⁶⁶ Ignatius Mabasa, *Mapenzi* (Harare: College Press, 1999).

⁶⁷ Wiseman Magwa, *Jemedza* (Gweru: Mambo Press, 2000).

⁶⁸ Daniel Matanganyidze, *Zviyedzo* (Harare: Longman, 1998).

⁶⁹ See Appendix 6.

Zimbabwean music (such as songs by Oliver Mtukudzi⁷⁰ and Thomas Mapfumo),⁷¹ and poetry (such as that performed live at the Book Café in Harare⁷² and CDs by Chirikure Chirikure)⁷³ often carry the messages and shocking content I had expected to find more clearly expressed in literature. Liz Gunner has written articles on the subversive uses of *isicathamiya* in South Africa,⁷⁴ and in Zimbabwe, the play *In the Continuum*⁷⁵ (performed at the Harare International Festival of the Arts (HIFA) 2006) deals explicitly with HIV/AIDS and women's vulnerability to infection. The play, written by two women, a Zimbabwean and an African American, has been performed in both the UK and the USA. The references above are testament to an acceleration in the bold breaking of silences across forms and between languages.

Very recently, South African Sandile Memela wrote on the very first page of *Flowers of the Nation*⁷⁶ that "their father, mostly lay hot, sweating and writhing in pain. At times he cried like a baby. He even coughed blood." (p.1) Memela employs this straightforward, confrontational, didactic style throughout the novel. In Khaya Gqibitole's "Fresh Scars",⁷⁷ the narrator similarly does not hold back when he describes his friend:

his arms hanging loosely and his shoulders hunched, he stared right through me with misty eyes... He stood there for ages, frozen like a dead locust on a stem of grass... he proffered a skeletal hand which, when I took it in mine, felt as cold as a corpse... for a moment it felt as though the earth would burst open and spill out the dead. (p.91)

⁷⁰ See, for example, Oliver Mtukudzi, "Todii/What Shall We Do"; "Tapera/We have been decimated", from the album *Vhunze Moto/Burning Embers* (2003); and "Tapindwa Nei/What has got into us". Meron Tesfa Michael writes: "Mtukudzi never openly refers to politics in his work, nor does he overtly criticize Zimbabwe's leadership. But his message is clear nevertheless, say his fans, who refer to him as 'an iron fist in velvet glove'". Michael, "Song of Zimbabwe – Interview with Oliver Mtukudzi", www.worldpress.org/Africa/1039.cfm (04/04/03).

⁷¹ See, for example, Thomas Mapfumo "Disaster/Tragedy".

⁷² For example, at the House of Hunger Poetry Slam held at the Book Café see Lizzy Attree, "House of Hunger Poetry Slam", *The Zimbabwean* 07/09/06.

⁷³ HIV/AIDS related songs feature on *Ray of Hope* (Harare: Rooftop Promotions, 2007) - personal communication.

⁷⁴ See Liz Gunner, "Those Dying Generations at their Song': Youth, isicathamiya and Singing of Life, Death and AIDS in Today's KwaZulu-Natal", *English Studies In Africa* 46,2 (2003), pp.41-53, and Gunner, "Zulu Choral Music", pp.83-97.

⁷⁵ Danaí Guiriría and Nikkole Salter, *In the Continuum* (performed at Harare International Festival of the Arts, HIFA, Harare: 2006) - one of the *New York Times* top four picks of 2005.

⁷⁶ Sandile Memela, *Flowers of the Nation* (Cape Town: Kwela Books, 2005).

⁷⁷ Khaya Gqibitole, "Fresh Scars", *Nobody ever said AIDS*, pp.91-96.

Rayda Jacobs does not shy away from describing the fading of Abeeda's son's health and his diminishing body in *Confessions of a Gambler*.⁷⁸

I stood looking at him for a few moments – the full lips, the sunken cheekbones, the bony shoulders poking through the pyjamas. A thought came to me cold and calm without panic. My son was going to die. His life was going to end as quietly as it had begun. (p.99)

These texts all contain a strong element of compassion in their description of those suffering from HIV/AIDS. The physical descriptions are not sensationalised, although Gqibitole's text contains an element of horror describing the fear that this one 'skeletal hand' could somehow open up the graves of all those who had gone before, 'spilling out the dead'. The extrapolation of one example of suffering with the scale of millions of dead, prefigures comparisons with writing about plague (and Herzlich and Pierret's 'exteriorized horror'), but it is the focus on the female (Memela) and the role of the mother (Jacobs and Magona) that distinguishes South African texts from Western examples of canonised plague writing.

Different Ways of Writing Plague

Instead of focusing on the spectacle of HIV/AIDS, both Jacobs's and Magona's protagonists use the same language when speaking of their babies, which they: "carried...under... [their] hearts" (p.47 *Confessions of a Gambler*);

these children had lain under her very ribs; truly more flesh of her flesh and blood of her veins than anything of their father's. Thando could afford to distance himself from their suffering but she, through whose pain, sweat and blood they had come into this world, could not but feel each and every pang coursing through what was once so totally and utterly part of her. (p.132 "Leave-taking")⁷⁹

This language of love, physical connection and motherhood is a powerful weapon with which to confront those who would rather not speak of HIV/AIDS or who blame and deny their families in these times of crisis. Magona repeatedly uses mothers to resolve social and familial acrimony in her work, most obviously in *Mother to Mother*,⁸⁰ and also in her unpublished play about

⁷⁸ Rayda Jacobs, *Confessions of a Gambler* (Cape Town: Kwela Books, 2003).

⁷⁹ Sindiwe Magona, "Leave-taking", *Nobody ever said AIDS*, pp.124-141.

⁸⁰ Magona, *Mother to Mother* (South Africa: Beacon Press, 1998).

HIV/AIDS *Vukani! (Wake up!)*.⁸¹ In *Vukani!*, two mothers express the tenacity of the maternal bond and use it to agree a punishment for the crime of rape that has involved their children. First, Fina (mother of the rapist) comes to plead with Nomandla (whose daughter was raped) for mercy:

Mother of Jongi, I have come to you about the bad thing that my son has done. I have come to you mother to mother, so that we can see what can be done for the sake of our children. (p.473)

Then, when Nomandla agrees not to go to the police she faces the difficult task of explaining her actions to her violated daughter:

You wait until you become a mother... until your body tears bringing new life into being. Then you'll know what a mother is... what she feels about her child. Let me tell you! I am angry enough to kill that child myself – But I know... (p.478)

As in “A State of Outrage”, this female-led action resolves conflict and suggests a path forward into the future. Each resolution ensures an end to silence, perpetuating a culture of speaking out in order to defeat HIV/AIDS.

In *Confessions of a Gambler*, it is gambling that is referred to as a disease.⁸² This element of Abeeda's life suffuses the book with a sense of *haraam* (unlawfulness/sin), provoking the judgement of both friends and family. However this is accommodated within a wider moral framework that allows for discrepancies in one's devotional life:

“Are you saying it's all right for Mummy to go to the casino?” Munier asked.

“Of course not, but I don't think we should make it such a big issue. Mummy's not a child. And we all sin.”

“We don't have to add to our sin,” Munier continued. (p.76)

In fact when God is mentioned by Braima, Abeeda's ex-husband and Reza's father, Abeeda exclaims: “I wanted to scream. ‘Always it's about God – isn't it? Well, there's not time to play the holies. He has AIDS. That's real. I need

⁸¹ Magona, *Vukani! (Wake up!)*, (unpublished 2002, by email. First performed at the Masque Theatre, Muizenberg, South Africa on 17/08/06). See Appendix 9.

⁸² “Compulsive gambling is a disease, and it's progressive. That means it gets worse with time. You can't cure it,” *Confessions of a Gambler*, p.90. Perhaps this is a metaphor for sexual behaviour and HIV/AIDS? That is, self-control can prevent danger. Although Abeeda's adultery with her sister's husband does ‘pay off’ in the end, she only gets her ‘winnings’ when she has exercised a period of self-restraint. This mirrors the abstinence argument in HIV/AIDS prevention - the most effective and least observed of the ABC rules: Abstain, Be faithful, Condomise).

your help, not make it worse.” (p.33) The sole reference to ‘plague’ in this novel is to the Old Testament, which doesn’t seem to fit in the cosmology of this somewhat compromised Islamic universe. Abdul reassures Abeeda: “‘I read this book,’ he said to me once, ‘that the God of pestilence and plagues was the God of four thousand years ago... the author’s implying that as man evolved, so had God.’” (p.162-3) It seems that, according to Abdul, ‘plague’ is no longer relevant in this post-apartheid, twenty-first century Islamic view of South Africa.

Interestingly, despite the constant moralising and inclusion of Qur’anic indictments of the behaviour of both Abeeda and her son Reza, the text of *Confessions of a Gambler* is very straightforward and down-to-earth, about Reza’s suffering from AIDS: “the truth is that he’s gay, and he has AIDS, and I’m not going to hide it.” (p.140) Not once is the disease referred to metaphorically. There is no judgement of his condition, and when the subject of blame does come up, Abeeda is emphatic that there is no one to blame: “It’s no one’s fault. He’s a good son.” (p.34); “Don’t blame yourself for this, Braima. It’s not you.” (p.138) In Abeeda, Jacobs depicts a strong modern independent Muslim woman who, like many of Sindiwe Magona’s female characters, believes love for her children overcomes all else, even homosexuality, which is taboo in the Qur’an:

[M]y sons didn’t meet my eyes. They were quiet because I’d silenced them. But they didn’t agree with me. For all their modern ideas, they still went by the Book. But the Book also talks about compassion. I’m a mother. I carried my son under my heart. I wasn’t going to rob him of his last moments with his companion and friend. (p.47)⁸³

These texts appear to be forerunners, rather than exceptions, to later sensitive, realistic portrayals of HIV/AIDS.

Comparisons

To push the framework beyond incidental references to plague metaphors, I ask: do the African HIV/AIDS narratives that utilise ‘plague’ and ‘apocalypse’

⁸³ It is interesting that an Islamic informed text written by a woman vehemently overthrows censorship in this way.

build on, or refer to, previous plague or apocalyptic literature? Returning to Magona's work, which is situated in the moral framework of a Christian universe, it is possible to identify a limited use of metaphors of plague. Magona's "Leave-taking" uses plague in the sense of biblical punishment, beginning with Nontando's scream: "God – I hate you!" (p.124) The short story focuses on the abandonment of God, the cry of a mother railing against the injustice of the world, and the fallibility of a 'benevolent' God that has taken three of her five children. Nontando asks rhetorically: "when had it started, this plague?" (p.125) and later laments:

[W]ho could have known that all the truths we have always held dear could come to be so pitifully inadequate? That humanity could come to be chaff before a raging storm that the wise men forgot to predict? ...that inhumanity could be measured in fat bank accounts – profit and loss – in the face of such devastation... that the heart of science is evil incarnate... that in my own family such auspicious beginnings could give birth to such terrible outcomes? (p.128, original emphasis)

This section contains echoes of apocalyptic imagery, which, though not named directly, begins the process of turning against spiritual leaders (biblical or local 'wise men'). This language, tinged with anti-religious fury, culminates in talk of "the vengeance of the angry, unmerciful gods." (p.131), and "Despair and a cold fearful wrath married in Nontando's heart that day. That God could be so cruel, so unfeeling, so unforgiving. A terrible God." (p.131) We can see here the mixing of two belief systems, one that includes many gods, and one that refers only to the monotheistic God of Christianity, specifically the vengeful Old Testament God whom Abdul relegates to harmless modernity in ***Confessions of a Gambler***.

The atheistic conclusion that Nontando reaches at the end of the story is repeated throughout: "her heart had become a cold stone. The death of hope. The birth of a terrible knowledge: *There is no god. If there is then he is a terrible, terrible god and I will have nothing more to do with him.*" (p.132 "Leave-taking") In comparison, the Christian framework of Defoe's ***Journal of the Plague Year*** makes religion the moral foundation of the novel. Despite the seemingly relentless and blameless punishment by God, Healy identifies

the “warning to beware”,⁸⁴ which shapes Defoe’s novel so that it functions as a morality tale, designed to make readers more religious. Furthermore, she states that “the aesthetic production of ‘horror’ and fear is actually crucial to the religious design: to bring about moral and spiritual ‘reformation’.”⁸⁵ In “Leave-taking”, Nontando is not made more religious, but enacts ‘reform’ by defiantly speaking out against her ‘punishment’. Magona’s character turns away from religion because she is not convinced she deserves her punishment. Indeed, it is in the light of the still recent victory over apartheid that Nontando reflects: “all this before they’d had a chance to learn to negotiate their new-found freedom, to live meaningfully in the new democracy” (p.126). In this statement Nontando ventriloquises sentiments that can be presumed to emanate directly from the author herself, locating injustice primarily within a political rather than a religious world.

Nontando continues to identify HIV/AIDS as a: “cataclysmic happening[s]” (p.135); “lo gawulayo, this chopper of a disease” (p.136); and “*this curse on my head*” (p.137), but moves away from blaming God to blaming her son-in-law whom she thinks of as a murderer: “Mpumelelo had killed her daughter... her husband, the murderer” (p.129). Although her daughter and her husband, “had decided to be true to their love, their vows, and to apportion no blame, for, whichever way the disease had found its way into their bodies, neither one of them had wanted to die, neither had wanted the other dead, had wanted to kill the other” (p.137), Nontando is reluctant to give up this concrete source of blame. Returning to her exhortation that God is at fault, the story ends, as it began, with her scream: “God, do you hear me? I don’t love you any more. I hate you, God! I hate you!” (p.141) The imagery in this story frames HIV/AIDS firmly within the world of punishment, seemingly unjustified and random, but nevertheless part of a religious, predominantly Christian

⁸⁴ Healy, “Defoe’s Journal”, p.27.

⁸⁵ *ibid.*

schematic that recalls narratives of plague and apocalypse.⁸⁶ However, these notions are not dwelt on for long and appear more as 'turns of phrase', idiosyncratic expressions, easy frames of reference summoned by Nontando to deal with her initially ineffable crisis. Mfundo's similar use of plague in *Vukani!* suggests it is a throw-away phrase, used without much thought, before making a clearly didactic statement:

I have seen the error of my thinking. This plague is no child's play. And unless we want to see a grim decimation of our race – young men and young women **MUST** practise safer sex... Indeed, we must all practice safer sex. (p.64)

In Kenyan literature, "individuals who are HIV-positive are represented as 'polluting' the social order, while those who are HIV-negative are seen as upholding the social order by maintaining a 'clean' and healthy nation-state."⁸⁷ So do images of the diseased body in South African and Zimbabwean literature function as a warning to 'beware', as Muriungi suggests, together with Healy on Defoe? Is this a didactic form of social control or do these recent depictions provide new ways to conceptualise the diseased body? Certainly in Memela's patriotic novel about HIV/AIDS *Flowers of the Nation*, didacticism aims to redress the faults of the nation-state. The two young protagonists are sisters who help their father by walking from Soweto to Pretoria, re-versing Mandela's *Long Walk to Freedom* by age, sex, method and direction, for an equally important cause – a different kind of freedom. Memela uses graphic descriptions of the father of the nation: Sizwe's sick body, to suggest the urgency of the problem, allegorically referring to the dangers of ignoring HIV/AIDS in the body of the individual and in the body of

⁸⁶ However the paradigm of apparently unjustified and random punishment seems to conflict with McNeill's explanations on witchcraft, mentioned earlier. This 'predominantly Christian schematic' perhaps builds on an ingrained tendency to look for blame via witchcraft in South African society to the extent that "accusing another of being a witch is ...illegal". In McNeill's analysis, this means that while there are "growing instances of 'unnatural' deaths, the historically conventional recourse to justice is prohibited"; this has in turn "pushed the accusations underground and instead of being relatively public, they are now very private secrets." "The meaning of 'public silence'", p.13. Of course, this does not prohibit recourse to Christian justice, but as this story demonstrates, belief systems are fallible and open to contextual interpretation. By way of contrast, accusations of witchcraft are legal in Zimbabwe, but legal accusations are difficult, as they must be officially backed-up with evidence - personal communication with Robert Muponde and Maurice Vambe, July 2006.

⁸⁷ Muriungi, "Healthy Bodies", p.165.

the nation state. However, this allegorical didacticism is not rooted in religious or spiritual guidance, but in a humanist ethos of individual and social responsibility.

Perhaps Abdul is half-right to proclaim in *Confessions of a Gambler* that 'pestilence and plague' are outdated notions – not the correct references to recall to the modern world in relation to HIV/AIDS. They have become 'hyperbolic euphemisms',⁸⁸ mythic constructions that can be linked to epidemics such as HIV/AIDS, without building significantly on the narrative structures they inhabit in terms of historical or cultural references. However, the terms plague and apocalypse recur, and the element of judgement remains. The modern God continues to be perceived as wrathful (and therefore does exist) – both mothers *feel* 'punished', however apparently undeservedly. The associations of plague still bestow condemnation on those who suffer from HIV/AIDS. But, unlike in Europe and America – where blame in relation to HIV/AIDS and sin is primarily associated with deviant sexual behaviour – here it is associated with a wider range of 'unnatural' behaviour outside of the morally sanctioned framework of society, such as adultery, rape and witchcraft. The gendered element of these frameworks applies most strongly to adultery and rape, which, as the recent trial of ex-vice-president Jacob Zuma demonstrates, have differently sanctioned or punishable connotations when applied to either men or women.⁸⁹

Exposing silence

Rather than elaborately articulating the plague that stalks South African families, silence is a refuge for many of the characters in the stories I have examined. This is overcome in Magona's short story "Leave-taking", as shown below when Thando, Nontando's husband declares:

"Is it not enough the whole world knows of our disgrace, that Luthando has lo gawulayo, this chopper of a disease?"
"AIDS?"

⁸⁸ By which I mean exaggerated, but throwaway at the same time; displacing the real with something worse (but that is deferred).

⁸⁹ "Zuma sorry for not using condom", *BBC News online* 09/05/06.

“Stop that!” Thando screamed. “I don’t want to hear that dirty word in this house.”

“It lives here.”

“It wouldn’t, if the decision were up to me.”

That stole Nontando’s tongue. Silence. She could not believe what she’d just heard her husband say. She was at a loss for words. (p.136)

This exchange progresses from Thando’s avoidance of the name AIDS, and its association with shame – ‘disgrace’ – and the displacing or re-naming of it in Xhosa as ‘lo gawulayo, ‘this chopper of a disease’ with its correlated imagery of harvesting and the speed at which the disease kills.⁹⁰ There are also close associations with the scythes of the grim reaper and the swords of the four horsemen of the apocalypse.⁹¹ The power relations of this marriage are also exposed: Nontando bravely, tauntingly, rhetorically says the word: “AIDS?” which Thando commands his wife to repress, reiterating its dirty, shameful nature. Nontando defiantly personalises and domesticates the term by giving it a home – “it lives here” – and Thando confirms his disagreement while admitting his powerlessness as it is ‘not up to him’. This attempt to demonstrate masculine authority in the marriage silences Nontando, if only temporarily. Four pages later:

To the surprise of all, Nontando received the sad tidings in silence... her silence lasted through the seven-day wake... the mother who had not uttered a word since she’d heard of her daughter’s death finally broke her silence. (p.141 “Leave-taking”)

It is in this way that the stories themselves break the silence to a certain extent, but silence also features in these stories as a barrier to be overcome in attitudes towards HIV/AIDS. Apart from functioning as a clear reaction to the presence of cultural taboos, silence can be linked to trauma, which often requires a period of amnesia before crises can be dealt with, acknowledged

⁹⁰ See Appendix 2 for Magona’s description of the use of this phrase.

⁹¹ Although this reading reflects my own cultural background, Mike Nicol’s novel *Horseman* (1995) re-imagines the Book of Revelation as an unholy epic that “re-envision[s] the catastrophic violence of European ‘civilization’ as a hooded rider who spreads slaughter across the African continent”, www.randomhouse.com/catalog/display.pperl@isbn=9780679760399. I am grateful to Kai Easton for drawing my attention to the publisher’s synopsis which reads: “Indeed, he will become known as Daupus, meaning death, and will ride the pale horse foretold in Revelation – even unto South African veld where his destiny is to unfold”. Nicol, *Horseman* (South Africa: Knopf, 1995)

and narrated. If individuals are in the midst of trauma, in the midst of apocalypse as it were, there is little time for reflection. The exposure of silence and movement towards knowledge enacts a literary apocalypse, revealing hidden or veiled information, including unveiling the sick body, and exposing truth.⁹² Unlike in American HIV/AIDS fiction, it is often female characters who disrupt the silence, particularly in the examples I have given from Jacobs, Magona, and Memela.

Silence does not function in these stories as a form of denial:⁹³ rather, its presence signifies a culturally agreed tactic in dealing with a difficult or taboo subject.⁹⁴ This does not mean that communication does not take place, or indeed that this silence does not itself mean something. Silence can be full of many unspoken understandings which protect oneself or one's family from pain. According to McNeill, diffuse references to 'illness' or other euphemisms, "constitute something like a code within which AIDS related mortality can be spoken about respectfully in public".⁹⁵ Countless references in obituaries to 'a long illness' or 'a short illness' testify to this. Breaking this silence can have many different implications, not least in drawing attention to

⁹² Derrida expands on the interpretation of 'Apokalupto': "I disclose, I uncover, I unveil, I reveal the thing that can be part of the body, the head or the eyes, a secret part, the sex or whatever might be hidden, a secret thing, the thing to be dissembled, a thing that is neither shown nor said, signified perhaps but that cannot or *must* not first be delivered up to self-evidence... the disclosure not only opens to vision or contemplation, not only affords seeing but also affords hearing/understanding." Jacques Derrida, "Of an Apocalyptic Tone Recently Adopted in Philosophy", *Oxford Literary Review* 6,2 (1984), pp.4-5.

⁹³ Alex de Waal also supports this refutation of denial, citing Marguerite Daniel's work on orphans in Botswana: "She shows that 'denial' is not a passive activity of failing to look, but an active task of struggling to maintain 'normality' when it is assaulted at every turn." de Waal, *AIDS and Power*, p.19.

⁹⁴ Treichler relates that such silencing is common in the context of a sexually transmitted disease: "Silence is another theme that locates AIDS historically within the discursive universe of venereal disease. The Victorian 'conspiracy of silence' surrounding VD referred both to broad conventions of silence about sexual matters in polite society and to a specifically 'medical secret': the collusion of 'physicians and male patients, either husbands or prospective husbands, which resulted in unsuspecting women being infected with venereal disease.' Poovey argues, 'The silenced female body can be made the vehicle for any medical man's assumptions and practices because its very silence opens a space in which meanings can proliferate'; she describes this as the 'metaphorical promiscuity of the female body'. Warren explores three kinds of silence: the silencing of the powerless by the powerful, the silence of the powerless because they are not heard (not audible), and the silence that the powerful impose on themselves so as to fix the conditions of possibility about what can and cannot be said." *How to have theory*, pp.344-5, footnote 5.

⁹⁵ McNeill, "The meaning of 'public silence'", pp.12-3.

oneself as an 'expert' and risking condemnation for this 'guilt by association'.⁹⁶ Akin to this is the Christian concept that 'knowledge', in the form of the apple in the Garden of Eden, is sinful or evil and this has obvious implications for the role of women in 'accessing' that knowledge in the 'fall of man'. It is dangerous to know too much, and moreover it is dangerous for *women* to know too much (or engage in 'too much' sex outside of socially agreed norms). In particular, knowledge leads to sin - the desire to know more and to engage in 'self-conscious' sexual contact. I return to Derrida's definition of knowing or revealing information which is integral to understandings of apocalypse later.

In Zimbabwean literature, contrary to the silencing alluded to above, Vambe has stated that: "authors have used HIV/AIDS as a metaphor for the corruption and betrayal of the masses in post-independence Zimbabwe. But because the disease is so real and concrete for readers, turning it into an emblem of anything else is difficult."⁹⁷ Although it is difficult for a disease that is so real to become symbolic in the public consciousness, I would firmly contest that HIV/AIDS is seen solely as a metaphor for corruption and betrayal in post-independence Zimbabwe.⁹⁸ Quite the opposite, everything else is turned into an emblem for AIDS – it is the 'hidden thing', beneath what everyone is really saying when someone is 'sick' or 'chiwere'.⁹⁹ A broader

⁹⁶ *ibid.* p.10.

⁹⁷ Vambe, "HIV/AIDS, African Sexuality", p.474.

⁹⁸ In fact only *Mapenzi*, by Ignatius Mabasa, illustrates this trend; the other three texts demonstrate the entrenched gendered nature of HIV/AIDS discourse: "In representing this dilemma, *Waste Not Your Tears* and *Jemedza* [by Wiseman Magwa] portray the African cultural beliefs that have been fossilised as the main culprit in the fight against the disease. *Zviyedzo* [by Daniel Matanganyidze] displays a chauvinistic view that AIDS is a woman's disease while ideas of patriotism have been depicted as the provenance of men. In *Mapenzi* the disease has a double meaning. The casual way in which the black community indulges in unprotected sex that results in pain and death has been taken as a metaphor for the betrayal of the masses by its leadership at independence." Vambe, "HIV/AIDS, African Sexuality", p.487.

⁹⁹ Personal communication with Tendai Marima. Not to be confused with 'Chiwere' a private female space in which sickness can be discussed – see Martha Chinouya, "Zimbabweans in England – building capacity for culturally competent health promotion", *The Social Significance of Health Promotion*, T MacDonald (ed.) (London: Routledge, 2003), p.114 and p.120.

silence remains on physical disease in literature in both Zimbabwe and South Africa.

Trauma and Strategic Silence

One of the functions of literature is as a conduit for relating or absorbing the shock of trauma. This can apply to the individual, such as Mthuthuzeli Skosana, who began writing poetry after he was diagnosed HIV-positive. It seems that the dramatic change in Skosana's own life forced 'the drama of self and other to be played out' in his writing. Becoming HIV-positive is certainly an impetus for many writers to address cultural shame and break their silence (as it is for many community workers and activists, though one must be careful not to presume that this is always the reason for taking up such a position). By bearing witness to a struggle, literature, art and poetry enact a form of cultural memory and conscience, outside officially sanctioned discourses. The urgency of witnessing becomes more pressing while the 'apocalypse' is taking place. By re-phrasing Vambe's point we can explain the absence of texts of witnessing until recently, "because the disease is so real and concrete... turning it into an emblem... is difficult".

Another factor contributing to silencing is the general collective cultural shock of living during a time of great change and upheaval, as well as transmitting this experience to the world – not as a 'product' for consumption or 'cry for help' as some see images or cultural output from Africa, but as ordinary people reaching out to communicate their experiences. It raises the question of the need to define the role of the artist in a pestilential world.¹⁰⁰ The absence of written fictional texts in English (and critical attention to texts), the cultural silence, can be explained by linking this phenomenon to theories of trauma espoused by David Lloyd and Judith Herman, the "will to forget or amnesia" and the "unspeakableness" of the trauma itself.¹⁰¹ But why is this 'amnesia' so long-standing in South Africa and Zimbabwe? The size of the affected population could lead to collective 'cultural shock', but size would

¹⁰⁰ Leavy, *To Blight with Plague*, p.20.

¹⁰¹ David Lloyd, "Colonial Trauma/Postcolonial Recovery", *Interventions* 2,2 (2000), p.214.

also lead one to assume this silence could not be maintained. As Sontag wrote in 1988, “part of making an event real is just *saying* it, over and over.”¹⁰² Almost twenty years later, the narrativisation of AIDS has only just begun in South Africa and Zimbabwe. Was this silence a form of self-preservation, strategically employed or imposed from above?

Different Cultural Connotations

A close correlative to silence in Zimbabwe has been the wilful association of HIV/AIDS with “widespread belief that women are inherently sexually unclean”,¹⁰³ and ‘deviant’ female behaviour such as prostitution, is commonly believed to spread HIV/AIDS. This sexism is not only rooted in Christian culture – as we shall see in Stanley Nyamfukudza’s work – but is, according to Vambe, deeply embedded in Shona cultural concepts of femininity: “informed by the traditional view that perceives a woman’s body as dirty and diseased and a physical space that must be controlled by men.”¹⁰⁴ In South Africa this idea is reinforced by the widespread return in Zulu culture of virginity testing to control female sexual behaviour.¹⁰⁵ Virginity testing implies that women harbour disease and engage in promiscuous behaviour, and does little to address masculine sexual responsibility. This is particularly sexist considering how many South African women record their first sexual experience as coercive.¹⁰⁶

Nyamfukudza alludes to the biblical origins of sin and locates AIDS in the sinful act of eating the apple in the Garden of Eden:

[H]ow awful then, how terrible that in these dementedly awry days, one caught the terminal, fatal virus right at the heart of where it all started, the cancerous, poisoned apple. The ultimate, terminal, deadly bite; so the fucking cunt had teeth after all? (p.122 “If God was a Woman”)¹⁰⁷

¹⁰² Sontag, *Aids and its Metaphors*, p.76.

¹⁰³ McFadden, “Sex, Sexuality”, p.160.

¹⁰⁴ Vambe, “HIV/AIDS, African Sexuality”, p.480.

¹⁰⁵ Fiona Scorgie, “Virginity Testing and the Politics of Sexual Responsibility: Implications for AIDS Intervention”, *African Studies* 61,1 (2002), pp.55-75.

¹⁰⁶ “sexual debut is frequently a matter of coercion rather than choice”, *ibid.*, p.68.

¹⁰⁷ Nyamfukudza, *If God was a Woman* (Harare: The College Press, 1992).

This sexist appropriation of the biblical story, which is frequently used for misogynist ends, blames Eve for the sins of mankind, and therefore for AIDS. The image of the apple refers to the lure of women, whom men pursue in order to eat their 'apple', the ultimate symbol of lustful temptation. That this 'prize' in fact bites back, and by implication 'un-mans' men (whether literally in the form of castration or metaphorically by infection with disease) epitomises man's worst nightmare: a cunt with teeth – it is in the sexual act that men are most vulnerable and exposed. This scene graphically illustrates masculine fear of women; fear that is aggressively expressed using derogatory expletives in order to retain a position of domination over the female.

"If God was a Woman" is the first short story about HIV/AIDS published in book form from Zimbabwe.¹⁰⁸ Of course, the sentiments quoted above are those of a character, but Nyamfukudza's portrayal of sexist, derogatory female stereotypes is common to other Zimbabwean depictions of women in relation to disease. In 1994 Liz Gunner describes the tendency to "define female sexuality as 'loose' and 'dangerous'",¹⁰⁹ and McFadden explains as early as 1992 that AIDS is "still very taboo in most African societies, essentially because of its intimate relationship with the sexual act",¹¹⁰ which brings it closest to syphilis in its associations in the European imagination.¹¹¹ Vambe proclaims that, "in African culture there is a thin dividing line between witches and prostitutes as they all 'kill'",¹¹² and identifies that these "articulated and unarticulated cultural assumptions... are largely responsible for the

¹⁰⁸ As mentioned earlier, the first short story to be published on HIV/AIDS in Zimbabwe was in a newspaper: Kanengoni's "The Writing is on the Wall" (1990) – see Appendix 10 – later published as "Effortless Tears" (1993), followed by Kernohan's "Life Changes" (1992) in a magazine – see Appendix 12.

¹⁰⁹ Gunner, "Song, Story and Nation: Women as singers and actresses in Zimbabwe", *Politics and Performance*, p.115.

¹¹⁰ McFadden, "Sex, Sexuality", p.158.

¹¹¹ Lynette Jackson elaborates on derogatory sexism that blames the spread of disease on women: "Single African women are no longer represented as the venereal filters sapping away at colonial capitalist efficiency, they are represented as angels of death in the age of HIV/AIDS." "Stray women' and 'Girls on the move': Gender, space and disease in colonial and post-colonial Zimbabwe", *Sacred spaces and public quarrels: African cultural and economic landscapes*, Ezekiel Kalipeni and Paul Zeleza (eds.) (Africa World Press, 1999), p.163.

¹¹² Vambe, "HIV/AIDS, African Sexuality", p.482.

continued spread of HIV/AIDS.”¹¹³ He concludes that Zimbabwean literature both confirms and interrogates the cultural context within which the transmission of the disease takes place,¹¹⁴ simultaneously providing both derogatory and subversive links to sexism. Cultural assumptions about women are therefore more important thematically than plague and apocalypse, indeed the cause of plague and apocalypse in this context would no doubt be women. It is the gendered element of Vambe’s argument that proves particularly useful, as opposed to his linking of HIV/AIDS to the ‘corruption and betrayal of the masses in post-independence Zimbabwe’.¹¹⁵

I continue to argue throughout the thesis that this tendency towards collectivisation and allegory in literature is changing, and instead the (gendered) individual is placed centrally in South African and Zimbabwean narratives of HIV/AIDS. Theorising the individual separately from the fate of the nation echoes Quayson’s sentiments, advocating psychoanalytic theorisations of African literature. The fate of the nation is fundamentally altered when linked more closely to the desires of the individual than to the officially proscribed and propagated desires of the ‘collective’. The move away from the collective is matched by a move away from arbitrary collective punishments envisaged by concepts of plague and apocalypse, towards individual blame and responsibility. It follows that representations of the self, in the context of disease linked with sexual desire, become more narrowly focused on gendered representations and the negative associations HIV/AIDS commands. Phaswane Mpe’s *Welcome to our Hillbrow* written, unusually, in the second person represents a similar shift in the representation of the hitherto neglected unique individual. I argue that the portrayal of HIV/AIDS requires alterations to constructions and representations of the self, such that theorisations of this literature must give greater attention henceforth to form, genre and narrative voice.

¹¹³ *ibid.*, p.487.

¹¹⁴ *ibid.*, p.476.

¹¹⁵ Vambe draws different conclusions based on his access to Shona stories, plays and poems, but, as referenced earlier, *Mapenzi* is the only Shona text that he cites as allegorical. My analysis is limited to stories and poems in English.

The Effects of Silence

Like gender, silence proves to be a more dominant theme than plague or apocalypse. Integral to the movement towards a writing of the self is the silence that precedes this development. It is particularly apt that Quayson touches on the 'unutterable' in his analysis of trauma and sexual violence in Vera's *Without a Name*.¹¹⁶ What is interesting in applying theorisations of trauma to writing about HIV/AIDS is that, as David Lloyd puts it, "trauma entails violent intrusion and a sense of utter objectification that annihilates the person as subject or agent."¹¹⁷ After a period of silence, in South African and Zimbabwean HIV/AIDS narratives that depict or relate trauma, there has been a distinctly deliberate attempt to displace the subject or agent at the heart of the narrative as evidenced by Mpe's use of the second person. Jacobs's focus on the mother of an HIV-positive gay son is another example of this. It seems that these fictionalisations are as close as writers can come to first person HIV/AIDS narratives. Conversely, in American and European writing about HIV/AIDS in the 1980s, there was an upsurge in autobiographical work about HIV/AIDS sufferers written in the first person, which is markedly absent in South African and Zimbabwean fiction in English about HIV/AIDS until 2005. This suggests that in writing these stories, authors are gradually replacing the subject in fictional stories. If this is so, the stories enact a form of healing, or at least begin the process of recovery engendered by the experience of individual and social trauma. The flip-side of the 'shock or trauma' analysis is that another response is apathy – even boredom – resulting from the utter banality or normalisation of suffering that occurs when sickness is experienced on such a wide scale. Significantly, both responses lead to a form of silencing, which account for the gaps and absences in these literatures until 1990 in Zimbabwe, and 1999 in South Africa.

¹¹⁶ Quayson, "Symbolization Compulsions", *Calibrations*, p.90.

¹¹⁷ Lloyd, "Colonial Trauma", p.214.

Revealing Taboos

The taboo of witchcraft¹¹⁸ has often silenced and hidden HIV/AIDS from public view in both South Africa and Zimbabwe. By way of contrast, the American ACT UP (AIDS Coalition To Unleash Power: an AIDS activist organisation) slogan is SILENCE = DEATH. The need to vocalise truths about HIV/AIDS came much more quickly in 1980s America, but it has taken over fifteen years for the trauma of AIDS, and taboos such as witchcraft, to be tackled in fiction from South Africa, and the sporadic silence around HIV/AIDS in Zimbabwe is still evident. The Zimbabwean writer and academic Musa Zimunya writing in 1995 refuses to name AIDS in his short story "Here's to Harare",¹¹⁹ which concludes with the ironic epithet "Death by Love." (p.85) As we have seen, Kanengoni identifies this reluctance to speak as early as 1990.

South African Mpe's *Welcome to our Hillbrow*, published in 2001, overturns many similar taboos, exposing such myths as that "you committed suicide because your mother had bewitched you." (p.43) Mpe's technique is not only to express these sentiments as part of the novel-within-the-novel, thereby drawing attention to their fictitious nature, but also to do so in such a manifestly facetious way, that one can only conclude that these 'constructions' (though believed by many in South Africa) are entirely false: "Tiragalong believed, only witches could fall into a corpse's grave on burial... So the Comrades of Tiragalong, in order to cleanse the village, had necklaced your mother to death." (p.43) Rayda Jacobs's *Confessions of a Gambler* also faces head-on the fact that, regardless of the truth, societies often create their own interpretations of why something happens: "you can't stop people from what they're thinking. No matter what the truth is, they still talk." (p.140) It is these well-hidden taboos that writers like Mpe and Jacobs expose. In doing so they enable readers to better understand the silence and reticence about speaking of HIV/AIDS truthfully.

¹¹⁸ Ashforth, "An Epidemic of Witchcraft?", p.135. One must be cautious when talking of African norms of witchcraft not to over-anthropologise or exoticise the discussion, like-wise exercise caution when over-emphasising the relationship of witchcraft to understandings of HIV/AIDS, euphemisms can be used knowingly/consciously and subversively in different social situations.

¹¹⁹ Zimunya, *Nightshift and other stories* (Harare: Longman Zimbabwe, 1995), pp.80-85.

Revealing the Self

How does this new textual analysis relate to earlier theorisations of plague and apocalypse? When the silence is broken, it is broken by writers who speak out against the dominant views of their society. Furthermore, these texts inscribe the effects of HIV/AIDS on the individual, such that the individual is placed at the centre of these narratives, concurring with the assertion that: "consistent in plague literature is the 'I' who strives to survive a deadly danger only to confront questions about what it is *in addition to the body* that is being preserved."¹²⁰ This theory can be extrapolated to support the idea that plague narratives and, by association in the modern context, narratives about HIV/AIDS, portray 'dramas of the self' during what has been called 'a crisis of the self'.¹²¹ This focus on the individual, the movement away from what Quayson identifies as a focus on the 'collective' in African literature, leads writers to re-evaluate the relationship of the individual with society. Dominant literary theories of allegories of the nation have suppressed this theme in African literature. If the fate of the individual is no longer allegorical to the fate of the nation, what then is their relationship? And how is this to be portrayed?

Kenya, with more published texts and a synchronistic reduction in HIV prevalence, could be seen as a model for Zimbabwe and South Africa in the future. South Africa is beginning to see a movement towards first person narratives about HIV/AIDS in 2005. This movement could reflect the replacing of the voice of the individual at the heart of HIV/AIDS prevention in these countries. This 'truth telling', whether virtual or real can also be equated with apocalypse, which is closely associated with revelation and the unveiling of truth at 'the end' – the end of the universe or the end of life. As Quayson says, there is still a fear of this close examination of the self, and 'the end', resulting in a continued fear of psychoanalysis in literary analysis. Conceptions of plague and apocalypse in HIV/AIDS literature from Zimbabwe

¹²⁰ Leavy, *To Blight with Plague*, p.8.

¹²¹ *ibid.*, p.10.

and South Africa are better described as narrative strategies centring on self and truth, than thematic concerns. The fictional device of revelation, or speaking truths using the fictional voice, is elaborated on further here.

When one considers the levelling¹²² effect produced by an epidemic that strikes its victims indiscriminately, one also has to consider that “such notions as victor/victim and parasite/host are reversible... the assumptions about ‘invaders’ and ‘immunity’ are deconstructed.”¹²³ Further to Leavy’s conclusions that “the relationship of individual survival to social organisation seems to be brought more sharply into question in conditions of plague”,¹²⁴ in South Africa and Zimbabwe the HIV/AIDS epidemic could prompt a: “re-examination of the relation between the individual and the social collective” and ultimately prompt a new “politically engaged literature”.¹²⁵ Both nations have experienced a lull in politically engaged literature since the end of apartheid, and the paralytic atmosphere in Mugabe’s post-liberation dictatorship has led to little confrontational literature, but there is potential for a resurgence of politically engaged literature in both countries. Once the shock of trauma has worn off and the ‘truth’ of the ‘apocalypse’ has been revealed, there will be time to witness and interpret the stories of HIV/AIDS. The survival of those who will write these stories is of course imperative to the creation of such literature.

The Rhetoric of Apocalypse

Leavy states that “it is hardly surprising that it would be in a time of plague – literal and metaphorical – that the human impulse to recreate the earthly paradise would assert itself.”¹²⁶ This philosophical movement towards utopia is one of two reactions to the HIV/AIDS catastrophe. The other is the opposite movement towards total destruction, the annihilation of human life,

¹²² “the leveling effects of plague: ‘Poor and Rich went together’”, *ibid.*, p.39.

¹²³ Weinstein, “Afterword”, p.113.

¹²⁴ Leavy, *To Blight with Plague*, p.18.

¹²⁵ Healy, “Defoe’s Journal”, pp.27-8.

¹²⁶ Leavy, *To Blight with Plague*, p.17.

represented by apocalypse. Antjie Krog faces this despair at the end of her short story "Visit to the Eastern Cape":¹²⁷

What happened to us? Where are all the dreams we once had for ourselves? What happened to our desire to change ourselves, to release ourselves into unsuffering lives, living this land more lovingly? What happened to our dreams to change the heart of rage of this country into one of care? Where are we? Have we forgotten so soon what we wanted to be? (p.148)

Her protagonist identifies with the sick individual and sees humanity's fate as intertwined.¹²⁸

Sontag suggests that the pessimism of apocalypse comes from fears that circumstances are out of our control: "the taste for worst-case scenarios reflects the need to master fear of what is felt to be uncontrollable."¹²⁹ This is similar to the tension mentioned earlier between trauma and protective amnesia versus the ubiquity and mundanity of suffering, both of which can lead to silence. Chaos is a catalyst for fiction – it is also to culture, art and literature that the reader will often look to make sense of the hitherto incoherent nature of reality. And yet chaos can also distort, confuse, obfuscate and displace meaningful narratives, which perhaps cannot be completed or even begun in the midst of social and individual calamity. Commenting on Jacques Derrida's exposition on why philosophers take on an apocalyptic tone, Mary Wilson Carpenter surmises "the apocalyptic tone makes the claim of some implicit access to universal truth."¹³⁰ Although Derrida goes on to point out that this 'apocalyptic tone' can be exploited to mislead the 'censorship' of the apocalyptic tone,¹³¹ it is this first usage, as an authoritative marker of 'universal truth' that I explore in this chapter. As I have already concluded regarding plague, the apocalypse is not a prominent metaphorical or thematic feature in South African and Zimbabwean writing about HIV/AIDS, but it provides the tone and context in which writers such as

¹²⁷ Antjie Krog, *Nobody ever said AIDS*, pp.145-8.

¹²⁸ Isabel Hofmeyr suggested to me that this form of melodrama may be part of an Afrikaner literary stylistic connected with narratives of catastrophe and/or powerlessness. It is similar to Magona's depiction of despair, which she uses differently to incite action to change.

¹²⁹ Sontag, *Aids and Its Metaphors*, p.87.

¹³⁰ Mary Wilson Carpenter, "Representing Apocalypse", *Postmodern Apocalypse*, p.129.

¹³¹ *ibid.*

Magona have positioned the urgency of the pandemic. In her short stories, Magona assumes an authoritative tone, speaking out as an individual on behalf of the community, advocating action and truth telling in relation to HIV/AIDS. Memela also utilises the utopian ideal of the nation to produce a didactic tone, warning against the HIV/AIDS disaster which looms, capable of striking and destroying the 'garden' of South Africa in *Flowers of the Nation*. Wilson Carpenter identifies Dellamora's observation that "among dominant groups apocalyptic narratives have often been invoked in order to validate violence done to others," while "among subordinate groups apocalyptic thinking is frequently an effect of the pressure of persecution."¹³² Magona and Memela demonstrate that the fear of disaster or apocalypse upholds this dual mode of thinking.

Indeed, Dickinson suggests that "apocalyptic thinking can open up spaces for the enunciation or utterance of hitherto silenced and marginalized voices"¹³³ and it is this possibility that I continue to explore in the context of South African and Zimbabwean stories about HIV/AIDS. This enunciation opens paths into the future for characters in Magona's and Jacobs's fiction, as I have illustrated. Long, referenced in Chapter One, also recognises this possibility: "the apocalypse is equally at home at the service of radicals and reactionaries."¹³⁴ Magona, in particular, articulates a radical call to action in "A State of Outrage", the very title of which suggests dissatisfaction with the status quo. The final lines epitomise the apocalyptic nature of her predicament: "we need the will to survive, the will to do what we must do to stay alive." (p.127) Couching her narrative in the Manichean terms of 'end-time' she incites: "There's only one way to beat this devil. Action! That is how." (p.127)

¹³² *ibid.*, p.128.

¹³³ Dickinson, "Go-go dancing", p.230.

¹³⁴ Long, *AIDS and American Apocalypticism*, p.7.

'Dissident Vernaculars'

Throughout this project I identify evidence of dissident language and calls to action in South African and Zimbabwean literature; the "usual customary silences are broken in the interest of the greater public good."¹³⁵ Dickinson comments that literature can only respond to catastrophe with political engagement:

AIDS, like its medieval predecessor, the Black Death, has given rise to a number of 'dissident vernaculars.' These vernaculars are presently operating within and across various communities, at once resisting the seductive rhetoric of endtime in dominant discourse, and wading through the morass of disinformation surrounding AIDS, to speak to marginalized subjects in a language they can potentially understand.¹³⁶

The literature that I have analysed in this chapter embodies a form of resistance to the overwhelming nature of an epidemic like HIV/AIDS and the inadequacy of other social and political responses to the disease. Perhaps one of the 'dissident vernaculars' identifiable in South Africa and Zimbabwe is the encoded discourses of witchcraft which contains symbolic, euphemistic and real (silent) representations of HIV/AIDS in locally understood languages. Rather than resorting to conventionally Western metaphors of plague and apocalypse to reinforce the status quo, South African and Zimbabwean writers navigate a different path. Consequently, "according to Alexander Garcia Duttman... speaking about/with AIDS is potentially a way of avoiding, or at least resisting apocalypse."¹³⁷ Michel Foucault (who himself died of AIDS) also saw literature as a means of fighting back when there are few other tools at hand:

[W]riting so as not to die... speaking so as not to die is a task undoubtedly as old as the word. The most fateful decisions are inevitably suspended during the course of a story... It is quite likely, as Homer has said, that the gods send disasters to men so that they can tell of them, and that in this possibility speech finds its infinite resourcefulness; it is quite likely that the approach of death – its sovereign gesture, its prominence within human memory – hollows out

¹³⁵ Gunner, "Those Dying Generations", p.49.

¹³⁶ Dickinson, "Go-go dancing", p.231. Dickinson notes p.231, n.62, that the term 'dissident vernaculars' is Cindy Patton's see *Inventing AIDS*, p.148, n.12. But it is Dickinson's use of the term which I draw on directly.

¹³⁷ *ibid.*, p.232.

in the present and in existence the void toward which and from which we speak.¹³⁸

Certainly for the women who feel under threat from HIV/AIDS in Zimbabwe, their infection, or fear of it, has been a catalyst to action, leading to the production of books by Tendayi Westerhof and Luta Shaba such as *Unlucky in Love* and *Secrets of a Woman's Soul* respectively in 2005. The texts I have analysed in this chapter refuse pessimism and begin the process of 'resisting apocalypse', proving through their very existence that a dissident response is forming in the literature of at least two African countries.

Form and Genre

In the *Journal of the Plague Year*, "Defoe's apocalyptic image is of death on a pale horse"¹³⁹ and the short narratives of HIV/AIDS do evoke a sense of the speed at which this epidemic advances in Africa. Without anti-retroviral treatment there is little sense of 'living with AIDS' in these stories, which centre on speedy or imminent death. Death arrives almost before writers have had time to conceptualise what is happening (which accounts for the lack of focus on the decaying body). This effect on time is not uncommon in plague narratives as:

terminal illnesses and plagues bring with them a particularly keen awareness of time... what plague literature consistently asks is what it means to be human and just what that condition is.¹⁴⁰

Drawing attention to the brevity of life *per se* as well as its extreme brevity when cut short through disease, Leavy's discussion of Defoe highlights the effect of disease on time, form and genre. The predominant literary forms in South Africa and Zimbabwe are appropriately brief: short stories and novellas, poems and a handful of recent autobiographies, all pragmatically use the genre of realism to depict current, ordinary and everyday experiences.

¹³⁸ *ibid.*, pp.233-4.

¹³⁹ Leavy, *To Blight with Plague*, p.201.

¹⁴⁰ *ibid.*, p.19.

By way of contrast, an excerpt from an American doctoral dissertation encapsulates the effect that this awareness of time has had on American AIDS novels:

The apocalyptic narratives of the early [American] AIDS novels... by rendering AIDS a death sentence, compressed time... the cultural narrative that represented AIDS as a death sentence posed a site for cultural critique.... With new developments in medical treatment, life with AIDS has been prolonged. The time of AIDS has lengthened. Recent [American] AIDS novels reflect this sense of increased time. Though for many, AIDS still means death, the narratives of these novels do not move in a singular apocalyptic trajectory to death. Instead their narratives are more multi-dimensional or more fragmented, portraying the many other people impacted by the deaths of loved ones from AIDS-related complications, and most recently characters living indefinitely with asymptomatic HIV disease.¹⁴¹

South Africa and Zimbabwe have yet to experience the luxury of this second phase of writing, and are only beginning to embark on the first phase. What is certain is that this journey is experienced and written about very differently in these countries than it was in the USA. There are surprising distinctions in the use of plague and apocalypse in the literature I have examined: both are present, but are not dominant themes. This absence of a dominant plague or apocalypse metaphor or theme is, as Leavy comments, akin to Camus's depiction of "Rieux's periodic fatigue and discouragement during the plague", which stems from: "the near impossibility of defeating the pestilence to pessimism about the value of writing about it".¹⁴² It is also illustrative of a broader epistemological and linguistic paradigm used to deal with disease and death as a whole.

Silence emerges as the dominant form of expression, or inexpression. But silence itself is rooted in a number of different reactions to HIV/AIDS from trauma to the cultural effacement of that which is taboo. However, this does not preclude creative responses to negotiating, de-centring and subverting that which is expected to be silenced, particularly gendered silences. It is

¹⁴¹ Lisa Garmire, "Silent Apocalypse: Race, Class, Gender, Heterosexual AIDS", *Resisting the Apocalypse: Telling Time in American Novels about AIDS, 1982-1992* (UCSB, 1996), p.32. www.geocities.com/lisagarmire/Chp5RaceClassAIDS.htm?200510.

¹⁴² Leavy, *To Blight with Plague*, p.204.

possible that in some texts HIV/AIDS has been mentioned so obliquely (or in code or slang) that it can be missed completely and thus assumed to be absent. But careful critical readers can pick up on Dickinson's 'dissident vernaculars' which continue to be identified. One has to be sensitive to the 'pregnant silences' which are, as it were, quietly sublimating and resisting the apocalyptic plague metaphor in which much of Africa is said to subsist.

Chapter 3

The Strong Healthy Man - Masculinity and HIV/AIDS

Historically, men, unlike women, have not needed to explore their own body image, because their relation with the world is not mediated by the body in the way that women's social place and role have been constructed by their biological functions. Indeed, in order for men to preserve the hegemony of male power, it has been essential to keep the body at a safe distance, even if it cannot be rendered completely invisible. The body is always there, but rarely accorded (by men) its place as a fundamental structuring principle. Indeed, in order to retain their power, men have collectively refused to interrogate their bodies, which have thereby become unhealthily protected from public (and often private) scrutiny. Illness changes all that and makes the body urgently present, albeit in a state of deterioration and decay.¹

The human body as a site of disease and 'exteriorised horror'² has, as we have seen in Chapter Two, formed a compelling part of literary representations of plague and apocalypse across both time and space. By the end of the chapter it was possible to see that depictions of HIV/AIDS as plague and apocalypse are not only destabilised, de-centred and re-articulated in different contexts, but also inherently gendered in their portrayal of 'sin', blame and punishment. Moving from comparisons based on the inter-linked paradigms of plague and apocalypse to the representation of illness and disease within the nations of Zimbabwe and South Africa, it is now possible to argue in this chapter that the experiences, and therefore the representations, of disease are both silenced and gendered and that this gendering of disease is more significant than the connection of HIV/AIDS with metaphors of plague or apocalypse.

Derrida's identification of the 'apocalyptic tone' cited in Chapter Two as 'a marker of universal truth' alerts us to the use of tone (particularly with respect to the body) in other forms to delineate 'universal truth'. Derrida describes the manipulation of truth, demonstrating that authority can be created through tone. It is not so much the content as the way it is said that leads to potency

¹ Worton, "Behold the (Sick) Man", p.157.

² Herzlich and Pierret, *Illness and Self*, p.69.

and authority. Butler's notion of gender identity as a 'performative act'³ works in the same way: gender is not essential to physical being (it is not solely the content), but behaviour and enactment of maleness can be said to 'perform' gender, and thereby construct the concept of masculinity. Acting out the socially approved ideas of masculinity takes on an authoritative tone in a hegemonic patriarchal society; masculinity as a dominant gender form is therefore entirely contextual and continually reaffirmed through performance. It is therefore essential to be sensitive to the 'performance' and tone of gender in order to deconstruct images and metaphors associated with masculinity in literary representations of HIV/AIDS in Zimbabwe and South Africa. I would argue that it is possible to locate physical health at the centre of discursive formations of masculinity in both countries.

The way men and women react to HIV and AIDS contributes to the gendering of HIV and AIDS – the refusal to examine the self betrays masculine anxiety over the health of his body. HIV/AIDS forces men to recognise the limitations of their bodies, and re-imagine masculinity in this context. Citing physical health as central to the formation of identity binds the body into a discourse with masculinity that has previously been central to women's studies or feminism. As Treichler emphasises, "it is a commonplace of feminist scholarship to claim that medical discourse represents women's bodies as pathological and contaminated. 'What is woman?' asked Hippocrates: 'Disease.'"⁴ Butler similarly observes that "the cultural associations of mind with masculinity and body with femininity are well documented within the field of philosophy and feminism."⁵ She points out that "this association of the body with the female works along magical relations of reciprocity whereby the female sex becomes restricted to its body, and the male body fully disavowed, becomes paradoxically, the incorporeal instrument of an ostensibly radical

³ "Consider gender, for instance, as a corporeal style, an 'act', as it were, which is both intentional and performative, where 'performative' suggests a dramatic and contingent construction of meaning." Judith Butler, *Gender Trouble: feminism and the subversion of identity* (London: Routledge, 1990), p.139.

⁴ Treichler, *How to have theory*, p.42.

⁵ Butler, *Gender Trouble*, p.12.

freedom.”⁶ Butler critiques de Beauvoir’s proposition that the female body ought to be the situation and instrumentality of women’s freedom, not a defining and limiting essence. Stressing the power of the female body can also limit it. The assumption that the limitations of the body only apply to the female falls into the binary trap that continues to assign freedom of the mind solely to the realm of the masculine, crucially failing to link the masculine with the body in any way. Both of these binaries are limiting and deconstructed in the context of disease. It is in the interest of upholding the status quo of masculinity, ‘the hegemony of male power’ as Worton puts it, not to interrogate the male body or question the normativity of its health. This would fit within the misogynist framework that de Beauvoir operates within when she identifies the conflation of the masculine “with the universal, differentiating itself from a feminine ‘Other’.”⁷ If the masculine is the universal, then the masculine is normal and healthy, and the feminine ‘Other’ becomes the exception, unnatural and unhealthy.

Linking disease to male bodies and the performance of masculinity ushers in a discourse on the body previously restricted to women’s studies and feminism. Degenerative diseases like HIV/AIDS force us to position men within this gendered discourse. Perhaps the diseased male body can be figured as an ‘Other’ which has yet to be recognised? The limitations and restrictions that this recognition would infer have far reaching consequences for the hegemony of masculinity: it is possible to interrogate the myth of a stable masculinity in literature, revealing the inherent instability of masculinity that is highlighted in the context of HIV/AIDS. As Jan Zita Grover remarks, “Cultural baggage... the things that we handle all the time are just sitting on the surface waiting to be snatched off and applied to AIDS.”⁸ HIV/AIDS brings out prejudices, and also culturally inscribed notions of gender that have lain dormant and often unchallenged in the past. The perversity of some of this baggage, whether in terms of relationships between individuals, the nation,

⁶ *ibid.*, pp.11-2.

⁷ *ibid.*, p.11.

⁸ Jan Zita Grover, “AIDS, Keywords, and Cultural Work”, *Cultural Studies* Grossberg, Nelson and Treichler (eds.) (London: Routledge, 1992), p.238.

social responsibility or familial responsibility can be highlighted in literature under the urgency of the spotlight of HIV/AIDS.⁹ Simon Watney underlines this in the context of homophobia when he says, "What is at stake here is the capacity of particular ideological configurations to activate deep psychic anxieties that run far beneath the tangible divisions of the social formation."¹⁰ Representations of HIV/AIDS in literature in English from Zimbabwe and South Africa over the last fifteen years lay some of these ideological configurations bare, particularly in their portrayal of 'deep psychic anxieties'. The way HIV/AIDS is represented in these texts has implications for formulations of sexuality and gender in both countries.

* * * *

The nuanced presentation of conflict and perceptions of illness in selected stories from Mungoshi's *Walking Still* (1997) and Kanengoni's *Effortless Tears* (1993) seek to establish a world in which war and violence are no longer the markers of power. The disruption of conventional gender roles is linked to the fragmentation of the nation and disillusionment with dominant national structures, which have been predicated on male power, but Mungoshi's focus on individual stories symbolises and evokes new struggles more firmly rooted in the family and intimate personal relationships. In contrast, Kanengoni's focus on the brutality of war (which he himself experienced) and its effect on the family exposes alterations and scars in the national psyche. War is problematised as not simply a heroic, infallible war of liberation bringing only freedom and justice to the majority black population, but as a brutal, morally ambiguous struggle that leaves men damaged and

⁹ Treichler elaborates: "Gendered representations bear complex historical burdens... an epidemic intensifies existing social divisions and codifies cultural stereotypes because there seems to be no time to do otherwise. Ideas, metaphors, and images circulate efficiently. The long-standing use of the human body as a symbol of society – a body/society often conceptualized as female – takes on special force in an epidemic of sexually transmitted disease, where the images and terminology routinely associated with physical disease – sickness, contamination, infection, death, filth, malnutrition, breakdown, disorganization, and death, among others – seem to blend seamlessly with commentary on the society in which the epidemic is occurring." *How to have theory*, p.45.

¹⁰ Simon Watney, "The Spectacle of AIDS", *AIDS: Cultural Analysis/Cultural Activism*, p.74.

confused about the value of the murderous acts they have performed in the name of freedom. By questioning the consequences for communities that abandon the land to join the liberation struggle, or are forced to commit patricide to express loyalty to a cause, Kanengoni unveils the barren heart of a nation whose masculine integrity has been usurped by a greater power: fear. How do men reclaim their lives and define themselves in these circumstances? Can masculinity survive with integrity when under pressure to survive in any form? Who are the heroes and saviours now? By comparing stories by these two writers against the background of HIV/AIDS it is possible to see the extent to which the depiction of the health of the individual male disrupts conceptions of a stable patriarchal masculinity that in turn upholds the hegemony of male power in the nation.

The South African texts I will use to compare depictions of fathers and sons and daughters, are Sandile Memela's novella *Flowers of the Nation* and two short stories, "The Homecoming" by Mbongisi Dyantyi, and Achmat Dangor's "Skin Costs Extra" featured in the anthology *Nobody ever said AIDS*. The portrayal of Abeeda's gay son in Rayda Jacobs's *Confessions of a Gambler*, while suitable for analysis, will just be mentioned in passing as one of the few examples of homosexual transmission of HIV in literature, which does not form a distinct genre in either country.¹¹ All of the stories selected portray fathers who destabilise the concept of the 'strong healthy man'. What taboo is Memela breaking when he writes of his two young protagonists, "Their father, mostly lay hot, sweating and writhing in pain. At times he cried like a baby. He even coughed blood." (p.1), and which cultural silence is Dyantyi breaking when Sammy admits that, "I am afraid of having sex" (p.116)? Dyantyi goes much further in portraying the character Sindiswa (Sindiso) who, "Shortly after declaring himself a woman trapped in a man's body ... was gang-raped"

¹¹ *Witness to AIDS* (2005) and *AIDSAFARI* (2005) - autobiographies written by openly gay writers, Edwin Cameron and Adam Levin respectively - illustrate the distinct strategies adopted to deal HIV/AIDS. The poet Mzwandile Matiwana wrote *I Lost a Poem* (2004) after his imprisonment, and deals with HIV and male rape in "In the last flicker of light" (pp.36-7). For further reading on homosexuality in Zimbabwean literature see Drew Shaw, *Transgressive Sexuality and Postcolonial Identity: Dambudzo Marechera and Crossing the Boundaries of Zimbabwean Literature* (Germany: Peter Lang, forthcoming 2008).

(p.118). He initially asserts that his father, “is a real African man”, but undercuts this by then revealing, “You should have seen him when I came back from the bush. Tall, proud, confident that the traditions of his people had cured me” (p.118). The implication is that a ‘real African man’ asserts his power by sexual force, finding support in ‘tradition’, even though essentially he uses ‘tradition’ to justify the brutalisation and gang-rape of his son. In contrast, Dangor selects as his subject a professional husband and father-to-be who infects his wife and unborn child with HIV after visiting a prostitute. The protagonist Simon Mashaba displays weak moral strength, not only in the way he acquires HIV, but in the processes he goes through after he finds out he is infected: “Why didn’t Nomsa confess, tell him that she had slept with another man?” (p.68) It is easier for him to question his wife’s health and fidelity than it is for him to face his own culpability in infecting her. These normal ‘healthy’ men have hitherto thought themselves immune to HIV infection – the stories collectively demonstrate that such assumptions require more thorough interrogation.

If the creation of gender norms is arbitrary, the accepted definitions of what constitutes masculinity in patriarchal societies is governed by the language and culture in which we live. I argue that part of the definition of a father figure relies on the identification of a son or daughter with a ‘strong healthy man’ during the formation of self and identity. Without detailing Lacan’s abstract formulations of psychosexual development, I nonetheless concur with Sacks that “The study of disease and identity cannot be disjoined.”¹² This prompts the question: how does one formulate the masculine identity of a father figure when that figure is absent, ill or dying? The male body is inextricably bound up with notions of masculinity, identity, physical performance, sexual or otherwise, and the body provides the dominant foundation for the initial separation of the sexes. Clichés such as that the female is the weaker sex are, of course, inaccurate (particularly in Zimbabwe and South Africa where women bear the majority of labour in the average

¹² Oliver Sacks, *The Man Who Mistook His Wife For A Hat* (London: Picador, 1986), p.x.

household). Studies of genetic diseases show that the female 'X' chromosome is far less vulnerable to hereditary disease than the male 'Y' chromosome. However, the myth of the 'strong healthy man' lingers in the imagination as the defining, if not the basic, aspiration of men in most cultures.

In Zimbabwe, this notion of strength can be further linked to the hegemonic rhetoric of heroism that is deeply associated with violence, and which valorises men in the context of the second Chimurenga as 'war veterans', or 'sons of the soil'. In South Africa, it is arguable that the tyranny of apartheid emasculated black men by making them subservient to white minority rule. The resulting dominance of (violent) masculinity in both post-liberation Zimbabwe and post-apartheid South Africa can be linked to the continuing reclamation of hierarchical structures in the recently re-formed nations that are still considered part of the struggle, particularly by the ruling parties ZANU-PF¹³ and the ANC.¹⁴ In both countries Epprecht outlines the historical consequences for masculinity:

[C]olonial rule and racial capitalism emasculated African men in the sense that they undermined Africans' ability to attain the signifiers of social manhood. This emasculation occurred both as a result of economic change and of ideologies which infantilise or pathologised African men and their sexuality. Notably, in colonial discourse an African male outside his traditional milieu was a perpetual 'boy' irrespective of his age or marital status.¹⁵

¹³ "Independence briefly restored confidence in a black masculinist/nationalist identity in Zimbabwe. This has proved to be short-lived, however, undermined on many fronts. As early as 1983, the new government's shameful treatment of alleged prostitutes evoked dismay. Men's economic disempowerment under the Economic Structural Adjustment Programme (ESAP) since 1990 has also undercut one of the principal stays of masculinity in Zimbabwe – the ability to provide for a wife and children. Tens of thousands of employees have been retrenched while land redistribution has stalled and/or been bungled." Marc Epprecht, "The 'Unsayings' of Indigenous Homosexualities in Zimbabwe Mapping a Blindspot in an African Masculinity", (www.sephis.org/pdf/epprecht.pdf), p.10.

¹⁴ *ibid.*, pp.9-10. In footnote 46, Epprecht writes: "Studies from South Africa that make suggestive comparisons about the 'crisis' in African masculinity arising from the anti-apartheid struggle include Thokozani Xaba 'Masculinity in a Transitional Society: The Rise and Fall of 'The Young Lions'' and David Hemson 'The Embrace of Comradeship: Masculinity and Resistance in KwaZulu-Natal' (Colloquium on Masculinities in Southern Africa, University of Natal, 2-4/07/97); and Catherine Campbell 'Learning to Kill? Masculinity, the Family and Violence in Natal' *Journal of Southern African Studies* 18,3 (1992) pp.614-628".

¹⁵ Epprecht, "Mapping a Blindspot", p.8.

Epprecht then details the effects on traditional masculinity:

[N]otwithstanding efforts by colonial states throughout the region to buttress the legal powers of African men vis-à-vis women, the discursive unmanning of African men by whites was progressively abetted by the destruction of the material base of traditional African masculinity... African men in this era of rapidly changing gender relations did devise new way [sic] signifying or performing social manhood, including through sports, clothes, faction fighting, gangs, ostentatious consumption of European products (liquor, notably), more conspicuous exercise of power (over and sexual consumption of) women, and achievement in the white man's terms (school, church, police, master farming, hygiene and so on).¹⁶

It is fascinating to observe how many of these markers of masculine power rely on healthy physical prowess. The undoing of the white man is ultimately played out in the ultimate physical confrontation: war. Shiri upholds this, writing that:

[P]atriarchal masculinity was embedded in British colonial discourse, and the internalization of a masculinity based on war and phallocentrism became a part of social reality during the period of occupation as a result of the Zulu and Boer wars of the late nineteenth century.¹⁷

As Epprecht and Shiri demonstrate, historically it is the process of colonialism itself that triggered such widespread social disruption, not only emasculating African men, but also providing the blueprint for a post-colonial patriarchal system.

Beyond the social disruption of war, or the anti-apartheid struggle, and in a quite different context, Michael Worton evinces that:

[A]s soon as the social structure is shaken, as it has been through such different phenomena as the creative challenges of feminism and the ravages of AIDS (for long perceived – in the West – as a gay male plague), traditional certainties about masculinity begin to dissolve and the male body becomes the site of interrogation rather than of affirmation and confidence, ...masculinity needs to be increasingly recognised as a personal narrative or representation... a *staging of difference*, a play of and with representation that entails a repositioning

¹⁶ *ibid.*

¹⁷ Chenjerai Shiri, "Men don't go to the moon – language, space and masculinities in Zimbabwe", *Dislocating Masculinity* Cornwall and Lindisfarne (eds.) (London: Routledge, 1994), p.149.

of the question(s) of gender outside the traditional binary oppositions of male/female and heterosexual/homosexual.¹⁸

In the case of Mungoshi's, and to a lesser extent Kanengoni's, short story collections, it seems possible that their unique approaches to the construction of masculinity may be rooted in the 'shaking of the social structure': disruptions caused by colonialism, war, feminism and HIV/AIDS have undermined traditional understandings of gender roles and re-positioned the male body at the centre of a number of their narratives. I would argue that both writers play with representations of masculinity, favouring the personal, and placing idiosyncratic, individualised narratives at the heart of their fiction. In doing so they contribute to a multi-layered understanding of masculinity in place of one-dimensional, nationalistic, patriarchal masculinity.¹⁹ By contrast Memela's choice of title: *Flowers of the Nation*, indicates the allegorical nature of his story and immediately identifies his female protagonists as flowers or daughters of the nation themselves. The resulting identification of the sisters' sick father with the nation of South Africa has far-reaching implications for the author's construction of masculinity on an individual as well as a more general, national level. It is significant that in exposing the weakness of the body of the patriarchy and therein the nation, Memela chooses two young girls as his heroines, which not only supplants the patriarchal allegory he initially utilises but also suggests a utopian feminist vision for the re-alignment of gender norms in South Africa. It is interesting that in order to do this he does not posit two *adult* women as his heroines. Nonetheless, all three writers disrupt conventional ideas of masculinity, albeit in different ways.

The 'staging of difference' that Worton exhorts us to examine (in analysing a re-construction of gender) can be played out both in the external realities

¹⁸ Worton, "Behold the (Sick) Man", p.157 (my emphasis).

¹⁹ Epprecht helps to define 'normative masculinity': "The appearance of fertility was one of the most important elements in a proper marriage and in the social definition of adulthood for both men and women. As Bullock phrased it...his primary duty to the nation, [which] is to marry and have children". In the context of homosexuality, his critique is formed against the background of "the socially necessary performance of heterosexual virility." "Mapping a Blindspot", p.3.

depicted in fictional narratives and in the psyche, such that interior monologues and perceptions are as important in texts as 'actual' events in each story. The shaken social structure can also result in a fragmented sense of reality, such that a distorted view of the world is evoked by characters like Paul, in Kanengoni's "Things We'd Rather Not Talk About". By interrogating the vulnerability of the male body to damage or infection (whether externally or self-inflicted) and the consequences, both authors de-stabilise conventional notions of gender exemplified by the 'strong healthy man.' I demonstrate this theory by analysing two of Mungoshi's short stories from *Walking Still* – "Did You Have to Go that Far?" and "Of Lovers and Wives"; and three of Kanengoni's stories from *Effortless Tears* – "Things We'd Rather Not Talk About", "Men" and "Effortless Tears". Nyamfukudza's "If God was a Woman" provides a brief contrast.

Throughout *Walking Still*, Mungoshi eloquently problematises the apparently clear-cut relations between men and women. In "The Hare", "The Empty House", and "The Wedding Singer", real domestic and sexual power is shown to be in the hands of women who, through family structures, manipulate men into new positions by the end of each story. All three stories 'perform' masculinity in different ways, demonstrating that the male characters are unaware of the implications of their behaviour and the machinations of female life around them. They show how disassociated the male characters are from the implications of their adulterous sexual and physical behaviour, particularly when this behaviour is somewhat pathological, as Gwizo's alcoholism turns out to be in "The Empty House".²⁰ These male bodies are shown to be vulnerable to damage and infection, which destabilises conventional notions of gender exemplified in the strong male body.

The stories from *Walking Still* that I focus on contain more self-aware male characters who undermine accepted constructs of masculinity in entirely different ways. "Of Lovers and Wives" tells the story of Shami, Chasi and

²⁰ For more detailed analysis see Lizzy Attree, "The Strong Healthy Man", Muponde and Muchemwa (eds.) *Manning the Nation* (Harare: Weaver Press, forthcoming 2007).

Peter, who, at first glance, have negotiated a love-triangle to suit the needs of each person. It soon becomes obvious that Shami has been unaware of the depth of the relationship in which she shares her husband Chasi with Peter. By focusing on a loving depiction of homosexuality, Mungoshi breaks all social and literary taboos in Zimbabwean culture,²¹ writing a heart-breaking, poignant narrative in defiance of those who deny same sex love relationships moral or emotional legitimacy. "Did You Have to Go that Far?" takes on three families from a child's perspective, unmanning both fathers and sons in the process. The ability of these characters to develop and change is anathema to a fixed notion of masculinity. One such discourse, entrenched in sexist, masculine language, is the discourse framing HIV/AIDS in Zimbabwe. I argue that this hegemonic discourse is located in static ideas of Zimbabwean masculinity and acts as a defensive response to the threat of change.

Background to Masculinity Discourses

Though *Walking Still* was published in 1997, misogynistic and indeed militaristic attitudes towards HIV/AIDS have apparently changed little as Retired Brigadier General David Chiweza brutally reminds us in *The Herald* (in 2006) when he advocates mandatory HIV testing by any means necessary:

HIV must be stopped at all costs. To refuse to recognise and apply the minimum necessary force means the job remains undone. It means people will continue to infect each other... The arguments for the use of force can be traced back in our history. When Rhodesian Prime Minister Ian Smith said there would be no black majority rule in a thousand years, the stage was set for the choice between the use of the necessary force to bring about independence or to remain in a perpetual time warp... God is more interested in the fruit than the person or method that brings the fruit.²²

Presumably 'God' would feel the same about rape? Does one find value only in the child, the 'fruit', regardless of the violent method used to bring about this

²¹ Its publication is only pre-dated by Madanhire's *If the Wind Blew* (1996) by one year, of which Shaw exclaims: "This articulation of gay sexual preference on the pages of mainstream Zimbabwean literature is a milestone. Moreover, it confounds stereotypes because Hebrew is not only black and gay but also classically masculine: good-looking, fit, strong and virile – an 'ordinary' man." Shaw, "Deviant' Innovations in Zimbabwean Writing: From the Racial Divide to Same Sex Desire", *The Round Table* 95,384 (2006), p.280.

²² David Chiweza, "The doctrine of necessary force", *The Herald* 27/07/06, p.10.

progeny? The ZANU-PF ideology of 'the enemy within' has been sublimated from White British and Rhodesian ideology. The natural human tendency to formulate an 'other' in order to define your own identity is highlighted in Chiweza's rhetoric. Like Mugabe, he has apparently, as Fanon predicted in *The Wretched of the Earth*, uncritically appropriated the language and the mentality of the colonisers Zimbabweans once fought to liberate themselves from.²³ Chiweza's language of force does not relate the problem to male as well as female behaviour. Although he at least deals directly with AIDS, the sexist rhetoric of rape and force continues to advocate social control, ostensibly in the name of averting an apocalypse.

Chiweza's tautologous, contradictory, self-defeating argument is particularly badly written, falling into the traps of violent nationalistic hyper-masculine, war-based rhetoric. His argument is self-defeating, because to believe that AIDS is 'other', and can be removed (by force), is to misunderstand the nature of the disease, which is transmitted in intimate sexual acts, often of love, and is intrinsically internal and undetectable in its initial manifestation, and remains bound to the individual, from which it cannot be separated. The individual does not become less human once he or she is infected with HIV. To advocate destruction of the other is to advocate the ultimate destruction of oneself. It is the same trap that resists the acknowledgement that the 'strong healthy man' is vulnerable to infection and disease. At a time when vilification of those with AIDS is widespread, his solution to the pandemic seems analogous with utilitarian murder when he states:

[T]he Embryo Effect Strategy is simply the principle of the minimum necessary force to kick HIV out of our people. Anything less is time wasting. Excessive is better than inadequate force and optimum force is the ideal. I hope you remember the saying that cowards die too many times before their actual death. Be strong and courageous.²⁴

The violent connotations of the 'Embryo Effect Strategy' (which is not explained) seems to suggest that HIV can be forcibly removed from 'our people'. Mandatory HIV testing is placed alongside the 'heroic' land

²³ Mugabe has stated that AIDS "is a war that belongs to all of us", *The Guardian* 17/06/04.

²⁴ Chiweza, "The doctrine", p.10.

redistribution project²⁵ and Operation *Murambatsvina*, which not only puts the infected in the same category as the apparently disposable whites – “the land had to be redistributed” and the ‘dirty rubbish’ of the poor: “litter is not needed in the city” – but also genders the debate. The feminine ‘embryos’ and ‘eggs’ that he claims “cannot be cracked with cotton wool” acquire a distinctly sexist, eugenic feel when he concludes that, although the person “who uses a hammer to crack an egg is... in serious error... History is more likely to forgive the one who erred in excessive force than the one who failed outright to do the job.” This is tantamount to absolving the back-street abortionist who sterilises or kills the desperate women who visit him (because at least this halts the spread of HIV/AIDS) rather than counselling and treating the pregnant HIV-positive women who need ARVs and Nevirapine because they have been raped, infected and impregnated.

Such militaristic language is also rooted in indigenous Zimbabwean culture, which can be traced back to the early nineteenth century wars of Mzilikazi and Shaka Zulu that pushed the Ndebele and Shona people north from what became South Africa. The legacy for the linguistic framing of disease with metaphors of war, invasion and resistance is not uncommon, particularly in relation to HIV/AIDS, as Sontag has documented in *Aids and its Metaphors*. However, Sontag is right to point out the flaws in such language, as “the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one.”²⁶ Although in Zulu culture the use of war metaphors has been relatively successful,²⁷ as an educational medium in KwaZulu-Natal, for example, it is the way in which those suffering with AIDS are associated with AIDS: the enemy, leading to stigmatisation and ostracism that makes this language so dangerous. It also appeals to a largely masculine audience, who

²⁵ In November 2001 the Zimbabwean Government amended the Land Acquisition Act to allocate land without giving the owners the right to contest the seizures. The violent reclamation of white-owned farms by force in order to ‘redistribute’ land to the black population has been largely unsuccessful in redistributing wealth, the resulting political instability and neglected, uncultivated land are cited as causes for the current economic crisis in Zimbabwe; inflation at over 4000% is the highest in the world.

²⁶ Sontag, *Aids and its Metaphors*, p.97.

²⁷ HIV prevalence among young people in South Africa may be stabilizing, but life expectancy in KwaZulu-Natal has fallen below 50. *AIDS Epidemic Update* (2006), p.11.

identify with the 'warriors' required to fight the disease, and does little to dissociate women (often seen as carriers of HIV, and subsequently subjected to enforced virginity testing) from 'the enemy': thus, "military metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill."²⁸

The failure to associate compassion with those suffering from AIDS, and the resulting distancing from, and abstraction of, those who are ill as enemies to be defeated, leads to misunderstandings and miscommunications of the dangers and risks associated with HIV infection. The binary 'them' and 'us' approach to HIV has to date failed to eradicate the disease from both South Africa and Zimbabwe.²⁹ It seems that a hyper-masculine discourse is ingrained in both countries, particularly Zimbabwe. This genocidal language is frequently echoed elsewhere in Zimbabwean government rhetoric, such as when in 2002, the Minister for State Security, Mustasa Didymus, advocated the deaths of half the population: "We would be better off with only six million people, with our own (supporters). We don't want all these extra people".³⁰ The Cuban President, Castro had the same militaristic idea when he tested the entire Cuban population for HIV and confined to sanatoriums those found to be positive.³¹ HIV-positive Cubans were treated as AIDS patients even if

²⁸ Sontag, *Aids and Its Metaphors*, p.97.

²⁹ "Approximately one in five adults in Zimbabwe is living with HIV. Life expectancy in Zimbabwe is 34 for women, 37 for men" *AIDS Epidemic Update* (2006), p.11; "A large proportion of South Africans do not believe they are at risk, approximately 2 million South Africans living with HIV do not know that they are infected and believe they face no danger of becoming infected", p.13.

³⁰ See Alex Berry, "Zimbabwe's Outspoken Archbishop", *Time* 07/05/07. www.time.com/time/world/article/0,8599.1618062,00.html, and "Their words condemn them: the language of violence, intolerance and despotism in Zimbabwe", *Zimbabwe Human Rights NGO Forum* May 2007.

³¹ For more on Cuba's controversial policies towards HIV/AIDS in the 1980s and 90s see Marvin Leiner, *Sexual Politics in Cuba: Machismo, Homosexuality, and AIDS* (Westview Press, 1994). Kruger elaborates on the colonial ideology of divide and rule that via medical discourses we can see has been re-appropriated in modern Zimbabwe. He quotes Haraway's *Simians, Cyborgs, and Women*, p.223: "Expansionist Western medical discourse in colonizing contexts has been obsessed with the notion of contagion and hostile penetration of the healthy body, as well as of terrorism and mutiny from within. This approach to disease involved a stunning reversal: the colonized was perceived as the invader." Kruger, *Aids Narratives*, p.40 - demonstrating the double-speak that enables the colonisers to fear invasion from those they have invaded. The oppressor presents the oppressed as a yet more dangerous oppressor.

they did not actually become ill for many years. Meanwhile, people vulnerable to infection were not educated with adequate transmission and prevention information.

Mungoshi

In the context of the dangerous rhetoric outlined above, the title of Mungoshi's story "Did You Have to Go that Far?" seems a pertinent question to ask when faced with cruel, inhuman cultural responses to possible infection with HIV. Staged on the micro-level, the title refers to the threat of violence and its consequences. Admittedly the story touches on HIV and AIDS only briefly (naming the disease as AIDS throughout) but it is in this illustration of the fear and confusion around the disease that wider cultural assumptions about masculinity and its relation to health are represented. Two young friends, Damba (the narrator) and Pamba, overhear their mothers discussing their new neighbours Mrs Gwaze and her son Dura. Their mothers' gossip leads the boys to believe that their neighbours are infected with "the new disease" (p.52). This is based on the hearsay that "her husband died mysteriously" (p.52), and their assumption that this must be because "She has a disease. That's what killed him" (p.52). They quickly jump to condemn her skinny son: "Look at that son of hers, do you think he will survive? ...He looks very sickly." The boys' perceptions are understandably informed by this overheard information, so that when Damba points out "a frail boy... in thick glasses and a very smart school uniform," (p.52) Pamba soon quips ominously: "He does look as if he is going to die soon, doesn't he?" The children's constructions of both health and difference, including the gendered element of both (which is prejudiced towards the illegitimacy of a single mother) are clearly influenced by their observations of their parents' words and behaviour. The power of rumour to create 'truth' based on misinformation is deftly observed. The correlation of the health of the father with that of the son is also neatly drawn.

Dura's masculinity as defined or limited by the other boys is based on the fact that he is a 'sickly' child, and he does not fight but cries when provoked. His father is also absent, and the source of the boys' taunts is: "where is your father?" (p.55), which is clearly gendered in its presumptive blame of his

mother for her husband's disappearance in their song: "Dura's mother, Dura's mother, ... Where did you put Dura's father?" (p.55) The trial and conviction of Dura as HIV-positive is proven entirely on his physique, which for a boy his age is not strong and healthy looking enough. After claiming that she will tell her son the truth, Damba's mother displays her ignorance, or perhaps her failure to tackle a difficult issue directly, in her 'explanation' of the 'truth of AIDS'. She first asks Damba whether he knows what AIDS is. When he says: "people die from it" she concurs, adding: "Young or old, they die from it. Now listen very carefully. Keep away from the new people that have come to live next door." (p.53) When Damba queries her, and seeks confirmation of their suspicions by asking, "have they got AIDS!" she parries confusingly: "I didn't say that", as if saying it would implicate her in some way, not only in spreading an unsubstantiated rumour, but also in naming such a deadly disease out loud. This is her way of telling the 'truth'. She continues, "Just keep away from them if you don't want to die. Especially the son. You can see how thin he is?" (p.53) Not only is this a form of misguided but understandable protection of her son, it is also cruel in its admonition to isolate, even ostracise, a sickly young boy. HIV cannot be caught through casual contact, and although this is not pursued in this story, the lack of compassion towards anyone who appears weak or unwell displays a Darwinian tendency towards the survival of the fittest. The human ability to imagine and empathise with another's pain is one of the traits that distinguishes us from animals, and yet the boys are learning to disassociate themselves from signs of frailty and weakness.

Not only is Dura labelled with a disease that cannot be spoken of, based on his puny size, but AIDS is fixed in the boys' imaginations as a disease that can be caught by proximity to an infected person: "Pamba's mother told him the same thing. Pamba's mother *actually* said they had AIDS, and ordered Pamba not to go near the boy." (p.53) The sexual element of the disease is ignored completely (presumably partly due to their age) although we can see by Damba's commentary on his eavesdropping that, "The women on our street – and anywhere else for that matter – didn't like women with children without visible husbands." Of course, the assumption is that this single

mother will poach their husbands. Women are shown to have internalised a form of sexism that assumes male infidelity is inevitable. The women not only assume a single woman will need a man but they also do not query why Mrs Gwaze is on her own or where her husband is. Not only is it possible that she doesn't have a husband either through death, divorce, abandonment for any number of reasons, or rape, but it is also assumed that her position as single is isolated and unsustainable for survival in their neighbourhood. Intriguingly, when Mrs Gwaze leaves at the end of the story, Damba reports seeing: "a strange man at the wheel and Mrs Gwaze sitting beside him," raising the possibility that Dura's father is still alive and has merely been away, or that Mrs Gwaze has a new partner.

As with the 'poisoned' chicken, Damba's 'dark epiphany'³² reveals to him that as he grows up things are not always as they seem. Damba learns to interrogate the received notions of superstition and masculinity that he previously accepted. Appearances are deceiving: Dura's thinness and vulnerability did not mean that he was HIV-positive, or indeed, an insensitive boy without feelings who could not retaliate in kind. The words of those Damba trusts can also be misleading: "The woman is a witch! A witch! Pamba's mother was almost screaming... 'You see how thin that son of hers is? He shares his food with a huge python she keeps in a trunk in one of the rooms.'" (p.57) It is not only Mrs Gwaze's status and the physical appearance of her son, but their comparative wealth which disturbs Pamba's mother and fuels her jealous accusations of witchcraft: "What do they need a house as big as that one for?" In this way, Mungoshi not only allows Damba a series of epiphanies, but through Damba's elliptic child's perspective the reader also glimpses that there are wider, adult concerns governing the behaviour of the female community towards their new neighbour. Mungoshi also cleverly satirises belief in 'muti' and witchcraft by demonstrating the childish and foolhardy nature of those (both children and adults) who believe in its effects. However, the power of this belief is still shown to have deadly consequences.

³² Annie Gagiano, "Mourning, betrayal and 'dark epiphanies' in *Walking Still*", *Charles Mungoshi – A Critical Reader* (Harare: Prestige Books, 2006), pp.132-145.

The manipulation of language, the power of description, the fear of death and the belief in the power of language to define reality is the equivocal truth we are left with.

Whether Dura is HIV-positive is hard to discern, and not a central issue as the story unfolds, but he is admitted to hospital with a "severe attack of pneumonia" (p.81) after Damba has pushed him into the river. Whether infection with HIV is the cause of Dura's weakness and ill-health is shown to be irrelevant compared to the vulnerability of the three boys to language. Their weakness lies in their ignorance rather than physical prowess. It is Pamba, the strongest, most vindictive, physically violent of the boys who dies, not Dura, whose assumed 'victim-of-AIDS' status is shown to be a misnomer for his apparent physical weakness. As readers, we initially expect Dura to die by the end of the story, but instead his clear, mental cunning has cruel, and perhaps unforeseen, consequences for Pamba, who foolishly believes in the 'poisoned' chicken that he stole and ate. For all his bravado Pamba is easily manipulated and sees only the bad in people, perhaps because his father does too.

The children have learnt their violent, unaccountable behaviour from their peers, and from their fathers, who are frequently absent, always at Party meetings, returning home drunk. The distinction between Pamba's and Damba's fathers profoundly affects the boys and their fate. Damba eventually blames Pamba's father, as does Pamba's mother, who leaves him after her son's body is found. His failure to look for his son highlights his negligence as a father, preferring to go drinking than watch over his family. Then, having beaten his wife in her hysterical grief, he pushes another single woman out on her own: Pamba's mother, "Walked out and walked down the street without looking back, or saying anything to the people who looked at her from their gates on our street. I never saw her again." (p.81) She becomes the very thing she was so afraid of in Mrs Gwaze, and yet was so reluctant to blame a man for. Damba's father, in contrast, is kinder and more attentive. Damba is shown to already have a conscience, reflecting a healthier emotional

upbringing, still reliant on male power, but displaying a more nuanced version of masculinity.

Kanengoni

A less innocuous exposition of involvement in the Party is staged in Kanengoni's "Things We'd Rather Not Talk About", in which the childish fear of violence (although it does result in the accidental death of Pamba) is thrown into sharp relief by the damaged, haunted suffering of Paul, who, in a state of medicine-deprived paranoia, relives the moment in which he was forced to kill his own father by the youth leader Amos, or face certain death himself. Patricide in a patriarchal society is the ultimate crime, and in this instance it destroys the basis on which existence and identity is founded. Kanengoni illustrates Paul's vulnerability to severe trauma, resulting in physical and mental ill-health, which has cyclically violent consequences. Violence is reinterpreted in the light of this re-contextualisation of masculinity – reconfiguring the motivation of violence into a response to castration or emasculation, an assault on the body as the 'fundamental structuring principle'. This is further evidenced in "Men", the final story in the collection, in which a husband's violence towards his wife is shown to result from his frustration towards the abusive treatment he receives from his employer. Emasculated as a domestic worker, he reasserts his masculinity by cheating on his wife, getting drunk with a prostitute, before realising that "he hated himself." (p.113) Joramu beats his wife when she gives him cold food after he fails to bring home money to buy paraffin. The story ends with Joramu's impotent cry:

[H]ow many times must I tell you that I am the man of this house? And how long will it take you to understand that? I will repeat it over and over again for you today: I am the man of this house. I am the man of this house. I am the man of this house. (p.114)

Like Pamba's father, this husband is shown to be incapacitated and emasculated by alcoholism, a theme that also recurs frequently in *Walking Still*. Alcoholism is another disease that would fit with my theorisation of the re-conceptualisation of the 'strong healthy man'. Colonialism, war and poverty are potential root causes of the high incidence of alcoholism in places like Zimbabwe, examples of the 'shaking of the social structure'. Like

Mungoshi, Kanengoni does not foreground wider factors, rather personal stories are staged to reveal each individual's unique weakness or susceptibility to such a debilitating illness.

Back to Mungoshi

A wholly different emasculation is staged in Mungoshi's "Of Lovers and Wives", the title indicating the order of preference between the two. Undermining the most adulterous assertion of masculinity, the lover in question is not another woman, but a man – a double negation of both masculinity and femininity. Indeed, it is the fact of Chasi's homosexuality, rather than his infidelity, which is the issue in this marriage, both to his wife and those that might condemn him from the community. As Annie Gagiano points out, it is an awkwardly achieved story, "somewhat coarse-grained in its texture",³³ but Mungoshi exposes a fundamental flaw in the masculinity founded on, or defined by, the male's role as husband and father. He reveals the superficiality of such a socially sanctioned role; the deeper, primary position of 'lover' over 'wife', and thereby over 'husband', simultaneously undermines the "natural" (p.108) sexual basis for marital union, placing it in direct opposition to the emotionally and sexually fulfilling love of a man for another man.

Feeling alienated occurs when things are not 'right', they don't 'fit', when life isn't within our control, or when someone is ill or behaving abnormally. Shami drunkenly expresses this when she says, "I've been pushed to the periphery, to the place where the light ends, to the edge." (p.109) She is no longer at the centre: indeed, the socially and religiously sanctioned heterosexual concept of marriage is no longer at the centre of this story. Perhaps Peter is more genuinely Chasi's wife? Anthony Chennells identifies the existential dilemmas in Mungoshi's work as 'alienation' which he writes "takes many forms and can be transcended in many ways".³⁴ Alienation from the body is one of the forms an identity crisis can take. Whether symbolically or literally, the condition of

³³ *ibid.* p.140.

³⁴ Anthony Chennells, "The Grammar of Alienation in *Waiting for the Rain*", *Charles Mungoshi*, p.35.

the body can become emblematic of an identity crisis. The ability of the diseased or weakened state of one's own or another's body to reflect and encapsulate fears of pain and mortality is a striking feature of both Kanengoni's and Mungoshi's fiction. The mere perception of abnormality is enough, as Mungoshi brilliantly illuminates in "Of Lovers and Wives". It is Chasi's body that gives him away to Shami: "You were calling out his name, smiling." And when Shami quizzes Chasi on Peter's physical, sexual health – "she had once asked Chasi if Peter was all right – biologically" (p.106) – the irreverent laughter this generates soon silences her, though she does not understand the irony of his response.

Kizito Muchemwa notes that the tendency to root identity in the body is a form of Julia Kristeva's notion of the 'abject',³⁵ but limits its reach to the construction of racial and ethnic identities or identification. This theorisation can be extended to perceptions of the 'abnormal', sick or diseased body in direct contrast to gender normification along the lines of the 'strong healthy man'. The ideal man, as we have seen, should not be: absent; weak; sick; display paranoid delusions; express or enact love for another man (gayness is treated in many parts of the world as an illness to be cured); be a gay father; or die in a non-heroic fashion. But when the body is used as the 'fundamental structuring principle', it seems the body refuses to be contained in reductive structures.

By the end of her story, one cannot help but feel sympathy for Shami, who, notwithstanding her unbelievable blindness, "had loved Chasi so much that she had accepted Peter as part of her life without question." (p.106) She deluded herself and learnt to live with the painful deception and loss of love, since her husband has always been in love with Peter: "She had found Chasi already in – a spade is a spade – Peter's arms when she married him" (p.106). But the affair is not condemned: once she has poured out her heart, it is Peter who seems to do the honourable thing and leave – it seems he

³⁵ Kizito Muchemwa, "Constructions of identity in *Coming of the Dry Season* and *Waiting for the Rain*", *Charles Mungoshi*, p.41.

'drove' himself in to Mupfure River, perhaps out of guilt for Shami's pain, to which he was apparently an unwitting accomplice: "Peter couldn't believe she hadn't known" (p.106). The cause remains ambiguous: whether it was an accident, or the strain of hiding an illicit love from the rest of the community, it seems they both believed that "there is no other way." (p.110) When all of these possibilities finally take their toll, the 'natural' order of the world is at last restored.

The fictional space of the short story enables Mungoshi to challenge fixed notions of masculinity. In the process, the possibility of a loving homosexual relationship has been posited in contrast to a performed heterosexual patriarchal marriage. This gay relationship is paralleled with the devastation and vulnerability to isolation and suicide that lovers risk in following their hearts, and the instincts and illicit desires of their bodies in this culturally taboo way. An apparent sexual weakness is here imaginatively re-inscribed as a form of emotional strength and courage, but when constrained by the boundaries of normal heterosexual masculinity, the tale nevertheless ends in tragedy.

Confirmation of this restoration of the 'natural' order comes in the final paragraph when the narrator confirms, "There could be no question about the rightness of certain situations, under certain circumstances." (p.111), which, as a resolution, is as much a compromise as the marriage itself. It also shows that 'rightness' is not an absolute truth, but subject to different contexts. After Peter's death Shami consents to what amounts to a separation – "Shamiso felt that that too had its own fitting rightness" (p.111) – perhaps it would have been more honest, or more respectful, to have separated earlier, but of course it would have been impossible for Chasi to live with Peter. As we have seen, women without husbands or men without at least one wife, are considered suspicious in Zimbabwe. When these structures also require children to cement the bond between man and wife, and confirm the primacy of the patriarchy, legitimating the marriage itself, we must ask what models of masculinity do these children imbibe and inherit? Suspecting initially that she has been taken advantage of by both men, Shami tries to "sound out Kathy

[her daughter] on this, and Kathy's response was to laugh." (p.108) "She couldn't bear to imagine what her own daughter must think of her!" Kathy laughs, just as Chasi and Peter laugh at Shami's naïvety in querying Peter's biological health. Does Kathy think her mother a fool? And if so, foolish for being deceived in the first place, for feeling she has been taken advantage of, or for being a prude who fails to understand the range of human sexuality? Does Kathy see her father's behaviour as 'natural', has she learned to accept their lives as normal (since this is the model of a family she has grown up in), or does she ridicule her mother *and* her father with this laugh, seeing the sham of all relationships? The resounding ambiguity of this tale leaves both masculine and feminine identities in perpetual flux.

Back to Kanengoni

Interestingly, Mungoshi's tale does not raise the subject of HIV infection as a possible consequence of either the infidelity, or a 'deviant' sexual relationship. I would not normally make what could be conceived as a stereotypical correlation between homosexual narratives in English and their frequent association with HIV/AIDS if it was not to make the more specific point, that, in Zimbabwe, not only are there very few fictional narratives about homosexuality in general,³⁶ but there are *none* yet that relate homosexuality to HIV/AIDS. Kanengoni's "Effortless Tears" demonstrates one of the key reasons why this is the case when he uses the event of a funeral to broach the subject of HIV/AIDS. The author laments that the well-known fact that HIV is spread primarily heterosexually, is not tackled with any change in masculine behaviour. As the title story "Effortless Tears" defines the collection drawing attention to its role as a key to unlocking the entire thematic focus of *Effortless Tears*. Although the collection is not focused on HIV/AIDS, the author documents a process of mourning, infusing all the stories with a sense of melancholy and regret. The recurrence of images of the dry river-bed, such as in the first story, "Kangaire", seem linked to the difficult emotional terrain Kanengoni covers. The author tells us that "Tears for something that he did

³⁶ For more on homosexuality in Zimbabwean writing see Shaw (2006 and 2008) and Epprecht (2004).

not understand, started welling up in his old eyes.” (p.10) The dryness of the river and the inability to cry is revisited in “Effortless Tears” when the narrator concludes, “Suddenly, I was crying for the first time since George’s death. Tears ran from my eyes like rivers in a good season. During those years, most of us firmly believed that the mighty Save River would roll on forever, perhaps until the end of time. But not now, not any longer.” (p.76) This recognition of mortality, that life will not continue ‘until the end of time’, is the harsh reality that lies at the centre of Kanengoni’s collection – the tears representing a distinctly un-masculine side that he is nevertheless keen to emphasise, not only in this story, but in the title of the collection, too.

The rapid heterosexual transmission of HIV was apparently so obvious at the end of 1990, that when the story was first published in *The Herald* it was given the less enigmatic title of “The Writing is on the Wall”³⁷ (it was published as *Effortless Tears* in 1993). This was the first published story on HIV/AIDS in Zimbabwe, and Kanenongi believes that it is still pertinent today, over fifteen years after it was written:

there is a degree of openness now ...because I do not think there is any family that has not been affected by now ...there are tragic stories of entire families wiped out with just a single member or two remaining... But I find it very interesting actually that even in that acceptance, people still don’t want to say AIDS.³⁸

The story’s second sentence is, “Almost everyone there knew that George had died of an Aids-related illness but no one mentioned it,” (p.71) and Kanenongi goes on to explode the dominant, patriarchal response, which is to deny the truth of what has happened. First, “The preacher told the parable of the Ten Virgins” (p.73); second, George’s Grandfather “mourned the strange doings of this earth... such were the weird ways of witches and wizards that they preferred to pluck the youngest”; third, George’s father “talked of an invisible enemy that had sneaked into our midst and threatened the very core of our existence” before George’s wife, who was “beyond weeping”, finally speaks of “a need for moral strength during such critical times”. The narrator

³⁷ See Appendix 10.

³⁸ See Appendix 5.

admits, "We were not weeping for the dead. We were weeping for the living" (p.73), thereby acknowledging what everyone else has failed to, that George's surviving wife is also infected with HIV. They may also be weeping for themselves.

The dominant patriarchal voices in this story are shown to be impotent and fearful of the truth, because it would involve changing their entrenched concepts of masculinity. For example, the narrator criticises his uncle's cowardice, since, "He never mentioned the word 'Aids', the acronym A.I.D.S." (p.73), and yet this disease has killed his son. After the funeral, the village chairman of the Party speaks, as does George's younger brother and the Methodist lay-preacher – all men, all without mentioning AIDS until "inevitably, Aids came up. It was a topic that everyone had been making a conscious effort to avoid" (p.75), and yet even when it comes up, "Everyone referred to it in indirect terms: that animal, that phantom, that creature, that beast." We have seen in Mungoshi's "Did You Have to Go that Far?" that such evasion is fertile ground for confused misapprehension. The narrator reveals that the favouring of euphemisms "was not out of any respect for George. It was out of fear and despair." (p.75) The constant evasion of a subject that would undoubtedly force all of the men present to change their own ideas of acceptable behaviour causes a rupture in the narrator's conscience: "something in me snapped." The silence is not broken in the reality of the story itself, but in writing the story and identifying this silence Kanengoni, via the narrator, instigates change. He uses an alienated stance to de-stabilise the notions of masculinity that remain disrupted in the event of the funeral itself, in the fabric of the narrative that frames the story. In particular, he draws attention to the decimated physique of his dead cousin, "that thread, that bundle of skin and bones," (p.74) equating the guests' refusal to view George in his coffin and acknowledge the deterioration of his body with the silent refusal to say 'AIDS', or acknowledge that it could have been George's "Mr Bigstuff" style that caused him to contract the deadly disease, which he has certainly passed on to his wife. The inability to condemn what amounts to murderous behaviour is identified as misplaced support of the status quo and tacit consent to the death of thousands: "Soon there will be no one to bury

anybody.” (p.75) The failure to address the flaws of such fixed notions of masculinity is shown to be a threat to humanity as a whole. It is this inability to change that the narrator mourns at the end of the story, marking an acknowledgement that traditional practices cannot continue forever, just like the “mighty Save River” (p.76).

Nyamfukudza

By way of contrast, in an extended quote Nyamfukudza combines Christian morality with an attack on the flawed masculinity of a warrior God, musing:

[C]ould all these people then be called heroic, he wondered, looking into the eyes of those, men and women, boys and girls, who turned their faces his way. Was it courage in the face of adversity, this laughter-filled, vibrant *joie de vivre*, this refusal to knuckle under and succumb to the taint of Cain... Whose sins were being visited on these children? He recalled the words she had said about their meeting – the Lord God in his infinite prescience knew just who we were going to need next. It seemed like the same tired old argument about how a just and loving God could be reconciled with all the suffering and injustice of the undeserving. How was it all to be redeemed? Perhaps, if *he* had not been a man, perhaps had it been a woman, *she* would not have sent her only daughter to be so cruelly nailed upon the cross and raped and vandalised so that the suffering of man would be OK. Only a man could have such tortured, wasteful, convoluted logic. It was a soldier’s vision, in which dictators could only be brought down by the sword and right needed might or else evil prospered and flowered. (p.127)

Nyamfukudza succeeds in overturning what seemed initially to be a predominantly misogynist depiction of HIV/AIDS, instead creating a paradigm in which men, by their futile warlike nature, are implicated in this apparently irresolvable conflict. There is a parallel critique of the ‘warlike’ rhetoric still dominant in Zimbabwean society since liberation in 1980, and perhaps an oblique, early reference to Mugabe’s dictatorship. Although this rhetoric takes in a broad swathe of humanity, it remains a tale of an individual who despite all this fear, “wished for the first time in a long time, that he would find woman there waiting for him” (p.128) finally seeing his redemption in ‘woman’. The story suggests a certain strength or solace to be found in the power of a female God, and yet the ending is ambiguous. Although the protagonist seeks redemption in ‘woman’, she is still endowed with the connotations of the ‘poisoned apple’ referred to earlier in the story (p.122). Like the redemption

offered by Christ, this redemption may still involve certain (sacrificial) death, the blame directed once again towards women, instead of men.

Memela

As I note at the beginning of this chapter, South African texts attack the status quo more directly, although they are published significantly later than those from Zimbabwe. Sandile Memela's novella *Flowers of the Nation* is not only specifically addressed to Thabo Mbeki, the President of South Africa, but also to: "the children of the children of 1976", continuing a tradition of protest specifically related to the youth uprisings, the Soweto education riots, and the Black Consciousness movement. By positioning himself in direct opposition to the leader of the ruling ANC and setting up the binary construction of the President *and* the people, Memela forms a divisive critique of the ANC, as the party *of* the people. He projects his narrative into the immediate present of South Africa and, by simultaneously referencing Steve Biko, he recalls the idealism of a democratic struggle that he believes has been neglected: "As people existing in a continuous struggle for truth, we have to examine and question old concepts, values and systems." In so doing he places Mbeki alongside 'old concepts, values and systems' and aligns himself with the 'continuous struggle for truth'. The text itself projects into the future in its first lines: "It was the children who had to do something." (p.1) Although the action of the novella occurs in the fictional present of South Africa, the use of 'the children' to move the action of the plot forward suggests a failure and an abandonment of the past in favour of the hope and potential of the future embodied in 'the children'. Gunner suggests that for South African youth, wresting authority from the older generation is a common pattern.³⁹ This abandonment of the past is explained in the third line, "Most of the adults were paralysed by fear and worship of the cult of the personality... awed by the Great Renaissance Leader." (p.1) Memela establishes his politics and his sympathies immediately: "Zenzele and Mpumelelo were not concerned about

³⁹ Gunner, "Those Dying Generations", p.49.

someone who did not seem to care for them. It was their own future they were worried about.” (p.1)

At the end of Chapter Two I identified utopian responses to the HIV/AIDS catastrophe in opposition to a disaster-led vision of apocalypse. While Memela’s novella is not strictly utopian, its movement towards a vision of the future based on a positive response to the predicaments of the present echoes fellow South African Sindiwe Magona’s activist approach to writing in her short stories “A State of Outrage” and “Leave-taking”, and evokes a less subtle engagement with nationalist discourses. Memela has stated explicitly that, “My main objective in writing *Flowers [of the Nation]* is to eradicate the victim mentality among young children.”⁴⁰ He does this by ascribing them freedom of movement and agency in their quest to assist their ailing father who symbolises South Africa. In keeping with his direct, lucid style Memela describes the physical deterioration of Sizwe, who “had no appetite” placing his physical condition at the forefront of the state of the nation.

By explicitly using the body as the ‘fundamental structuring principle’, Memela identifies both individual frailty and national fragility. Through the eyes of Zenzele, Memela acknowledges the feminist, activist and Black Consciousness mantra that the personal is political: “deep down in her heart, she knew that even if she tried not to think about death coming to their home, it was all over the country. It was no use not to confront it.” (p.3) and that this association demands action.⁴¹ His finest achievement is in imagining that two young girls could enact such change, ascribing to both children the belief and tenacity to alter their lives through their own agency. Memela explicitly connects the struggle against apartheid with the struggle against HIV/AIDS:

[W]e looked at our mothers and fathers and intuitively recognized men and women who resisted the most powerful and ruthless state in the whole of the African continent. They resisted not by going to jail but holding their heads high under the most brutal pressure.⁴²

⁴⁰ See Appendix 8.

⁴¹ Black Consciousness also advocated self-help as a means to empowerment.

⁴² See Appendix 8.

The overall effect is that of politically motivated moral didacticism. The novella challenges accepted ideas of masculinity. Through the portrayal of the sick father of the nation and the agency of his two healthy young daughters, gender is performed as a reversal of the accepted conventions of patriarchal South Africa. The context of HIV/AIDS pushes these fictional characters to actions that would not normally be socially sanctioned and facilitates an unusual type of moral didacticism that does not uphold fixed gender roles. The sustained success of these individual actions in the story demonstrates the subversive currency such portrayals possess, enacting utopian possibilities in direct contrast to the despair and silence induced by the HIV/AIDS catastrophe elsewhere.

Dangor

Achmat Dangor's more subtle story, "Skin Costs Extra", in *Nobody ever said AIDS*, uses the guilt of HIV infection transmitted between husband and wife, after the husband visits a prostitute, to demonstrate the reluctance of the male protagonist to question his own behaviour or sexual health. Memela also hints, in *Flowers of the Nation*, that Sizwe is close to a local teacher, but the child's perspective means that this revelation is only partial. However, Dangor successfully exposes his protagonists' weakness more directly, when he recounts the "adventure" he has in Birmingham on his way to New York from South Africa. In only two short paragraphs the course of Simon Mashaba's life is changed forever, an experience that was: "dissatisfying, and left him with a feeling of shame" (p.65). Simon even describes the prostitute as unhealthy looking: "she was pale and thin, insubstantial, so unlike Nomsa" (p.65) and yet still does not question his past actions when it is revealed he is HIV-positive. Instead, as already detailed, he refuses to interrogate his own health, preferring to question his wife's morality, asking: "why didn't Nomsa confess, tell him that she had slept with another man?" (p.68) Dangor cleverly juxtaposes Simon's recollection of the prostitute's ultimatum, "Skin costs extra," and his denial that, "Surely it couldn't have happened, just like that, in those few minutes?" (p.68), with his irrational accusations of his wife: "Suddenly, he saw an explanation for the change in her. It was – this time – not just the knowledge of an infidelity weighing down on her, but the

realisation of the consequences!” (p.68) At this stage, of course, he does not know that the ‘change in her’ is that she is pregnant, and that their unborn child could also be HIV-positive, but the patterns of his logic, which refuses to question his infallible masculinity, sees only sickness and disease in the female body of his wife, rather than in his own.

The short story form, particularly in a collection like *Nobody ever said AIDS*, enables writers like Dangor to show the variety and complexity of experience of HIV/AIDS, such that, despite the thematic focus, each story is complete and separate. It also demonstrates that the early stages of writing about HIV/AIDS are eminently suitable to the short story and poetic forms, which allow writers to experiment and develop characters who have yet to feature in a longer novella or novel. In the future, longer narratives featuring PLWAs (People Living With AIDS), stories of hope and survival will provide the material for sustained narratives, longer novels and autobiographies. Dangor, for example, suggested to me in 2004 that “Skin Costs Extra” was potentially the basis for a novel he has yet publish. His role as Director of Communications for UNAIDS has meant that writing about HIV/AIDS in a sympathetic and complex way has become a subject close to his heart. His sensitive treatment of rape in the Booker short-listed novel *Bitter Fruit*, first published in 2001 in South Africa, demonstrates his nascent concern with both male and female sexual and emotional health.

Dyantyi

Mbongisi Dyantyi, like Memela, is more direct, without being didactic, providing multiple male and female characters in his short story “The Homecoming”, featured in *Nobody ever said AIDS*. The character Sammy’s brave opening confession: “I am afraid of having sex...” (p.116) expresses the distinct vulnerability which HIV/AIDS brings, the contamination of desire and sex with death.⁴³ Nomalizo’s “Mmpf!” in response to this honesty is described as evidence of her “ridicule and tightly controlled malice” (p.116), but also

⁴³ Both Derrida and Sontag have taken up the implications of this fear, as we will see in Chapter Four.

shows how female attitudes reinforce acceptable notions of masculinity and bolster negative ideas of women:

[H]er one consuming passion was to show the inferiority of men. She liked to think of herself as taking vengeance for all women. "She who controls the penis controls the man," she had often been heard to say. She changed men like she changed her underwear. Their tears and pain were like the nectar of the gods to her, sweet and unblemished. (p.117)

Nonetheless the absence of a father figure has led Sammy to think that "all women are dirty," and to "feel things... that make me feel guilty and angry" (p.117); sexual fantasies in which "I think about my father" (p.118) could also be connected with child abuse. The admission that Sammy may be gay is left unsaid, but is predicated on the betrayal of his own body which, he says, "makes me wake up sticky wet down there." (p.118) His lack of control over his body, which he attempts to rein in according to his mother's wishes – "my mother warned me early on in life what happens to weak men who can't keep their things in their pants" (p.117) – is shown to have been futile. Sammy is caught between complex discourses in which both adhering and not adhering to sexual desire is a form of weakness. The role of both men and women in reinforcing these discursive formations is clear.

However, Sammy is not the focus of Dyantyi's story, and in Sindiswa's case it is his father's presence that has destroyed his life after "forsaking his birth identity" and becoming a woman:

"Feel what being a woman is all about, moffie!" his rapists had screamed at him, taking turns, forcefully entering his anus over and over again.

He refused to believe the rumour that his father had hired the rapists. For if he had, then he had effectively sentenced Sindiswa to a sure death. (p.118)

The male body is proven to be 'weak' and vulnerable to penetration by 'more masculine' men. In proving their point, they have succumbed to the penetrative sexual act they supposedly so abhor. The opening statement of Sindiswa's tragic story seems at first to uphold a traditional notion of masculinity, "My father is a real African man," (p.118) but is soon shown to be laden with irony and satirical sarcasm. Dyantyi's repeated puncturing of normative masculinity with tales of 'deviant' or subversive male sexuality

problematizes fixed notions of masculinity such as those held by Sindiswa's father, who is described as believing, "a sour smell, a blue eye from a street fight and soccer was his idea of what a good boy should be." (p.118) The author does not focus on the sick male body in order to achieve this, but unravels signs of diversity in experiences of the 'strong healthy man' which sadly result in subsequent infection with HIV. Dyantyi interrogates the male body, and in doing so questions the normativity of its health. This 'staging of difference' (not only in this story but as a cumulative result of all of these stories) represents unique individuals in each narrative. As Worton suggests, this play of and with representation entails a repositioning of the question(s) of gender outside the traditional binary oppositions of male/female and heterosexual/homosexual.⁴⁴ While Dyantyi does not 'behold the sick man' by making manifest each speaker's physical sickness, he does make explicit the way they became infected with HIV, and in this way lays bare elements of the male body that would otherwise remain invisible and thereby unquestionable. It is the performed invulnerability of the male body that is here proven to be an inadequate marker of male power. As the counsellor listening to these stories tries to remind the support group, "Remember Mandela, ... who taught us the real meaning of manhood, who showed us that reconciliation, not fighting, is the true greatness of our nation." (p.119)

The allegorical correlation of Mandela with South Africa links a particular kind of heroic masculinity to the nation, but one which seems the exception rather than the rule. Indeed Mandela's role as a reconciler and peace-maker positions him closer to a feminine iconography than the traditional heroic warrior who would make war on the apartheid government in the early days of the struggle. Nevertheless, the tendency to link male figureheads and leaders with the national character is a sign of the deeply instilled patriarchy in both South Africa and Zimbabwe. Post-colonial African Presidents are routinely termed 'fathers' of the nation, but when that nation is sick, or ailing, those 'fathers' are not attributed the corresponding allegorical representations of

⁴⁴ Worton, "Behold the (Sick) Man", p.157.

illness.⁴⁵ The adulterers, philanderers, alcoholics and wife-beaters are not held up as exemplars of manhood and national prowess but HIV/AIDS and its predominantly heterosexual transmission opens up a space for writers to play with representations of masculinity and attempt to explicate the male role in the pandemic. The 'strong healthy man' can no longer be the norm if a fifth of the population is infected with HIV. HIV/AIDS re-frames debates around sexual health and sexual equality, requiring a re-negotiation of gender relations, giving every participant a more equal share in decisions which involve the risk of acquiring a potentially life-threatening infection with a sexually transmitted disease. The body is made, as Worton says, 'urgently present', and must become the focus for a re-imagination of masculinity in this context. If the nation is constructed along similarly entrenched gender lines, then this re-imagination of the male body will contribute to a re-conceptualisation of the patriarchal nation.

Re-formulating Gender

It is necessary to ask: when the dominant discourse refuses to engage with Watney's 'deep psychic anxieties', what does it mean to select HIV/AIDS as the subject matter for a work of fiction? It is arguable that the short stories and one novella discussed in this chapter produce 'dissident vernaculars' which disrupt and destabilise conventional representations of masculinity. These fictions do not form part of a literary or political mainstream, but create a language and a cultural imaginary in which it is possible to critique and re-assess masculinity in a time of HIV/AIDS. This criticism comes from within: the authors in this chapter are male, and they address issues of concern to men and women in their spheres of everyday experience. They have found a way of speaking about AIDS, the unspeakable disease, which others have chosen to ignore or keep silent about, and in doing so they posit a language and a world in which the possibilities created by infection with HIV can be explored and investigated through the lives of their characters. In doing so, they re-formulate and re-present gender in the context of a devastating and

⁴⁵ It is interesting to note that while Mandela lives, Mbeki is somewhat emasculated by not being referred to as the 'father of the nation'.

physically debilitating disease, for which not only is the body 'urgently present', but as the 'fundamental structuring principle' the body in relation to masculinity is re-contextualised and re-appropriated to fit the demands of this indiscriminate disease. Until this discourse enters the mainstream, these 'vernaculars', which enable dialogue, remain subversive and, to a certain extent, marginalised, regardless of the power of the ideas contained within them. Paradoxically, once they do enter the mainstream, these 'dissident vernaculars' will no longer be necessary. Both South Africa and Zimbabwe have a history of cultural and political dissidence, which provides fertile ground for such 'vernaculars' to take seed and grow.

To conclude, the 'strong healthy man' can be said to embody the potent lethal warrior, the strong labourer, the authoritarian father, the loyal son, and the promiscuous beer-drinking Party member, but in these stories these hitherto valorised categories have been disrupted with the alternative strengths of wisdom, empathy, sensitivity, understanding and love. The broad spectrum of these unstable, moveable identities, perpetually in flux, is what comprises masculinity in Zimbabwe and South Africa today. A logical outcome of the continued reliance on a dominant hyper-masculine discourse is total destruction. By beginning the process of 'un-manning' hegemonic constructions of male identity, these writers deconstruct one-dimensional notions of masculinity, unveiling compassionate, multi-faceted layers beneath the 'strong healthy man'. It is not that he is no longer strong, but that this strength need not be one of force, and indeed may lie in recognising his weaknesses. Mhloyi certainly advocates the empowerment of men, arguing that, "their roles must be redefined to promote the idea that responsible sex, to protect their loved ones and their sexual partners, is an enhancement of manhood".⁴⁶ As Shiri reminds us: "women are far from passive in these processes"⁴⁷ and must be included in this re-conceptualisation. It is also vital

⁴⁶ Akeroyd, "Coercion, Constraints, and 'Cultural Entrapments': A Further Look at Gendered and Occupational Factors Pertinent to the Transmission of HIV in Africa", *HIV and AIDS In Africa*, p.100, referencing Mhloyi, "Racing against time", *HIV and AIDS: The Global Inter-Connection*, Elizabeth Reid (ed.) (West Hartford: Kumarian Press for UNDP, 1995), pp.18-9.

⁴⁷ Shiri, "Men don't go", p.147.

to remember that deconstructing male identity entails a re-conceptualisation of 'masculinities' and that this is a plural and inclusive category.

If the body is taken as the 'fundamental structuring principle', then the frailty of this body must be acknowledged. A new heroism lies in an individual's taking responsibility for his own health, that of his wife and children, and, in doing so, the health of the nation. This would undoubtedly contribute to a form of women's liberation in Zimbabwe and South Africa which, while under the control of the unreconstructed 'strong healthy man', has little room for survival.⁴⁸ Each human being contains at least one world: the 'staging of difference' in fiction is part of the essential beauty of literature to imagine other worlds, to bring possible and impossible worlds into existence and suggest different ways of living. It is essential to uncover the versatility, and illimitable nature of these ways of being in order that we are not resigned or confined to our fate, kicked into submission, as Chiweza would have Zimbabweans "kick HIV out of our people". There is strength in weakness, after all: Why not fear death? Who does not die? Facing mortality, the vulnerability and susceptibility of the human body to disease and changing one's attitudes and behaviour in order to deflect the power of fear, can be the only way to survive.

⁴⁸ Akeroyd writes that "men 'may have good reason to fear that the empowerment of women in respect of sexuality and sexual relations could have an impact on other aspects of gendered (power); understandably then, men are torn between their desire for life and the loss of their control over women' (Baylies and Bujra 1995:214)." "Coercion, Constraints", p.100.

Chapter 4

Women Writing AIDS

This chapter examines how women re-define and de/re-construct notions of femininity and gender when writing about HIV/AIDS. Illness forces the gaze on to the body, such that representations of the male body in HIV/AIDS narratives invariably introduce a discourse on masculinity. In this Chapter I discern what women place at the heart of their narratives in place of grand metaphors (such as plague and apocalypse) or old epidemiological frameworks frequently used for writing about HIV/AIDS. It is useful to bear in mind Judith Butler's pronouncements on the danger of using the term 'women' to suggest any uniformity as a category. We must be careful not to insist "upon the coherence and unity of the category of women [which] has effectively refused the multiplicity of cultural, social, and political intersections in which the concrete array of 'women' are constructed."¹ The framework of this chapter should emerge as a loose coalition, that has yet to be formally established, but which follows on from Butler's description of coalitional politics, which "do not assume in advance what the content of 'women' will be. They propose instead a set of dialogic encounters by which variously positioned women articulate separate identities."²

The widespread transmission of HIV and high infection rates of women³ in Zimbabwe and South Africa has meant ideas and images of the disease have frequently focused on women and female sexuality. This relates negatively to the "widespread belief that women are inherently sexually unclean and that therefore sexually transmitted diseases are caused by women" discussed earlier. Attempts to assert control over one's life as a woman, by limiting fertility for example, has led to further stigmatisation: "one of the major

¹ Butler, *Gender Trouble*, p.14.

² *ibid.*

³ *AIDS Epidemic Update - Women and AIDS* (2004): "Aids is affecting women most severely in places where heterosexual sex is a dominant mode of HIV transmission... In South Africa, Zambia and Zimbabwe... young women (15-24 years) are three to six times more likely to be infected than young men... More than three quarters of all young people living with HIV in those countries are women." pp.7-8.

consequences of the AIDS pandemic for female sexuality, and to a limited extent for male sexuality, is that female sexuality is being redefined in even more rigid, guilt-ridden terms.”⁴ Definitions of sex, gender and sexuality should be continually examined when linking women to HIV/AIDS in medical and fictional narratives. As Akeroyd astutely points out, it is “not gendered difference but gendered inequality that puts both men and women at risk”.⁵ Further inequality of representation will occur if women do not tell their own stories. Through these representations women can vocalise their concerns and demonstrate the risks involved in their lives and how they hope to handle them. Multiple identities themselves problematise notions of the category of woman as singular, restrictive and reductive.

In these circumstances, it is pertinent to examine who is ‘redefining’ ideas of female sexuality, and in the realm of culture and fiction, who is ‘writing AIDS’?⁶ As Butler says: “it becomes impossible to separate out ‘gender’ from the political and cultural intersections in which it is invariably produced and maintained.”⁷ The same is true of female sexuality. When women write about HIV/AIDS, constructions of female sexuality materialise in very different ways. Women write about death, love, mourning, sex, physical disintegration, remembrance, loss of their children, husbands, and themselves. How do these subjects and themes define a different understanding of female sexuality? What broader areas of life is sexuality connected to in these narratives? How, then, do HIV/AIDS and its implications redefine sexuality? Derrida has asked whether desire has been permanently contaminated by the fearful connotations of AIDS.⁸ Sontag also addresses this paradox by proclaiming: “AIDS obliges people to think of sex as having, possibly, the

⁴ McFadden, “Sex, Sexuality”, p.181.

⁵ Akeroyd, “Coercion, Constraints”, p.100.

⁶ According to Vambe and Mawadza, “Although male and female singers in Zimbabwe have been singing about the plight of women as minors in private and public circles, negative images of black women continue to be produced.” Vambe and Mawadza, “Images of Black Women in Popular Songs and Some Poems on AIDS in Post-Independence Zimbabwe”, *Orality and Cultural Identities in Zimbabwe*, Vambe (ed.) (Gweru: Mambo Press, 2001 and 2004), p.57.

⁷ Butler, *Gender Trouble*, p.3.

⁸ Dellamora, *Apocalyptic Overtures* (New Brunswick: Rutgers University Press, 1994), pp.23-4.

direst consequences: suicide. Or murder.”⁹ How does a society idealise love, community, family and procreation when all these acts and relationships become dangerous?

The construction of women’s social place and role by their biological functions is both a restrictive as well as a liberating practice dependent on who constructs these meanings. For example, women’s bodies are endowed with power in bearing heirs to thrones in patriarchal societies. Indeed, the ability to create life is a source of awe to most men and women. But this power can be dangerous when it interferes with the dominance of male power, thus control of fertility and procreation were restricted by the control of movement and labour in the apartheid states of South Africa and Zimbabwe. Diseases have further re-enforced the need to control women, as Lynette Jackson elaborates, referring to the 1920s: “The unregulated African female, the ‘stray woman’ became synonymous with disease and disorder”.¹⁰ Jackson swiftly connects this with recent times: “Single African women are no longer represented as the venereal filters sapping away at colonial capitalist efficiency, they are represented as angels of death in the age of HIV/AIDS.”¹¹ Women also, through childbirth, demonstrate their capacity for enduring pain, and perhaps this little acknowledged endurance explains the absence, until recently, of writing by women from South Africa and Zimbabwe about HIV/AIDS. Could writing on the subject of HIV/AIDS signify a rejection of the common idea of silent suffering, subverting gender expectations by expressing individual and collective pain for the first time?

In the Introduction I cite the editors of *Nobody ever said AIDS* who began the anthology project in 2002 to fill a gap in southern African literature about HIV/AIDS. Their footnote acknowledges ‘some notable exceptions’, and of the

⁹ Sontag, *Aids and its Metaphors*, p.72.

¹⁰ Jackson, “Stray women”, p.150.

¹¹ *ibid.*, p.163.

seven stories mentioned, five are by men.¹² This anthology is significant in its inclusion of a number of entries by women, but at this stage it is important to register that in the absence of much creative writing in southern Africa about HIV/AIDS, even less creative writing about HIV/AIDS was *by women* before 2004. The texts published in this anthology achieve a distinct balancing of writing by women on the subject of HIV/AIDS.

Pauline Dodgson-Katiyo writes that “Poetic fiction and oral history are ways of dealing with the pain which the records can never reveal”,¹³ but it is also true that writing of any kind can become a therapeutic form of dealing with immense pain and grief. Given the high numbers of women affected by HIV/AIDS, we must assume that a factor in women’s silence is their pain and grief. Stories that do arise – for example in the recent anthology published in Zimbabwe: *Light a Candle*¹⁴ by the Zimbabwe Women Writers, and in Grace Mutandwa’s *Whose Daughter, my Child?*¹⁵ – almost all relay a sense of injustice and a strong didactic message. Dodgson-Katiyo points out that Ndebele and Shona stories have long been didactic in their methodology,¹⁶ and it is not surprising that along with *Waste not your Tears* by Violet Kala (Vivienne Kernohan), the moral content of the stories written by women in this context is high. Rudo Gaidzanwa confirms that, in Zimbabwean writing, “The

¹² Samuelson and Thomas, “Introduction”, *Nobody ever said AIDS*, p.15: see their footnote 2. The Zimbabwean story is Kanengoni’s “Effortless Tears” (1993). They omit Kernohan’s *Waste not your Tears* (1994); Nyamfukudza’s “If God was a Woman” (1992); *We Are the Herb* (2001); *The Sun Will Rise Again* by George Mujajati (1999); *Songs to an African sunset* (1997) by Sekai Nzenza-Shand; and two stories in Makhalisa’s *Eva’s Song* (1996). Mpe informed me that Koos Prinsloo wrote about AIDS in Afrikaans in the 1980s – see Appendix 1.

¹³ Pauline Dodgson-Katiyo, “Sisters and Survival in Zimbabwean Women’s Writing”, *Atlantic Literary Review* 4,4 (2003), pp.91-2.

¹⁴ Eresina Hwede, (ed.) *Light a Candle* (Harare: Zimbabwe Women Writers, 2006).

¹⁵ Grace Mutandwa, *Whose Daughter, my Child?* (Harare: Amerdon Media, 2006).

¹⁶ Dodgson-Katiyo, “Sisters and Survival”, p.80. Berndt concurs, citing Veit-Wild: “Most of those writers who produced fiction in African languages confined themselves to moralistic themes and a repetitive writing style.”; “Christian philosophy was much more prevalent in these texts than in Anglophone writing. Especially women writers trusted Christian religion to stabilize their moral frame in times of far reaching social and cultural changes.” *Female Identity in Contemporary Zimbabwean Fiction* (Germany: Bayreuth African Studies 73, 2005), p.210.

relationships that authors are sensitised to may mirror author's preoccupations, fears and exaggerations."¹⁷

Writing on behalf of...

The gender imbalance noted in 2002 represents a wider disparity in publishing in both South Africa and Zimbabwe still evident today.¹⁸ In the context of HIV/AIDS in particular, male authors are writing the lives of women using female characters and voices that women could be writing for themselves.¹⁹ It is significant that no-one has analysed these stories, linking their contents with gender and disease. In an interview I conducted with Sindiwe Magona she could only think of a handful of living black South African women writers, (specifically meaning: "those labelled Bantu"; "those who carried the pass"; "those who speak an African language as their mother-tongue").²⁰ In South Africa this has meant that in recent years two post-apartheid novels depicting the lives of South African women and girls were written by men: *The Cry of Winnie Mandela*²¹ by Njabulo Ndebele, and *Flowers of the Nation* by Sandile Memela. And when it comes to fictionalised rape narratives the one voice that is silent is that of the most common victim: the woman.²² Achmat Dangor and J.M. Coetzee have written eloquently and devastatingly on rape in *Bitter Fruit*²³ and *Disgrace*,²⁴ relating

¹⁷ Rudo Gaidzanwa, *Images of Women in Zimbabwean Literature* (Harare: The College Press, 1985), p.89.

¹⁸ For some time after 1994, *Mother to Mother* (1998) by Sindiwe Magona was, to my knowledge, the only full-length serious adult novel written by a black South African woman.

¹⁹ This is not to say that one woman's representation of another woman would be the same as another's, or less true than a man's, but poses questions about the gender of writers and how this affects representations of HIV/AIDS, with a view to forming a 'loose coalition', which (as cited in Butler at the beginning of the chapter) does not "assume in advance what the content of 'women' will be".

²⁰ See Appendix 2 – Magona cites: Miriam Tlali, Ellen Kuzwayo and Pumla Gobodo-Madikizela.

²¹ Njabulo Ndebele, *The Cry of Winnie Mandela* (South Africa: David Philip Publishers, 2003).

²² This is not to say that a woman who has not been raped would write a 'truer' representation of rape than a man – or that a man who has been raped could not do the same, but points out that there are no rape narratives featuring HIV/AIDS in South Africa or Zimbabwe published to date. I omit Charlene Smith's story of rape and potential infection with HIV, *Proud of Me* (1999), as although it deals with the fear of acquiring HIV, it does not deal with the author's HIV infection directly.

²³ Achmat Dangor, *Bitter Fruit* (South Africa/London: Kwela Books/Atlantic Books, 2001/2004).

²⁴ J.M. Coetzee, *Disgrace* (London: Secker and Warburg, 1999).

the effects on women through the distancing voices of male narrators. Interestingly, both feature raped female protagonists who remain silent about their rape. And both husband and father are marked with complicity with the rapists: David can only imagine it from their point of view in *Disgrace*, and Silas's rage during the rape enhanced Lydia's terror and sense of violation in *Bitter Fruit*.²⁵ Of these novels, only *Flowers of the Nation* specifically focuses on HIV/AIDS,²⁶ but not on infected women. In this catch-22, male authors are critiqued for silencing female characters *and* for appropriating the voice of women.

In Zimbabwe, the lack of novels or collections by women in general has meant that it is writers like Alexander Kanengoni, Charles Mungoshi and Stanley Nyamfukudza who have written short stories featuring HIV/AIDS.²⁷ Their characterisations of women have replaced constructions of femininity by women, but these constructions are not necessarily derogatory. For example, in "If God was a Woman", Nyamfukudza writes of women with both contempt, describing a woman who "Seemed to wiggle along like a fat worm just dug out of the ground" (p.115), and with an equal and opposite valorisation: if God "had...been a woman, she would not have sent her only daughter to be so cruelly nailed upon the cross and raped and vandalised so that the suffering of man would be OK." (p.127)²⁸ Spanning from this story published in 1992 to Mungoshi's short story "Letter to a Friend"²⁹ in 2005, this work comprises the bare bones of a canon that is predominantly written by men and rarely dwells on HIV/AIDS for longer than a single short story.³⁰ In George Mujajati's *The*

²⁵ For harsher readings of *Disgrace* see: Boehmer, "Not saying sorry, not speaking pain: gender implications in *Disgrace*", *Interventions* 4,2 (2002), pp.342-351; and Graham, "Reading the Unspeakable: Rape in J.M. Coetzee's *Disgrace*", *Journal of Southern African Studies* 29,2 (2003).

²⁶ *Disgrace* and *Bitter Fruit*, in a rare gesture for novels in their time, do think of HIV/AIDS in connection with rape.

²⁷ Chinodya also wrote the children's book *Tale of Tamarl*, published in 2004.

²⁸ Interestingly, in Wim Boswinkel's *Erina* (2003), the author imagines that this is exactly what God would do!

²⁹ Charles Mungoshi, "Letter to a Friend", *Seventh Street Alchemy – a selection of writings from the Caine Prize for African Writing 2004* (South Africa: Jacana Media, 2005), pp.192-7.

³⁰ Although Kanengoni and Mungoshi both claimed, in separate interviews in August 2006, to be developing ideas from their short stories into longer pieces – see Appendices 5 and 6.

Sun Will Rise Again,³¹ HIV/AIDS simply features as a device to ward off Sofia's despicable husband Nyati, whom Sofia refuses to sleep with unless he has an AIDS test (pp.62 and 107), but HIV/AIDS itself does not enter the story in any other way.

In recent critical writing, Nyamfukudza deplors the health scene in Zimbabwe which: "abounds in untold truths. Hypocrisy, denial and lies surrounding the response to HIV and AIDS are an example of the humbug that often determines the fate of millions of people."³² He widens his critique to: "our society's capacity for living comfortably with contradictions, lies and even deliberate mystification of perfectly explainable social phenomena."³³ His role, with Kanengoni and Mungoshi, has been to create fictions that illustrate and complicate social phenomena such as HIV infection, and portray their effects on men and women. All three writers consider the position of women in dangerous sexual exchanges. In a recent interview, Kanengoni spoke of "the position of the woman" which he describes as "unfortunate". Specifically in relation to HIV/AIDS he says:

the traditional family that we are talking about here, in the traditional sense and context, it is obvious that it is the man who was responsible for contracting that disease from wherever, and yet actually although it might not be said loudly, the woman is always held responsible for that, somehow... it continues, the helplessness, it's just another of those issues that perpetuates the helplessness of the woman actually.³⁴

On the other hand, Mungoshi is less concerned with the process of infection, than his frequent imaginings on behalf of women generally: "I thought from her point of view, being who I am sometimes we think for the women, which could be wrong, women don't think that way but I thought she would think that way."³⁵ To Mungoshi's credit his female characters demonstrate a versatility and empathy that is hard to fault.

³¹ Mujajati, *The Sun Will Rise Again* (Harare: College Press, 1999).

³² Stanley Nyamfukudza, "To Skin a Skunk: Some observations on Zimbabwe's intellectual development", *Skinning the Skunk – Facing Zimbabwean Futures* Palmberg and Primorac (eds.) p.22.

³³ *ibid.*

³⁴ See Appendix 5.

³⁵ See Appendix 6.

These accomplished male writers fill the enormous gap left by Yvonne Vera after her death in 2005, and the literary silence of Tsitsi Dangarembga, who left an eighteen-year lacuna between publishing *Nervous Conditions* (1988) and its sequel *The Book of Not* (2006).³⁶ Although Vera was noted for her taboo-breaking subject matter, writing about incest, rape and genocide, she did not write about HIV/AIDS. We cannot criticise her for that as a writer, but there remains a distinct lack of writing by women about a disease that has decimated Zimbabwe. That Vera had been HIV-positive since 1989, and died of AIDS-related meningitis in 2005, adds depth to this silence. However, Sekai Nzenza-Shand's *Songs to an African Sunset*³⁷ does feature HIV/AIDS, and bravely opens an apparently autobiographical book with descriptions of two funerals. In the first chapter, "Who will bury us?" (echoing Kanengoni's "Effortless Tears"), the deaths of a cousin and brother are described as being caused by AIDS, but silenced by the family and the community, who refer to HIV/AIDS as "The new city disease *hedzi*" (p.11). HIV/AIDS is mentioned sporadically throughout, and though it frames the narrative by positioning events between the two funerals, is not dwelt on for long, seemingly conforming to the stricture that "it is taboo to talk about sex" (p.11). Even Virginia Phiri's³⁸ collection *Desperate*,³⁹ which collects the stories of six prostitutes, mentions sexually transmitted diseases (p.27) and AIDS (p.36) only once, so that these issues become part of the background to

³⁶ Dangarembga made a film about AIDS orphans called *Everyone's Child* (1996), co-scripted by Shimmer Chinodya: the main female character was called Tamari, as in Chinodya's later book, *Tale of Tamari*. Dangarembga also made a film featuring Tendayi Westerhof, *Growing Stronger* (2005).

³⁷ Nzenza-Shand, *Songs to an African Sunset – A Zimbabwean story* (Australia: Lonely Planet Publications, 1997).

³⁸ Phiri submitted the short story "Southern Highway Queen" – a shockingly bald account of a woman's HIV infection – to the editors of *Nobody ever said AIDS*. In a personal communication, one editor reported that they cut this story from their manuscript with great regret, under pressure from their publisher. This story has become a book which "has HIV/AIDS from A to Z", but has yet to be published - see Appendix 11.

³⁹ Virginia Phiri, *Desperate* (Harare: Virginia Phiri, 2002).

the wider experience of these women's lives.⁴⁰ If this silence is part of a wider cultural silence about HIV/AIDS, it is crucial to identify the female-authored texts in which HIV/AIDS is featured. How does the subject enter the literary canon, and in what form? What impact do these different representations of women have on the depiction of femininity and gender in both countries?

In the last five years the Zimbabwean literary canon has become more populated by women. Key texts that I will use to analyse 'women writing AIDS' in Zimbabwe are: Tendayi Westerhof's *Unlucky in Love*,⁴¹ Lutanga Shaba's *Secrets of a Woman's Soul*,⁴² two short stories – "Ndakayambuka"⁴³ by Pat Brickhill, and "New Mourning"⁴⁴ by Mary Ndlovu – and Violet Kala's novella *Waste not your Tears*. In South Africa, where there are to date no book-length narratives of HIV/AIDS by women (except *Confessions of a Gambler*)⁴⁵ I will focus on Sindiwe Magona's unpublished play *Vukani (Wake Up!)*,⁴⁶ and four poems featured in the ground-breaking collection *Nobody ever said AIDS*.⁴⁷ It is necessary to analyse a mix of genres (drama, poetry, short story and novel) due to the limited number of texts available, and also because each genre is able to convey different insights about HIV/AIDS. I am interested in how each form transmits new insights on femininity and gender, and remain aware of the impact of form throughout.

⁴⁰ When asked what she does for sexually transmitted diseases, Susan replies: "I drink a cocktail of traditional herbs ... It is... an embarrassing situation for a woman of my age to go to the clinic and ask to be checked for sexually-transmitted diseases." (pp.27-8); When a client does not use a condom with Dorothy, she worries, "I blamed myself for not having asked him to use one. I suppose I was taken by surprise and I was confused. Even in rural areas, people had become afraid of Aids, they used condoms...everyone knew that it was incurable." (p.36) Dorothy forgets her worries by smoking mbanje (marijuana). Neither story develops these themes, and none of them depicts the consequences of this risky behaviour.

⁴¹ Tendayi Westerhof, *Unlucky in Love*, Vivienne Kernohan (ed.) (Harare: Public Personalities Against AIDS Trust, 2005).

⁴² Lutanga Shaba, *Secrets of a Woman's Soul* (Harare: Lutanga Shaba, 2005).

⁴³ Pat Brickhill, "Ndakayambuka", *Writing Now* (Harare: Weaver Press, 2005), pp.17-29.

⁴⁴ Mary Ndlovu, "New Mourning", *Writing Still* (Harare: Weaver Press, 2003), pp.191-8.

⁴⁵ And even so, the character with AIDS is male and gay.

⁴⁶ See Appendix 9.

⁴⁷ Of seven contributions by Zimbabweans, only two stories in this anthology are by Zimbabwean women (Phiri and Ndlovu/Kernohan). Of 44 entries, 30 are by South Africans, and of these, 16 are by women. 21 of the total 44 are by women, with some writers (like Marechera) gaining more than one entry – in fact more than half the contributors are women.

Love

It would perhaps be a controversial statement to write that stories about love are overpoweringly absent from postcolonial women's writing from southern Africa from 1990 to 2005.⁴⁸ The predominance of male writers in South Africa and Zimbabwe has meant that definitions and constructions of love have been monopolised by male narratives, in which women are victims, not agents, of love. Stanley Nyamfukudza writes in "If God was a Woman": "What was love but a giving up, a renunciation, a surrender?" (p.125), and in the Christian context of the self-sacrifice of Jesus he argues: "Love's triumph then, was not a fear of death but an embrace of it, not to be meek but to be bold, valiant, defiant, even warlike." (p.127) The contradictions of this 'loving God' are identified as "tortured, wasteful, convoluted logic," that could only come from a man (p.127). The oppositional implications are that women are capable of a more natural form of love that renounces violence, and is creative rather than destructive. But how do women write about love in modern Zimbabwe? And are there parallels in today's South Africa?

Westerhof's book *Unlucky in Love* (the title places the notion of 'love' at the heart of the tale) is a thinly disguised autobiography which backs up the author's notorious public announcement that she is HIV-positive with a sustained narrative. Published by her own imprint, Public Personalities Against AIDS Trust (PPAAT), Westerhof nevertheless (perhaps for legal reasons) feels obliged to use pseudonyms for her first person narrator "Rumbidzai Freiburg" and her ex-husband "Horst Freiburg", who represents her real-life ex-husband: Clemence Westerhof. Tendayi's story is unprecedented as an entire book by a woman author on the subject of HIV/AIDS, and also in its use of the first person. Even read as a straightforward autobiography, it is significant in Zimbabwe where the existence of HIV amongst its population was denied until the late 1980s.⁴⁹ As

⁴⁸ A new collection of short stories: *African Love Stories*, Aidoo (ed.) is arguably an attempt to fill this perceived gap in African literature.

⁴⁹ See Ray and Madzimbamuto, "The HIV Epidemic in Zimbabwe", pp.219-238.

a consequence, Zimbabweans have since struggled both publicly and privately to be open and direct about HIV/AIDS.

Controversy around Westerhof's life has led to a backlash against the author who has been accused of using HIV to gain publicity.⁵⁰ Semi-fictionalising her story is arguably a distancing device to remove barriers incumbent on those who are actually suffering from the disease. In other cases this would enable an author to hide publicly from the truth of his or her own infection, which would perhaps be unbearable in 'real' life. It also takes the reader out of the specific, into the more general (a fictional character could be anyone), and the extension of empathy which this requires is significant. Specifics of named 'victims' or personalities can lead to quick judgements based on speculation, mis-information or true information twisted to enable people to lay blame and deny that 'it could happen to me'. However, in Westerhof's case, since she announced she was HIV-positive before publishing the book, the use of fiction as a device to mask the truth is less relevant. She does however successfully dramatise her decision to admit her seropositive status, a rite of passage most women are understandably unwilling to undertake. But how much of the story is 'true' is another matter. What is important is the way fiction mediates the real, creating another reality, somewhat distanced from the directly confessional or autobiographical forms explored in Chapter Six, which is a crucial generic distinction from the texts examined in this chapter.

The meditative and non-specific space that good fiction creates suspends pre-judgements and provides time and language to mediate the specifics of a story so that the reader is compelled to empathise with the protagonist and her predicaments. Whether or not it can lead to a change of behaviour is difficult to prove, but as a medium, fiction certainly reflects and informs cultural attitudes and taboos. The cumulative effect of these narratives (if read)⁵¹ is to gradually remove stigma from the imagination and to replace it

⁵⁰ See *The Standard* www.thestandard.co.zw 20/10/03 and www.itsbho.com/modules.php?name=News&file=article&sid=219 10/07/05.

⁵¹ As Nyamfukudza says: "How much of what precisely is read and by whom? It all appears to be guess work based on limited fact finding." "To Skin a Skunk", p.23.

with empathy. Westerhof's story is presented in the Foreword as semi-autobiographical, which "though written in fiction is based on a true story". As Westerhof's novel is not entirely fictional, it is therefore hard to judge whether it is 'good'. However, the lack of alternative fiction focused on HIV/AIDS by women in Zimbabwe demands we examine what writing there is, and account for its existence in the form that it appears. Westerhof's invocation of 'love', not only in the title, but also throughout the book, merits examination, as does the attribution of its failure to bad luck or chance.

The attributed editorial assistance for *Unlucky in Love* of Vivienne Kernohan is interesting, since Kernohan was the first woman in Zimbabwe to write about HIV/AIDS in book form with *Waste not your Tears* published in 1994 under the pseudonym Violet Kala. The collaborative (and cross-racial) nature of *Unlucky in Love* is also important, as it reflects Butler's theorisation of 'coalitional politics' mentioned at the beginning of this chapter with respect to how 'women' are constructed. The generic blurring of fiction and autobiography that this 'loose coalition' entails is returned to later. Kernohan's ironic choice of the common Zimbabwean name Loveness for the heroine of *Waste not your Tears* demonstrates an early concern for how 'love' is practised in unhealthy, unequal relationships.⁵² Kernohan is of Irish origin and has also written as Vivienne Ndlovu, recently publishing a story about HIV/AIDS called "Homecoming" in *Writing Still* (2003).⁵³ Kernohan also wrote two short stories on HIV: "For Better, For Worse", published in the first *ZWW Anthology*,⁵⁴ and then in *The Torn Veil*, an anthology of African Women Writers, published in South Africa in 1998,⁵⁵ and "Life Changes", published in *Horizon* magazine in October 1992.⁵⁶ This means that the first

⁵² For more on *Waste not your Tears*, see Vambe, "HIV/AIDS, African sexuality", pp.473-488.

⁵³ For more on "Homecoming", see Lizzy Attree, "Reshaping Communities: The Representation of HIV/AIDS in Literature from South Africa and Zimbabwe", *The End of Unheard Narratives* (Germany: Kalliope Paperbacks, 2004), pp.61-79.

⁵⁴ Vee Ndlovu, "For Better or Worse", *Anthology – over 100 works by Zimbabwe Women Writers* (Harare: Zimbabwe Women Writers, 1994), pp.113-119.

⁵⁵ Vee Ndlovu, "For Better or Worse", *The Torn Veil - an anthology of African Women Writers* (South Africa: Queillerie, 1998).

⁵⁶ Vee Ndlovu, "Life Changes", *Horizon* (Zimbabwe: October, 1992), pp.46-50 – see Appendix 12.

story about HIV/AIDS published by a Zimbabwean woman was published in 1992 (only two years after that by the first man), but the first story published by a black Zimbabwean woman was published in 1996 by Barbara Makhalisa in *Eva's Song*, which brings the date closer to South Africa's very first publication (which happens to be by a black woman) in 1999.

The most baffling element of Westerhof's story is her repeated citing of love when she describes encounters with men who abuse her apparently trusting nature: "I began to realise that I had unwittingly followed a pattern – of falling in love with a man who simply could not be faithful to me, who did not love me as I loved him" (p.55). In such instances it is tempting to concur with Nyamfukudza's narrator that love is a form of surrender. Love is an arena in which women take a passive role and are defeated. Westerhof upholds this construction of love, and her protagonist does not take responsibility for the choices she makes that lead to failures. This reinforces the idea that relations between men and women are embattled, that men conquer women before moving on to fresh prey: "My only defence is that Joe was an experienced hunter and I was no match for him" (p.54). This language repeatedly shows the woman as helpless in situations of 'love'. The language of war and hunting is similarly employed in Shaba's *Secrets of a Woman's Soul* when Shaba, as the protagonist Linga writes, "He was a predator and knew what was game, and what was not. He must have realised that she was no longer meat." (p.77) But Linga, under no illusions that this man loves her, uses his depravity to pay for her school fees. Shaba demonstrates through Linga that the 'prey' is not always an unwitting accomplice to the gratification of male desire. However, this does not mean that Linga had many options from which to make her 'choice'. It is worth treating Westerhof's depiction of herself with a similar degree of scepticism, although it is equally possible that 'Rumbi' was indeed in love each time she was seduced.

Westerhof's critique of Christian love begins a process in which love as 'total surrender' is distinguished from love of oneself in order to retain one's sense of self and dignity: "A visiting pastor chose to make HIV the topic of his sermon but what he said was absolutely shocking. He was not preaching love

and forgiveness, which everyone needs and especially those with HIV. Instead this foolish man was preaching hate and punishment.” (p.91) Westerhof’s doppelganger Rumbi rejects the pastor’s condemnation of those with HIV as sinners: “I couldn’t continue to worship God with someone who believed as this man did.” (p.91) She separates her human failings from sins condemned by the church, reclaiming her ability to define what love is herself.

Betty Govinden’s poem “Bearing the Stigmata”,⁵⁷ in *Nobody ever said AIDS*, relates a similar tale of shame induced by churches in South Africa, but this time emanating from the congregation:

I sit in the dark pew
abandoned
they shrink from me
fearing the cup we will share
stained with my blood
despised
quietly condemned
leper of this age (p. 142)

She identifies “my cross of shame/uncleanness” (p.142), reinforcing how received notions of sin painfully ostracise those who require compassion, not condemnation. Such imagery denigrates the failure of Christian love to protect the meek and support those in need of help with understanding. Govinden’s ambiguously gendered words link her, as a woman, to the stigmata of Christ. The experience of crucifixion highlights the physical nature of her suffering and the mental shame that comes when suffering is shunned. The poignancy and impact of these words is strengthened by the concise poetic form and first person narrative voice. After a similarly negative religious experience, Westerhof’s Rumbi finds this compassion in her Christian friend Jean. By the final page she proclaims, “Now I know that happiness comes from within” (p.105) and does not attribute this revelation to Christian teaching. Shaba, too, advocates strength in a spiritual well-being, which is obvious from her choice of title, *Secrets of a Woman’s Soul*. The centrality of the ‘soul’ to Shaba’s cosmology is evident from the first page:

⁵⁷ Betty Govinden, “Bearing the Stigmata”, *Nobody ever said AIDS*, pp.142-3.

“Who will say when your soul will cry ‘Enough!’ and demand respite? For the greater part, only time can.” (p.1)

Shaba's tale is, like Westerhof's, “based on a true story”, but Shaba uses more sophisticated psycho-therapeutic language of self-empowerment to tell her story, often to great effect: “It seemed there was something irreversible taking place inside her... The congealed coat of that unspeakable shame was melting away... It seemed her spirit was determined to wash away all the *debrî*” (pp.2-3). The language of dirt and shame links Govinden's poem with Shaba's description, and their uncleanness is accepted, although imposed from outside as part of the associations of women with disease. Shaba, via the character Linga, powerfully advocates “love for oneself” by ostensibly telling the story of her mother in order to cleanse her conscience and reaffirm her identity. This cleansing is central to the author's realisation and reconstruction of her own identity. Westerhof's *Rumbi* reaches the same conclusion: the series of ‘loves’ of her life prove not to be reciprocal, based only on male sexual gratification. By the end of *Unlucky in Love*, *Rumbi* declares: “Now I know that happiness comes from within... I choose to live fully and independently as a single woman with HIV.” (p.105) With Shaba it seems Linga had developed this sense from childhood, but lost it along the way. Romantic love as a source of happiness is discarded, and owing to their HIV infection, is replaced with ‘love for oneself’ in both cases.

Unlike Kenyan HIV/AIDS narratives, the moral of Westerhof's and Shaba's texts is not as focused as those described by Marie Krüger, who suggests that, “In the midst of such turbulent change, the possibility for dissent and subversion grows, but so does the desire to integrate split subjectivities into a meaningful narrative with a clearly defined moral center.”⁵⁸ Krüger acknowledges that “the options for speaking are always culture-specific”, and stipulates that “If AIDS and the stigma of physical decay and social death are

⁵⁸ Marie Krüger, “Narrative in the time of AIDS: Postcolonial Kenyan Women's Literature”, *Research in African Literatures* 35,1 (2004), p.108 and p.125.

to be contested, a new speaking position in an affirmative idiom is needed."⁵⁹ This position is reflected in Shaba and Westerhof's writing. Krüger questions "how gender and culture inflect narratives",⁶⁰ and finds that "Gender identities are layered with the performance of socially acceptable roles and personae, and these proliferating scripts are further complicated by imported and often stereotyped narratives."⁶¹ This is certainly true of *Unlucky in Love*, and to a lesser extent *Secrets of a Woman's Soul*. Krüger develops a useful critique of Adalla's *Confessions of an AIDS Victim*, writing:

[A]s long as Catherine's biography follows the dreamworld of romance or the dominant gender narratives that limit women's agency and authority, as long as she prioritizes either romanticised projections or social performance over individual substance, she is able to pronounce herself a victim and delegate the responsibility for her present condition to others... But the more she reflects on her own agency, the more such convenient narratives disintegrate.⁶²

There are similar problems in Westerhof's and Shaba's books, which are overcome by the strength of both Rumbi and Linga's subject positions. The autobiographical roots of both texts enact a form of 'discursive liberation'.⁶³ Both books are resolved with the central characters enacting control over their lives; by authoring the books it seems these women via their semi-fictionalised protagonists have accomplished a certain amount of agency and self-definition.

In contrast, Violet Kala's (Vivienne Kernohan's) *Waste not your Tears*, published over ten years before *Unlucky in Love* and *Secrets of a Woman's Soul*, provides a much stronger framework for a more nuanced subject position and a moral didacticism⁶⁴ that is negotiated with considerable authorial skill. Though a fictional creation, Loveness shares with Rumbi and

⁵⁹ *ibid.*, p.125.

⁶⁰ *ibid.*, p.109.

⁶¹ *ibid.*, p.114.

⁶² *ibid.*

⁶³ *ibid.*, p.116.

⁶⁴ It "intends to warn young girls of trusting the 'wrong guy' because they might get infected with HIV...Kala's novel, based on a true story, stands in a row of didactic novels by female and male authors alike, which dramatize demanding issues and taboos of contemporary society." Berndt, *Female Identity*, p.45.

Linga a strength of character that eventually pulls her through her troubles.⁶⁵ Loveness also contemplates love (which is clearly confused with desire) as she develops from a teenage girl who: “believed she loved him [Roderick] totally, despite the fact that she knew so little about him” (p.19). Loveness’s youth and naïvety reveal, as the reader is fore-warned on her entrance into the narrative, that she “didn’t have a chance.” (p.19) Kernohan juxtaposes the foolish excitement with which Loveness falls in love – “Every single minute that she wasn’t with him, she thought about him; she was thrilled at the thought of the things he said, at the idea of his caresses” (p.33) – with when she first becomes ill, after the death of her baby. Realising that Roderick deliberately infected her, “It was a matter of some pride to her that she still loved him as much as she had that day so long ago now... ‘Love is good and kind, not selfish, seeking for itself,’ she would say softly to herself, as if explaining to herself why she loved Roderick.” (p.61) The omniscient narrator wryly adds, “It was to take considerably more time before Loveness arrived at the point of questioning Roderick’s treatment of her, and whether that also constituted love.” (p.61) It is only when she fears for her life that she realises “how destructive her relationship with Roderick had been – that it was based on dependence more than on love.” (p.68)

As with Westerhof’s Rumbi, Loveness’ idealisation of love is devastatingly eroded as her tragic tale unfolds. The subversion of the trope of love through the central character’s development is more convincing in Kernohan’s more distant third person narration than Westerhof’s unsubtle use of Rumbi as a fictionalised first person narrator. By the end of the story, Loveness’s compassion towards Roderick remains the enduring lesson of ‘love’. The relatively Christian message makes Loveness reluctant to blame the culprit entirely: “Sometimes her heart would fill with pain for him, for she had loved

⁶⁵ “The couple whose stories became *Waste not your Tears*, were much more involving and varied, though I did elaborate on the story of Loveness’s character significantly. I also had to give the story a more upbeat ending, as I felt there was a real need to have people see that they didn’t have to just sit back and die, so I modelled Loveness’s eventual development on Auxillia Chimusoro, who was the first woman in Zimbabwe to go public about her status [in 1989].” See Appendix 7.

him so much and he hadn't even been capable of seeing that love and accepting it for what it was." (p.72) The propensity for compassion seems to be a simple female characteristic, which endows Loveness with an almost saint-like disposition. However, it does at least demonstrate the complexity with which blame and tolerance or forgiveness are dealt with in situations of deliberate or knowing HIV infection.

Kernohan's skill in complicating Roderick's malevolent, misogynist attitude towards Loveness, whom he knowingly infects with HIV, is the highlight of the novella. Through this characterisation, Kernohan demonstrates not only the lack of victimhood bound up with HIV infection, but also the Derridian contamination of notions of love and desire with elements of domination, suppression and violence, or, as Sontag puts it, 'murder'.⁶⁶ Most haunting is Roderick's acknowledgement at the end of the very first chapter that he is a 'Lady-killer', a man who "had six 'wives' including Loveness, although he hadn't actually married any of them, never paid *lobola* and he had left all of them weeping for him, begging for him to stay." (p.6) Kernohan deftly describes his selfishness, revealing the difference between his ability to love and Loveness's. When his baby died, "that had killed the last spark in her, just as in him: it had finally made him understand that he too might really die." (p.6) The realisation that his grief for his baby's life was entirely wrapped up in his fear for his own life, puts Roderick at the base of the moral scale. This is heightened with the subsequent sentences: "but he was Roderick. Invincible. Lady-killer... He laughed to himself as he walked down the street. Lady-killer. That was him. Only now it was for real" (p.6), reflecting the masculine refusal to interrogate the health of his own body. Kernohan does allow for Roderick's ignorance, beginning the next chapter with, "He hadn't understood what it was all about at first" (p.7) but when his child dies, and he laughs at the idea that he is a 'Lady-killer', the reader begins to appreciate that Roderick is a selfish, nihilistic, opportunistic man who lives his life with impunity, without conscience.

⁶⁶ Sontag, *Aids and Its Metaphors*, p.72.

Kernohan makes it clear that it is the balance of power that drives the gender relations in the world of her story. Loveness cannot imagine a life other than one in which she marries and looks after a man and their family: "This was what she'd dreamed of – meeting a man... and knowing instantly that this was what she was made for, to be his wife, to look after him. Here was her destiny," (p.32) whereas Roderick is only interested in conquest and domination: "he needed that sort of dependence – it reminded him of his complete omnipotence as a child, before his father had died." (p.31) Love, to Roderick, is a battle of wills and a process of entrapment. Again, the use of hunting metaphors by Roderick and Loveness illustrates that both are aware of the conventional inequities of the gender relationships between them: "He set himself about the task of snaring her as he would a wild animal, with great care and with caution." (p.34) Once they have had sex, Roderick "felt the rush of triumph, like a drug surging through his blood. He had done it. She would never leave him now, whatever happened." (p.38) The addiction described goes some way to explaining the destructive cycle of his pursuit of power in sexual relationships with endless women, and the dependence of that power on his physical health and sexual performance.

It is only by the last page of the book that Loveness reveals she felt hunted all along, and had followed the pattern unquestioningly. The knowledge that she has gained since is a surprise to her: "Roderick was a lion out to kill me, but I didn't realise it and I offered myself to him. It wasn't his fault. But now the lion is dead, and I'm still here.' There was a hint of wonder in her voice." (p.73) It is troubling that through Loveness, Kernohan expresses the conviction that Roderick was unable to change his nature, that like a lion, he couldn't help but be predatory and murderous. And as a corollary, Loveness, as a woman, can be little more than prey to be devoured. Although we are offered insight into Roderick's mind, and witness his behaviour and his motives, it is difficult not to blame him for his actions. However, Roderick is not shown to be typical of all men, and Dr Baker and Loveness's father offer kindly and loving alternatives to the one-dimensional treatment of men in this morality tale about the dangers of falling in love. Although Kernohan leaves

some space for readers to draw their own conclusions, the story is didactic and portrays Roderick as the eponymous “Lady-killer”, which is the title given to an excerpt from *Waste not your Tears*, included in the anthology *Nobody ever said AIDS*.⁶⁷ The re-titling ten years after the novella was originally published suggests a more forceful approach to negative portrayals of masculinity, and a stronger feminist stance towards the vulnerability of women to infection by predatory men. The correlation of violence, love and AIDS neatly draws together the reconfiguration of love, sex and desire envisioned by Derrida and Sontag. This reconfiguration of love also has implications for gender roles, highlighting the tension between portraying culpable sexual behaviour and the reiteration of dominant stereotypes of masculinity and femininity. The exposition of these behavioural norms in the light of such devastating consequences allows the reader to question the fixity of gender norms and deconstruct masculine and feminine roles in their own fate in the process.

Sex

The love of oneself that Kernohan depicts, and that Westerhof and Shaba advocate, is rarely depicted in South African women’s writing, particularly in relation to HIV/AIDS. Sindiwe Magona has published two short stories focusing on HIV/AIDS since 1999: “A State of Outrage”⁶⁸ is written from the perspective of a woman whose friend is killed after admitting to being HIV-positive, and “Leave-taking”⁶⁹ is written from the perspective of a mother losing her adult children to HIV/AIDS. Again, it is significant that no first person narratives about HIV or AIDS (fictional or autobiographical) were written by South African women before 1999.⁷⁰ In the interview I conducted, Magona spoke against the background of HIV/AIDS of her continuing desire through writing to

open dialogue among black women because we don’t talk about our sexuality and I feel the time has come ...I have never had one black woman who talks about the option of ‘maybe I should use a sex toy?’

⁶⁷ Vivienne Ndlovu, “Lady-killer”, *Nobody ever said AIDS*, pp.164-168.

⁶⁸ Magona, *Opening Spaces*, pp.114-127.

⁶⁹ Magona, *Nobody ever said AIDS*, pp.124-141.

⁷⁰ When Charlene Smith’s *Proud of Me* (South Africa: Penguin, 1999) was also published.

No. Nobody talks about it. No. I don't think we know that there are sex toys!⁷¹

Magona went on to talk about the needs of modern women stipulating that they

need to learn how to be modern. Now we wouldn't be talking about how to be a mother only and how to be a wife only, and how to be a doctor, and how to be a nurse, and how to be a teacher, how to be a contributing member of society?

LA: But how to be a woman...

SM: Yes, as a woman, and how to be a woman in this difficult time... the things to watch out for... how to be self-directing, how to be a whole human being who is complete in yourself and comfortable in your skin.

LA: And without being accused of trying to take over men's roles or something like that?

SM: No, just being you. You don't have to be weak for your man to be strong. If you get that kind of man, run baby, run! (laughs) The man who needs a shrinking violet, for him to bloom, then you don't have a man.

Given that this kind of writing is absent in much South African fiction, as I have indicated above, Magona hopes that in her next book:

maybe then a black woman, especially, will know that it is possible to live without a man if this is what it takes. It is possible to pleasure oneself in other ways if this is what it takes. It is possible to dialogue with your man and knock sense into him if this is what it takes... we have to be honest, we have to be open, we have to make ourselves vulnerable, we have to make demands for our lives.⁷²

This, she assured me, was no longer simply a question of equality for its own sake, but a question of survival. Just as with the frequent use of hunting metaphors in Westerhof, Shaba and Kernohan's writing outlined above, the balance of power illustrated in images of men who hunt women is that the women will not survive this experience: hunting in a time of AIDS is not merely entrapment, but a fight to the death. Women must extricate themselves from these paradigms of love and sex and re-define them.

In her play *Vukani (Wake Up!)*, Magona scripts the story of Zama, a fourteen-year-old girl who is raped and infected with HIV by a seventeen-year-old boy

⁷¹ See Appendix 2.

⁷² *ibid.*

in Gugulethu township.⁷³ The play is didactic in tone, and forms part of a theatrical tradition of 'edutainment' used primarily by NGOs and charities to promote HIV transmission prevention strategies. The dramatic form facilitates access to the most relevant audience, but to date the play has only been performed a few times in Muizenberg, Western Cape, South Africa. The play begins with someone's terrible, but well-intended, decision to label their daughter 'tainted' in order that she be safe from those who would seek a virgin to 'cure' themselves of HIV/AIDS: "These days, it's dangerous to be a virgin" (p.441). Zama's brother Jongi justifies this necessity by saying: "old men are raping four-year old girls... **Two months old babies...** Haven't you heard? I'm only trying to save my sister." (p.448) His necessarily twisted logic is very persuasive: "what's worse? A bad reputation or death?" (p.442) Sex education is brutal when it advocates all young girls "get an injection so that when she is raped, she doesn't get pregnant." (p.439) These are the deplorable dilemmas young South African women and their families must contend with in the townships of today's South Africa: "Danger comes to you wherever you are; there's no hiding from danger in this township... not anymore." (p.447) When Magona advocates greater control in women's lives of their bodies, their sexuality and their identity, she is not simply a feminist demanding the equal rights that are already enshrined in the South African constitution, she is a feminist demanding equal rights in a time of HIV/AIDS, when these rights will enable black women in particular to survive.

Sexual coercion and violence is common to all of the stories I have examined: thus far, none depict sex as a pleasurable experience. In *Waste not your Tears* Loveness even speaks of sex as a form of self-sacrifice:

[I]t was not that Loveness felt any particular need to have sex, or even that she enjoyed it, but she knew that if he didn't have sex with her he would have it elsewhere, and out of her own misery and suffering the only light she could see was that she could prevent others from suffering as she had. (p.60-1)

⁷³ Gugulethu has a very high prevalence rate of 29%: www.tac.org.za/documents/NSP-Draft10-2007-2011.pdf, p.7.

This suicidal, utilitarian death wish, can only be born of ignorance and helplessness. It also reflects the era in which Kernohan is writing, before even small-scale access to ARVs in Zimbabwe. Shaba's depiction of the discriminatory commodification of sex in *Secrets of a Woman's Soul* goes a step further, and leads her protagonist to agree that South Africa's President Thabo Mbeki was right to identify poverty as the real cause of HIV/AIDS:

as far as Linga saw it... What was killing them off like flies on the continent was sheer poverty. Abstinence was a luxury most poor women could not afford, and marital status was not even a factor. Most [women] had a very narrow choice to 'open up' or 'pack up', presented with a choice of two stigmas, hiv [sic] through marriage or divorce as the only way to stay healthy. (p.86)

But it is not just poverty and lack of education that remove control from women's lives, particularly in relation to sex, it is the unchallenged attitudes of men towards women. Magona demonstrates in *Vukani!* that when the perpetrator, and not the victim, is held morally accountable for his actions, there is a possibility for change.

There is a desire on the part of these women writers to write themselves out of the status of victim in the first place. Indeed, Kernohan allows Loveness to admit that "it was her own choices which brought her here." (p.68) Indicative of the position of women in both South Africa and Zimbabwe is that when I have looked for stories that feature sex, in relation to HIV/AIDS, I have found depictions of rape, not consensual sex. The relationship of sex to sexuality and femininity is thus pivotal in deconstructing performed gender roles in a time of HIV/AIDS. The commodification and coercion involved in female sexual encounters is intensified and inverted in a time of HIV/AIDS when, perversely, men should perhaps think twice before engaging in frequent sex with women who are thought of as "inherently sexually unclean".⁷⁴ All of which upholds Akeroyd's advocacy that it is "gendered inequality that puts both men and women at risk".⁷⁵ It seems that it is not the performance of gender roles, so much as the submission to unequal gender roles that has defined female sexuality until now, and holds particular sway during this dangerous

⁷⁴ McFadden, "Sex, Sexuality", p.160.

time of HIV/AIDS when women are "at greater risk of contracting HIV than men."⁷⁶ Butler's theory of performance posits a form of agency that can initially be reclaimed via representations of gender in literature, and ultimately beyond, in women's lives.

Mothering

The defining object of womanhood and the eventual outcome of sex (whether coercive or not), as described in these stories, is frequently pregnancy. McFadden reminds us that "A woman's decision to limit her fertility in response to her status as an HIV infected person is impacted by the centrality of mothering in the definition of womanhood."⁷⁷ Such attempts to control one's life as a consequence of HIV infection become suspicious, and can lead to rape within marriage in order to re-assert male control over the female, even when this will infect the husband if he is not already infected, or jeopardise the chances of transmission to a baby should the woman conceive.⁷⁸ Pregnancy will also weaken the mother's immune system, and limit her ability to fight HIV. This re-orientates women's priorities both inside and outside marriage or family structures, displacing motherhood as the focal point of womanhood. Westerhof writes passionately about this risk after Rumbi's husband rapes her, even though, as they are both HIV-positive, she has insisted on his use of a condom. She quotes Horst saying to Rumbi: "You are my wife and I will show you who is the boss now. Dirty bitch with AIDS." (p.70) His disregard for his own health is almost as alarming as his violation of his wife, and once again shows power relations reinforced in sexual relationships, regardless of class, race or marital status. Fear of getting pregnant and the resulting danger in which it places HIV-positive mothers is a recurring theme in many of these stories.

⁷⁵ Akeroyd, "Coercion, Constraints", p.100.

⁷⁶ Whiteside and Sunter, *Aids: The Challenge*, p.11.

⁷⁷ McFadden, "Sex, Sexuality", p.161.

⁷⁸ ARV mobilisation in South Africa took off around the question of mother-to-child transmission, which was easier for the public and government to advocate than the idea that women are sexual beings, outside of motherhood: see p.54.

Pat Brickhill's short story "Ndakayambuka" in *Writing Now* revolves around the rape of Sphiwe, "a naïve sixteen-year-old" whose protests lead her assailant to counter: "Shut up, you little fool, you've been asking for this all week, I've seen you twirling your skirts. Don't tell me that you weren't waiting for me to come inside you!" (p.19) Her subsequent pregnancy is treated with well-meaning, but nonetheless callous, rigour by her family who take her baby to her grandmother so that Sphiwe can finish her schooling: "Exactly seven days after delivery she was back at a new, less prestigious school in the townships, still bleeding and healing from stitches and with swollen sore breasts." (p.25) As a consequence of this arrangement, "Her daughter grew up knowing that she was her mother, but accepting as was common in African family culture, that the relationship was not the usual one." (p.24)

Incredibly, after twelve years, Sphiwe marries the rapist Mr Flavour Raver, because their history had strangely brought them together, and "She wasn't able to sustain another relationship." (p.25) She also "Wanted to please her father and salvage her family's good name... the stain on her character would be removed if she were married, and married to the father of her child." (p.26) Like Magona, Brickhill illustrates society's preponderance to blame the victim and the ubiquitous association of dirt (the stain) with femininity. When Sphiwe becomes pregnant again, it is obvious that her husband is HIV-positive, since she finds him rubbing lemons on his body and he takes her to a n'anga to ward off bad spirits – which of course hover over *her*, the 'diseased other', not him. Sphiwe's requests to use condoms are greeted with a slap. Her baby Blessing gets a cold at six months and dies an "AIDS-related death", and the story closes with Sphiwe blaming herself for Blessing's death, "by refusing to accept reality and face it head on." (p.29) We are told that Sphiwe does enact a change of thinking and that: "[T]his acceptance some-how [sic] brought relief from the years of suffering." (p.29) Like Rumbi, Linga and Loveness, Sphiwe accepts her HIV-positive status, and in doing so claims some limited agency in her life: facing death, relinquishing her own guilt and redefining her culpability in her child's and her own demise. Yet again the male characters are not shown to enact any form of change, and refuse to question their own health and culpability when faced with HIV infection.

This tragic and unsatisfactory ending confirms McFadden's theorisation that HIV/AIDS has redefined female sexuality in "even more rigid, guilt-ridden terms",⁷⁹ the consequences of which are only now being portrayed in this semi-fictional realist literature. Brickhill's story is comparable to both Shaba and Westerhof's longer tales, in that all three central female characters come to terms with their own infection and are living life positively by the end of each story. The length and form of the genre here allows for less tragic, more survivalist outcomes.⁸⁰ Unlike "Ndakayambuka", *Secrets of a Woman's Soul* and *Unlucky in Love* both end more hopefully, with the babies testing negative for HIV after Linga and Rumbi, aware of their status during their pregnancies, use AZT and Nevirapine to prevent transmission to their unborn children. They also divorce their husbands (or are divorced by their husbands), and feel comfortable as single women who are HIV-positive but not yet ill enough to need to take anti-retrovirals. Regardless of how they were infected, both characters decide to live positively for themselves and for their children. Described as books of hope, the Foreword of *Unlucky in Love* states that it is: "A story of hope and survival", and the back cover of *Secrets of a Woman's Soul* details: "A tale of strength and hope in despair". It is perhaps this sense of hope that has enabled both authors to write lengthier sustained narratives.

Women are shown to be no less vulnerable once they are mothers. Shaba's story relates the arrangement that Linga agrees to in order to pay her school fees, which results in both her own and Beata's (her mother's) infection with HIV from the same man who gave both women jobs to help them out of their abject poverty: "It was almost like having been made to partake in some perverse roundabout incestuous act. In keeping her own shame under wraps, Beata had not realised that her daughter was doing her own time in that prison of desperate measures." (p.73) Shaba's tale goes on to strongly

⁷⁹ McFadden, "Sex, Sexuality", p.181.

⁸⁰ Valerie Tagwira's lengthy new novel, *The Uncertainty of Hope* (Harare: Weaver Press, 2006), continues this trend.

condemn the endemic nature of the sexual perversity that weighs on many women's shoulders in Zimbabwe when she writes of: "All the women of her generation who had endured the ravages of ignorance and stigmatisation by a self-righteous morally bankrupt society". (p.75) She details the 'closed cupboard of society' in which secrets and shame are kept hidden, which is worth quoting at length:

it was full of mangled infants needing major surgery to piece together their mutilated little organs, formerly doe-eyed now dead-eyed little girls whose screams were muffled by outsize man hands, bruised lips shushed with sweets or threats of cutting with a knife; wives and sweethearts forced to open up to organs festering in sores and dripping pus, too ashamed to tell anyone. (p.75)

This macabre description of disease and male violence is the most unflinching I have read from Zimbabwe.

The dominant issue in all these stories is the predatory nature of male society in Zimbabwe. The lack of female power to resist or change this behaviour has victimised women, forcing them to endure brutal sexual encounters, HIV infection, unwanted pregnancies, and loveless marriages to promiscuous unfaithful husbands who leave their wives, blaming them for their own infection. Ultimately, the inversion of mothering from a creative act to a potentially destructive act, both for the child and its mother, is one of the key ways in which HIV/AIDS has re-defined the most potent role of women in these texts. Whereas rape was once seen as an issue perhaps not worth fighting for under the banner of women's rights in Zimbabwe and South Africa, its link with HIV infection means that rape has been re-contextualised and can legitimately be equated with murder. This has stirred women in both countries to speak out against the men who take predatory, uninhibited access to sex with them for granted.

In South Africa, mothering is further re-defined and reconstructed in the poems by men and women in *Nobody ever said AIDS*. Both Angifi Dladla's

“She Became the Mother Again (Wa Phenduka Umdlezane Futhi)”⁸¹ and Ingrid de Kok’s “The Head of the Household”⁸² dwell on the changing roles of women due to HIV/AIDS. Dladla describes the awful return to motherhood that, at 84, involves nursing a dying daughter and a grandson, too; and de Kok tells of the opposite end of the scale: the orphaned child who now has to care for her younger brothers and sisters, prematurely mothering at thirteen.

Death and Mourning

Eddie Vulani Maluleke’s poem “Nobody Ever Said AIDS”⁸³ uses a cyclical style to great effect in her movement from the end of apartheid in 1994 to the following years of death due to AIDS. She illustrates the true levelling of apartheid that now exists as she details everyone gradually getting infected:

Whether we wore rouge red glossy lips
Whether we wore khaki brown
And beat the kaffirs in the prisons
Whether our faces were covered with soot
From the mines
Even if we were old grannies
With our men living in Jozi
Even if we were just born

We all died
Coughed and died
We died of TB
That was us
Whispering it at funerals
Because nobody ever said AIDS (p.20)

Maluleke uses a fluid narrative voice to lure the reader closer to the text. She shifts identities, first talking of “me”, then “they”, then “I”, then “us” and then “we”, but it is the final honesty of the first person “I” that is shocking and has the most impact. By the end of the poem she has successfully implicated the reader in joint responsibility for the spread of HIV/AIDS. Detailing the illness and death of her contemporaries, she goes further by saying:

Nobody was making love
That was them

⁸¹ Angifi Dladla, “She Became the Mother Again (Wa Phenduka Umdlezane Futhi)”, *Nobody ever said AIDS*, p.123.

⁸² Ingrid de Kok, “The Head of the Household”, *ibid.*, p.169.

⁸³ Maluleke, “Nobody Ever Said AIDS”, *ibid.*, pp.17-20.

I was
Making love to a new breed
Of Jimmy
Petros
And Jabu

They died of TB too
Then I started coughing
Skinny as a broomstick
With black spots
My sisters' children
Coughed and died
My brother coughed and died
I was coughing and dying
The enemy was in our bodies
Making us cough and die
Eating us like worms
But some of us
Still made love
Still kissed
And made each other cough and die (p.19)

Maluleke brings the prospect of HIV infection and death so close that its insidious nature is palpable – the language gets under the reader's skin, implicating everyone in its dance of death. She brilliantly confounds the reader by continuing the cycle of verses, and the self-replicating nature of the virus is echoed in the repeated pattern of behaviour described in the poem. The process of mourning is mitigated by the relentless cycle of infection and death.⁸⁴ Sex and love are contaminated, as Derrida predicted: 'making love' is cleverly paralleled with 'making each other cough and die'.

One short story from Zimbabwe's *Writing Still* collection that deals with a mother's death is "New Mourning", by Mary Ndlovu. At the beginning of the story, Noma returns home for her mother's funeral and quickly admits her own failure to conform to her prescribed gender role: "Not that she had ever been a very good daughter to her hard-working mother." (p.192) However, she quickly counters with: "but then her mother had never been much of a mother

⁸⁴ Butler suggests that "a public foreclosure of the possibility of grief" can institute "melancholia throughout that culture": Vikki Bell, "On Speech, Race and Melancholia – An Interview with Judith Butler", *Theory, Culture and Society* 16,2 (1999), p.172. It is possible to translate Butler's reference to the homophobic north to conditions in southern Africa.

either" (p.192), to justify her own inadequacy with this greater failing. Both statements reflect the inadequacy of the roles of mother and daughter to describe the reality of feminine experience. The guilt Noma feels for not conforming to social expectations is soon revealed: "Why did her mother have to leave her now, before she had a chance to expunge her lingering feelings of guilt for not paying her more attention?" (p.193) The flawed criteria that Noma used to judge her mother's life against her own standards meant that she never grasped the role her mother played in rural life. Noma: "had hated rural life... She knew from the age of eleven... that she had to find a way out of that miserable life" (p.193), and as a consequence: "It was two years since she had visited her mother; what was the point – they had nothing to talk about" (p.193) and yet, she soon discovers that her mother was not the woman she had imagined.

After reading through a notebook that suggests her mother was caring for numerous victims of HIV/AIDS:

Patience Ncube August 7 bed bound, sores, washed sores, gave water
Mercy Tshabalala August 10 bed bound, gave water
Patience Ncube August 15 bed bound, gave water
Sipho Ncube August 15 T.B., gave medicine (p.195-6)

Noma finally realises that her mother, whom she judged so harshly as inadequate, was a caring and dedicated member of her community: "How could she have failed even to glimpse the complexity of her mother's life...?" (p.198); "She wept for her... failure as a daughter to understand that her mother needed respect, concern and affection rather than groceries. Her failure as a human being to acknowledge the greatness of her mother's silent courage." (p.198) Noma is forced to realise that "the irresponsible, incompetent mother she remembered had been transformed into a community caregiver, teacher and guardian of other people's money" (p.197), and with this knowledge, through death, the fixed, limited vision of motherhood she had grown up with is swept away: "How could she have been so petty as to think broken plates and stained sofas were the true worth of a human being?" (p.198) The confinement of femininity to motherhood, caring for children and maintaining a house and home is shown to be inadequate, and re-defined by this short vignette which overturns such restrictive and disingenuous

categories. It is only through death that Noma's mother's 'silent courage' is profoundly realised.

Although Westerhof's book deals with the prospect of her own death, her survival precludes any extensive discussion of death or mourning in the text. The death of Shaba's mother is mourned in *Secrets of a Woman's Soul*, and the details of her slow and painful death are not spared in the narrative, but the period of mourning is mitigated by Linga's own pain of being infected with HIV, and is re-focused by this fact. However, it is her mother's death that prompted Shaba, through Linga, to write her story, memorialising her mother's life in book form to pay tribute to her strength and courage, a *memento mori* of sorts. In a sense, the entire book embodies a form of mourning, and is a rite of passage for Shaba/Linga – a positive testament of a life worth remembering for all its joy and pain. In memorialising her mother, Shaba also deftly sketches different factors that influenced her own life and character, and so writes HIV/AIDS into the story of a woman who cannot simply be defined by the disease that kills her. Although Chapter Nine is devoted to funeral rites, it is these final lines that define the book:

Linga vowed that one day she would tell people about her mother. She would tell the whole world about her mother, about her life, about how she had struggled to make the best of her world and how humanity had failed her, as it has millions others like her, and that humanity should be ashamed of itself. (p.105)

Death and mourning are figured not as opportunities to blame or conclude stories, using the apocalyptic sense of end-time, but as times to begin the process of renewal. Likewise, in *Waste not your Tears*, the death of Loveness's baby prompts her to seek help, and Roderick's death leads Loveness to realise the miracle of her own survival, both depict death as a catalyst to individual change and development, through the revelation of knowledge.

The theorist Hélène Cixous suggests that theatre (I would add the arts in general) returns death to us. This becomes essential because of the power of

mass media: "Death is either something we ignore or an image on a screen."⁸⁵

Cixous translates the Indian Saint Soufi's tomb's message:

Place your hand on your death, O human, distinguish between the essential and insignificant, and from this point on, you will know in which direction life is.../Who is afraid of dying, is already dying. Sometimes one has to pass through what resembles death, the terrifying stripping away of self, the circle of fire, to resume life.⁸⁶

These authors of autobiographical stories from Zimbabwe have endured the 'circle of fire', and they not only 'resume life' in the stories, but in the process of writing give meaning and purpose to that which had resembled death. Susan Sellers summarises Cixous' exhortation to women to write, as: "Writings, with its resources and possibilities, can escape the patriarchal order. It can undermine the Law, refuse the annihilating procedures of the self, give the other life."⁸⁷ Following Bakhtin, these stories do not merely reflect life, but contend with reality. In a sense, Westerhof and Shaba, by using autobiographical narratives, have failed to go beyond the self, to 'give the other life', but if they themselves are the 'diseased other' that writers such as Mungoshi, Kanengoni and Nyamfukudza had begun to imagine, the writing of this 'other' has an innate value in itself. In becoming ill or infected with HIV, these women have become 'other' to themselves, and it is this 'stripping away of self' that they relate with a degree of distance in their narratives.

The 'resources and possibilities' that these third person semi-fictions permit, document and create a new reality, which Yvonne Vera explains is difficult to evoke or speak of in the spaces of everyday life: "If speaking is still difficult to negotiate, then writing has created a free space for most women – much freer than speech."⁸⁸ Vera reiterates Sellers's reading of Cixous, when she writes that "the written text is granted its intimacy, its privacy, its creation of a world, its proposals, its individual characters, its suspension of disbelief"⁸⁹ – women can use these fictional spaces to extrapolate themselves from the fixed

⁸⁵ Susan Sellers, "Writing is learning to die': Hélène Cixous and the School of the Dead", *Oxford Literary Review* 24 (2002), p.102.

⁸⁶ *ibid.*

⁸⁷ *ibid.*, p.104.

⁸⁸ Vera, *Opening Spaces*, p.3.

⁸⁹ *ibid.*

gender roles they are often complicit in restricting themselves to, trapped by social circumstances, expectations and a failure of imagination. These short stories, novels, poems and plays provide a space in which to give evidence of women's silent suffering, and suggest ways in which their worlds could change. The answer to the question posed at the beginning of this chapter, "What do women writing HIV/AIDS place at the heart of their narratives?" is: themselves. And, more importantly, they illustrate their aspirations and abilities, as women infected with HIV, to control their own destinies.

Conclusion

The female role in sex, love, reproduction and motherhood, is classically associated with binary metaphors of fertility, beauty, abundance and benevolence, but these relationships are not fixed, and become infected in a time of HIV/AIDS: breast milk becomes poison; mothers die young; and the dynamics of the family change, exposing cultural and social structures that no longer function. Nurturing roles are transferred to grandparents or eldest siblings, often also female – grandmothers or elder sisters. Social constructions of gender and gender roles are altered and this is starting to be reflected in literature. These changes affect notions of nationhood and patriarchy, and the dominant role of men within these structures. If the family remains sustained only by its female members, who themselves do not live long, how are these microcosms of experience reflected in wider transformations of society, and in literature? McFadden rightly suggests that

the distinction between personal definitions of the sexual versus wider racial, social and gendered elements becomes increasingly blurred. This is an important issue of recognition which is closely related to the fact that the personal is intimately political, especially when one is discussing the theme of sex, sexuality and AIDS.⁹⁰

This is epitomised in Magona's dramatisation of Zama's rape in *Vukanii* which becomes a matter not just for the family, but the whole community to resolve by way of a people's court.

⁹⁰ McFadden, "Sex, Sexuality", p.162.

In terms of the political manipulation of HIV/AIDS, the British critic Simon Watney commented in 1993 that

AIDS is increasingly being used to underwrite a widespread ambition to erase the distinction between 'the public' and 'the private', and to establish in their place a monolithic and legally binding category – 'the family' – understood as the central term through which the world and the self are henceforth to be rendered intelligible.⁹¹

Although Watney was writing in the context of his perceived eradication of homosexual identity through HIV/AIDS discourses, the statement is relevant to South African and Zimbabwean discourses about HIV/AIDS in that 'the family' is *not* being upheld as a bastion to be protected or saved from the scourge of HIV/AIDS, but perhaps the individual is. The family is not an impregnable category in African HIV/AIDS discourses, because HIV/AIDS affects the 'normal' family directly.⁹² The family is not 'under threat', as it was in America or Europe in the 1980s and early 1990s, because families have already been devastated by this disease. The surviving women and their re-constituted families are those which must be protected in future. In literature written by women, neither 'women' nor 'family' are shown to be fixed constructions. However, the erasure of public and private spheres is increasingly prevalent, and the reformulation of families in response to the HIV/AIDS epidemic in South Africa and Zimbabwe is significant. Amidst this collective sublimation into the 'family', women are struggling to find their own voices.

The next chapter will examine how families and communities, particularly in the city, appear to have been re-shaped in literature by the HIV/AIDS epidemic. In the stories analysed in *this* chapter we can see that it is predominantly women who are struggling to hold these families together. This is perhaps why it has taken them so long to write about this struggle, and consequently why it makes it so urgent that they speak now, and are heard. At the same time, I argue that HIV/AIDS has empowered women to speak out

⁹¹ Watney, "The Spectacle of AIDS", *AIDS: Cultural Analysis/Cultural Activism*, p.86.

⁹² Cindy Patton also argues, in 1993, that "a bourgeois 'African family'... has never in fact existed." "From Nation to Family: Containing African AIDS", *The Lesbian and Gay Studies Reader* (New York: Routledge, 1993), p.132.

and act from the margins of society against this threat to their existence and to the existence of their families. As Gaidzanwa pointed out over twenty years ago: "It is up to writers and people who contest the images [of women] to redefine them in ways that they deem to be more realistic, constructive and liberating to the society in question."⁹³ In more recent times HIV/AIDS has pushed women to boldly write their own stories in the first person, often self-publishing them.

Rather than see HIV/AIDS as part of a tradition of writing about plagues that destroy mankind, when women write HIV/AIDS it seems their closest corollary is how man has tried to oppress and destroy womankind. The triple oppression of women in South Africa and Zimbabwe of race, class, and gender in the context of colonialism and post-independence nationalism is now compounded by disease in the form of HIV/AIDS. According to Akeroyd: "There is now explicit recognition that 'the global epidemic is driven by men', even though women are contracting AIDS at a faster rate."⁹⁴ A discernible trend in Zimbabwean writing is a movement towards autobiographical, confessional or testimonial writing. While semi-fictionalised at this stage, by telling these stories in the personal mode these 'autobiographies' cannot be read as allegories for the nation. However, given the hegemony of masculine patriarchal discourse in both Zimbabwe and South Africa, these stories remain a vital reminder that the personal is political⁹⁵ and until more of these stories are told in both countries, we can assume that women infected or affected by HIV/AIDS have barely time to grieve and are suffering in silence, foreclosing Bhabha's 'third space of enunciation'.

Sex is represented as dangerous but inescapable, often in the context of coercion by men in these fictions, in relation to HIV/AIDS. The context of

⁹³ Gaidzanwa, *Images of Women*, p.99.

⁹⁴ "But caution has been advocated in assigning 'blame'; recognizing that male behaviour puts women at risk 'does not mean that men are 'responsible' for the AIDS epidemic' but they must accept more responsibility for sexual and reproductive health matters." Akeroyd, "Coercion, Constraints", p.100.

⁹⁵ As noted in Chapter Three, the Black Consciousness movement also used 'the personal is political' - evoking more than feminism in southern Africa.

disease deconstructs narratives of romance and love, leaving self-love as the only refuge for women's damaged souls. Derrida was right when he predicted that: "Even should humanity some day come to control the [HIV] virus... still, even in the most unconscious symbolic zones, the traumatism has irreversibly affected the *experience of desire* and what we coolly call intersubjectivity, the rapport to the alter ego".⁹⁶ But has desire been *permanently* contaminated by the connotations of HIV/AIDS? Will sex and love be *permanently* severed by the knowledge that one is dangerous and the other an illusory means to an end? Cited at the beginning of this chapter, Derrida affirms the far-reaching implications that, as a result of HIV/AIDS, loss inhabits not only individual and group history, but the very 'experience of desire'. But what experience of desire do these women demonstrate that they have or had in the first place? Sontag's similar proclamation, also cited earlier, that "AIDS obliges people to think of sex as having, possibly, the direst consequences: suicide. Or murder",⁹⁷ is shown to be ineffective in stemming the spread of the disease. Shaba's figuring of 'abstinence as a luxury' suggests these fearful connections already exist. I would counter that loss has always inhabited the realm of love and desire. And in African societies in particular, where sex can be dangerous owing to the imbalance of gendered power, perhaps HIV/AIDS simply forces women to speak out against injustice and re-establish love and sex on more equal terms.

For both Westerhof and Shaba HIV/AIDS has led to a form of self-empowerment; Mary Ndlovu captures the ghost of female empowerment in "New Mourning" that Noma never realised existed; and Kernohan provides a sense of hope in Loveness's future and her educational message. Perhaps Nyamfukudza's 'surrender' in "If God was a Woman" can be re-interpreted once the battleground has been de-mobilised – as Kanengoni writes in "Effortless Tears": "very soon, there will be no one to bury anybody" (p.75). Writing, as Vera reminds us, provides a powerful space for imagining these

⁹⁶ Derrida, "The Rhetoric of Drugs. An Interview", *differences: A Journal of Feminist Cultural Studies* 51,1 (1993), p.20 (my italics).

⁹⁷ Sontag, *Aids and its Metaphors*, p.72.

ideals.⁹⁸ The blurring of the boundaries between fiction and reality in these texts draws critical attention to the form and the politics of the act of writing itself. Coetzee declaims, "All autobiography is storytelling, all writing is autobiography... there is no ultimate truth about oneself"⁹⁹ – the derogation of autobiography as a flawed form of writing or truth telling is destabilised by the fact that most of the stories analysed in this chapter are based on true stories.¹⁰⁰ The narrative authority with which they are told does not limit their power to articulate and imagine futures that have yet to be experienced. The layers of meaning and 'truth' that these stories represent as fiction, even as a form of self-deception or public deception, simply add to the complexity of reading these texts in a time of HIV/AIDS. The writing of individual stories, particularly by women asserts an authority over their own lived experiences, and so empowers not only the characters and their authors, but readers as well. A collective 'discursive liberation' reaches beyond the texts themselves, forming a 'coalitional politics' between author and reader, that adds another meaning to Roland Barthes' 'death of the author', as sadly these authors will predecease their texts sooner than most.

The negative associations of gender are also imagined, and can be overturned. Love is not 'giving up', but holding on. This greater love transcends disease, remaining loyal and hopeful to the bitter end, overcoming social stigma and fear for one's own life with a boundless love for humanity on both an individual and communal level, regardless of suffering and death. It consistently bypasses formulations of national identity in favour of reformulating gendered identities. The literature I have introduced and begun to

⁹⁸ "Writing has created a free space for most women...It is an act of courage that she writes and releases those vital secrets." Vera, *Opening Spaces*, p.3.

⁹⁹ "Interview", *Doubling the Point – Essays and Interviews*, David Attwell (ed.) (Cambridge: Harvard University Press, 1992), p.391. He elaborates: "There is no point in trying to reach it, what we call the truth is only a shifting self-reappraisal whose function is to make one feel good... given that the genre doesn't allow one to create free-floating fictions. Autobiography is dominated by self-interest... The only sure truth in autobiography is that one's self-interest will be located at one's blind spot." p.392.

¹⁰⁰ Westerhof's and Shaba's stories are declared to be true: Kernohan describes her sources in Appendix 7. Kanengoni speaks of the reality of the funeral in "Effortless Tears" in Appendix 5. Irene Staunton related to me that Brickhill's story "Ndakayambuka" is also based on lived experiences.

analyse in this chapter is part of the process of re-imagining what HIV/AIDS will mean for the individual, and particularly for women, in South Africa and Zimbabwe. The key to this epiphany is experience and survival. In the closing pages of Shaba's tale she echoes these sentiments with these words:

[W]hen all has been said and done, when the anger has subsided, the hurts cried away, the wounds patched up, spirits hobbling on in search of a soul light, love is the one constant, the only crutch that will hold up. Love for oneself and for others. (p.98)

Chapter 5

AIDS and the City – Shared Spaces of Infection

AIDS is perceived as an urban disease, a disease of cities, the traditional harbors of disease and degeneration.¹

The gendering of HIV/AIDS and its representations in literature has demonstrated a crucial aspect of the depiction of HIV/AIDS both in the form of the fiction and in the writers who choose to write about the disease. Another dominant influence on the form, genre and contextual subject matter of HIV/AIDS is its relationship to the city. Movements to the city triggered by colonialism and apartheid have been further exacerbated by globalisation. These social, political, and spatial movements have transformed gender roles in both South Africa and Zimbabwe, and this has implications for perceptions and understandings of the transmission of disease in both countries. The limitations on the movement of male workers meant that families could not follow their migration to the city, restricting the movement of women in both South Africa and Zimbabwe. This had implications for the demonisation of women as transmitters of disease, particularly in Zimbabwe. The structure of the modern metropolis was predicated on a control of movement and the containment of disease, such that even the racial segregation of white from black in the construction of apartheid was based partly on health grounds.²

The continuing associations that cities have not only with disease as Gilman reminds us,³ but also with the corruption and dissolution of Western modernity have striking resonances in the fiction of African modernity. Yet it is in these cities that many modern Africans are re-formulating their identities. Achmat Dangor recently acknowledged that city writing comprises a new direction in

¹ Sander Gilman, *Disease and Representation – Images of illness from madness to AIDS* (Ithaca and London: Cornell University Press, 1988), p.266.

² "In colonial towns, European physicians had long been advocates of racial segregation on the grounds that whites should be shielded from the African carriers of infectious diseases": Shula Marks, "Social Medicine in South Africa in the mid-twentieth century: The international context", (University of Witwatersrand Interdisciplinary Research Seminar 17/06/06), p.2.

³ "We know where corruption lives, in the city. And purity lives where our fantasy has it that nature (and therefore goodness) dominates: on the farm and in the small town." Gilman, *Disease and Representation*, p.266.

African literature: "African writers are starting to reclaim the African city from the colonialists who... poisoned it as a centre of culture and 'dark, gleaming light'. African literature can only be enriched by this."⁴ The modern preoccupation and centrality of the city stems from its growing importance in African life. Soon, cities will contain the largest percentage of African populations, so that the weighting of writers' concerns in this fascinating growth area is entirely justified.⁵ The relative freedom and space of rural areas cannot help but be juxtaposed with the cramped, densely populated lives of urban Africans. The spread of HIV/AIDS in tandem with this unprecedented urbanisation runs parallel to these momentous changes in African lives.

In-between Spaces: The Body and The City

With reference to national culture, Homi Bhabha states that the internal and the external define each other: this is the result of a state in which there is 'incomplete signification', which leads to the turning of boundaries and limits into the *in-between* spaces through which the meanings of cultural and political authority are negotiated.⁶ As we have seen in the context of disease, these liminal states, or border spaces, in which one risks contamination, produce meaning and narrative. One 'in-between' space is the city, which in the past, has often been emblematic of "diseases of the social body".⁷ But, more literally, than metaphorically, the body becomes a 'discursive formation', imbued with meaning and potential consequences. The body is at risk of infection, it is in a limbo state in which it is neither 'infected' nor 'diseased'. Once the HIV virus has intersected with the body, the body becomes a site of struggle or mourning, resonating with personal, political, economic and sexual contestations. It can also become a signifier of the unknown, entering a liminal state. Infection does not always register instantly – it can take six months to appear – what is the status of the 'diseased' body or person in this

⁴ Achmat Dangor, "Another Country", *The Guardian* 25/09/04.

⁵ "In 2030 almost 7 out of every 10 urban residents in the world will be living in Africa or Asia... urban population is projected to reach... 51 per cent in Africa" "World Population Prospects: The 2005 Revision", *DESA*, p.3.

⁶ Bhabha, *Nation and Narration*, p.4.

⁷ Sarah Nuttall and Achille Mbembe, "Writing the World from an African Metropolis", *Public Culture* 16,3 (2004), p.353.

situation? How is the individual defined and portrayed, if even when HIV-positive there are no elements of sickness present? As I asked in Chapter One, does this lead to a new type of 'nervous condition', in which the colonised, or diseased subject encounters a form of doubling, "becoming the living haunt of contradictions"?⁸ Moreover, how is this condition treated in literature when this 'body' or person is located amidst the mass of bodies in the city? The late Phaswane Mpe's work provides one response: the short story "God Doesn't Smoke Dagga"⁹ personifies the city as emblematic of the sick body of society: "Johannesburg's sick... The crowds of sick people milling like bees in a hive... Jozi's sick." (p.47) The city and the body are ambiguous spaces of potential infection and contamination.

In his academic work Mpe delimits the city as: "a form of discourse with which another form of discourse, namely literature, engages."¹⁰ He explains that "the dialectic between the city and literature" is essential and yet hitherto absent in much South African fiction, as is HIV/AIDS. Using this dialectic it is possible to assert that the shared physical spaces of HIV/AIDS narratives could deconstruct taboos, removing the separation and isolation normally allocated to the sick. Even positive depictions of the realm of treatment, hospitals, a shared place, where illness and health intersect, could begin to break down barriers between the segregated 'sick' and 'healthy'. Many of the texts I have examined include no reference to hospital spaces, in relation to HIV/AIDS.¹¹ The spaces around the 'infected' person, who is suddenly excluded from the zone of safety, security, health, inclusion in society, in life, is reinforced by the knowledge that prevention is only possible through the use of an intimate barrier – a condom. Perhaps because of the close proximity of lives in the city, there are few boundaries which delimit HIV/AIDS in these texts – it is the community at large that perceives itself to be at risk. As Leavy reminds us, "The person who survives another day of the plague that kills another human

⁸ Fanon, "On National Culture", *The Wretched of the Earth*, p.175.

⁹ Phaswane Mpe, "God Doesn't Smoke Dagga", *Urban '03 – Collected New South African Short Stories*, Dave Chislett (ed.) (South Africa: Spearhead, 2003), pp.37-49.

¹⁰ Phaswane Mpe, "Our missing store of memories", *Shifting Selves*, Herman Wasserman and Sean Jacobs (eds.) (Cape Town: Kwela Books, 2003), p.183.

¹¹ Such as those collected in *Nobody ever said AIDS* – Antjie Krog's "Visit to the Eastern Cape", and *Father Michael's Lottery* are notable exceptions.

being has won but another, uncertain period of time... all living people are experiencing a symbolic period of remission from disease."¹² The barriers are not explicitly drawn divisions in the city, but exist powerfully in the imagination.

Shared Spaces of Infection

In this chapter I examine whether narratives of HIV/AIDS are considered to be local, urban-based phenomena, forming part of a literary tradition of city-spaces. The long association of cities with disease and immorality in the West leads me to formulate this connection. Shula Marks points out the similar, yet distinct correlation between colonialism and the diseases associated with African cities: "Migrancy... had vast repercussions on public health control as 'the process of continuous movement of large numbers of people spread a variety of communicable diseases.'"¹³ The historian Megan Vaughan reiterates that:

[I]n the inter-war period in British Colonial Africa the problems of dealing with rapid but uneven industrialization and urbanization were foremost in the mind of many administrators. Social disintegration and the loss of control were feared to be the consequences of the system of labour migration, and the changes which capitalism was bringing to rural African societies.¹⁴

Vaughan also reveals that the poverty and degradation of living conditions in the industrialised nations of southern Africa were not the only apparent causes of the rapid spread of disease in these locations – cultural assumptions about: "‘maladaptation’ on the part of the Africans" and "the condition of being partly ‘modernized’" were often also blamed.¹⁵ In other words, the alteration of African identity in the city was perceived to have a devastating, transformative effect on the 'primitive' African personality, constitution and identity. The association of a clash between modernisation and the 'maladjusted' African, which caused both physical and mental conflict and often collapse, is a focus of many works by postcolonial authors, not least in overturning stereotypes of the 'primitive'

¹² Leavy, *To Blight with Plague*, p.19.

¹³ Shula Marks, "An Epidemic Waiting to Happen? The Spread of HIV/AIDS in South Africa in Social and Historical Perspective", *African Studies* 61,1 (2002), p.18.

¹⁴ Megan Vaughan, *Curing their Ills*, (Cambridge: Polity Press, 1991), p.202.

¹⁵ *ibid.*, p.12.

and 'under-developed' African.¹⁶ This sustains my interest in the correlation of the city not with mental degeneration (commonly associated with the effects of colonisation), but with depictions of physical decay and the disintegration of the individual in relation to HIV/AIDS.

To further this exploration I will examine Sindiwe Magona's short story "A State of Outrage",¹⁷ with a focus on Phaswane Mpe's novel *Welcome to Our Hillbrow*¹⁸ from South Africa, as well as poems from Kgafela oa Magogodi's collection of poetry *Thy Condom Come*,¹⁹ and the Zimbabwean short stories: Vivienne Ndlovu's "Homecoming",²⁰ Wonder Guchu's "Fading like a flower",²¹ Stanley Nyamfukudza's "If God was a Woman" and Shimmer Chinodya's "Can We Talk",²² by placing them in a common theoretical framework. All the texts, except "Can We Talk", contain HIV/AIDS as the central concern, the reason for the narrative. Even as short stories, the decision to focus on HIV/AIDS indicates a growing desire to document and explain this phenomenon in the writers' own terms.

Magona's central character, Nana, defiantly cites the need to "Look. Witness" (p.116), and centres her story at the heart of the township, which is linked to the city as an intrinsic development of apartheid urban planning. When Mpe was asked in an interview by Reggy Moalusi, "Do you think it is important to concentrate on 'African' themes?" He replied, "It is up to the writer to decide what is important. What is important to me are some of the issues that I tackled in my book, like xenophobia, HIV/AIDS, education, suicide and witchcraft."²³ So for Mpe, the need to identify themes or topics

¹⁶ Flora Veit-Wild's *Writing Madness – Borderlines of the Body In African Literature* (2006) is a welcome, if somewhat limited, addition to the theorisation of such conditions.

¹⁷ Magona, *Opening Spaces*, pp.114-127.

¹⁸ Mpe, *Welcome to our Hillbrow* (Pietermaritzburg: University of Natal Press, 2001)

¹⁹ Kgafela oa Magogodi, *Thy Condom Come: Untamed Love Lines* (South Africa: New Leaf, 2000).

²⁰ Ndlovu, *Writing Still*, Staunton (ed.) (Harare: Weaver Press, 2003), pp.199-203.

²¹ Guchu, *Sketches of High Density Life* (Harare: Weaver Press, 2003), pp.49-53.

²² Shimmer Chinodya, "Can We Talk", *Can We Talk and other stories* (Oxford: Heinemann, 2001), pp.113-152.

²³ Reggy Moalusi, *The Teacher* (www.teacher.co.za/cms/article_2003_04_10_2326.html).

such as HIV/AIDS is paramount in his writing. Magogodi, on the other hand, identifies HIV/AIDS as just one among a number of topics to be addressed: "While it's interesting to look at how HIV/AIDS as a subject matter has occupied a lot of writing, for me it doesn't occupy the centre."²⁴ Kernohan clearly accepts HIV/AIDS as significant subject matter. Her fifth story on HIV/AIDS, "Homecoming", examines personal responsibility for infection, particularly within marriage, that affects migrant workers and transitory businessmen all over southern Africa.²⁵ In "Fading like a flower", Guchu dwells on the physical disintegration of a husband, nursed by his wife, who fears to tell the children what is wrong. By detailing the ravages of the disease on the body – "the hollow emptiness sucks the stomach in. Your penis lies on its side like a giant worm weakened by heat" (p.51-2) – he brings home the disgust and degradation entailed in a man's rapid decline. Whereas in "Can We Talk", Chinodya merely alludes to AIDS in the background of his character's ruminations, it retains a constant but subtle presence in his dialogue – his drinking habit is situated in a nightclub: "overlooking the Hills Cemetery" (p.145). The narrator's acceptance of AIDS is so blasé that he normalises the epidemic, commenting, "Every other person dies in traffic accidents these days. We all know what the other half die of." (p.146) HIV/AIDS is embedded in the background of daily city life, a ubiquitous, silenced experience in modern Zimbabwe.²⁶

Placing HIV/AIDS at the centre, rather than at the periphery of these stories, implicates the reader in a conspiracy of knowledge about the disease, bringing it alongside our everyday experience. It is only in Chinodya's story that my identification of HIV/AIDS as a key issue in the narrative alters the perspective that the author has perhaps intended. The reader's perspective is central in forming meaning in these texts. Vera identified 'witnessing' as key to the role of the African woman writer,²⁷ and in the context of HIV/AIDS

²⁴ See Appendix 3.

²⁵ Migrancy is a key explanation for such high prevalence in southern Africa: see Whiteside and Sunter, *Aids: The Challenge*, pp.62-3.

²⁶ Chinodya returns to HIV/AIDS in *Tale of Tamarl* (2004), which focuses on an orphaned girl as she grows up. Tamarl is also the name of the orphaned girl in *Everyone's Child* (1996), which he co-scripted, so HIV/AIDS has preoccupied Chinodya since the mid-90s.

²⁷ Vera, *Opening Spaces*, p.5.

narratives Agar re-assigns this role to the reader: "The weight of testimony... passes from the author through the text and lands on the shoulders of the reader."²⁸ According to Attridge this is: "not just to hear each other's stories, as the liberal humanist dream would have it, but to hear – and this will entail a different kind of hearing – each other's silences."²⁹ This shift of emphasis, or responsibility, towards the reader and a more dialogic formation of meaning in literature, recalls the politicised literature often written against apartheid. Writers such as Magona now direct their indignation towards suffering and silence by writing about AIDS. The collective impact of these stories represents the beginnings of activism conducted on an intimate cultural, as opposed to an explicitly political, level. Very small audiences and readerships often residing in the same cities depicted in these texts, can now exchange information, transmitting personal stories on an individual level from writer to reader. I argue that a number of these texts, rather than representing national allegories or narratives, are projecting their dramas onto the canvas of cities, such that it is the cities themselves that define the nature of these narratives, not the nations in which they are produced. City readers will have a key role in interpreting these texts.

Interestingly, unlike in some Kenyan literature, none of the HIV/AIDS-related *fictional* narratives in South Africa or Zimbabwe, that I have analysed so far in this thesis, deal with the 'I' or first person narrative of an infected person. Unlike Carolyne Adalla's *Confessions of an AIDS Victim*, the majority are third person narratives. There is a reluctance in these societies, even when choosing to deal with a taboo subject like HIV/AIDS in fiction (and thereby breaking the first barrier by naming and talking about the disease) to identify too closely or directly with the AIDS 'victim' or patient, itself. The resulting narrative distancing means that the 'contact zone' or intersection of the narrative with the experience of HIV/AIDS is somewhat muted, and defined with more subtlety and nuance than one would perhaps expect. The city is the ideal context within which

²⁸ Agar, "Remembrance of Health Lost", pp.101-2.

²⁹ Attridge, *The Ethics of Reading*, p.90.

to submerge such a reluctant, taboo subject. To unearth the presence of HIV/AIDS in these narratives, we must look at the 'spaces of infection' which HIV/AIDS inhabits in each text.

Concepts of the limitation and restriction of movement and social spaces can also be explored in the texts. As Marie Krüger says, "Those... limited to the spaces of the destitute and terminally sick suffer from the ultimate social and physical confinement".³⁰ But does the sick body move into different public and private spaces in the anonymous city? In Magona's short story "A State of Outrage", the scope and implications of the HIV/AIDS epidemic in South Africa are clearly set out:

'By the year 2000... not a family in South Africa will be without one member who is either HIV-positive or suffering from AIDS...' Without exception. Implications for each one of them in that very room. If not themselves, then someone they knew, someone they loved, would be stricken by it. It was not a question of if, maybe, or perhaps, but when? And who? (p.125-6)

Magona effectively incorporates the awareness of danger, culpability and susceptibility, beyond the personal, to a sense of the whole community, the danger is apparently unlimited by place, but is made more urgent by the proximity of persons to each other.

Chinodya's short story "Can We Talk" broaches the subject of HIV/AIDS amidst a more general lament about age, relationships, and disappointments with life itself. Chinodya locates HIV/AIDS as part of a general state of being in Zimbabwe, which affects the entire community:

[W]e were born at the wrong end of the century. We are the AIDS generation. AIDS hits us where it hurts most. AIDS came to us and said, "Now you can't eat sadza and mabhonzo and covu. Now you can't eat!" and we said, "But how can we live without eating?" AIDS said, "You think this is drop or syphilis? All right. Glut yourselves and see what happens"... We are the condom generation... For some it is no use. For some it is too late. We are dying like flies. But we live on, clinging to the frayed edges of our lives with our pathetic claws. We live on, hiding our despair behind tired smiles. (p.138-9)

³⁰ Krüger, "Narrative in the time of AIDS", p.118.

Both Magona and Chinodya locate their tales in township or 'high density life', as does Guchu, whose whole collection is entitled just that: *Sketches of High Density Life*. Sarah Nuttall and Achille Mbembe suggest that the township is: "both of the city and not of the city" and that the: "imbrication of city and township" participates in the "making of the city's many identities".³¹ I include both spaces in my analysis as the 'imbrication of city and township' clearly make up the cities of Johannesburg, Cape Town, Harare and Bulawayo. Although townships and high-densities function as suburbs and home-spaces, they are still urban locations, compared to rural villages. The fluid movement between these spaces are significant here.

Unlike Chinodya, Mpe does not use a directly personalised narrative in *Welcome to Our Hillbrow*. Mpe succeeds in attributing a range of views about HIV/AIDS to different characters in Hillbrow, part of the urban sprawl of Johannesburg. Refentše's odious cousin, who would "arrest Makwerekwere" (p.21) for no reason, embellishes the view that HIV/AIDS is something that: "*they* [the foreigners] transport into the country" (p.20). He goes on to further externalise the threat, saying: "Ah! This AIDS nonsense! I wish those girls and boys in our villages had more respect for their genitalia and did not leave them to do careless business in Hillbrow, only so that we can attribute the source of our dirges to Nigeria and Zaïre." (p.20) HIV/AIDS is placed alongside a xenophobic attitude to foreigners (Makwerekwere) and treated as the 'other' that has invaded the community, forming part of the "ignorant talk of people who turned diseases into crimes" (p.116). Mpe cleverly juxtaposes the village, the city and heaven as spaces between which his characters move throughout the novel.

The Irish-Zimbabwean writer Vivienne Kernohan also tackles the transient lives of certain modern Africans by featuring a man who travels across southern Africa on business in the short story, "Homecoming". The narrative deals directly with a personal instance of infection with HIV,

³¹ Nuttall and Mbembe, "Writing the World", p.357.

culpability and the dilemma of revealing this to a loved one: "His mind refused to deal with the issues. If she was infected, if he was infected, if he had infected Flora... He could die. He could be responsible for Flora's death." (p.202-3) Kernohan situates the predicament of the individual within a chain of responsibility, which leads from one infidelity to another, linking these individuals in the deadly community of disease:

[H]e could not fathom how something so far in his past could now return with such vicious power. Everything he believed in, had worked for, it could all be destroyed today, just because of what he knew now. If only he had not called her. How he longed for the felicity of ignorance. (p.203)

Although the narrator attempts to limit the knowledge and spread of this disease, it is shown to defy this limitation. By sustaining Flora's silence in the monologue of "Homecoming", Kernohan deliberately continues this debate as a one-sided projection onto the blank canvas of Flora's identity. The author exposes the dichotomy between imagined projections and the reality, or truth, of personal identity. Just as nations do not have a fixed identity, neither does Flora or HIV/AIDS. However, the narrator believes knowledge can be dangerous. It is telling the truth and admitting culpability that is problematic, not HIV/AIDS itself. Kernohan exposes a discourse in which HIV/AIDS is not seen simply as a separate entity in itself, fixed in a particular location, but a kind of knowledge. This sustains the idea that diseases amount to more than their biological facts, that they are imbued with cultural ideas and associations, which can be as dangerous to the self, in terms of fear, and imagined death, as HIV/AIDS itself. These ideas are free-floating and can move and change in different contexts.

Vaughan suggests that in the early nineteenth century "there was, amongst African subjects, very little, if any, sense of shame or stigma attached to infection with syphilis or gonorrhoea".³² Kernohan, Mpe and Magona show us that much has changed. It is often these cultural associations, stigma and taboo, and their location within the local community, that can be more deadly than HIV/AIDS. HIV/AIDS is exceptional, it is quick, there is no cure, and its

³² Vaughan, *Curing their ills*, p.149.

transmission is stealthy and invisible. Vaughan may be correct in stating that other sexually transmitted diseases held no shame before colonial education, but it is also fair to say that in Shona society, for example, an untimely, unexplained death of someone young and healthy was always treated with suspicion and could lead to accusations of witchcraft.³³ Although HIV/AIDS carries stigma and shame, likely to arise from its close associations with taboo subjects such as sex, it is equally this inexplicable nature and associations with witchcraft that contaminate HIV/AIDS with greater fear than other diseases.³⁴ The continuing failure of the government of South Africa to link HIV with AIDS, undoubtedly exacerbated this confusion amongst the populace. So, fear, shame and secrecy became the 'shared spaces of infection' that many Zimbabweans and South Africans have inhabited since 1983. Silence and witchcraft are no less significant in the city-spaces of South Africa and Zimbabwe than in rural areas, as we shall see.

Magona

Magona's "A State of Outrage" locates HIV/AIDS in the township between violence and truth. The funeral of Vuyokazi, also known as Wayidyuduza, is the focal point of the story, during which Father Mngomeni asks, "Who is the mob who killed this young woman?" (p.122) The pain of her friend's death is initially too much for the protagonist, Nana, to witness:

What awful thing had happened? The next moment, she gasped, 'Oh, no! Dear God, no!' The phone receiver dropped from her hand. Her hand gone dead, ice cold, at the horror of what her ears had heard. Numb. All of her numb. A block of ice... Not a sound out of her. (p.120)

This stunned silence is only overcome when the Reverend answers, "They killed her only because she had the courage to speak the truth... They killed her saying she brought shame upon them." (p.123) It remains unclear until the end of the story, that it is because she had AIDS that

³³ J.R. Crawford, *Witchcraft and Sorcery in Rhodesia* (London: Oxford University Press, 1967), p.293.

³⁴ See Chapters One and Two.

Vuyokazi was killed.³⁵ It is only on re-reading the story that the resonance of this 'shame', this 'truth', can be felt, and its transformation into violence fully observed. The disease was not as deadly as her killers' perception of it: HIV/AIDS is not simply a biological fact, but a socially constructed sign, filled with stigma, ignorance and fear. Some believe HIV/AIDS requires punishment, exorcism or exile from the community. These culturally contrived conclusions have little to do with the disease itself, and everything to do with the context, explanation, education and environment into which the disease is received.

Similarly, in *Welcome to Our Hillbrow*, although the presence of HIV/AIDS is registered within the first few pages, it is not until the final two chapters that a major character is infected with HIV, acting as the denouement, or revelation, at the end. Mpe, too, locates the confusion of truth and ignorance in violence, detailing the mis-directed retribution meted out by the community when faced with the threat of the disintegration of social order:

[T]hey did not realise that several of the people they had buried in the past two years were victims of AIDS. It was easy to be ignorant of this, because this disease lent itself to lies. Such people were thought to have died of flu, or of stomach-ache. Bone throwers sniffed out the witches responsible, and they were subsequently necklaced. (p.121)

The horrific act of necklacing places the culpability for death at the centre of the community (who endorse this punishment for various crimes) and at the centre of discourses about HIV/AIDS. The conception of HIV/AIDS as criminal, foreign, immoral, and a deadly threat to the individual and society, is the root of its stigmatisation. As Epstein points out, "To become ill with AIDS is to have been sick all along."³⁶ The fact that these conceptions are all based on false presuppositions reflects the real danger that is contained

³⁵ I asked Magona (see Appendix 2) whether this story was a direct reference to the killing of Gugu Dlamini, who was killed in 1998 because she had AIDS. Although there is no direct connection, such stories were frequent in South Africa, but the fear of retribution helps to explain why writers avoided the subject until 1999. Edwin Cameron also mentions Dlamini's killing in *Witness to AIDS*, pp.53-4 – Dlamini's death prompted him to announce publicly that he was living with HIV: "My decision was impelled partly by horror at her murder," p.54.

³⁶ Epstein, *Altered Conditions*, p.19.

by HIV/AIDS in South Africa. The danger lies not solely in the disease itself, but in perceptions amongst communities willing to shun the infected, conceal the causes of death and silence those who undermine the stability of the community. It is dangerous to uncover the real sources: unprotected sex (homosexual and heterosexual), infidelity, and worse, rape, paedophilia (including the brutal cases of 'baby rape'³⁷ recently exposed and vilified in South Africa).³⁸

Building on analysis of her other texts in Chapter Two, it is notable that Magona is the only writer amongst the seven discussed here, to refer to AIDS as a 'plague':

the reality of AIDS being an epidemic, a plague, an illness that had implications not just for an anonymous face – the sad, distant someone, unknown and unknowable – but for each and everyone in the country. (p.125 "A State of Outrage")

Yet the narrator does not use the metaphorical terms that Sontag insists are linked with plague in the West, such as punishment, evil, or scourge. But Magona expresses the sense of 'collective calamity' which touches every part of her township community.³⁹ Unlike Sontag's description of Western experiences of HIV/AIDS, Magona's sense of the ubiquity of HIV/AIDS is not limited to "a tainted community that illness has judged".⁴⁰ This reflects the vastly different perception of the rate and spread of infection in southern Africa. The protagonist of "A State of Outrage" repeatedly locates HIV/AIDS as a 'devil' to be beaten from within:

[W]e must infect the whole country with this idea that AIDS is not next door. It is right on our threshold, on our doorstep, peeping through our windows, lifting the blankets off our beds, and revealing our nakedness. (p.127)

This is not an 'anonymous' invasion from outside, this is an attack from within, from amongst ordinary people, friends and lovers. It is tantalising

³⁷ "The idea that sex with a virgin will cure men of sexually transmitted infection is not new, nor exclusively African. In renaissance Europe, it was widely believed that syphilis could be cured by intercourse with a virgin." Douglas Bowley and Graeme Pitcher, "Motivation behind infant rape in South Africa", *The Lancet* 359 (13/04/02), p.1352.

³⁸ "Life for South Africa's baby rapist", <http://news.bbc.co.uk/1/hi/world/africa/2153543.stm> 26/07/02.

³⁹ See Sontag, *Aids and its Metaphors*, p.44.

⁴⁰ *ibid.*, p.46.

that Magona utilises the same metaphor for the defeat, as for the spread, of HIV/AIDS. The use of 'infect' implies that ideas, information and education can be spread just as quickly and as naturally as the disease itself across spatial boundaries. It evokes some compatibility between literature, action and HIV/AIDS that can perhaps meet and compete on equal terms if the will is there: "Concerted and aggressive action is called for. We need the will to survive, the will to do what we must do to stay alive." (p.127) By making this a life and death matter, particularly for women, even for those who do not have the disease, Magona raises the stakes, spreads the responsibility, and includes the whole community in the fight against HIV/AIDS. Locating the narrative at the heart of the township community, at the heart of the city, Magona brings HIV/AIDS to the doorstep of her intended readership and makes the issue inescapable.

Kernohan

In "Homecoming", Kernohan uses the fragmentary effect of ellipsis to ensure that we will not know what Flora's half of the dialogue consists of until she speaks. In this sense we have, until recently, very much been waiting for Flora to speak and write on the subject of HIV/AIDS. Spatially, "Homecoming" narrowly confines the implications of HIV/AIDS within a marriage, posing the dilemma facing many families, many husbands in their conduct towards their wives, containing a message about protection. It is not enough, as this husband had once thought, to be careful – "He generally used protection" (p.200) – but to be careful *every* time, or simply not to engage in extra-marital sexual activity. Like Magona's "A State of Outrage", "Homecoming" rests on truth, and the burden of responsibility that comes with telling the truth. The protagonist weighs up his options: "He could try to bury this mistaken, unsolicited knowledge" (p.201), and yet he concludes: "He could not untangle the possibilities the future now thrust upon him and yet he must, for there were Flora's footsteps coming quickly up the path" (p.203). The truth is an implied necessity: he "must" tell his wife the truth. However narrow, this story successfully reflects wider responsibilities, highlighting the chain of intimate connections between people: Mrs Kamuya in Zambia, her husband, Flora's husband and Flora – the chain could be endless (with whom did Mr Kamuya

have affairs? How did he become HIV-positive?) Rather than restricting the narrative to the single tale of one family, this 'international affair,' conducted in different cities, concentrates the message into one example of how this rapidly spreading disease affects every individual – in Zimbabwe in particular, and across all of southern Africa in general. The reader's knowledge expands this single incident into a symbolic representation of a more wide-ranging conclusion: a growing impulse towards truth telling.

Focus on *Welcome to Our Hillbrow*

Welcome to Our Hillbrow is the most substantial novel about HIV/AIDS to be published in either South Africa or Zimbabwe since the epidemic began. In it, Mpe undercuts the sense of a national invasion envisaged by Refentše's cousin by constructing the narrative to lead the reader into placing Refilwe's infection abroad,⁴¹ the fault once again of the Makwerekwere, a Nigerian whom Refilwe meets in Oxford. Like Kernohan, the author traces a line of connections: from the reflected image of Refentše – "a young man of about her own age, who from the distance looked so much like Refentše" (p.109) – to his real identity, as a Nigerian: "As soon as her Nigerian had learnt about his illness, he had bid Refilwe goodbye in order to go and waste away at home, in Nigeria." (p.115) Mpe then reveals Refilwe's own identity, not as an infected victim, invaded from outside, but as already infected: "When she and her Nigerian were told that they had AIDS, they were also given to know that they had both been HIV-positive for a long time. Refilwe, in particular, must have been infected for a decade or so." (p.117) This carefully constructed path steadily undercuts the reader's expectations to great effect, taking the reader on a journey with Refilwe towards the startling realisation that the disease was within *her* all along, "except that she had not known" (p.117).

As the most successful and longest of both South African and Zimbabwean fictional texts about HIV/AIDS, *Welcome to Our Hillbrow* warrants an in-

⁴¹ Interestingly, "epidemic' in its Greek origin, *epidēmos*, signifies the arrival of a foreigner." Epstein, *Altered Conditions*, p.158.

depth analysis, particularly in relation to the city, which is re-mapped in this innovative novel. The literary landscape of Johannesburg is dissected in Mpe's novel, which describes a small neighbourhood within the urban sprawl of South Africa's richest city, a city of "gold, milk, honey and bile." (p.56) The narrative encompasses the sexual relations of friends in the city, and their movements to the village and abroad; and in doing so, the markers of sexuality and power are overturned by the importation of disease from 'outside' the accepted fabric of society.

To a certain extent, by addressing Hillbrow, rather than the mass of Johannesburg, Mpe begins a process of deconstructing the city, reflecting the fragmentation of many modern cities, often so big they are unrecognisable as one single entity. The enormous hole at the centre of Johannesburg, and the urbanisation of the outer, suburban areas, appears to signal a destructive direction for the metropolis, which was once a centre for regeneration and economic development. However, Mpe focuses on what does still exist at the heart of Johannesburg: "a text that begs to be deciphered".⁴² HIV/AIDS, is similarly neglected and overlooked in literature, requiring close examination, and whether represented literally or metaphorically also asks to be deciphered particularly in the context of the city which, as Nuttall and Mbembe remind us, "has long been used as a device to read social change".⁴³

Part of 'deciphering' is an attempt to bring HIV/AIDS out of the unmentionable into the arena of the spoken and the written, and is part of its wider global associations that have attempted to bring other 'unmentionable' taboos such as homosexuality, out of the closet. Kruger's affirms that 'HIV/AIDS like gayness demands silence';⁴⁴ and the scarcity of literature on *both* subjects in South Africa and Zimbabwe confirms this, with K. Sello Duiker a notable exception.⁴⁵ The associations of HIV/AIDS with stigma and taboo, although not in this case homosexuality, and its location

⁴² Mpe, "Our Missing Store of Memories", p.183.

⁴³ Nuttall and Mbembe, "Writing the World", p.352.

⁴⁴ Kruger, *Aids Narratives*, p.55.

⁴⁵ Duiker's accomplished novel, *The Quiet Violence of Dreams* (2001), touches on HIV/AIDS when the protagonist is raped, but does not deal with it in any depth.

within the local community, within the city, can be more deadly than AIDS itself, leading to accusations of witchcraft and violent retributions such as necklacing. Indeed, the problem of xenophobia in South Africa is a politically divisive issue in a country where the struggle for economic inclusion invariably excludes someone; influxes of impoverished migrants, from failing African states, looking for a better life, is a latent and growing danger.

I have argued that in literature HIV/AIDS offers counter-narratives to both the spatial construction of the nation, and the arrangement of intimate sexual and personal relationships in Zimbabwe and South Africa. In Mpe's novel, the myth of HIV/AIDS as a local, urban-based phenomenon is exploded, whilst simultaneously locating HIV/AIDS in his own work as a feature of a literary tradition of city-spaces. It is a long-standing observation that "there has always been a close association between literature and cities",⁴⁶ but Mpe hoped to redress the *absence* of literature about African cities. Abdoumalig Simone usefully describes the unique disposition of inner city Johannesburg:

the extent of the demographic shifts may be unprecedented in contemporary history... social boundaries are marked by spatial arrangements in high density quarters... the physical trappings of wealth and security can be penetrated by 'roving bands' of 'opportunists' taking whatever they can.... intense levels of contestation over who has the 'right' to do what... produces a situation where things can happen very quickly. Urban dwellers don't, as a result, feel constrained by the sense that specific places and resources belong to only certain kinds of uses or identities.⁴⁷

This malleability of meanings and associations within city spaces suggests that signifiers of disease in narratives of HIV/AIDS are similarly unlimited in their location in one particular community, and are transposable across the city, or township and further afield. Samin notes that:

Hillbrow is thus caught in a dual vision – one from below and one from above – which intimates that the perception of the place should not be reduced to its rigid topographical features but should also be seen as a mental space whose meaning varies with the inhabitants' experiences and reminiscences, confirming Burton Pike's idea that, in literature, 'the

⁴⁶ Malcolm Bradbury, "The Cities of Modernism", *Modernism* (London: Penguin, 1976), p.96.

⁴⁷ Abdoumalig Simone, "The Right to the City", *The WISER Review* No.1 (2004), p.11.

city [is] represented as an unstable refraction of an individual consciousness rather than as an object fixed in space' (Pike 1981: 71)⁴⁸

It is in this way that the city embodies a myriad of things in different narratives, its constitution dependent on the consciousness of the author and the characters that imagine themselves living within the city. When narratives of HIV/AIDS feature the city as the backdrop to the drama of infection, if the city itself can remain relatively anonymous or distinctly 'un-national' in character then cities can be figured as more cosmopolitan than country-specific.

The city of Johannesburg depicted by Mpe somewhat transcends the idea of 'nation'. It has a growing refugee and migrant workers population from other African countries, and ideas of 'nation' and 'city' may in time be replaced with a notion of 'communities of disease' or an acknowledged 'sick zone'. The very nature of a disease which enters the body in the intimate contact zones of sex and love – an external threat, which becomes incorporated internally into the bloodstream and proceeds to destroy from within – mirrors the common conceptualisation of its invasion from outside. However, it is in this contact zone, in the blurred boundary between 'purity' and 'infection', that HIV/AIDS is located. The disease travels and can penetrate any member of the community, indiscriminately. Traditional notions of exclusion or social barriers particularly those in the city, are removed and restructured in the face of the HIV/AIDS threat.

By extension, concepts of the limitation and restriction of movement and social space are worth exploring. As cited earlier, Marie Krüger's assertion that "those... limited to the spaces of the destitute and terminally sick suffer from the ultimate social and physical confinement"⁴⁹ has a distinct resonance when reflecting on the confines and restrictions on mobility of a city like Johannesburg. In a summary of Mpe's own analysis of literature about Hillbrow, the editors of his essay indirectly highlight Mpe's own tactics in dealing with the suburb: "associated with degeneration, decay and violent crime... the popular stereotype of the neighbourhood as nothing but evil and

⁴⁸ Samin, "Reappraising the myth", p.3.

⁴⁹ Krüger, "Narrative in the time of AIDS", p.118.

dangerous is being interrogated in literature. In his view, this trend is in line with the role of literature in a changing society.”⁵⁰ Mpe chooses to map Hillbrow in his novel, addressing the imbalance caused by “the scarcity of literary books on Hillbrow”.⁵¹ Michael Green suggests that the:

[U]niversalising dimensions of the novel’s refrain are generated by what appears to be a desire on Mpe’s part to counter Kevin Lynch’s description of the city... “a place in which people are unable to map (in their minds) either their own positions or the urban totality in which they find themselves” (1991: 89). The insistent mapping of Hillbrow that dominates the first section... is an almost compulsive attempt on the part of the narrator to site his protagonist in the city.⁵²

In conjunction with this mapping, Nuttall, with reference to Jennifer Robinson’s theory of ‘always-moving spaces’,⁵³ expands on the idea of “journeys through the city” and the theme of walking in the city: “the city is the way that it is walked”.⁵⁴ Nuttall examines Mpe’s “modality of pedestrian enunciation”⁵⁵ in his exploration of Hillbrow, concluding that the idea of the migrant: “comes to overlay the earlier trope of race, and even dominates the always-moving dynamism of urban spaces that the novel explores”.⁵⁶ Crucially, migration is a quality that is not simply limited to the movement of peoples between nations, but to diseases across borders of both the city and body alike.

In apparent contradiction of Krüger’s observation on the immobility of the terminally sick, Mpe’s main character Refentše begins the novel by walking through Hillbrow (p.1-9), and as Nuttall notes, this “offers a revised inventory of the city”.⁵⁷ It is significant that this freedom of movement slowly decreases as the novel progresses, and that it is with the onset of disease itself that the city’s ‘always moving spaces’ become more restrictive. With chapter titles such as “The Map of Hillbrow” and “Refilwe on the Move” the final chapter, “The Returnee” takes us back to where the novel began. The sense of

⁵⁰ Wasserman and Jacobs, *Shifting Selves*, p.22.

⁵¹ Mpe, “Our missing store of memories”, p.185.

⁵² Michael Green, “Translating the Nation”, p.18.

⁵³ For more on Robinson see Sarah Nuttall, “City Forms and Writing the ‘Now’ in South Africa”, *Journal of Southern African Studies* 30,4 (Dec 2004), p.740.

⁵⁴ *ibid.*, p.741. In this article, Nuttall draws on de Certeau’s “Walking in the City”, *The Practice of Everyday Life*.

⁵⁵ *ibid.*, p.743.

⁵⁶ *ibid.*, p.744.

⁵⁷ *ibid.*, p.742.

circular progress and yet restrictive confinement that this engenders is key, and is evoked clearly in Refilwe's fear of the "Dark Chamber, beckoning to her seductively from six feet under the Earth" (p.117). This final immobility is what her 'return' will ultimately amount to. Above all, she will return to the comparative stasis of the village after the dangerous movement and excitement of the city.

However, until that final immobility, Frédéric Le Marcis identifies that "far from being immobile, the sick body moves and travels"⁵⁸ (albeit in particular networks). Indeed, Refilwe's 'return' is from studying at Oxford, her life having intersected briefly with a Nigerian, her body and the disease therein being shown to have been very mobile in this process. Though HIV-positive for ten years, Refilwe's movement is not affected until the end of the novel. Le Marcis concludes that "The body afflicted with AIDS itself constitutes an archetypal figure in the city of Johannesburg... it acts as a place of mediation and meeting between the public and the private, the official and the unofficial, the here and the elsewhere."⁵⁹ Mpe's use of the female character Refilwe, the literary construction of Hillbrow, and his mode of narrative, act as a similar 'place of mediation', a place in which the body, city and text intersect as liminal spaces. Significantly this 'space of infection' opens up a discourse which is otherwise repressed in South African society – the narrative effectively brings another world into being – in defiance of the existing reality creating a dialogue between the village, the city and heaven. It is in this respect that the novel form is ideal: this dialogism fulfils Bakhtin's conception of the "*sociological stylistics*" of the novel genre⁶⁰ which concords with Mpe's belief in the 'role of literature in a changing society'. The other world that is brought into being is the 'heaven' from where the narrator speaks. This 'third space of enunciation' (following Bhabha) challenges the homogeneity of the 'real' world, adding nuanced layers of meaning and reality to the text. The fictional dialogic relationships between these different worlds contend with

⁵⁸ Frederic Le Marcis, "The Suffering body of the city", *Public Culture* 16,3, p.454.

⁵⁹ *ibid.*

⁶⁰ Mikhail Bakhtin, "Discourse in the novel", p.300.

each other for authority, truth and harmony, using Bakhtin's heteroglossic voices: "multiform in style and variform in speech and voice".⁶¹

Kruger talks of "the crossings that occur at the borderline"⁶² in Western HIV/AIDS narratives. The fear of liminal zones is particularly emphasised when HIV status is unknown. Refilwe's HIV status is revealed late in the novel: indeed, all the other characters are oblivious of their potential infection throughout. Images of intermingling, fear of dilution, infection with disease, sin, foreign-ness, and being tainted with stigma are all culturally constructed and embodied in the divisions of public and personal space that are particularly divided in the still gated communities of Johannesburg. One further division that Mpe constructs is rooted in his choice of Refilwe as the character infected with HIV. Mpe depicts only the female body as infected and sick, echoing the gendered displacement of the sick body described in Chapter Three. However, in choosing to write such a story, Mpe still breaks taboos of silence and social boundaries necessary to defeat the disease.

Infection and responsibility are shared in the conjugal 'crossings at the borderline' of gender roles and sexual boundaries, as Magogodi reminds us in his poem "bodypolitiking" [*sic*] in *Thy Condom Come*:

gay or straight
body politicking [*sic*] in rocky street
swaying hips
to the kwaito beat
hop to the pulse of
a tomb
inside a womb (p.19)

This mass of lyrical diversity is contained in the city of Johannesburg. The strengths and limitations of borderlines and gendered spaces are tested when families fall apart, mothers/fathers and husbands/wives die young, and children are orphaned. The traditional roles and legitimised spaces of male and female power are broken down into roles based on survival alone, and not social acceptability or etiquette. With specific reference to Johannesburg,

⁶¹ *ibid.*, p.261.

⁶² Kruger, *Aids Narratives*, p.24.

Simone wonders: "What will this [city] look like over time; what kind of urban citizen is constructed; how will new forms of sociality be created, and what time is required?"⁶³

In line with his essay on "the missing store of memories", Mpe saw hope in the creation of culture, particularly literature, to intervene in, and perhaps re-invent, the predicaments of modern Johannesburg and South Africa. Reflecting on his work, the editors of *Shifting Selves* note that:

The best and the worst of the past, and what lies between the two extremes, blend into the present, and both are then marshalled to reflect on the possibilities and likely challenges to the future. ...Pike talks of the cities as the meeting points of heaven, hell and earth in the minds of many of their inhabitants and observers.⁶⁴

And it is this place, that is both 'heaven and hell', that Mpe depicts so beautifully in his novel. Mpe expressed humility in what was in fact a very brave act in writing his first novel, in an interview I conducted the week before he died:

I think what the novel really reflects is the kind of circles I'm moving in. I don't feel I'm qualified to write about politics on a grand scale for example, because I don't spend much time with politicians and I don't do much political research. So I don't think I've got the authority to speak on that grand scale and I accepted a long time ago that I'm leading a political life of some sort, on a small scale and I think if that's what I can handle well, it's better to do something on a small scale and handle it well, than try to impress and fail to express oneself.⁶⁵

Mpe's unique viewpoint is reflected not just in the choice of subject matter, but also in his use of the second person, which orientates the fine line between fiction and truth. In Carolyne Adalla's case, the first person is used to bring the subject as close as possible to the reader, sometimes even signifying the proximity of the author to the narrator's voice in *Confessions of an AIDS Victim*. The second person, though retaining some distance, does evoke an inclusivity that Mpe undoubtedly aspired to, particularly in the closing words of each chapter which develop from "Welcome to our Hillbrow", to "Welcome to

⁶³ Abdoumalig Simone, "The Right to the City", *The WISER Review* No.1 (2004), p.11.

⁶⁴ Wasserman and Jacobs, *Shifting Selves*, p.22.

⁶⁵ Lizzy Attree, "Healing with Words - Interview with Phaswane Mpe", *Journal of Commonwealth Literature* (Sept 2005), p.145 - see Appendix 1.

the World of our Humanity” (p.113), and “Welcome to our Heaven” (p.124).

Rob Gaylard notes that:

[T]he mode of direct address (to the dead Refentše or the dying Refilwe) not only lends to the novel something of the immediacy of dialogic interaction, it also in effect positions the reader (along with Refentše or Refilwe) as the addressee... this encourages readers to ‘put themselves in the place of the addressee’ and ‘identify with the novel’s protagonists’ (Blair, 2002: 165). In so doing it helps to secure... ‘the ethical engagement’ of the reader (Clarkson, 2003: 9) – an engagement which is crucial if the narrative is to counter the myths and stereotypes which (in the popular imagination) surround the topics of AIDS.⁶⁶

In using this narrative technique Mpe rejects the distancing of the third person, placing the narrator and his characters more firmly in the world of the reader. Mpe also evokes an unusual sense of timelessness by projecting the second person narrative from the afterlife space of heaven, which is neither a moral centre to the novel nor an entirely omniscient standpoint from which to view the action. However, by locating Refentše in the realm of the ancestors, the narrator acquires an element of wisdom that suffuses the text. A sense of placelessness and freedom of movement arises from the intersection of city, village and heaven, and enables a reassessment of the relevance of each story, reaching towards complete transcendence of time and place.

The city is shown to be a growing site of infection in Mpe’s novel. Owing to the sexual relations of each of the characters in Hillbrow, they must all have risked becoming HIV-positive; the relationships are all linked to Refilwe – another community of disease. However, this is not to say that the city becomes an apocalyptic, distant or foreign site of the HIV/AIDS epidemic. Mpe claims this ‘infected’ Hillbrow as his own – as our own, writing very much in the present as well as the past tense. As Liz Gunner says, “None of Mpe’s characters survive... yet the novel has a kind of elegiac beauty... The redemption comes not through the fate of any of its young and struggling characters but through the story itself.”⁶⁷ Mpe himself adds that

⁶⁶ Rob Gaylard, “Stories and Storytelling in Phaswane Mpe’s Welcome to Our Hillbrow”, www.uwc.ac.za/arts/auetsa/gaylard.htm, p.1.

⁶⁷ Liz Gunner, “Writing the City: Four post-apartheid texts”, (Advanced Research Seminar, WISER, University of Witwatersrand, 24/02/03), p.6.

it's not just *Welcome to our Hillbrow*, one could look at a range of texts where you have characters die but the portrayal of the characters and the nature of the plot is such that you look beyond the individual deaths of the characters. And I think that the vision, despite the obvious gloom that goes with death, the general vision I think is positive.⁶⁸

Indeed as Green points out, Refentše is an “ironically-named protagonist (Refentše is Sepedi for ‘we have won’).”⁶⁹

It is in this analysis that the text itself, rather than the city and the dismal fate of the characters within it, is the ‘shared space of infection’. The city becomes a background signifier, loaded with meaning, but not always the focal point of the novel. It does not become a sufficient allegory to suggest the suffering of a whole society. The characters may not finally share a space with their earthly community, indeed they become somewhat ostracised from it as a consequence of HIV/AIDS, yet the reader shares a narrative space with the characters for 124 pages and hopefully beyond, in the imagination. The narrative, like the disease itself, becomes infectious, planting ideas – to use Bakhtin’s phraseology: “Dialogue moves into the deepest molecular, and ultimately, subatomic levels”.⁷⁰ This dialogue could infiltrate all levels of literature and society, and has the potential to become a dominant cultural form as it did in 1980s Europe and North America.

Winn’s assertion that “Africa has yet again been re-inscribed, in Western thought, as the dark, mysterious and ultimately dangerous continent”⁷¹ is directly tackled by Mpe. Refilwe’s encounter with the West enables her to experience first-hand the racism that consistently occurs at Heathrow: “These Africans from the West were the sole bringers of AIDS and all sorts of other dirty illnesses to this centre of human civilisation” (p.102). The xenophobia of Hillbrow is endemic, the local term ‘Makwerekwere’ is simply replaced in London with ‘Africans’, implicating the guilt of ignorance that stretches across the globe. Mpe successfully internationalises the small-

⁶⁸ Attree, “Healing with words”, pp.141-2 and Appendix 1.

⁶⁹ Green, “Translating the Nation”, p.17.

⁷⁰ Bakhtin, “Discourse in the Novel”, p.300.

⁷¹ Winn, “Personal Suspects”, p.5.

mindedness of many members of the Hillbrow community, which translates globally when faced with difference, disease and fear. This begins to redress the 'interpretive balance from an African perspective'.⁷² The prominence of the city in *Welcome to our Hillbrow* allows Mpe to represent HIV/AIDS in a complex, geographically specific form.

The city is not the only location affected by HIV/AIDS, but it has certainly taken a lot longer for rural depictions of HIV/AIDS to arise. The Oscar nominated film *Yesterday*, set in rural Kwa-Zulu Natal, and *Father Michael's Lottery*, set in an unspecified, rural southern African location, are two examples. Another variant of African city-based HIV/AIDS narratives, compared to the West, is their heterosexual orientation. This reflects the lack of creative writing on homosexuality in southern Africa in general.⁷³ This absence restricts the fictional narratives I have studied to a certain extent, in that they are not dealing with the full spectrum of possible HIV/AIDS narratives. For example, this precludes the strong link in Western HIV/AIDS narratives between homosexuality and the city, particularly New York, San Francisco, London and Paris. However, the marginalisation of male homosexual HIV/AIDS narratives does allow more space for the inclusion of the implications for female characters, which is important in the southern African context.⁷⁴

Agar cites the frequent marginalisation of women in male gay narratives about HIV/AIDS:

[N]arratives (in film and prose fiction) present an extremely narrow, highly codified and stereotyped depiction of women. Female characters, often framed as supportive friends or mothers, are normally used either as a backcloth to highlight issues of masculinity rather than femininity, or as screens on to which are projected the concerns of the (male, gay) protagonist/s.⁷⁵

⁷² *ibid.*

⁷³ For South Africa, see: Hoad, *African Intimacies* and Cameron and Reid, *Defiant Desire*; for Zimbabwe, see: Epprecht, *'Hungochani'* and Shaw, *Transgressive Sexuality*. Bessie Head, Rayda Jacobs, K. Sello Duiker and Dambudzo Marechera are, to my knowledge, the only writers of note who have addressed this taboo directly in their writing.

⁷⁴ "Women are at greater risk than men." Whiteside and Sunter, *Aids: The Challenge*, p.11.

⁷⁵ Agar, "Remembrance of Health Lost", p.101.

Conversely, in the narratives I have analysed in this chapter, depictions of the contraction of HIV are mainly limited to heterosexual activity. Indeed, the focal victims of disease in these stories are frequently women. Mpe acknowledges homosexuality at the margins of his text, although not in relation to his central characters, including homosexuality fourth in the list of distasteful and abhorrent means of contracting the illness as related by those living in Hillbrow, formerly of the village of Tiragalong:

Makwerekwere women... foreign germs that travelled down from the central and western parts of Africa... the Green Monkey... the bizarre sexual behaviour of the Hillbrowans. How could any man have sex with another man? They demanded to know. (p. 3-4)

These background comments from the community provide a context for the environment in which the different characters explore their sexuality, relationships, and health. Mpe shows a level of (perhaps faux) naïveté on the part of these 'not-long-from-the-village' folk, pushing readers to challenge these clearly prejudice viewpoints. In this way, Mpe re-shapes the communities of Tiragalong and Hillbrow, moving away from the dichotomy of 'modern' urban and 'backward' village life while also challenging the assumptions of the reader by placing these opinions in an exaggerated, misguided context, letting the story overturn the ideas flaunted with confidence at the beginning.

Mpe clearly distances himself and his central characters from these stereotypical opinions, not only by voicing them as views held by the wider community, but also by demonstrating the development of particular characters such as Refilwe who could "No longer hide behind [her] bias against Makwerekwere. You do not blame them for the troubles of your life, as you once did." (p.122) The city and the novel become places of enlightenment and cosmopolitanism. One hopes that the reader follows the trajectory of the protagonist, moving similarly from a state of ignorance, to one of further knowledge. This movement away from xenophobia,

recognising and accepting the 'otherness' of those infected with HIV, creates a space for unity that overrides traditional community boundaries.⁷⁶ Mpe suggests that being HIV-positive entails having more in common with other infected people than with one's own family or community. This presents a bizarre solution to racial and ethnic divides, as Mpe (however anti-xenophobic) perhaps with tongue-in-cheek puts it: "Tiragalong and Nigeria, blended without distinction" (p.122). Alternatively this homogenisation further distances those who are 'diseased', from those who are 'healthy', reducing Africa from a continent of vibrant and vastly different nation states, languages and cultures, to a single entity unified and defined by HIV/AIDS, internally pitting against each other those who are 'infected' and those who are 'pure'. This flawed analogy is an inadequate reflection of complex individuals and characters – those who do not know they are infected are left in an ambiguous state of suspended animation between disease and health.

Absences and Exceptions

By omission, all the other stories that depict HIV-positive women in the city implicate men as the ostensible source of transmission. In Magona's "A State of Outrage", Vuyokazi's infection is not detailed, but the 'mob' (p.122-3) who killed her is ungendered. The feminisation of HIV/AIDS in Africa, corresponds to the feminisation attributed to the disease in the West. It is derived from the paradoxically passive, but simultaneously threatening, mode of sexual transmission: homosexual for men in the West; heterosexual for women in southern Africa. The feminisation of HIV/AIDS is bolstered by prejudices inherent in culturally assigned and constructed gender roles, including the refusal to address the sick male body. Although women are portrayed in these stories as the victims of HIV/AIDS, they are not rendered entirely powerless in the process. Flora still has a potential narrative to voice in "Homecoming"; Refilwe retains a confident, if resigned tone as she moves towards 'heaven' in *Welcome to our Hillbrow*; and

⁷⁶ "In doing justice to a literary work, we encounter the singular demands of the other." Attridge, *The Ethics of Reading*, p.xii.

although Vuyokazi is the victim before her story even begins, Nana's powerful and compelling positive voice, carries "A State of Outrage" on towards the constructive agency of the individual and the community at the end of the tale. This empowerment could well stem from the liberated position of women within the city. These women authors and female characters certainly speak from a more emancipated position than they would in the rural countryside: indeed there are more city-based texts to strengthen their voice.

None of the texts discussed in this chapter addresses the other major implication of the feminisation of HIV/AIDS in Africa, which is that it corresponds directly to a huge number of AIDS orphans, born to dying parents, more often than not born to die young themselves. Whiteside and Sunter detail the considerable impact that HIV/AIDS is having on infant mortality in southern Africa, stating that in the past decade twelve million people in sub-saharan Africa have died of AIDS, and that a quarter of these were children.⁷⁷ It would be interesting to examine the narratives generated by this development, not just in demographic terms, as it alters the shape of society so dramatically, but also in relation to the discourses associated with this predicament. Tsitsi Dangarembga's film *Everyone's Child*,⁷⁸ is based on the dilemma of Zimbabwean AIDS orphans, who are often rejected by the wider community, with no-one willing to take responsibility for abandoned, often also HIV-positive children.⁷⁹ Dangarembga's solution is to recall the African proverb that "It takes a village to raise a child", and to place the responsibility directly in the hands of the local community. The following year, *For Want of a Totem*⁸⁰ by Vivienne Kernohan, also takes on the taboo surrounding adoption in Zimbabwe, not specifically in the context of HIV/AIDS, but the lesson is a valuable one in this context. There is an argument that this reversion to the state of the child will have political and national implications: how does

⁷⁷ Whiteside and Sunter, *Aids: The Challenge*, p.44.

⁷⁸ Dangarembga, *Everyone's Child* (Zimbabwe: Media for Development Trust, 1996).

⁷⁹ "Between 13-45% of children born to infected mothers will be infected." Whiteside and Sunter, *Aids: The Challenge*, p.75.

⁸⁰ Vivienne Ndlovu, *For Want of a Totem* (Harare: Baobab Books, 1997).

a city raise a child free of poverty, violence and brutalisation? Colonial powers believed they had found Africa in a child-like state before 'civilising' it, indeed even the Western notion of Africa as a developing continent, implies an element of 'growing up' movement towards developed or 'adult' status. The lack of HIV/AIDS-related texts on this issue prevents me from pursuing this line of enquiry further in this study.

Significantly, once again, none of the texts discussed in this chapter extensively details the physical impact of HIV/AIDS – the effect on the decaying body. The correlation with the city has not led to an increase in depictions of physical decay in the way one might have expected, particularly in comparison to such gruesome texts as *whiteheart – prologue to hysteria* by Lesego Rampolokeng.⁸¹ The Zimbabwean Wonder Guchu's short story "Fading like a flower" appears to be the exception. He meticulously and painfully describes the body of a woman's husband, contained in her memories of when he was sick: "Traces of mucus drip into your gaping mouth. You sit in a shapeless heap like a dirty blanket thrown in the sink. Your clothes no longer fit you, only your jutting shoulder bones seem to hold them up." (p.50) It is as if Guchu's commitment to the truth telling in the news and arts reviews for which he is well-known in Zimbabwe, enables him or pushes him, to tell the truth of this sickness. With the commitment to the unflinching realism of a journalist, who has no doubt seen this many times, Guchu documents the swollen knees and feet, "your soles cracked and discoloured" (p.50), and with poignant tenderness describes a woman washing her husband:

I am bathing you. I hold your shrivelled frame, run my fingers across your rib cage that looks like a scaffold structure. I feel every rib, every bone that stands out. Veins, like a Japanese highway, crisscross each other. Nothing seems to run through them except pain. (p.52)

The familiar tale of a wife nursing her dying husband, is as ever underlaid with the knowledge that if he is sick, then she is no doubt also infected. The tragedy of misinformation about modern medicines is touched on when

⁸¹ Lesego Rampolokeng, *whiteheart – prologue to hysteria* (Grahamstown: deep south, 2005).

she (who is not named) says: "Didn't they tell us, when we were growing up, that pills are the products of human organs? Isn't this why doctors open up dead people's bodies?" (p.53) Intimations of a belief in witchcraft or wizardry are also present: "I have every reason to believe that our misfortunes started on that day... have you forgotten that we used to sing about hurekure (plovers) and bere (hyenas) being friends in wizardry?" (p.52) And yet, the stolid realism of a man who was brought home to die by his work colleagues "in a heap, your back unable to hold you upright. Your hands lay twisted and your feet could turn 360 degrees" (p.53) is the resounding tone of this story. Guchu's narrator fleetingly faces the real physical devastation of full-blown AIDS without fear, with the practical, tenacious commitment of a wife and mother with no other option. The extended description of the degenerating male body is unique, and builds on Kanengoni's hints of 'skin and bones' in "Effortless Tears" over ten years earlier.

Welcome to Our Hillbrow also breaks a taboo by including descriptions of Refilwe's emaciated body, but does not detail her demise:

[H]er younger brother began to sob as soon as his eyes landed on her bony frame. Her hair was as thin and fine as the fur of a kitten, her eyes almost popping out their sockets. She looked so fragile you would have thought that her clothes were too heavy for her. Refilwe's brave heart had been eaten away by thoughts of home and Heaven. (p.118)

This quote also allows us to briefly contemplate the inversion of society that HIV/AIDS causes in Africa – the younger brother mourning his elder sister. Zimbabwean and South African society faces the inevitable decline of a swathe of the population aged between 20-40⁸² who will die before their parents, possibly even before their grandparents. The younger generations simultaneously suffer the loss of parents and siblings, upsetting the natural order entirely, leaving the very young and the very old to continue life alone.

⁸² "The highest rates of infection are amongst people 20-40 years old." Whiteside and Sunter, *Aids: The Challenge*, p.58.

To a lesser extent, Chinodya does not let his protagonist's gaze linger too long on death. Effectively marginalising HIV/AIDS in his story, he cannot help but set out the scale of the tragedy in similar terms to Magona: "Did you know they are burying ten AIDS cases every day in this graveyard alone?" Alice asks. 'Very soon the place will be full.'"(p.148) The narrator undercuts this unsettling figure with a fatalistic joke: "Will you come to my funeral?"(p.148), and yet he remains on the subject. Sex, love, death, and life are in close proximity in Chinodya's text, as they are in Mpe's, but these everyday norms are defamiliarised by their location in a different context, the context of disease and the context of the city, where high death rates in overcrowded urban areas become the norm.

Sex and the City

In previous chapters HIV/AIDS is shown to reshape codes of privacy, intimacy, shame and secrecy (both in life and in literature) – this section examines how sex is represented in fictions of the city. Traditional rural protocols, the etiquette of courtship, lobola and marriage have been abandoned or re-conceived in relation to HIV/AIDS in the city. But apart from Kgafela oa Magogodi's poems in *Thy Condom Come*, and Stanley Nyamfukudza's "If God was a Woman", sex is represented marginally in these fictions, if at all. Magogodi's satirical poems brutally mock sexual practices and dangers in modern Johannesburg. In "dead page romance" he opens with the lines: "Footsteps of the mind's erection/out to stumble on a gumba beat/taking sex straight to the people." (p.12) His stark, direct style demonstrates deep contemplation of the issues of modern life "wondering.../is there life after hiv [sic]"? (p.12) He references Mpe's land of 'milk and honey' with "the people's land/of milk and syrup" (p.13) before sending up both corporate culture and sexual inequality:

it is said a pauper's son
climbs the social ladder with his pipi
while the daughter pays the rent with spread
legs
seducing the rich (p.13)

The whole collection is viscerally comprised of bodily fluids, sex and scatology as the titles of a number of poems make clear: "lines of blood",

“shitpoem”, “lustpoem”, “love’s greenery”, “dead page romance”, “body politiking”. And, of course, the title, itself a parody of the Lord’s Prayer: ‘Thy Kingdom Come’: *Thy Condom Come* laughs at the all-encompassing nature of the message of safe sex in the new South Africa: *this* is the condom kingdom into which South Africa has been born. The heavenly utopia of the rainbow nation is more dystopian than it was expected to be. These are the poems of urban disillusionment, which are closest to Zimbabwe’s Mtukudzi and Mapfumo in their damning vitriol and urgency.

“Varara”, the key poem: at the heart of the collection explicitly deals with HIV infection and contains the collection’s title: “thy condom come” (p.57), as its punchline. Like Mpe, Magogodi deals with the power of rumour, repeating the line “some say” while listing various ways of catching HIV – in just forty lines he covers most of the stereotypical misconceptions, such as:

varara is a white man’s lie comes
from the west. Some think it is best
to taste the flesh. Some will wear
the raincoat cos varara doesn’t rain (p.57)

By making each rumour amusing, Magogodi successfully deflates their authority and deflects their truth value. Both he and his audience are laughing at these foolish thoughts by the end of the poem. It is again interesting to note the use of euphemisms or synonyms for HIV/AIDS. According to Magogodi, ‘varara’ is a colloquial way of saying ‘virus’, but it also extends to the way HIV/AIDS is sweeping away human lives.⁸³ This encoding, does indeed suggest a ‘dissident vernacular’ arising to speak about HIV/AIDS. Indeed, in the whole collection AIDS is not mentioned directly, although HIV is. Various causes for the epidemic are suggested, but no coherent single source is put forward as the absolute cause:

some preach & teach about varara.
some say varara is the wrath of badimo.
some say it is satan’s hand
fiddling deliciously with earth’s thighs.
some say jesus will save them from varara. (p.57)

⁸³ www.kush.co.za/workarea/show.asp?artcleno=55.

The poem contains many voices and feels rooted in the metropolitan, cosmopolitan environment of Johannesburg, where the poet lives. Magogodi's sharp wit cuts across baby-rape to femidoms, unflinchingly upbraiding all of society's sins in one swoop: "even if you paid to get laid" (p.56). No one is safe, moffies, bitches, lekwerekwere and nuns: "came galloping down the hillbrow/to eat our women." (p.56) The punchline returns to the rampant, inexhaustible nature of sex: "some say horizons are so viagra varara/will not stop til thy condom come" (p.57), leaving a bittersweet irony in the prospect of contraceptive salvation.

An extended quote from Nyamfukudza's "If God was a Woman" illustrates the simultaneous interrogation of fixed sex and gender roles in Harare:

they were not to be underestimated, these kids of today, so full of pleasant surprises (wink, wink) – so full of nasty surprises too, these dazzlingly dressed men and women seemingly in the prime of their tainted, doomed lives, strutting through the malls like peacocks, oblivious of the plague sweeping through their midst. We are the poor, poverty is our lot and so many of us are dying of it. Hunger, destitution, disease, these are our best friends. The gravity of our situation gets better by the day. Now, too, you can throw in sex, now too, so many of us are dying of it. What scant consolation, what scant compensation, now that we can't even rut. (p.126)

This passage demonstrates a relatively even-handed approach, not apportioning blame to either men or women, but criticising wider problems in society. Just as Shimmer Chinodya's protagonist in the short story "Can We Talk", who equates food with sex, bemoans that "AIDS came to us and said... Now you can't eat!" (p.138), so Nyamfukudza's protagonist's key complaint is that "we can't even rut". In *Butterfly Burning*,⁸⁴ Yvonne Vera depicts sex as a freedom that, in times of oppression before and after Independence, was at least something that seemed easy and enjoyable. Although she does not write about HIV/AIDS, her texts go on to demonstrate that sex is 'heavy' too, another thing like words that can or should be held 'under the tongue' – consequences such as pregnancy, abortion, incest and death can go hand in hand with this 'freedom'. Indeed, elements of sex are shown to be as 'unmentionable' in the 1940s (when

⁸⁴ Vera, *Butterfly Burning* (Harare: Baobab Books, 1998).

Butterfly Burning is set) as in the late '90s (when *Butterfly Burning* was published).

Of the remaining five texts discussed in this chapter (Magona, Chinodya, Ndlovu and Guchu) Mpe's *Welcome to Our Hillbrow*, most explicitly details sexual relations, and yet the author does not explore the corruption or contamination of sex that HIV/AIDS causes (indeed along with Magogodi, this suggests that things carry on just as normal). Perhaps the corruptions of modern city living have already occurred, long before the advance of HIV/AIDS, or perhaps South African and Zimbabwean texts in general are rarely explicitly sexual.⁸⁵ Refilwe's encounter in Oxford is described by Mpe with the same innocuous language that is used of her encounters in Hillbrow and Tiragalong: "He and Refilwe did find some green pastures in each other's embraces that following Wednesday evening" (p.112), but Mpe surrounds this description with portentous information, 'viewing from heaven' their actions and their consequences: "They are sharing the fatal infection with each other" (p.112). The intimate space of sex is filled with the horror of silent shared infection, the union of bodies in love is inverted by the transmission of disease, a tragic union with death instead of life.

In Chinodya's "Can We Talk", the narrator relates his exploits in light-hearted tones, only wallowing briefly that he or men generally are the 'irresponsible': "Yes, we are rapists. Yes, we are wife-batterers. Yes, we spread AIDS" (p.137). And yet he learns ultimately that abstinence is the only alternative:

'It's no longer just a matter of being careful.'

'What is it then?'

'Total abstinence.'

'Is that possible?' (p.148)

'It's easy,' says Alice, chewing diligently at her pork. 'Just stick to your wife.' (p.151)

⁸⁵ "Even on the official DACST webpage, a sexual organ is referred to in African languages as 'the secret member'...In none of the African language descriptions of sexual contact is there any mention made of the body." Dowling, www.isixhosa.co.za/research/aidsresearch.htm, pp.5-6.

Sex is presented as something to be avoided, something that carries with it a danger, that has hitherto been unacknowledged, previously primarily associated with procreation. The proximity of sex and death is emphasised by the spatial construction of the city in the text which positions the beer hall next to a graveyard. The direct correlation of the danger of sex in the context of HIV/AIDS is used as a device for simultaneously undermining and re-enforcing previous codes established in the city. Conservative behaviour is advocated to restrict adultery and bolster marriages where past efforts have been unsuccessful. It is also interesting that the narrator, who appears not to actually have HIV/AIDS, or be a rapist or a wife-batterer, still takes the responsibility for these actions upon himself. Admittedly, this reflects a time of deep self-loathing and, as such, is stylistically grossly exaggerated in many other places in the text. However, the implication of the self in the chain of responsibility for these heinous actions is quite different to previous expositions on these themes, as identified by Sontag, which locate the threat of HIV/AIDS externally. Although apparently free from infection, Chinodya's protagonist, embedded in the community, in the pub next to the cemetery, provides a unique and disarmingly honest contrast to previous examples of hegemonic masculinity, voluntarily sharing the space of infection.

Conclusion

The emphasis of the responsibility and agency of the individual is common to all of the texts analysed here. It is only Mpe who explicitly locates the HIV threat externally before overturning this assumption and placing the infection at the heart of the community, and his story. In writing these individualised narratives in city spaces, these authors remove much gender bias from their stories, removing lazy stereotypes from their characters, humanising them more effectively. Like Magona, Chinodya and Mpe implicate everyone, including male protagonists in the guilt and responsibility for these actions. Kernohan's community in "Homecoming", like Guchu's in "Fading like a flower", is the home, the family, both concealing the hidden infections of wives and mothers. The threat of

HIV/AIDS undermines the whole fabric of Flora's relationship, leading Kernohan's protagonist to question the very identity of his wife:

But who was she? What was her substance when faced with knowledge like this? Flora was, in the end – in argument, in conversation – herself, unfettered by labels like wife, mother, lawyer. Ultimately she judged each situation she faced as who she was at that moment. And with this knowledge, who might she be? (p.202)

Such narratives open up discourses with the potential for self-definition and change.

The question of the identity of the signifiers 'wife' and 'mother' could lead us to question the identity of the nations of Zimbabwe and South Africa – perhaps they are not loyal, innocent, vulnerable victims in this tragedy? Perhaps their national futures cannot be predicted or relied upon as part of the narrative of national progress? In the context of the city, all seven of the texts discussed in this chapter provide an alternative to national contexts for the HIV/AIDS epidemic. The backdrop of intimate, fluid, mobile, urban, relationships recontextualises sexual relations, creating a fertile secretive environment in which stories and HIV/AIDS can be transmitted. Their similarities are based around the choice of a common subject: HIV/AIDS. They detail communities based in cities both in opposition to, and yet already infiltrated by, this disease and their common theme is that of raising awareness, demonstrating agency and sharing responsibility.

It was fruitful to use the tropes and paradigms of the city, particularly in the context of modernity and the shifts in identities of modern Africans living in the city, to open up texts to more critical analysis particularly in relation to HIV/AIDS and its growing potential to define city life. The city also enables us to build on the questions of gender and sexual relationships which can be re-imagined in an urban environment. Whether as the backdrop against which to set the drama of HIV/AIDS unfolding in individual lives, or as the focal point for stories about moral and physical disintegration, the city has had a profound effect on the authors and stories that have been published in the last five years. How close the city can bring the individual to a

deeper consideration of narratives of the self, and with what freedoms the city endows the author remains to be seen.

Chapter 6

Narratives of the Self: Confession, Witness, Testimony and Autobiography

In this chapter I focus on autobiography and confessional forms of narrative that have arisen in the very recent history of HIV/AIDS writing in South Africa and Zimbabwe. The appearance of these forms at such a late stage in the development of writing about HIV/AIDS in both countries can also account for the absence of many full-length novels about HIV/AIDS, which would perhaps be expected by now. The self has remained concealed or displaced in the narratives I have so far examined. In this, my final chapter, the threat of infection with HIV finally forces the 'drama of the self' into four autobiographies and one biography all published in 2005. I identify this narrative focus on the self with Ndebele's search for the 'rediscovery of the ordinary' – a replacement of the individual (or the self) at the heart of narrative. I have demonstrated how this has affected the perspective of the narratives in various texts from both South Africa and Zimbabwe, and shown that as knowledge and social acceptability has altered in relation to HIV/AIDS this narrative perspective has shifted. I have also demonstrated that it is exactly the 'ordinary' that these narratives have begun to portray: realistic, daily, mundane (but nevertheless rich) tales of the existence of communities and individuals in the grip of the HIV/AIDS pandemic.

Individualism, historically associated with autobiography,¹ has been accessed in a very indirect way in Zimbabwe in particular. Blurring generic boundaries, authors such as Tendayi Westerhof and Luta Shaba have half-concealed their identities in order to write their books, *Unlucky in Love* and *Secrets of a Woman's Soul*, removing the clear sense of individualism usually associated with autobiography. In *Postcolonialism and Autobiography* the editors point out that

autobiography has lost its aura of old-age retrospective narrative told in a chronological time sequence which was concerned with the illusory

¹ Smith and Watson (eds.) *De/Colonizing the Subject*, p. xvii and p.102.

construction of a unified subject after its time. Instead, it transformed into *a medium of expression for writers under assail*. Postmodern fictionists, political activists, ethnic and women writers alike have taken resort to a form of life-writing which allows them to address their specific needs and to pursue their retrospective purposes.²

It could be argued that women writers in Zimbabwe are under such assail and that it is necessary for them to attempt to transform their medium to conceal their identities in order to write autobiographies.³ However, this concealment is not effective, as the writers' identities are assumed by the reader to be associated with their fictionalised heroines, and this seems to defeat the purpose of concealment in all but legal caveats. In such cases, the final products perhaps represent what Kaplan has termed 'outlaw genres', which

renegotiate the relationship between personal identity and the world, between personal and social history. Here, narrative inventions are tied to a struggle for cultural survival rather than purely aesthetic experimentation or individual expression.⁴

Given the fictional element of some autobiographical writing, it is necessary to make some distinction between the novel and autobiography. Conventionally, the distancing intrinsic in a novel disappears in autobiography, and the direction of events is simplified, changing the focus of the narrative. Unlike the novel, autobiography lacks the dialogic element so crucial to the social situationism of the novel, described by Bakhtin:

These distinctive links and interrelationships between utterances and languages, this movement of the theme through different languages and speech types, its dispersion into the rivulets and droplets of social heteroglossia, its dialogization – this is the basic distinguishing feature of the stylistics of the novel.⁵

² Alfred Hornung and Ernstpeter Ruhe (eds.), *Postcolonialism and Autobiography* (Amsterdam: Ropodi, 1998), p.1 (my emphasis).

³ "As Felski and others have noted, women autobiographers subvert the 'autobiographical pact' by including problematic or ambiguous signals which trouble rather than confirm the distinction between autobiography and fiction, or by making the 'proper name' ambiguous... it can be a way of suggesting how much fiction is involved in all self-representations." Laura Marcus, *Auto/biographical discourses* (Manchester: Manchester University Press, 1994), p.280.

⁴ Caren Kaplan, "Resisting Autobiography – Out-Law genres and transnational feminist subjects", *De/Colonizing the Subject*, p.130.

⁵ Bakhtin, *The Dialogic Imagination*, p.263.

To a certain extent, autobiography replicates what Bakhtin describes as the 'verse-based poetic genres', in that poetic genres deal with "individual language and speech".⁶ The poet is said to be preoccupied solely with his own emotions and state of mind: the "unity of language" and: "the unity of an individual person realizing himself in this language".⁷

It is this singularity, this isolated, narrow vision of an autobiography, that bolsters my previous use of Bhabha and Quayson, and adds weight to my refutation of heavily allegorical literary analyses. How can these texts relate to the heterogeneity of a nation, if they limit themselves to the single life of their main character and author?⁸ How can these stories become allegories for the multiplicity of national consciousness? Confession adds another dimension to the singularity of autobiography in that, according to Susan Gallagher, it contains an intention on the part of the author to place the speaker within a particular community, suggesting a renewed dialogic relationship. In highlighting the close relationship between confession and the novel, Gallagher usefully theorises the 'confessional mode' in South African literature.⁹ She defines the confessional mode as: "*a narrative first person account by either a fictional or a historical speaker who expresses the need to testify concerning and admit guilt about certain events in the speaker's life story in order to construct, or reconstruct, a 'self' within a particular community.*"¹⁰ Crucially she allows that this 'mode'

can take many different generic forms, including fiction, poetry, drama, and autobiography. Although much autobiography is confessional... not all autobiographies are... Typically, the confessional mode enacts a move from silence to speech... Formally, the confessional mode is a first-person chronological narrative; its characteristic motif is ontological, establishing an identity, as well as revelatory, uncovering

⁶ *ibid.*, p.264.

⁷ *ibid.*

⁸ Muriungi notes that "Mwangi mobilises the image of the wasting body as a metaphor for the modern Kenyan state... Mwangi appropriates notions of health and illness as allegorical devices that embrace the entire society in a time of crisis." Muriungi, "The 'Total/Real' Man", p.74. But I have not found this metaphor used in South African or Zimbabwean HIV/AIDS fiction to date. Memela's *Flowers of the Nation* is the most allegorical of the texts from South Africa - see Chapters One and Three.

⁹ "Confession has played an important role in the unfolding of the Western literary tradition... a major factor in the evolution of the novel." Gallagher, *Truth and Reconciliation*, p.11.

¹⁰ *ibid.*, p.17 (original emphasis).

the hidden... the confessional goes beyond a mere documentary presentation of these facts to perform a call to action. With legal and religious connotations, *testimony* rhetorically calls for action in a way that *information* does not... The confessional mode consciously directs itself toward an identifiable audience and has a particular motivation for doing so; it is not mere introspection or self-assertion. The audience receives the testimony about both the self and history, attends to both the guilt and mourning, and incorporates the confessant back into itself, reaffirming the posited identity. The confession is thus both a communicative as well as a performative speech-act.¹¹

This warrants a lengthy quote, as the distinction of confession from testimony and autobiography is marginal, and yet Gallagher clarifies the distinction highlighting the importance of the establishment of a community in the act of confession, and to a certain extent, as I will argue, the requirement of non-judgemental responses.

Confessions by female authors are unique in that, as autobiography has hitherto been recognised as a form dominated by men, women can utilise the confessional mode to manipulate their autobiographical narratives and construct newly asserted identities within a community of their choosing. Gammel suggests that such “deliberate play with the traditional confessional modalities is frequently at the heart of women’s sexual self-representations” such that “the bidirectionality of the term confession for women... serves to explore women’s active manipulation of confessional conventions.”¹² This manipulation of conventions is evident in both the Zimbabwean female-authored texts examined in Chapter Four. In particular, the choice of the title *Secrets of a Woman’s Soul*, suggests the secrets will be revealed, or confessed so that although Luta Shaba’s book does not explicitly take the form of a first person confession, testimony or autobiography, it can be argued that it uses the confessional mode.

Agnes Muriungi identifies the confessional as “an ambivalent rhetorical mode”,¹³ mixing both authorial agency with the situation of repression that the

¹¹ *ibid.*, pp.17-8.

¹² Gammel, *Confessional Politics*, pp.2-3.

¹³ Muriungi, “Narrative, contradiction and HIV/AIDS in Kenya – the case of Carolyne Adalla’s Confessions of an AIDS Victim”, *Scrutiny* 2 10,1 (2005), p.60.

confessant finds herself in. It is this ambivalence that I am keen to emphasise in this chapter alongside the: “strategic manipulation of confessional conventions”.¹⁴ I am interested in the dual role of speaking and writing from the margins, whilst contemplating the repressive tactics that keep such confessions in the margins in the first place, and the tactics deployed to enable such expression to occur. Gallagher underlines this function of the autobiography and confessional mode when she writes of

the value of narrative and the power of discourse to work against oppression... to allow a number of different voices to speak from a variety of different situations... such concerns [are] expressed by various feminist, black and postcolonial theorists who argue that autobiography is a crucial genre in which marginalized people can discover, create and proclaim their identities.¹⁵

Gammel relates the particular manipulations of convention that such proclamations of identities entail: the rejection of shame, and the reclamation of authority to speak truthfully and the defiance of victim status, such that “women reveal experiences of abuse, exploitation, disempowerment... These strategies allow women to speak from positions of strength, even as they look back on past selves unable to speak.”¹⁶ It is particularly apposite that the confessional form be used to speak about HIV/AIDS. Unable to determine how his/her confession will be interpreted the writer need not wholly embody the confessant. The writer is the agent who speaks (out of political necessity, and cultural self-preservation) to a particular community. This is a more sophisticated model of the confessional that moves beyond the passivity and impotence of the conventional confessant.

In terms of the development of this form of writing, it is useful to examine the precedents in both countries. David Attwell writes of South African writing that “the predominant mode, it is said, is the literature of witness, documentary, and protest – varieties of realism,”¹⁷ and this is borne out in the texts which I have analysed so far in relation to writing about HIV/AIDS, which, though

¹⁴ Gammel, *Confessional Politics*, p.7.

¹⁵ Gallagher, *Truth and Reconciliation*, p.14.

¹⁶ Gammel, *Confessional Politics*, pp.8-9.

¹⁷ David Attwell, *Rewriting Modernity – Studies In Black South African Literary History* (South Africa: University of KwaZulu-Natal Press, 2005), p.169.

mostly fictional, are predominantly realist witnessing texts. In Zimbabwe, too, the predominance of social realism has shaped a literary canon that favours naturalistic, quasi-historical, plot-led fiction, often didactic, usually short novels or stories.¹⁸ However, what has been notably absent and has taken longer to arise are sustained personal first person confessional narratives in relation to HIV/AIDS, which could take the form of autobiographies. Conversely, this was one of the first forms to arise in the West. Kruger for example, identifies the two prominent HIV/AIDS narratives that arose in the West in the 1980s: “Personal and epidemiological narratives complement each other: the personal narrative traces the individual illnesses and deaths that make up the population narrative, which itself traces the spread of the agent of disease and death.”¹⁹ Kruger identifies that “the personal narrative has so far been most important in shaping the genre of the AIDS novel”²⁰ so the absence of similar directly personal narratives in South African and Zimbabwean literature is significant.

Witnessing Women

The two texts by Westerhof and Shaba roughly fit a hybrid genre of witnessing and confessional autobiography. Their knowing fictionalisation protects or conceals some elements of their identities, using defences such as “based on a true story” or “semi-autobiography”. Though they place women at the heart of their story, they do not claim that heart entirely for themselves, attempting self-effacement throughout. Both also refrain from displacing a didactic tale about HIV infection with the all-consuming story of their entire lives. Such a shift would change the focus from HIV as subject, to the author as subject, lending each book a more directly autobiographical feel. In comparison, in the same year (2005) in South Africa, Edwin Cameron’s *Witness to AIDS*²¹ and

¹⁸ For a more detailed analysis of the by-no-means monolithic development of Zimbabwean literary forms, see Primorac, *The Place of Tears*, pp.17-25.

¹⁹ Kruger, *Aids Narratives*, p.77. “Cultural narratives of AIDS play a crucial role in attempts to understand the past, present and future of the epidemic... to make sense as part of a coherent story.” p.80.

²⁰ *ibid.*, p.83: “Because the novel ...[is often] centred on the development of character and on actions of a largely ‘private’ nature, the personal narrative has so far been most important in shaping the genre of the AIDS novel.”

²¹ Cameron, *Witness to AIDS* (South Africa: Tafelberg Publishers, 2005).

Adam Levin's *AIDSAFARI*²² broke boundaries by publishing first person autobiographical accounts of their own infection with HIV and subsequent treatment and recovery from full-blown AIDS.²³ The closest that any writer in South Africa has come to a truthful account of a black African man's suffering from AIDS is in the biography *Khabzela – the life and times of a South African*,²⁴ written by Liz McGregor. I return to these three South African texts later.

An earlier book, by the journalist Charlene Smith, *Proud of Me*,²⁵ deals with Smith's rape and subsequent potential infection with HIV. Although unique in South Africa for its female first person narrative, Smith's own story is sidelined within the story of others who have had similar experiences. With the statistics she provides, this is not surprising, as she tells us that 54,000 rapes are reported in South Africa each year (p.74), and that this is only a proportion of the actual figure, since most rapes go unreported (the more likely figure is shockingly between 934,960-1,636,810). Smith's experience of being raped gives her a mandate to engage in an impassioned debate with the South African legal, medical and governmental establishment. Her work acts as a cross between a self-help guide and an HIV/AIDS textbook, detailing combative facts about AIDS denialism (for example Chapter Fourteen is entitled: "Chief Undertaker Mbeki and the Mosquito"), Post-rape Trauma Syndrome (p.122-3), and the efficacy of AZT or other PEPs in rape survivors in order to prevent transmission of HIV (p.286-93). By the end of the book she seems to have a cast-iron case for greater treatment and prevention of HIV in South Africa (particularly for rape victims), which is only undermined by the fact that this logic does not appear to have had any effect on the South African establishment.

²² Levin, *AIDSAFARI – A Memoir of my Journey with Aids* (South Africa: Zebra Press, 2005).

²³ Both books jointly won the South African *Sunday Times* Alan Paton Award 2006.

²⁴ McGregor, *Khabzela – The Life and Times of a South African* (South Africa: Jacana Media, 2005).

²⁵ Smith, *Proud of Me* (South Africa: Penguin, 2001).

It is difficult to categorise this book alongside Cameron and Levin's personal stories, as the narrative is not driven entirely by the relation of a personal story. The first few chapters are centred firmly on Smith's own horrific and traumatic experience of rape, but as the book progresses it becomes a polemic based on statistics and public debates that she has held in national newspapers, both in South Africa and the US. Her story is not unique, and for the hundreds of women she has come into contact with as a consequence of her rape experience (and who find and contact her), the incidence of rape of women and children in South Africa is an unrecognised, tragic injustice. The government stopped issuing national rape statistics in August 2000 (p.76) - the statistics rose to the point of being unbelievable - a stark fact the government is unwilling to publicise. One is forced to ask, where are the stories of the thousands of black women who are raped and infected with HIV? Although the book deals with Smith's potential infection with HIV, we are left with no solid personal information at the end of it. We are told that after six weeks she was sero-negative, but the six month and one year tests are left blank, and Smith remains healthy throughout the narrative. So to what extent is this a book about infection with HIV? The book is written from a liminal position but the content is subsumed by polemic. Smith's obfuscation of her HIV status prevents me from treating Smith in the same way as Cameron and Levin, or, indeed Shaba and Westerhof, who deal more directly with confirmed personal contraction of HIV/AIDS. However, that is not to say that the book isn't important, brave and compelling, highlighting the tremendous difficulties of speaking out against rape in South Africa, another barrier of socially enforced taboo further preventing people speaking out about HIV/AIDS. Smith herself writes: "Writing and talking about being raped and my fears about HIV was the best thing I ever did. The silence has to end." (p.22)

First Person Fiction

Other life-writing projects from Zimbabwe which have produced significant bodies of work are: *We Are the Herb*²⁶ and *Light a Candle*,²⁷ produced by the Zimbabwe Womens' Writers (ZWW) – which unfortunately comes too late to figure in this thesis. *We Are the Herb*, however, is significant as it is an anthology project which pre-dates *Nobody ever said AIDS* by three years. Interestingly, the majority of the contributors to *We Are the Herb* are male, but nevertheless, as Emmanuel Chiwome states in the Introduction, “The unique contribution of this literary collection is that it is written by young men and women in colleges, at work and out of employment with a vision to see the world a better and safe place to live in”. (p.2) It is also significant that these contributors have all written their own stories in a very direct manner, often using the first person which Chiwome interprets positively: “The prevalence of the first person narrative point of view in the poems and short stories make readers attentive because narrators come alive revealing their own mindsets.” (p.3) This, according to Chiwome, is key: “it is best that young people produce their own literature, describing their own emotional and artistic responses and suggesting solutions aimed to create an AIDS-free generation.” (p.2-3) Nevertheless, none of the stories contained in the anthology tackles autobiography directly, so although the first person is common, it is employed only in fictionalised contexts. This slim (86 pages) volume, featuring nineteen contributors was only published in 2001, over fifteen years since the virus was first detected in Zimbabwe. Its counterpart, *Light a Candle*, has taken five years longer to be published, and replicates the pattern evidenced in other texts on HIV/AIDS published in Zimbabwe, in that female stories follow far later than male stories.

* * * *

²⁶ Gunduza and Vambe (eds.), *We Are the Herb* (Gweru: Mambo Press 2001).

²⁷ Eresina Hwede (ed.), *Light a Candle* (Harare: Zimbabwe Women Writers, 2006) – before this publication, the closest corollary was Phiri's *Desperate* (2002), in which the experiences of female prostitutes from Zimbabwe are mediated through the author.

Memory, history, fiction, testimony and narrative are all fields which intersect and have loose boundaries, particularly when dealing with modern or post-modern literature. The urge to discover the 'truth' behind a story is difficult to repress when the author or storyteller is still alive. When authors die there is a tendency to see the remaining texts as material with which lives can be meaningfully interpreted.²⁸ The prevalence of *memento mori* in Western fiction about HIV/AIDS is directly related to overwhelming thoughts of death generated in the length of time it takes to deteriorate and the urge to educate others and prevent similar deaths. It can also fulfil a form of self-denial, a reluctance to face one's own mortality through the creation of a fantasy life. Longer novels and autobiographies of survival have only just emerged in 2005. The prolonged lives of those who are now receiving treatment will lengthen the time of HIV/AIDS in fiction too. Will there be a similar growth as there was in the West in the production of literature as treatment programmes spread and infection rates decrease? Will this result in what was tantamount to a commodification of HIV/AIDS in the production of blockbuster films such as *Philadelphia* in 1993?²⁹

Testimony

Memory Book projects, on the other hand, can be said to perform quite a different function and so appear in different contexts, containing quite different content. As a form of memorialisation, Memory Book projects are not created in order to garner sympathy, penitence or absolution. For this reason their narratives fall in the realm of testimony rather than confession, but they are nevertheless strong first person narratives, which I hesitate to analyse here. These stories are not meant for abstract literary consumption, and are frequently simply gifts from mother to daughter in order that children have something to remember their parents by, assisting in the grieving process. Henning Mankell's book *I Die, but the Memory Lives On*³⁰ is described on its back cover as "A fable illustrating the importance of books as a means of

²⁸ I have argued against this tendency in Attree, "Already Falling Apart?"

²⁹ *Philadelphia*, directed by Jonathan Demme (USA: 1993).

³⁰ Henning Mankell, *I Die, but the Memory Lives On – the World AIDS crisis and the Memory Book Project* (London: The Harvill Press, 2004).

education, of preserving memories and of sharing life." But testimony has a political as well as a personal mandate.

Rachel Baggaley, Head of Christian Aid's HIV Unit, is right to say that "HIV has changed the way we look at public and private memories."³¹ It is crucial to remember the millions of people who suffer from HIV/AIDS, and attempt to explain their suffering in some way. It is important to attempt to understand what it was like to be ill, to understand what it was like to be shunned, and what it was like to face mortality in countries that refused to act in the face of such a devastating pandemic. In this way, as Stephen Chan reminds us, it is essential to provide the private alongside the public, as "only a reconciliation between what is private and public can take the nation forward."³² It is not solely in the form of novels and fiction that this reconciliation of public and private can take place but in more direct and personal forms. In this way "The gay community, affected first by HIV, needed to make its own statement in response to this tragedy. HIV was killing young, articulate, creative gay men in their prime, and their community was determined not to forget."³³ This reaction has not yet occurred in Zimbabwe, where the gay community is not visible or protected by law, but in South Africa the gay community is belatedly amongst the first to respond. In both countries this reticence is symptomatic of the dominance of heterosexual transmission.

Searching for the Self

The very recent emergence of a genre of autobiographical or thinly disguised autobiography in South Africa and Zimbabwe respectively, in 2005, reflects a 'search for the self' prompted by HIV/AIDS. But why has it taken so long for writers in both countries to tackle this subject in the first person? The publication of these books reflects the different stages of public acknowledgement and acceptance of HIV/AIDS reached in each society.

³¹ Rachel Baggaley, "Life in the Time of HIV", *I Die, but the Memory Lives On*, p.114.

³² Stephen Chan, "The Memory of Violence: trauma in the writings of Alexander Kanengoni and Yvonne Vera and the idea of unreconciled citizenship in Zimbabwe", *Third World Quarterly* 26,2 (2005), p.380.

³³ Baggaley, "Life in the Time of HIV", p.114.

Indeed the fine line between the two forms reflects a social hierarchy of truth telling in relation to HIV/AIDS, which remains racially and economically distinct in each country. It seems possible to speak openly about personal infection with HIV/AIDS in South Africa, in publishable form, only if the author is white, homosexual, middle class or male. Perhaps this section of society feel empowered by the support of similarly outspoken people in the West, both historically and in the present. The strong support of a politically empowered and recognised identity makes revealing personal truths about HIV part of a wider struggle, with implications for other members of South African society. Both Levin and Cameron make the point that their plight is dwarfed by the sheer numbers of those suffering in completely different communities in South Africa. Levin in particular parallels his story with that of his parents' maid, Elsie, who returns to the township when she gets ill, although she clearly has the same disease as he does (*AIDSAFARI* p.75-6). The difference in outcomes is also clearly related to wealth, as without treatment Elsie soon dies, whereas Levin's access to ARVs means that he lives to tell the tale. This, aside from literacy issues, is also why the Elsie's of South Africa are not writing their own stories.

The Zimbabwean texts differ in genre and choice of narrative perspective from the South African texts, and this suggests a different national perspective in relation to the HIV/AIDS pandemic. Westerhof's book in particular flies close to the wind and assumes many of the characteristics of the confessional autobiography form, and yet conceals this element by changing the names of key characters. It is significant that a book like *Unlucky in Love* arose when it did, in the form that it did, as it demonstrates the continued reluctance by authors in Zimbabwe until 2005 to assume complete responsibility for the HIV/AIDS story. Likewise Shaba's book, *Secrets of a Woman's Soul*, in telling her mother's story, and changing the names of characters, conceals the author's proximity to the tale behind a mask of fiction. This is not to say that either of these two books would not have been vastly improved had they been written as autobiography, but it seems that 'legal reasons', at least in

Westerhof's case, prevented this unveiling of the 'truth'.³⁴ The public and media backlash against Westerhof, who was widely known to be HIV-positive, and clearly identified herself in public with the contents of her book, also demonstrates the dangers of an 'honest' autobiography. Nevertheless, it is important at this stage to emphasise the distinction between fictional novels and the confessional form of autobiography. There is a style which demarcates confessional autobiography and its form of truth telling separating it from fiction. These criteria allow us to separate the books analysed in Chapter Four from those in this chapter, and critique their contents in a completely different way.

Confession, Truth and Fiction

J.M. Coetzee relates that:

[C]onfession is one component in a sequence of transgression, confession, penitence, and absolution. Absolution means the end of the episode, the closing of the chapter, liberation from the oppression of memory. Absolution in this sense is therefore the indispensable goal of all confession, sacramental or secular. In contrast, transgression is not a fundamental component.³⁵

To say that confession has a distinct purpose is useful, but perhaps misleading in this context, suggesting that transgression precedes the narrative sequence. Penitence is also not guaranteed in confession, which can function as a victorious unveiling of a hidden truth, with morality absent in the process (recalling apocalyptic revelation explored in Chapter Two). Furthermore, it is not necessarily absolution which the subject requires, but understanding and sympathy, not for their crimes, but for the misdeeds that have been performed against them. There is a certain plaintive tone, an element of pleading, a call for sympathy that exists in some confessional narratives – the narrator's purpose is to convince the reader to believe and side with their telling of the tale. Careful readers are wary of believing a one-sided and emotionally biased narrator, whose domineering voice quashes the

³⁴ This sentiment was relayed to me in an interview with Kernohan, who edited Westerhof's book – see Appendix 7.

³⁵ Coetzee, "Confession and Double Thoughts: Tolstoy, Rousseau, Dostoevsky (1985)", *Doubling the Point*, pp.251-2.

distance between narrator and narrative. As Derrida warns, it is right to be wary of the 'apocalyptic tone' and its propensity for authoritarianism. However, the confessional mode is essential in capturing the subjective witnessing commonly used in autobiography from Zimbabwe and South Africa.

Fiction and confessional forms are not always easily separated. Kai Easton examines the intersection between fiction, historiography and autobiography, referencing Hayden White's idea of 'fictions of factual representation' and the "extent to which the discourse of the historian and that of the imaginative writer overlap, resemble, or correspond with each other."³⁶ In the context of sex, Foucault recounts the growing indistinction between confession and fictional storytelling: "It is no longer a question of simply saying what was done – the sexual act – and how it was done; but of reconstructing, in and around the act, the thoughts that recapitulated it."³⁷ Although this refers only to the confession of sexual acts in a historical context, it reflects the tendency for embellishment and the requirement of confession to not simply contain the bare facts, but to include reflections, motivations and consequences (sensation, feeling and emotion) particularly in relation to intimate and personal acts and events. It must be accepted that confessions are not a purely straightforward relation of the facts and that fictions can witness in the same way as confessions. The distinction therefore between the 'fictional' texts of Chapter Four and the 'autobiographies' of this chapter, lies in abeyance or pursuit of 'truth'.

These comments on confession have implications for storytelling and the construction of truth in narrative. *The History of Sexuality* details Michel Foucault's view of the importance of confession in the production of personal identity. He identifies the moment when "the confession became one of the West's most highly valued techniques for producing truth".³⁸ It is important to

³⁶ Kai Easton, "Coetzee, the Cape and the question of history", *Scrutiny* 2 11,1 (2006), p.12.

³⁷ Michel Foucault, *The Will to Knowledge - The History of Sexuality:1* (London: Penguin, 1998), p.63.

³⁸ *ibid.*, p.59.

assimilate the understanding that confession is a “ritual that unfolds within a power relationship”,³⁹ such that all confessions, whether fictional or ‘real’ are received with this in mind. As Coetzee has said, the listener or reader appears to hold the power of absolution over the confessor, revealing not only the power relationship involved in confession but the distinct aims and purposes behind making a confession in the first place. The centrality of the self in the novel, and the use of narrative interiority to represent the self, blurs the line between confession, truth and fiction significantly and this often makes it difficult to separate the two forms (particularly when the role of activism is inserted into the motives of novelists writing fiction about HIV/AIDS).

However Coetzee has also said that

A certain looseness is inevitable when one transposes the term confession from a religious to a secular context. Nevertheless, we can demarcate a mode of autobiographical writing that we can call the confession, as distinct from the memoir and the apology, on the basis of an underlying motive to tell an essential truth about the self.⁴⁰

The element of ‘essential truth’ - for no other purpose than to illuminate an aspect of the human condition - presents confessional autobiographies in a purer light. Nonetheless, Coetzee also acknowledges that “confessional fictions have come to constitute a subgenre of the novel in which problems of truth telling and self-recognition, deception and self-deception, come to the forefront.”⁴¹ Indeed, many of the texts in this study contain personal stories – thinly masked biography or autobiography that remain unacknowledged, subsumed into the fictional process. The writers interviewed in the Appendices to this thesis certainly acknowledge that their stories arise from personal experience and contact with those suffering from AIDS. Both fiction

³⁹ *ibid.*, p.61.

⁴⁰ Coetzee, “Confession and Double Thoughts”, p.252. His corresponding footnote on p.418 reads: “In a useful essay in definition, Francis R. Hart describes confession as ‘personal history that seeks to communicate or express the essential nature, the truth, of the self,’ apology as ‘personal history that seeks to demonstrate or realize the integrity of the self,’ and memoir as ‘personal history that seeks to articulate or repossess the historicity of the self.’ Thus ‘confession is ontological; apology ethical; memoir historical or cultural’; “Notes for an Anatomy of Modern Autobiography”, *New Directions In Literary History* Ralph Cohen (ed.) (Baltimore: John Hopkins University Press, 1974) p.227.”

⁴¹ *ibid.*, p.252.

and biography are powerful forms of witnessing. Coetzee notes that “biography has in recent decades become one of the most popular varieties of non-fiction literature and it has also become an increasingly prominent form of historical writing.”⁴² Indeed, biography and autobiography are often the source of fiction, but literary fiction can contain a complexity of truth that these historical forms do not permit.

In addition to the dominance of biography, particularly in South Africa, Ato Quayson talks of a truth and reconciliation (TRC) genre evident in post-apartheid literature,⁴³ which speaks of a tendency for South African literature to be more open and direct in its confrontation of past and current issues, including HIV/AIDS. In contrast, Zimbabwean literature has been predominantly silent about a number of issues (such as opposition to the outcomes of the liberation war). The culture of silence in Zimbabwe is endemic and leads to more covert, indirect treatments of the subject of HIV/AIDS. Different approaches to the relation of ‘essential truth’ are demonstrated in that, as noted earlier, the first published story about HIV/AIDS appeared in Zimbabwe in 1990 (see Appendix 5), and yet nothing similar was published in South Africa until 1999.⁴⁴ I would have expected this order of publication to be reversed, with South Africa the more open democratic society (particularly after the TRC), one would expect publishing to also be more open and forthcoming. However the relation of essential truths to or by the self, is clearly not easily culturally or nationally determined.

Given Quayson’s assertion that ‘truth telling’ in the form of the TRC genre has become the pre-eminent form in a nation which used to deal in so much deception, it is interesting to note the absence of truth telling and mourning in relation to HIV/AIDS writing. As Phaswane Mpe noted, one of the crucial failings of the TRC was its inability to link the violence, sexual violence and

⁴² “Life/Writing: A Colloquium on Biography”, *WISER In Brief* 2,1 (2003), p.1.

⁴³ Ato Quayson, “The enchantment of a false freedom”, *The WISER Review* 1 (2004), p.24.

⁴⁴ Wilhelm’s *The Mask of Freedom* (1994) contains AIDS victims - the ‘shades’ do not form the heart of the story, featuring on the periphery.

murder of the apartheid era with HIV/AIDS⁴⁵ – through which much of the transmission of HIV must have occurred. If confession and truth telling dominate the modern South African psyche, why has there been such silence and amnesia in relation to stories of HIV/AIDS? This direct access to the self was the first recourse of Western writers and artists, who claimed that space, by right, as soon as it was possible, in the early stages of the epidemic in the 1980s.⁴⁶ In South Africa and Zimbabwe there seem to have been so many more obstacles or social barriers in place that are only now beginning to be broken down, allowing access to the right to tell the story of the self, to tell one's own stories about AIDS. The theory of social amnesia related to violent social trauma as an explanation, is worth exploring further here.

Trauma and Amnesia

David Lloyd identifies that in the Irish Famine “an overwhelming catastrophe had numbed the capacity for human response on the part of those who might otherwise have mourned.”⁴⁷ In Chapter Two I cite his definition of ‘trauma’ as that which “entails violent intrusion and a sense of utter objectification that annihilates the person as subject or agent.”⁴⁸ The objectification of the HIV-positive body, and consequent annihilation of the self in place of a definition as ‘infected’ or ‘sero-positive’, which often leads to isolation and ostracism in the community, would perhaps explain the absence of first person narratives about AIDS in Zimbabwe and South Africa until 2005. Lloyd’s description of the symptoms of trauma: “The will-to-forget or amnesia of the victim in relation to the terror of the occasion... and above all, the ‘unspeakableness’ of the trauma itself,”⁴⁹ can, I believe, be related to the trauma of infection with HIV and the discovery that one will develop, or has developed, AIDS. This silence need not be deliberately inflicted: “the perpetrator, no less than the victim,

⁴⁵ Attree, “Healing with Words”, p.145 - see Appendix 1.

⁴⁶ As Brophy posits: “cultural memory” is at “stake in these representations?” Brophy, *Witnessing AIDS – Writing Testimony, and the Work of Mourning* (Toronto: University of Toronto Press, 2004), p.27.

⁴⁷ Lloyd, “Colonial Trauma”, p.221.

⁴⁸ *ibid.*, p.214.

⁴⁹ *ibid.*

insists on the condition of silence”,⁵⁰ but it is evident in the majority of the texts analysed that there is a pact between the individual and society, between narrator and reader, not to mention AIDS out-loud. HIV/AIDS takes on the characteristics of an ‘unspeakable’ trauma that manifests itself in silence or assumes substitute, euphemistic or synonymous identities with other manifestations, such as TB, meningitis, pneumonia, *izidilo* (snake), *rinyoka* or witchcraft in various communities. It becomes a phenomena that can be spoken *of* without being spoken *about*; known and yet unknown amongst the majority of the population; and creating ‘dissident vernaculars’ in particular communities. When this is translated into literature, cultural amnesia would explain the absence of texts and narratives about HIV/AIDS over the last twenty years. It may seem odd to develop a theory to explain why some literature did not appear, but it is important to offer an explanation, given the discrepancy between cultural production in the West, and in South Africa and Zimbabwe. The differences between Zimbabwe and South Africa are worth exploring further.

Of course, the attitudes of both national governments have implications for dates of publication not to mention the simple fact that it is unreasonable to expect that someone dying of AIDS would write a novel or autobiography about their experiences. A famous collection of poems from America published in 1993 was entitled *How Can you Write a Poem when you’re Dying of AIDS?*⁵¹, and Sindiwe Magona echoed this sentiment when she spoke at a conference in Cambridge about her daughter’s response to the proposition that she write stories about AIDS: “Don’t tell me stories, give me medicine.”⁵² The prioritisation of healthcare over literature is unquestionable, but the tendency to avoid the evocation of pain is also a result, as Elleke Boehmer points out, citing Elaine Scarry, of the fact that “pain is a radically incommunicable experience, and the body in pain an absolute other which is

⁵⁰ *ibid.*

⁵¹ John Harold (ed.), *How Can you Write a Poem when you’re Dying of AIDS?* (London/New York: Cassell, 1993).

⁵² My notes, *Letters Home Conference* (University of Cambridge, 2004).

rarely if ever brought into representation.”⁵³ This incommunicable pain, the ‘unspeakable’ trauma that Lloyd and Herman have also described, would certainly fulfil the conditions for a silence or absence in writing about HIV/AIDS that other cultural explanations cannot match. A personal trauma that renders the subject silent, not simply due to amnesia but due to the ineffable, unbearable and incommunicable nature of the pain is a particularly potent theory. The combination of both social and personal trauma is perhaps overwhelming, particularly in the immediate present.

Clearly, the reluctance or inability to communicate pain recedes as time passes, allowing space for the articulation of suffering in the future, and looking back on “past selves unable [or unwilling] to speak”.⁵⁴ An added dimension in southern Africa is the effect of colonialism which, as Boehmer details, contributes substantially to the writing of the postcolonial body:

[I]f colonial iconography figured repression upon the colonised body, then postcolonial nationalist writing can be seen to equate with the hysteric’s talking cure. As with the hysteric, reminiscence, the retelling of the past, brings release from that past... the subjected becomes the subject of its/their own narrative.⁵⁵

The replacement of the subject or the self at the heart of the narrative is retrospective, and dependent on survival. The author’s historically mediated subjectivity becomes focused on narrative as a form of healing and redefining their identity. Indeed, Muriungi points out in Adalla’s *Confessions of an AIDS Victim*, that the protagonist, Catherine

does not only confess her sins in order to gain societal acceptance as a ‘normal’ person. She reconfigures the confessional mode and assumes the role of a confessor to inscribe her own judgement on society. By publicly declaring that she is HIV-positive and by regarding her status as something important to write about, Catherine challenges popular representations of HIV/AIDS and HIV-positive people that depict them as individuals whose narratives are not worth being heard.⁵⁶

⁵³ Boehmer, *Stories of Women*, p.132.

⁵⁴ Gammel, *Confessional Politics*, pp.8-9.

⁵⁵ *ibid.*

⁵⁶ Muriungi, “Narrative, contradiction and HIV/AIDS”, p.63.

In non-fiction, Adam Levin and Edwin Cameron do the same. Cameron highlights how

the act of speaking addressed... that unspoken shame at the core of so much AIDS discrimination. My silence entailed collusion between my inner sense of shame – however unjustified – and others' anticipated reactions of condemnation.⁵⁷

Although the call for medicine is a priority, the silence of those who need it, must be broken in order to demand it.

Reconciling Private Pain and the Lack of Public Truth

Cixous exhorts women to write to “escape the patriarchal order... refuse the annihilating procedures of the self, give the other life.”⁵⁸ Likewise, Chan suggests that novels can “help fulfil the conditions of an antidote for the intellectual apparatus of African rule... They refuse the creation of official meaning... They point out lack of public truth.”⁵⁹ It is in this way that the novels and short stories that have included HIV/AIDS as their core subject begin the process of witnessing, breaking the silence created or reinforced by governments who do not want to tackle the HIV/AIDS crisis, and who have suppressed education, research and treatment in order to preserve some political hegemony over the truth. Chan's “reconciliation between what is private and public”⁶⁰ echoes Ndebele's point in the ‘rediscovery of the ordinary’. Chan explains that the art of novelists enables us (the reader/ordinary citizens) to ‘feel’ the pain of individuals “if the novelist's art is persistent and high.”⁶¹ The writer seeks to represent the other, the private ‘unknowable interior’ putting the self forward in both fiction and autobiography.

Chan uses Ricoeur's notion of the ‘wounded cogito’ to speak about the trauma in two war novels from Zimbabwe, but we can transfer his definition to the stories about HIV/AIDS that suffer from the same ‘wounded cogito’ which he describes as “The knowing that knows, but cannot believe it knows what it

⁵⁷ Cameron, *Witness to AIDS*, p.63.

⁵⁸ Sellers, “Writing is learning to die”, p.104.

⁵⁹ Chan, “The Memory of Violence”, p.380.

⁶⁰ *ibid.*, p.380.

⁶¹ *ibid.*, p.372.

knows, because what it knows is too terrible for knowledge to bear.”⁶² Surely the awareness of a pandemic on an almost unimaginable scale, that in Zimbabwe claims 3,000 lives a week, and in South Africa means that one in five people is infected, could be termed a fact or situation that “is too terrible for knowledge to bear”? It is this double burden of silence in societies already reluctant to confront the reality of HIV/AIDS that has absented writing about the disease from the canon of South African and Zimbabwean literature for so long. The confessional, autobiographical writing emerging from both countries since 2005, suggests the receding amnesia of trauma, finally instigating a form of ‘talking’ or ‘writing cure’.

Movements Towards the Self

By tracing the development of the movement of narrative towards the self, we can cite Mpe’s use of the second person in his novel of 2001 as a significant example of an author’s strategic use of an omniscient narrator to objectify and fictionalise the experiences of the characters. This technique side-steps the personal overflow of emotions, responses and reactions which would otherwise be present in a first person confessional or explicitly autobiographical narrative, which might obstruct Mpe’s attempt to channel such emotions into a social critique. Peter Blair notes that the epigraph in *Welcome to our Hillbrow* from W.E.B. du Bois:⁶³ “[R]eader, be assured this narrative is no fiction”, places a significant doubt in the reader’s mind at the outset that the subsequent contents are entirely fictional. Blair theorises that

the novel situates its claim that it embodies hard, ineluctable truth within a context in which reality can seem like fiction. Mpe’s narrator deems grisly testimony to the Truth Commission “stuff that would be called surrealism or magic realism or some other strange realism were it simply told or written as a piece of fiction” (19), even as he holds up his own piece of fiction as a testimony of truth.⁶⁴

This blurring of the lines of truth and fiction continues as a strategic device within the novel, highlighted by two characters writing novels within the novel

⁶² *ibid.*, p.380.

⁶³ The American civil rights activist and pan-Africanist who became a naturalised citizen of Ghana in 1963.

⁶⁴ Blair, “The Moral and the Macabre”, p.163.

itself. In this way, Mpe continually circumvents the narrative of his own authorial self who is in fact writing the novel. The establishment of truth and fiction becomes further complicated when the novel is read in the context of Mpe's life and sudden untimely death in 2004, about which there was much speculation that he himself was HIV-positive.⁶⁵ The layers of fiction which remain unfathomed in Mpe's own life are more difficult to decipher than those in the novel itself which, at least as a rhetorical device, function adequately to create perspective and a more distant (perhaps more culturally acceptable) narrative voice. This sophisticated distancing ensures the self does not appear directly in the narrative, enabling the reader (and, perhaps, the author too) to envisage each character's story. The self is removed from this trauma perhaps as a means of self-preservation. An exclusive focus on the outpouring of emotion would obstruct Mpe's attempt to channel his experiences into a bolder social and moral critique. A more sophisticated and nuanced representation of the self experiencing pain is achieved through a displaced focus on the subject in conjunction with a social critique and quest for agency. Westerhof and Shaba's continued proximity to their semi-fictionalised narratives unfortunately compromises their narrative sophistication.

The bi-proxy act of witnessing has been a substitute for confession, relating a fictionalised story as testament to a particular situation.⁶⁶ Rayda Jacobs' *Confessions of a Gambler* utilises this device, not only in her choice of title for a fictional novel, but in her canny inclusion of the protagonist's gay HIV-positive son in a story that centres on the protagonist's Abeeda's addiction to gambling. Abeeda's son's deterioration and death, as well as his homosexuality, is part of the confession that Abeeda is making, particularly as she manoeuvres so carefully to relate (or rather not relate) this information to the Muslim community in which she lives. It is interesting to note how the subject is again displaced in this novel, such that although written in the first

⁶⁵ See John Matshikiza, *Mail and Guardian* 21/02/05, and Liz McGregor, "Obituary", *The Guardian* 07/02/05.

⁶⁶ Both creatively and critically "bearing witness... is an act of solidarity". Herman, *Trauma and Recovery* (London: Pandora, 2001), p.247.

person, the person infected with HIV does not tell his own story. This is perhaps because it was published in 2003, and it is not until 2005 that the first gay autobiography of HIV infection was published. However, it is significant that *Confessions of a Gambler* features a gay man as the subject of HIV infection, rather than the far more common figure of a black heterosexual South African man or woman. The displacement of the subject makes the 'confession' more an act of witnessing, at least in the context of HIV/AIDS. The inclusion of this subject matter in the book is a conscious act of witnessing on the part of the author, who does not sideline this issue, but actively foregrounds it in her text. The sustained length and novel forms of Mpe and Jacobs' texts are also significant developments.

Khabzela

Another form of witnessing occurs in Liz McGregor's biography *Khabzela - The Life and Times of a South African* which, as its subtitle suggests, deals with what must be a ubiquitous figure in modern South Africa, a young black man infected with HIV. Despite this ubiquity, it is the first such biography of a young sero-positive black South African man, and it acts as a substitute for an autobiographical account that has yet to be written by anyone in a similar situation. Like Tendayi Westerhof in Zimbabwe, Fana Khaba (Khabzela) was unusual in South Africa in that he admitted publicly that he was HIV-positive. This was more or less unprecedented in 2003, and was particularly unusual as Khaba was the most popular DJ on Gauteng's most popular youth radio station, YFM. Nevertheless, unlike Westerhof, Khaba's story is less hopeful, and his eventual demise, after refusing ARVs in favour of advice from nutritionists (such as Tine van der Maas in particular, who had been sent personally by the Minister of Health – p.15) and sangomas, not only explains why he will never write his own story, but also why such a story is so important to tell. Khaba's refusal of anti-retrovirals in favour of traditional medicines is not uncommon in South Africa and the historical basis of Khaba's refusal should not be overlooked. It is rooted in a specifically South African worldview, bolstered by the betrayals of colonialism and apartheid,

deepening his tragedy.⁶⁷ However, for someone so rich, and so supported by his employers, who had overcome public stigma and championed those suffering from AIDS, it is unusual that Khaba did not take all the opportunities available to him, and that he succumbed to superstition and ignorance, which quickly killed him, aged 35.

McGregor's biography places the body in pain at the forefront of her narrative, in order to emphasise the horror that Khaba effectively chose as his fate. It is no doubt easier for someone 'witnessing' such pain to describe it, whereas the subject himself would perhaps never have been able to find the words to relate the following:

Fana Khaba died a horrible death. The HI virus [*sic*] had destroyed his brain, leaving him demented and hallucinatory. He could no longer move his arms or legs. He could neither defecate nor urinate. The colostomy bag attached to his bowel to drain his waste was leaking blood. Pus seeped from the wound left by the operation to remove his intestines. A vast bedsore had eaten away his right buttock. More bedsores festered on his back, hips, ankles and elbows. (p.7)

This paragraph forms the very first part of McGregor's biography, the beginning of the preface, and leaves the reader sickened and disgusted at the degradation and suffering that it is possible for the human body to endure before death. This is particularly shocking, as Khaba seems to choose this horrific death apparently unnecessarily. McGregor emphasises the significance of his decisions, since this is the same path that many other South Africans, mysteriously and counter-intuitively, take in their own lives risking unsafe sex at a time of a lethal pandemic. Nonetheless, this behaviour is normalised when ex-deputy-president Jacob Zuma (who once headed the AIDS Task Force) said that after having sex with an HIV-positive woman he had a shower in order to protect himself against infection.⁶⁸

⁶⁷ Lund underlines this: "The history of medicine in Africa and its association with brutally exploitative colonial expansion has made many black Africans skeptical of its value." "Healing the Nation", p.114.

⁶⁸ "Statements like that can throw years of hard work down the drain." Vicci Tallis - Gender Aids Forum, "S Africa's Zuma denies Aids risk", *BBC News online* 04/04/06.

As a white woman and an outsider who portrays Khaba in a less than favourable light, McGregor has faced some opposition to writing this biography. But, in witnessing his life, she ensures that Khaba is not forgotten and endows his life with a significance that makes us stop and look at a man who did not live a heroic or exemplary life, but a life from which people can nevertheless learn.⁶⁹ Here was a man who could have led incredible change, firstly in Soweto, where he lived, then Gauteng province, and eventually across South Africa. Greg Maloka, general manager of YFM, is quoted as saying: "We needed people like him who rose from the ashes to become an incredibly important person in society." (p.114) Coining the phrase 'Positive Youth of Gauteng', Khaba got "people to call into his Sunday show to tell him what positive thing they had done that week." (p.114) He also hosted a show in which prisoners would call in and speak about their past lives, often repenting and urging others not to follow a life of crime.

Writing in the third person, McGregor places at the centre of this biography a man whose relatively ordinary existence becomes the 'drama of the (diseased) self' that, at the time, had yet to appear in first person autobiographical narratives of the self. She is not an impartial narrator, but McGregor nevertheless has no specific interest in taking sides or directing the story in a particular way. As a scholarly or journalistic project, McGregor is obviously limited by her sources and the access she had to Khaba himself, particularly as she only became involved in his life because of his HIV status. She readily admits that the three times she met Khaba "the virus was already eating away at his brain and not much of what he told me made much sense." (p.9) But the drama of the story is rendered all the more powerful and tragic when placed in opposition to the potential Khaba had to be saved, as well as the damaging and irresponsible way he behaved even when he knew he was

⁶⁹ According to McGregor's publisher Jacana, Zackie Achmat referred to the book as "one of the most important books written since the advent of this country's democracy." www.thetimes.co.za/oncamera/media/bookawards/HopeMcGregorSpat.doc. In terms of the legacy of Khabzela's life, McGregor writes: "YFM has launched a new Aids awareness campaign in his honour, and giant billboards picturing his gaunt face loom over the Johannesburg skyline with the message, 'Remember Khabzela. Know your status.'" *The Guardian* 29/02/04. www.guardian.co.uk/aids/story/0,,1158800,00.html.

HIV-positive, continuing to sleep with ignorant young women, practising unsafe sex and fathering children. McGregor would not have known this on embarking on the project, and to a certain extent she cannot be held accountable for the facts that unfolded before her in the course of Khaba's short life. This is, as she notes "a life told in retrospect; through the eyes of other people, with all the gaps and shadings that that inevitably involves." (p.9) Would the story be considered any more accurate or truthful if it had been told by Khaba himself?

Utopian Impulses

To a certain extent, the grim reality of Khaba's life, and that of many other South Africans, exemplifies the dystopian element of the confessional or biographical stories that depend on brutal realism to relate their contents. By contrast, the novel forms part of a utopian impulse in a genre that has the capacity to imagine alternative futures, or planes of existence (as in Mpe's *Welcome to our Hillbrow*) in which apparently heroic characters survive or narrate from heaven, or a seat of enlightenment. What is most interesting about the autobiographical genre in this context is the propensity of the author-protagonists to feel a sense of hope in writing the tale itself, a new heroism. Levin and Cameron's tales of survival ensure happy endings, albeit beset with accounts of gruelling endurance and pain, which brings them as close to death as Khaba at times, and yet rescues them from the brink, due in both cases to the continued consumption of ARVs. The purpose of their stories in relating their survival is clear.

It is also essential to note that these are not conventional autobiographies, and that, in the cases of Levin and Cameron, their choice of subject and focus of their narratives is their experience of HIV/AIDS: these are not full or complete autobiographies documenting their whole lives. Their experience of disease propels their narratives, but also delimits and restricts their stories to this single experience. This is in keeping with Laura Marcus's observation that "the distinction most frequently made is that between autobiography as

the evocation of a life as a totality, and 'memoirs' which offer only an anecdotal depiction of people and events."⁷⁰ It is this limited element of their autobiographies that leads me to identify them more closely with the confessional mode in which a distinct truth about HIV is revealed, rather than in the wider framework of autobiography which is a more general or purer form. This reading suggests that Levin's use of the term 'memoir' is slightly inaccurate, conflating memoir with a confessional or autobiographical story. Although his story is anecdotal in form, the truths about his whole life are not foregrounded, which, following Coetzee and Hart, lacks the required 'historicity of the self', instead his experience of AIDS solely takes centre stage.

The confines and strictures of a personal narrative about HIV/AIDS, in which, epidemiologically at least, most readers know the trajectory the disease will take, limits the scope with which an author can demarcate his or her territory. As Kruger acknowledges: "For the author who wishes to write about AIDS, the narrative structures already present in the broader culture pose particular problems. The personal narrative threatens to reduce any story about someone with AIDS to the same story of decay and death."⁷¹ This turns many writers and readers away from such an apparently inevitable subject matter. But this also led to a certain amount of innovation in Western novels, as "the impulse of many writers has been to frustrate the narrative of personal decline, to complicate it, to refuse to carry it through to its conclusion."⁷² In the West, it seems, "in writing about AIDS in the 1980s and 1990s, experiences of illness, death, and loss are crucial to what must be expressed."⁷³ This does not seem to have been crucial for writers in South Africa and Zimbabwe, at least until more recently. Indeed focusing on illness, death and loss has been profoundly avoided in the context of HIV/AIDS: there have been no related

⁷⁰ Marcus, *Auto/biographical discourses*, p.3.

⁷¹ Kruger, *Aids Narratives*, p.81.

⁷² *ibid.*, p.82.

⁷³ *ibid.*, p.83.

tales of mourning,⁷⁴ indeed the potential authors of these stories may not have lived to tell the tale.

Narratives of Hope and Survival

It is arguable that writing autobiographies provides authors with a form of catharsis, and that only in the process of writing about their lives affected by HIV/AIDS do they exorcise the isolating and invasive process of physical degeneration which the disease entails. Worton's analysis is useful again here, in its identification of the body as the 'fundamental structuring principle' which when infected with a disease makes the body: "urgently present, albeit in a state of deterioration and decay".⁷⁵ The sharing of the effects of disease on the body as the site of "exteriorised horror",⁷⁶ twinned with the fear of impending death which a personal story conveys, can be therapeutic in its unveiling of the universality of this fear and the re-framing of the ravages of a disease within a narrative of survival and hope. The process of authoring also helps to reclaim the life of the author-protagonist, taking control of the narrative away from the disease which has thus far victimised the afflicted. In the context of HIV/AIDS, authors in South Africa are beginning to envisage this reclamation of identity.

Narratives of illness have been said to take on various forms. Arthur Frank identifies three recognised types as: the restitution narrative (I will be healthy in the future); the chaos narrative (life will never get better) and the quest narrative (accepting illness and seeking to *use* it).⁷⁷ His exposition is as follows:

[R]estitution stories are about the triumph of medicine; they are self-stories only by default. Chaos stories remain the sufferer's own story,

⁷⁴ Indeed, Zakes Mda's *Ways of Dying* (arguably the first South African text entirely centred on mourning) has been criticised for not dealing with specifically AIDS-related mourning – see Benjamin Austen, "The pen or the gun: Zakes Mda and the post-apartheid novel", *Harper's Magazine*, 01/02/05 http://goliath.ecnext.com/coms2/gi_0199-3676254/The-pen-or-the-gun.html - contrary to allegations that Mda 'ignores AIDS' he is Founder and Trustee of the Southern African Multimedia AIDS program, where he trains HIV-positive people to write.

⁷⁵ Worton, "Behold the (Sick) Man", p.157.

⁷⁶ Herzlich and Pierret, *Illness and Self*, p.69.

⁷⁷ Arthur Frank, *The Wounded Storyteller – Body, Illness, and Ethics* (Chicago: University of Chicago Press, 1995), see Chapters 4-6.

but the suffering is too great for a self to be told. The voice of the teller has been lost as a result of the chaos, and this loss then perpetuates that chaos... the quest narrative speaks from the ill person's perspective and holds chaos at bay.⁷⁸

It could be said that Levin and Cameron move through all three stages of these types of narratives as their stories develop but, as Frank proclaims, "the quest narrative affords the ill their most distinctive voice, and most published illness stories are quest stories".⁷⁹ This relates not only to the form of their narratives, but also to their length, which in the quest form "requires sustaining one's voice for a longer duration than oral stories require." The sustained length of both Levin and Cameron's stories reflects the lengthening of their lives despite their encounters with HIV resulting in full-blown AIDS. Had they died, there would have been little story to tell, and of course, no one left to tell the tale. The quest or heroic narrative not only 'holds chaos at bay', but it also links the narrator's survival to the experience of others, holding out hope to others in relation to one's own suffering. The message ostensibly is: if I can survive, so can you.

Levin

Levin recounts his experiences in a high camp style, which reflects his indomitable personality, sense of humour and complete self-possession and which, by the end of the book, has his readers laughing through their tears. He refuses to let the virus claim him, writing: "I'm just as happy yakking on about fashion or Africa or plotting a cultural revolution as I am busting the viral silence." (p.230) He ends the book on the verge of another safari: "I have my suitcase ready, packed with precious memories and a few slivers of wisdom and experience, and I'm still pretty much always up for an adventure. So c'mon, let's go..." (p.230) This perpetual movement forward characterises Levin's writing which, remarkably, rarely dwells for too long in the pits of despair and refuses to let HIV/AIDS bring a premature end to his story.

⁷⁸ *ibid.*, p.115.

⁷⁹ *ibid.*

In the Preface Levin sets out his predicament and also his motivation for writing *AIDSAFARI*:

[W]hen I first got sick, I looked for books that might prepare me for the journey ahead of me. I looked in the bookstores, I surfed Amazon, and yet I found nothing. This was no accident. In its own insidious way, the conspiracy to keep this disease walled in silence had triumphed. If this memoir helps to chip away at a single brick of that immense wall of silence, I will be greatly honoured. If my story can be of any solace or assistance to anyone battling the rigours of this disease, or to any of the people close to him or her, it will be my privilege to offer that. (p.x)

This excerpt reflects my own predicament when embarking on this study – the dearth of literature on this subject in South Africa from a personal or emotional perspective. Levin's story not only chips away at the wall of silence, but strikes a significant breach in its foundations, leading the way for other stories that are similarly courageous and inspiring. Levin admits the struggles he encountered: "fear of personal exposure and worthlessness surrounding the publication of this book", but bravely admits that "when I finally accepted that this unextraordinary story was possibly one worth sharing, finishing this book proved one of the easiest things I'd ever done." (p.xi) Indeed, he later speaks of the process of writing the book and of HIV itself as a 'gift' that he feels he has survived and given something back to, by relating his experiences and defeating the disease, at least for now. He muses over the process of speaking about HIV/AIDS, the breaking of the silence that he has had to encounter, and, in writing the book, has overcome:

I remember how frightened I'd been to say the word in the beginning, how I'd always hidden it behind its safe, polite acronym: HIV. But I forced myself. I said it in shopping malls, around lunch tables, at family gatherings. Aids, Aids, Aids, I said. And the more I said it, the less frightening it seemed, for the more familiar a word becomes, the closer one comes to its meaning, and the easier it becomes to live with. (p.165)

His persistence and tenacity in the face of this silence, this public 'faux pas', demonstrates what an enormous boundary he has broken in writing the book, and proves once again the strength of other writers who have also been brave enough to confront this topic, and whom I have selected to analyse during the course of this thesis. The taboo and stigma surrounding this disease is unprecedented and has revealed an enormous gulf of fear and self-annihilation in the continued suppression of its narratives.

Cameron

For writers like Levin and Cameron to embrace this topic has involved the breaching of a significant amount of personal and social repression, drawing on strong elements of self-determination and self-preservation. Cameron in particular risked losing his status as a respected High Court Judge and compromising his impartiality, acknowledging early on in *Witness to AIDS* that AIDS is shame: "The humiliation or distress that arises from self-knowledge of dishonour or offence or impropriety or indecency." (p.45) Cameron's lucidity and the depth, poise and detail with which he tells his story is all the more compelling on finding out that he was diagnosed HIV-positive in 1986: this is a story that has waited almost twenty years to reach the light of day. It is not until 1997 that he succumbs to full-blown AIDS⁸⁰ and begins anti-retroviral treatment, but the book itself was not published until 2005, demonstrating once again the strength of resistance to such a story or rather the suffocating cultural vacuum in which such a story must be brought to life.

The shock at his diagnosis, which Cameron describes as a double shock, fits neatly with the theory of amnesia in response to grave trauma: "I felt as though I had experienced a stunning bereavement – the impending loss of my own life." (p.47) He relates his shock in 1986 to the feeling of many Africans today, for whom he notes HIV diagnosis is still: "an imminent term of death." (p.48) The fact that HIV/AIDS is still effectively a death sentence to many South Africans and Zimbabweans goes a long way to explain why the cultural shock and resulting amnesia has such power to silence writers in both countries. In the foreword, Nelson Mandela acknowledges that "Edwin Cameron was courageous in publicly declaring his status. He is an example to all that one can live with that status and continue to make a meaningful contribution to achieving a better life for all." (p.7-8) He also writes that: "this pandemic demands action in the same way that the struggle against apartheid

⁸⁰ Cameron recounts using homeopathy between 1991-97, but 1986-90 is unaccounted for. This is an unusually long gestation period for HIV in African terms, but follows patterns of Western accounts of HIV diagnosis and treatment such as Chris Smith, former Culture Secretary in the UK government (1997-2001).

demanded action.” (p.7) By framing the book in this way, Mandela expresses the social as well as the personal implications of such a confessional narrative. His comparison with the struggle against apartheid is not unusual, and there is not necessarily a direct and coherent comparison between the two, but in making the analogy Mandela raises Cameron's struggle to a level and scale of social injustice and human tragedy which urges both South Africa and the world to take notice.

In his own words Cameron points to the significance to himself and to others of his writing and speaking out:

[T]here is nothing shameful about having HIV or AIDS. If we can talk about it, we normalise it. And the sooner AIDS becomes a normal disease, the sooner we will be able to deal with it unemotionally and effectively. Normally. (p.63)

It is pertinent that someone who writes that he is “an openly gay judge proudly holding office under South Africa's new constitution” (p.125) should feel it hard to break the shameful taboo of speaking about HIV/AIDS, for he has broken so many taboos already. As a Judge, the reversal of roles that telling his story entails – appearing as a witness in his own defence, feeling as if he is on trial – is not only an act of humility, but of extreme exhilaration and vindication:

[T]o survive AIDS is to feel the joy of escape, and the elation of continued life. It is also to bear the duty to speak, and the responsibility to bear witness. (p.122)

By bearing witness, Cameron succeeds, as Levin does subsequently, in making readers feel as if they are witnessing his illness, his treatment and the social pressures that surround him. This enables readers to identify with his suffering, to empathise, and as he says, ‘normalise’ AIDS.

* * * *

In her study of auto/biographical discourses, referenced earlier, Laura Marcus notes of authors that:

in autobiography ‘the person who understands it [the life] is the same as the one who created it. This results in a particular intimacy of understanding’ ...biography as a development out of autobiography...

makes the crucial move from self-understanding to understanding of an other.⁸¹

In South Africa, authors have been reluctant to subject themselves to this 'intimacy of understanding'. Following Worton, if the body is the 'fundamental structuring principle', how are we to face ourselves and command an assured self-knowledge if our bodies appear to be betraying us? For this reason, fictional or biographical works can be more appealing or more accessible than autobiographies. Confessional autobiographical writing urges and pushes the reader into identifying closely with the narrator, demanding sympathy, even when at first glance that narrator may have a repellent, disfiguring disease. It is through close identification that witnessing and the resulting empathy become so powerful. Literature, whether autobiographical, semi-autobiographical or entirely fictional, can take one beyond the body and into the mind of the suffering self.

* * * *

Irene Gammel in her excellent book *Confessional Politics*, cites Felski to assert that "I use 'confession' simply to specify a type of autobiographical writing which signals its intention to foreground the most personal and intimate details of the author's life."⁸² The inability to access such personal and intimate details explains the gap in South African and Zimbabwean literature until 2005. This silencing of the self runs contrary to the grand heroic style of autobiographies and biographies which have praised and idolised figures from the apartheid and Chimurenga struggles. The private, intimate and personal stories are absent, reducing the quality and efficacy of the narratives which have been written about HIV/AIDS. Gammel is right to warn us of the "dangers of entrapment associated with the term *confession*".⁸³ It is perhaps this danger that has pushed writers like Westerhof and Shaba into distancing and protecting themselves in writing thinly disguised confessional autobiographies. This danger has not prevented Levin and

⁸¹ Marcus, *Auto/biographical discourses*, p.142.

⁸² Gammel, *Confessional Politics*, p.6.

⁸³ *ibid.*, p.7.

Cameron from similar self-effacement, but it does explain the delay in writing their stories in the first place. Ultimately, the movement in both cases is towards greater self definition in literature.

'Complex Truths'

It is necessary to look at the purpose of these first person confessions, testimonies and witnessing fictions in order to ascertain whether didacticism is a trap or a goal, and whether it motivates or guides these stories and, if so, to ask whether this has a positive or negative effect on the literature. Aesthetically, didactic tendencies can render narratives obvious and simplistic, and thereby result in their neglect by a more demanding, critical audience. It is also possible to see some texts as imposed on audiences, when Western-funded NGOs have contributed to the publication of particular books. Katrin Berndt claims that Zimbabwean traditional tales, fiction and stories often contain teachings, and that therefore moralisation or didacticism is not a new or distinctly Western form.⁸⁴ Likewise White is convinced that:

[W]here, in any account of reality, narrativity is present, we can be sure that morality or a moralizing impulse is present too. There is no other way that reality can be endowed with the kind of meaning that both displays itself in its consummation and withholds itself by its displacement to another story 'waiting to be told' just beyond the confines of 'the end.'⁸⁵

One might ask: why use fiction in the first place? There are so many real-life stories out there to relate, why use fiction to tell essentially similar tales? What does narrative as witnessing achieve that complicates the foregrounding of the subject? In *Who Cares? Aids in Africa* Susan Hunter uses fictive narratives to broker serious complex information. Although I would not class Hunter's stories as literature, since they form an anecdotal illustration to her social and cultural analysis of the HIV/AIDS crisis, the tendency to fictionalise truth in order to gain a greater impact for the story (perhaps because it lulls the reader or audience in to a false sense of security without threatening

⁸⁴ Berndt, *Female Identity*, p.210.

⁸⁵ White, "Narrativity in the representation of reality", *The Content of the Form*, p.24.

personal boundaries) is common. It enables the author to create clear tales of cause and effect, and to control the outcome in the desired direction. But it also removes stigma of personal specificity and ironically creates the distance that some require in order to identify with a character that they would not want to relate to in real life. Fiction also, crucially, allows writers to detail “the most personal and intimate details of the author’s life”,⁸⁶ which perhaps in Mpe’s case was a necessary or convenient creative position within which to relate essential truths about the self, which would otherwise have been culturally or personally unpalatable at the time. Good fiction adds nuanced layers of meaning that highlight the instability of truth. Furthermore, fiction allows the audience to project themselves into the story, characters become the everyman, removing the specific factual circumstances that can distance the reader from truth reassuring them that ‘it couldn’t happen to me’. Most importantly, fiction is a way of telling the truth, and is sometimes the only way of “telling a complex truth.”⁸⁷

In his 1987 Jerusalem Prize acceptance speech, Coetzee concluded by proclaiming: “We have art, said Nietzsche, so that we shall not die of the truth. In South Africa there is now too much truth for art to hold, truth by the bucketful, truth that overwhelms and swamps every act of the imagination.”⁸⁸ The same could be said of Zimbabwe, where art cannot replace or take the place of truth, but could be better employed to tell more complex versions of the truth. As Foucault reminds us: “Confession frees, but power reduces one to silence; truth does not belong to the order of power, but shares an original affinity with freedom.”⁸⁹ The ‘truth value’ of many testimonial stories, such as the Memory Book Projects, must be acknowledged and discussed, but literary value judgements in general are called into question in relation to personal testimonies. For example, Mzwandile Matiwana’s collection *I lost a poem*⁹⁰ warrants deeper exploration as a sustained body of work than some of the

⁸⁶ Gammel, *Confessional Politics*, p.6.

⁸⁷ Staunton, *Writing Still*, p.xv.

⁸⁸ Coetzee, “Jerusalem Prize Acceptance Speech (1987)”, *Doubling the Point*, p.99.

⁸⁹ Foucault, *The Will to Knowledge*, p.60.

⁹⁰ Matiwana, *I lost a poem* (Grahamstown: deep south, 2004).

individual poems in *We Are the Herb*, although both collections are testimonial and evolve from life-writing projects.

Matiwana's collection comes from time spent in prison in South Africa. One of the most powerful poems, "In the last flicker of light", details the rape of Small, "who died of HIV/Aids in Prison Hospital 2002" (p.36). This subject is unique in writing on HIV/AIDS in South Africa. Published in the same year, *Nobody ever said AIDS* featured the story "The Homecoming", by Mbongisi Dyantyi,⁹¹ which also details male rape. Dyanti's tale focuses on rape as punishment, rather than exposing the sexual fulfilment achieved in homosexual sex. Not only has homosexuality been sidelined in the cultural discourse on HIV/AIDS in South Africa and Zimbabwe, but the mutual infection of male inmates in prisons and the South African government's failure to treat them has been a widely ignored debate in a country that has criminalised its black township populations. Jonny Steinberg skillfully details the devastating effects of a life spent in prison and the insidious nature of the 'numbers' gangs in South Africa in *The Number*.⁹² The threat of HIV infection is mentioned in the book but is not dwelt on.

Matiwana's poem brings home in just a few concise words the impact of rape and infection with HIV:

They came with a knife made of
steel spoon, thrust it into my throat –
And I was told to be silent.
They undressed me
and penetrated my anus-hole. (p.36)

Matiwana's bravery and the intimacy with which he relates this tragedy is compelling. He illuminates the continuing trauma of such an encounter:

I had flash-backs of them
thrusting and thrusting
as if boring a hole in my soul –
as I recalled one of them saying:
"My Rosie, my baby" –
That was my burden to carry alone (p.36-7)

⁹¹ Dyanti, *Nobody ever said AIDS*, pp.116-120.

⁹² Jonny Steinberg, *The Number* (Jeppestown: Jonathan Ball Publishers, 2004).

The poem illustrates its own mediation of confession and witnessing in the final lines:

That's all he told me
lying there on that bed
ready for his demise
to meet his Maker. (p.37)

This story, told by Small to Matiwana, is now passed to us, the readers. Perhaps, in the telling Small was relieved of some of his burden, that was his, "to carry alone." The mitigation of the first person by the insertion of Small's words as reported speech into the poem, demonstrates the reticence of recounting these experiences in direct personal forms. The sexual substitution of men for women in prison is a subject few are willing to name as bisexual or gay.⁹³ So even when Small's story is told, it is somehow held in parenthesis, kept at a slight distance from both author and reader.

Conclusion

Finally, we return to the power of healing in narrative, the 'talking cure'. Since Aristotle's elucidation of catharsis in relation to tragedy, as enacted on the stage, was contained in his *Poetics*, the concept of catharsis has been associated with the act of telling tales. The communication of a climactic or dramatic revelation leads to a purge of emotion, terror and excitement. In psychoanalysis, the 'talking cure' mentioned by Boehmer is used to overcome personal trauma, by speaking about the experience or event in question. Catharsis need not be limited to confessional narratives, testimony, autobiography or witnessing. Fiction can take the place of reality or create situations in which to enact predicaments that one may face in life. Moreover, fiction provides a space in which the self can reclaim control of one's destiny and imagine other futures.

Most significantly, and in the context once again of the distinct nature of apocalyptic or stories of 'end-time', Coetzee states that:

⁹³ "Many [black] men who engage in homosexual sex do not regard themselves as homosexual, so they are commonly called 'men who have sex with men'." Jackson, *HIV/AIDS in Southern Africa*, p.49.

in the face of death the division of the self brought about by self-consciousness can be transcended in, and the endless regression of self-doubt overtaken by, an overriding will to the truth. The moment before death belongs to a different kind of time in which truth at last has the power to appear in the form of revelation. (p.284)

It is conceivable that in the face of death the unity and integrity of the self can lead to a purer form of truth – it is likely that in the cases of Cameron and Levin, this ‘revelation’ has prompted them to write their stories. Nevertheless, the balance of veracity and artifice with which such a tale is subsequently told can undermine the essential ‘truth’ of what is finally revealed. As Coetzee reminds us: “There is no ultimate truth about oneself”.⁹⁴ Considering these autobiographies in the realm of literature enables readers to envisage a ‘more complex truth’ about HIV/AIDS.

My location of confession, particularly autobiography, as situated within the broader frameworks of literary narrative, removes the burden of authenticity, so clearly described by Coetzee in his reading of Dostoevsky. Coetzee would still have us believe that:

[T]he end of confession is to tell the truth to and for oneself... Because of the nature of consciousness, Dostoevsky indicates, the self cannot tell the truth of itself to itself and come to rest without the possibility of self-deception. True confession does not come from the sterile monologue of the self or from the dialogue of the self with its own self-doubt, but... from faith and grace... the sacrament of confession as the only road to self-truth. (p.291)

The proximity of truth to reality need not be the sole purpose of the confessional form. As a form, it is merely a vehicle for the content which, whether true to the self or not, can hold the power to be cathartic, break down barriers, unveil injustices and, most importantly, imagine other possible worlds. As Gammel reminds us: “The telling of intimate life stories frequently moves beyond the language of authentic realism.”⁹⁵ The mere act of confession can change the self in the process, removing power from the ‘sin’ or ‘secret’ that is being confessed, rendering the confessor ‘shriven’, not necessarily in the sense of absolution, but ‘shriven’ from fearing the impact of

⁹⁴ Coetzee, “Interview”, *Doubling the Point*, p.391.

⁹⁵ Gammel, *Confessional Politics*, p.7.

this truth any longer. Without stipulating the necessity of transgression, penitence or absolution, the stories can exist as 'confessed truths' within the multi-faceted universe of complex truths that can never be reduced to simply one thing.

Likewise, the witnessing role of the reader or critic as judge or jury is no longer necessary. Biographies and autobiographies do not simply unveil innermost secrets, but implicate us all in the fight against the persistence and indelible harm of such pain and loss. When grieving and mourning are foreclosed, following Butler, the subject is trapped by endless melancholy. By resisting melancholy and apocalypse, stories bravely told in the first person become courageous and demand to be acknowledged, but they are not the sole medium of HIV/AIDS narratives. The strategic use of fiction, whether by deception or imaginative invention adds complexity and depth to a subject, which sometimes must needs be told by subterfuge. These are not stories told for their own sake, to be forgiven and forgotten, but to be shared and witnessed (as much by the reader as the writer), and not judged, but built upon to spread information and understanding about HIV and AIDS. The important thing is that these stories exist, in whatever form, in spite of the silence.

Conclusion

This thesis charts the initially fictional and eventually confessional development that narratives about HIV/AIDS have made in South Africa and Zimbabwe from 1990 to 2005. This fifteen-year period has provided fascinating literary material to analyse, and its interpretation has challenged the boundaries of postcolonial literary criticism. I have sought to uncover metaphors and narrative strategies used in literature about HIV/AIDS, placing them in their local contexts, and analysing the form and content in order to derive a more complex understanding of how HIV/AIDS is perceived and expressed in the midst of the epidemic.

Not only are there cultural and artistic differences in representation between southern African and Western portrayals of HIV/AIDS in literature, but there are also substantial differences in the portrayal of HIV/AIDS between South Africa and Zimbabwe. Having used the tropes and paradigms already applied to Western HIV/AIDS narratives to begin to interrogate African HIV/AIDS narratives, I have found these tropes and paradigms inadequate and limiting. The significance of Western patterns of representation diminished as the study developed such that although national forms and plague and apocalypse were useful entry points into the literature, my theorisation shifted towards gendered, urban and confessional forms of literature as the study progressed.

Metaphors of plague and apocalypse do not transfer easily into South African or Zimbabwean cultural contexts. In fact, the root of this cultural distinction may not lie simply in the disjunction of cultural points of reference, but in the fact that the texts in question do not sufficiently distance themselves from the minutiae of everyday life to take on such grand epic formulas as plague and apocalypse. This correlates in that much apocalyptic writing relies heavily on allegory to convey the idea that the cataclysmic fate of the individual is related to the apocalyptic fate of the nation or universe; and this fits with my analysis that these texts about HIV/AIDS are not heavily allegorical. Conversely, while moving closer to the ordinary and everyday individual, the texts avoid coming

as close as first person narration would allow until 2005, when autobiography emerges as a substantial mode of expression. In addition, although “apocalyptic texts frequently betray a preoccupation with physical purity and a concomitant anxiety about physical defilement”,¹ none of the texts dwells overtly on the physical deterioration of the body and the abject in relation to HIV/AIDS. However, this tendency is more common in recent autobiographical work by Levin and Cameron, and short stories by Guchu and Gqibitole.

So what has this exploration revealed to be the focus and nature of narrative representation in the narratives from southern Africa? Traditions of protest and rebellion continue in often muted forms in literature from both Zimbabwe and South Africa. Evidence of culturally subversive narratives containing different forms of Dickinson’s ‘dissident vernaculars’ can be found when HIV/AIDS does not top the official political or social agenda. Most significantly, the inflections of tone and performance of gender roles is the focal point through which many writers and readers have witnessed the injustices of HIV/AIDS and its varied consequences for both men and women. Placing the (diseased) body as the ‘fundamental structuring principle’ between the individual and the community in literary texts refocuses the concerns of writers and readers, altering the critical and ethical paradigms within which texts are received. The association of HIV/AIDS with the city and the increased publication of texts in the last four years signifies the beginning of a growing literary movement, a development of consciousness within society responding to the need for HIV/AIDS to be tackled, for its taboos to be uncovered, for the truth to be told.

In line with Agnes Muriungi (whose pioneering work on HIV/AIDS in Kenyan popular fiction precedes my own in southern Africa by just two years), I acknowledge that it is not possible to void the metaphors of HIV/AIDS completely. The metaphors may kill, leading to the cruelty and isolation depicted in Magona’s “A State of Outrage”, *Vukanil/Wake Up!* and

¹ Long, *AIDS and American Apocalypticism*, p.10.

Westerhof's *Unlucky in Love*, but without this language of signs and verbal imagery, how would we speak and write about HIV/AIDS? As McNeill and Dickinson point out, the use of code and the development of 'dissident vernaculars' highlight the fact that silence itself contains strategic codes. The preceding chapters show that after a nearly ten-year period (in the 1980s) of absolute silence in literature from Zimbabwe and South Africa, HIV/AIDS began to feature in 1990. This thesis identifies and analyses texts which reveal the distinct narrative and discursive strategies that have developed until 2005.

The subject of HIV/AIDS has often been filtered into the background of numerous texts as a fact of life against which other dramas and struggles unfold. When it becomes the central fact of drama, however, the texts highlight personal, as well as local and national, struggles on a scale that can be linked to, but not subsumed by, wider postcolonial strategies in literature. The differences in genesis and form are notable – effectively a nine-year gap between Alexander Kanengoni's short story published in 1990, and Sindiwe Magona's short story in 1999. It may even be significant that *Opening Spaces*, the collection in which Magona's story appeared, was edited by a Zimbabwean woman, Yvonne Vera. The other Zimbabwean women forging a new direction were not far behind Kanengoni, with Vivienne Kernohan publishing "Life Changes" in 1992, and *Waste not your Tears* in 1994, and Barbara Makhalisa publishing two stories which reference HIV/AIDS in her short story collection *Eva's Song*, in 1996. Stanley Nyamfukudza followed Kanengoni in publishing *If God was a Woman* in 1992. The predominance of short stories in this chronology replaces both Kruger's and Oboe's supposition that only the novel can 'intervene politically', and suggests that the short story form has been the most appropriate medium with which to address HIV/AIDS while the progression of the epidemic has been so swift.

In evaluating the significance of these publications and others, and the analysis that has followed in this thesis, I am reminded of Leavy, who poses

the question, "What can a book on plague literature expect to accomplish?"² I would apply her open-ended question to an evaluation of my own project on HIV/AIDS literature. However idealistic, I like the idea that Leavy draws from a Keatsian metaphor, in which he wondered "whether the poet could be physician to humanity". The conflict between the indulgences of art and the aims of medicine may not be resolved in this study, but I would also like to invoke Leavy's evocation of the Horatian ideal that "literature is a superior teacher because it has pleasure as its means, the spoonful of sugar that makes the moral medicine go down."³ It has been possible, as Alex de Waal indicates, to use literature, novels and short stories in particular, to put the ear closer to the ground in South Africa and Zimbabwe to "investigate what people actually talk about."⁴ This thesis confirms that there is indeed much to be learned about HIV/AIDS "through those professional observers of everyday life: novelists."⁵ Literature provides an opportunity to the reader and critic, not just to hear what people talk about, but most significantly, to *read* what they would perhaps otherwise *not* talk about. Writing and reading are a silent form of communication which open covert spaces in which to approach the unspeakable, as Kruger, Leavy, Agar and Treichler have been used to reiterate throughout this study.

The distancing of illness from the male body is tackled amidst a wider contemplation that HIV/AIDS undermines all currently accepted notions of society, and forces us to re-think the nature of our existence in the modern world. By contrast, Zimbabwean men, both black and white, gay or heterosexual, have yet to write first person autobiographical or confessional texts like those recently published in South Africa. This absence not only distinguishes the literary representation of the genders between both countries, but also confirms that even when the majority of writers in Zimbabwe writing about HIV/AIDS in English are men, the continued lack of engagement with the sick male body is remarkable, constituting an 'other' that

² Leavy, *To Blight with Plague*, p.19.

³ *ibid.*, p.20.

⁴ de Waal, *AIDS and Power*, p.32.

⁵ *ibid.*

has yet to be recognised in literature. The depiction of women by men has yet to portray physically diseased women either – HIV infection is concealed, and yet implicit, which knowledge the reader infers from the sexual relationships of the characters. Vivienne Kernohan first breaks this pattern, for female authors at least, describing Loveness's suffering with unswerving veracity in *Waste not your Tears*.

Focusing on shared spaces of infection, primarily the city, highlighted the development of intimate narratives that bring writers and readers closer to the individual. The shared spaces of the city are transformed in novels, poems, and short stories, into the shared lives and imaginations of those suffering from HIV/AIDS. *Welcome to our Hillbrow*, in particular, provides an alternative to national contexts for the HIV/AIDS epidemic, while remaining firmly embedded in a particularly Johannesburg-ian, Hillbrow-ian, Sepedi experience of urban South Africa. The portrayal of sex in the city in both countries is rarely explicit, but the city provides the backdrop to liberal interpretations of relationships and social interaction, particularly in Magogodi's poetry. The movement of the sick body in space, and between partners, is traced in a number of texts, and reflects the paradox of freedom of movement, transcending spatial boundaries and the freedom of infection across previously sanctioned physical, sexual and social borders.

It is possible to see that, unlike Zimbabwean writing, South African writing could be following a pattern identified by Susan Gallagher in literature during apartheid. It is worth including this quote at length, as it outlines a development of genres that can be appropriated by South African literature about HIV/AIDS:

[I]t is not surprising that in the 1970s few South African confessions were written or published. The first generation of black writers was in exile; most of the up-and-coming generation turned to more overt forms of resistance literature, such as performance poetry or the realistic short story, which at times drew on autobiographical detail but seldom employed the first person or posed as fictional autobiography... South Africans both at home and in exile responded to the turmoil of the 1980s with an outpouring of confessional autobiographies. After the

distanced accounts of the 1960s and the lull of the 1970s, self-revealing accounts pour from the pens of South African authors.⁶

Gallagher identifies the role women played in this literary output, and I suggest that women in South Africa are likely to respond in kind to HIV/AIDS in due course:

[L]ed by Ellen Kuzwayo's path-breaking *Call me Woman* (1985), black South African women made the autobiographical move for the first time in numbers, attempting to reconstruct a self in the face of both racism and patriarchy.⁷

This renaissance developed from straightforward testimonials to more complex literary texts: "The early autobiographies were primarily testimonials to the world community and confessional outlets for the ravaged psyches of apartheid, both the new and the reissued texts served more complex functions."⁸ Like some of the writing about HIV/AIDS, particularly works centred on the township and city, the early works can be seen to resolutely attempt to create a new community. Gallagher confirms this pattern stating: "What originally provided testimony about current events to the world was beginning to become community-building history for South Africans."⁹ This work continues today, such that writing about HIV/AIDS is playing a crucial role in post-apartheid literary constructions of individuals, communities and nation in South Africa. Zimbabwean literature could also follow this pattern, though it has a less prominent history of autobiographical writing, and a much-depleted publishing industry.

Although HIV/AIDS autobiographies are only just emerging in South Africa, the more dominant form of fictional narrative-as-witnessing complicates the foregrounding of the authorial subject presented in autobiography. The objective or distancing experience in narratives such as Mpe's *Welcome to our Hillbrow* supplies an element of truth telling in fiction, knowledge from experience, and perhaps some self-deception that holds more power than the knowing, 'truthful' and apparently omnipotent narrators of autobiography. Mpe, aware of this in his blurring of fiction and autobiography, documents the

⁶ Gallagher, *Truth and Reconciliation*, pp.50-1.

⁷ *ibid.*

⁸ *ibid.*, p.52.

⁹ *ibid.*

city of Johannesburg with love, nostalgia and ownership, transcending and reclaiming old spaces, using multiple narrators and narrative strategies in order to achieve a 'complex truth'. Although Mpe does not set out to 'witness' events explicitly, his fictional interface enables readers to witness a side of Johannesburg that would otherwise have remained concealed – sharing a silenced site of infection with an equally silent individualised audience – and instigating a form of coalitional politics, between writers and readers.

In this thesis, southern African HIV/AIDS narratives begin to present an alternative to the now established and accepted HIV/AIDS culture, prevalent in gay American fiction of the 1980s and 1990s. A major difference that few African HIV/AIDS narratives confront directly is male homosexuality, but one advantage to this absence is that heterosexual narratives provide more space for female characters. Indeed, the only novel containing an HIV-positive gay character is Jacobs's *Confessions of a Gambler*. Diana Davidson confirms that in the West: "Women have not only been ignored as patients and at risk for HIV, but have often been relegated to the feminized role of caretaker in the short history of the epidemic".¹⁰ But this has not been the case in South African and Zimbabwean narratives of the same period until now, although, as we have seen, women have not necessarily penned those narratives themselves.

By focusing on women's writing in Chapter Four, strong similarities emerged between, for example, Rayda Jacobs and Sindiwe Magona's use of the language of mothering to transcend prejudice, silence and negative associations with HIV/AIDS, seeing the humanity of their own children above and beyond the taboos and stigma associated with HIV infection. Women's narratives in Zimbabwe reveal these problems using writing as an act of reclaiming and empowerment – it becomes a form of self-defence – often driven by the protection of children and loved ones. Strength is also derived from the coalitional politics Butler identifies, enabling women to subvert

¹⁰ Davidson, "'How many souls collide underwater? Enough.': Reading Michelle Cliff's 'Bodies of Water' as an Activist HIV/AIDS Narrative", p.10.

gender expectations by expressing individual and collective pain. Just the fact of their writing, claiming and reshaping their lives, enacts a form of discursive liberation, but women also support and help each other, not only in their struggle against HIV/AIDS itself, but in their strategies for writing. Female writers also manipulate literary forms to suit their requirements, blurring the boundaries between fiction and reality, and collaborating in order to tell their stories and make their voices heard. A number of works have been co-authored, such as *Unlucky in Love*; Virginia Phiri's collection *Desperate*, which is the result of collaboration with prostitutes; and Kernohan's *Waste not your Tears*, which stemmed from interviews with AIDS patients. The collaborative nature of anthologies is also significant and prolific.

Charlene Smith's *Proud of Me* also arguably represents a collaborative response in her use of stories of other women's contraction of HIV, which displace prospects of her own infection. Liz McGregor's writing of Khabzela's story provides a template for future work. Her next project focuses on the rain queen Modjadji VI who allegedly died of AIDS age 27.¹¹ This appropriation of others' stories can be morally ambiguous, but does create a voice for those whose untimely death prevents them from telling their own stories. The blurring of literary generic boundaries remains a complex issue that has featured in works of biography, fictionalised-autobiography and fiction that can be read as biography, such as Mpe's *Welcome to our Hillbrow*, which we are reminded 'is no fiction'. This literature has begun to create new languages and linguistic codes: it is re-inventing genres for a new generation, and finding increasingly more complex ways of writing about HIV/AIDS.

Despite the caveat that I would be unable to include indigenous oral and literary practices, it *has* been possible to forge some links with the small number of language-based research projects that have begun to examine depictions of HIV/AIDS in Zulu, Xhosa, Sotho and Shona. Liz Gunner's work

¹¹ McGregor, "Who killed the Rain Queen", *At Risk – Writing on or over the edge of South Africa*, McGregor and Nuttall (eds.) (Jonathan Ball, 2007).

on Zulu songs and performance provide excellent illuminations of the ways in which public events and competitions have been used to speak about HIV/AIDS, particularly by the younger male members of *isicathamiya* groups. Maurice Vambe's examination of Shona plays exposes the deeply gendered nature of language used to describe HIV/AIDS in Shona – he shows that it is possible to be much more direct, critical and derogatory in Zimbabwe's dominant language. Tessa Dowling's research around Cape Town details colloquial terms and etiquette around HIV/AIDS, suggesting parallels with my own analysis of literature in English with regards to taboo, silencing and coded or dissident languages. She emphasises the importance of researching and exposing local idioms and linguistic connotations which add volumes to our understanding of why HIV/AIDS is simultaneously feared and ignored in many areas of South African life. There is ample potential for comparison with written literary depictions, across languages, and future work would benefit from collaboration in this regard.

Overall, it is not only that there are few fictional texts in English about HIV/AIDS, but that it is also precisely the generation that we would expect to write about HIV/AIDS which is being decimated by the disease. The search for the new, young, black generation of writers of post-apartheid South Africa, and post-independence (post-Mugabe) Zimbabwe, will have to include those who survive HIV/AIDS, or who never encounter it. We have already mourned the loss of a number of writers in both countries who have either died of AIDS-related illnesses, or simply died young, before fulfilling their potential.¹² But as Kgafela oa Magogodi reminds us, HIV/AIDS is not the only struggle facing the new generation of South Africans.¹³

However, there are a number of reasons to be hopeful about the future of HIV/AIDS literature: in South Africa, Siphiwo Mahala has just published his first novel, *When a Man Cries*,¹⁴ which deals with masculinity and AIDS; Niq

¹² See Attree, "Already Falling Apart?"

¹³ See Appendix 3.

¹⁴ Siphiwo Mahala, *When a Man Cries* (Scottsville: University of Kwa-Zulu Natal Press, 2007).

Mhlongo's *After Tears* has also been published;¹⁵ and forthcoming novels are expected by Imraan Coovadia (*Witchcraft*¹⁶), and Sindiwe Magona¹⁷ and Achmat Dangor,¹⁸ in addition to Steinberg's non-fiction *Three-Letter Plague*. In Zimbabwe, Valerie Tagwira has published *The Uncertainty of Hope*, a long novel about HIV/AIDS, *murambatsvina*, and urban women in Mbare; and Charles Mungoshi and Alexander Kanengoni are working on longer HIV/AIDS-related work, both indicating their preoccupation with the position of women.¹⁹ Virginia Phiri also expects *The Southern Highway Queen* to be available later this year.²⁰ This explosion of lengthy novels and biographical stories will usurp the current prominence of the short story in HIV/AIDS literature from both South Africa and Zimbabwe from 1990 to 2005.

As noted briefly in Chapter Four, when Zimbabwean Phiri submitted a shorter version of *The Southern Highway Queen* for inclusion in the South African published anthology *Nobody ever said AIDS*, it was censored by the publisher. This mirrors Vivienne Kernohan's experience on first writing *Waste not your Tears*: when Unicef, who had commissioned the story, objected to the descriptions of sex that were too graphic, Kernohan published the story elsewhere.²¹ The fact that similarly conservative objections were made over ten years apart, and this time in a South African context, reflects the persistence of conservative aesthetics when coercive sex is described with all the derogatory sexual and gender implications this entails. It shows just how similar, and indeed how static, views of sexual morality in both Zimbabwe and South Africa are. This intransigence is echoed in Chapter Three, where Chiweza's 2006 views are compared with those depicted in Mungoshi's 1997 collection: *Walking Still*. The cultural paradox, throughout southern Africa, is that this conservatism does not extend to adequate protection for women from the sexual violence depicted in Kernohan's and Phiri's stories. This

¹⁵ Niq Mhlongo, *After Tears* (Cape Town: Kwela Books, 2007).

¹⁶ See www.ukzn.ac.za/ccca/images/tow/TOW2007/bios/Coovadia/htm.

¹⁷ Personal communication - provisionally entitled *The Green Freedom of the Cockatoo*, taken from a line in Wallace Stevens' poem "Sunday Morning".

¹⁸ Personal communication in 2005 while on tour with African Visions, for which I was the Regional Tour Manager for the Africa Centre.

¹⁹ See Appendices 5 and 6.

²⁰ See Appendix 11.

²¹ See Appendix 7.

conservatism serves to uphold the status quo, which remains reluctant to question male power in modern South Africa and Zimbabwe. Nevertheless the prospective outpouring of novels on HIV/AIDS in the next two years will surely transform the cultural and literary landscape, at least in South Africa, if not as extensively in Zimbabwe. Writing from the Zimbabwean Diaspora holds a different revolutionary potential that has yet to be fully realised. The role of the reader in deconstructing and seeing through the politics depicted in a variety of texts becomes central to the process of interpretation. The importance and centrality of the reader has been argued accordingly throughout this thesis.

A retrospective analysis of the gaps and absences in this thesis suggests that in the future there will be more depictions of rural experiences of HIV/AIDS along the lines of *Father Michael's Lottery* and the film *Yesterday*, perhaps employing humour and satire, as well as unflinching realism, to portray the harsh reality and inequality of treatment access in different parts of South Africa and Zimbabwe. Attwell's identification of the predominance in South Africa of "literature of witness, documentary, and protest – varieties of realism",²² is an observation that can be translated to developments in Zimbabwean literature. The realism used by Guchu in *Sketches of High Density Life*, stems from his journalistic experience, as does Levin's talent for self-parody and detailed reportage in *AIDSAFARI*. It is likely that those who already have access to the media, such as Khabzela and Cameron, will increasingly write biographical or autobiographical accounts that deal with HIV/AIDS in a more confrontational way. It is also likely that as the cities in South Africa and Zimbabwe grow, the stories from these cities will continue to proliferate. It is my hope that more books by black South African and Zimbabwean women will also be published. However, rape and sexual violence in South Africa in particular continues to be notable by its absence in literature, which does not reflect the endemic nature of rape and the inevitable links with HIV infection.

²² Attwell, *Rewriting Modernity*, p.169.

Another key metaphor notable by its absence is 'war', which appears in Zulu and Shona idioms related to AIDS, and yet has not translated substantially to written literature in English about HIV/AIDS. This is surprising, because the nation as a site of struggle is common to both South African and Zimbabwean history, featuring heavily in Zimbabwean literary work, particularly since 1980. The potential for the landscape of the nation to become the landscape of the body, diseased and disintegrating, is a rich seam of imagery that has yet to be mined by writers, though politicians such as Mugabe and Buthelezi have frequently used the imagery of a 'fight' against the 'enemy' AIDS. This absence can be connected with the reluctance to engage with bodily, physical disintegration, but it could also be explained by a diversionary tactic, also used by politicians, to blame 'outsiders' as the 'enemy' bringing HIV into the country. Mpe certainly comments on xenophobia in *Welcome to our Hillbrow*, but while individuals have not been mobilised to 'fight' against the national 'enemy' AIDS, and politicians like Mbeki are reluctant to refer to the disease as a national problem, it seems that HIV/AIDS has remained a local issue, its tensions residing primarily in personal relationships rather than a national allegory for 'war' against an 'invader'. It is too early to say whether the writing that has arisen will constitute a genre in itself, such as the 'TRC' sub-genre in South Africa, or the 'War' macro-genre in Zimbabwe. Literature about HIV/AIDS relates the experiences of ordinary Africans in the face of adversity, enacting the 'rediscovery of the ordinary' that Ndebele is so keen to witness.

The variety of literary responses and representations of HIV/AIDS that I have documented in this thesis defy fixed categorisation, to a certain extent. The anticipation of a number of lengthy literary works on HIV/AIDS also suggests that forms and genres will be created and re-invented to propel HIV/AIDS into the literary, public and academic spotlight. Mhlongo's *After Tears*, for example, is said to deal with the specific phenomenon of Soweto-based 'after tears parties', held after AIDS funerals, at which mourners engage in casual sex with ironic high-risk abandon. Coovadia's *Witchcraft*, suggests in its title another direction that is likely to feature strongly in future literature on HIV/AIDS, and is set specifically in and around Durban, which as part of Kwa-

Zulu Natal has the highest HIV prevalence rate in South Africa, and has yet to feature in a novel about HIV/AIDS.

Muriungi argues that for the protagonist in Adalla's *Confessions of an AIDS Victim*, "It is only through narrative that she can reclaim her physical and social identity. By writing, she can reconfigure her shattered self back into an articulate narrative that can be lived."²³ Although my research both complements and diverges from Muriungi's ground-breaking work, it seems likely that by employing a comparative regional focus, links could be made between Kenyan and East African writing on HIV/AIDS and southern African literature. The development of stronger, sustained first person narratives would certainly provide a fruitful opening comparison. Further work on popular literature, edu-tainment and the genres of love and romance fiction that Muriungi examines would also make excellent parallels with media, newspaper, drama, TV, film and radio representations that reach a much wider audience than more high-brow literature.²⁴ Perhaps this literature will be transferred into these diverse media, as is suggested by an anthology project Mda is working on.²⁵ The development of HIV/AIDS literature in different countries across varied timeframes would also be an interesting study and could be used to connect cultural discourses with those in the political arena such that literature could be shown to pre-empt, challenge or mimic the development and stagnation of political discourses.

In terms of literary ideals, Susan Sellers relates that in a lecture given by Hélène Cixous in California, Cixous read a passage from a letter by Franz Kafka, as follows:

I think we ought to only read the kind of books that wound and stab us... we need the books that affect us like a disaster, that grieve us deeply, like the death of someone we loved more than ourselves, like

²³ Muriungi, "Narrative, contradiction and HIV/AIDS", p.62.

²⁴ For example, Betty Dlamini studied "Theatre for Development in Swaziland" for her PhD at SOAS.

²⁵ Mda has compiled an anthology written by HIV-positive writers. Once published it will be "adapted into stage plays, radio and video drama, for performance by community theatre groups and radio stations" – see www.ukzn.ac.za/cca/images/tow/TOW2004/Mda.htm.

being banished into forests far from everyone, like a suicide. A book must be the axe for the frozen sea inside us.²⁶

This dramatic vision of the power and potential of literature speaks of the emotional centre at the heart of writing that can work to enact change or at least to instigate sympathy and empathy - connecting one human being to another - particularly in the face of tragic, untimely deaths, suffered in excruciating pain, often unnecessarily. Whether it will be literature or politics, the axe, or the spoonful of sugar that enacts this dramatic transformation in South Africa and Zimbabwe remains to be seen. Most likely it will be a dialogic, coalitional dynamic of the two, led by grassroots activists such as Zackie Achmat, Gugu Dlamini and Auxillia Chimusoro whose work has already blazed a trail through the silence of both countries and inspired authors to be more outspoken about HIV/AIDS.

Finally, literature is a contact zone, a shared place and space, where the reader's mind is exposed to different ideas and approaches to the world. The cross-fertilisation of ideas that can occur in literature, lends itself to multi-disciplinarity, intersecting ideologies and the sharing of science with literature, medicine with life. It is in the narratives of HIV/AIDS which are beginning to emerge, that we can begin to share knowledge and ideas and reduce the burden of infection, which is the responsibility of the whole community, and ultimately incite our re-shaped communities to action. Epstein, like Kruger and Haraway, makes the link between colonisation and infection and their political language of struggle, locating HIV infection as a colonising entity, which can lie dormant before eventually usurping the body's resources and power, transforming into AIDS.²⁷ As Haraway suggests, this approach to disease involves a stunning reversal: 'The colonized is perceived as the invader',²⁸ and suddenly the world is at risk of colonisation, from its former colonies. This paradox simultaneously denotes "the active bearer of disease and its passive sufferer",²⁹ and therein lies the power of a virus that silently imperils the lives of others

²⁶ Sellers, "Writing is learning to die", p.99.

²⁷ Epstein, *Altered Conditions*, pp.10-11.

²⁸ Kruger, *Aids Narratives*, p.39, quoting Haraway, *Simians, Cyborgs, and Women*, p.223.

²⁹ Kruger, *Aids Narratives*, p.77.

through sexual intercourse, while also victimising its carrier once symptoms emerge.

In this thesis I suggest that the individual can resist these paradoxes, overturning blanket theorisations of postcolonialism and infection, with inscriptions of agency in HIV/AIDS literature from Zimbabwe and South Africa. With some poetic licence, I appropriate a quote from the seminal text *The Empire Writes Back*, substituting 'HIV/AIDS' for 'colonialism' to read: HIV's/AIDS's

general influence on the perceptual frameworks of contemporary peoples is often less evident. Literature offers one of the most important ways in which these new perceptions are expressed and it is in their writing, ...that the day-to-day realities experienced by colonized peoples [peoples infected with HIV/AIDS] have been most powerfully encoded and so profoundly influential.³⁰

The manipulation, interpretation and understanding of this encoding, the reshaping of communities within both South Africa and Zimbabwe, in writing about HIV/AIDS, are strategies to watch in the difficult future that both countries face at the mercy of HIV/AIDS. Using the colonial metaphor, the state of the individual seems allegorical to the state of the nation, and yet the texts I have examined demonstrate that discourses about HIV/AIDS are located precisely within the struggle between national and individual experiences of HIV/AIDS. The page, as well as the body, positioned between the self and nation, is a liminal space – a space of potential infection – where 'complex truths' about HIV/AIDS can reach a wider audience, complicating the notion of disease as both an individual and a collective experience. The texts themselves enact Bhabha's 'third space of enunciation', speaking powerfully from the margins to the centre. This is an ongoing process. Let us hope the constructed meanings in Zimbabwean and South African literature, that HIV/AIDS is the responsibility of the whole community, including the reader's, are powerfully influential and increasingly apparent in critical thinking about the disease.

³⁰ Bill Ashcroft et al., *The Empire Writes Back* (London: Routledge, 1989), p.1.

Bibliography

Primary Texts

- Brickhill, Pat. "Ndakayambuka." In *Writing Now*, edited by Irene Staunton, 17-29. Harare: Weaver Press, 2005.
- Cameron, Edwin. *Witness to AIDS*. South Africa/London: Tafelberg Publishers/I.B. Tauris, 2005.
- Chinodya, Shimmer. "Can We Talk." In *Can We Talk and other stories* 113–152. Oxford: Heinemann, 2001.
- Dangor, Achmat. "Skin Costs Extra." In *Nobody ever said AIDS: Stories and Poems from Southern Africa*, edited by Nobantu Rasebotsa, Meg Samuelson and Kylie Thomas, 64-70. Cape Town: Kwela Books, 2004.
- Dladla, Angifi, Proctor. "She Became the Mother Again (Wa Phenduka Umdlezane Futhi)." In *Nobody ever said AIDS*, 123. Cape Town: Kwela Books, 2004.
- Dyantyi, Mbongisi. "The Homecoming." In *Nobody ever said AIDS*, 116-120. Cape Town: Kwela Press, 2004.
- Govinden, Betty, Devarakshanam. "Bearing the stigmata." In *Nobody ever said AIDS*, 142-3. Cape Town: Kwela Books, 2004.
- Gqibitole, Khaya. "Fresh Scars." In *Nobody ever said AIDS*, 91-96. Cape Town: Kwela Books, 2004.
- Guchu, Wonder. "Fading like a flower." In *Sketches of High Density Life*, 49-53. Harare: Weaver Press, 2003.
- Jacobs, Rayda. *Confessions of a Gambler*. Cape Town: Kwela Books, 2003.
- Kala, Violet. *Waste not your Tears*. Harare: Baobab Books, 1994.
- Kanengoni, Alexander. "Effortless Tears." In *Effortless Tears*, 71-76. Harare: Baobab Books, 1993.
- Kanengoni, Alexander. "The Writing is on the Wall." *The Herald*, 29/12/90.

- de Kok, Ingrid. "The Head of the Household." In *Nobody ever said AIDS*, 169. Cape Town: Kwela Books, 2004.
- Krog, Antjie. "Visit to the Eastern Cape." In *Nobody ever said AIDS*, 145-148. Cape Town: Kwela Books, 2004.
- Levin, Adam. *AIDSAFARI – A Memoir of my Journey with Aids*. South Africa: Zebra Press. 2005.
- Magogodi, Kgafela oa. *Thy Condom Come: Untamed Love Lines*. South Africa: New Leaf, 2000.
- Magona, Sindiwe. "A State of Outrage." In *Opening Spaces – An anthology of contemporary African women's writing*, edited by Yvonne Vera, 114-127. Oxford/Harare: Heinemann/Baobab Books, 1999.
- Magona, Sindiwe. "Leave-taking." In *Nobody ever said AIDS*, 124-141. Cape Town: Kwela Books, 2004.
- Magona, Sindiwe. *Vukanil (Wake up!)*. Unpublished 2002, by email. First performed at the Masque Theatre, Muizenberg, Western Cape, South Africa on 17/08/06.
- Maluleke, Eddie, Vulani. "Nobody Ever Said AIDS." In *Nobody ever said AIDS*, 17-20. South Africa: Kwela Books, 2004.
- Matiwana, Mzwandile. "In the last flicker of light." In *I lost a poem*, 36-37. Grahamstown: Deep South, 2004.
- McGregor, Liz. *Khabzela – The Life and Times of a South African*. South Africa: Jacana Media, 2005.
- Memela, Sandile. *Flowers of the Nation*. South Africa: University of KwaZulu-Natal Press, 2005.
- Mpe, Phaswane. *Welcome to our Hillbrow*. Pietermaritzburg: University of Natal Press, 2001.
- Mpe, Phaswane. "God Doesn't Smoke Dagga." In *Urban '03 – collected new South African short stories*, edited by Dave Chislett, 37-49. South Africa: Spearhead, 2003.

- Mungoshi, Charles. "Did You Have to Go that Far?" In *Walking Still*, 45-82. Harare: Baobab Books, 1997.
- Mungoshi, Charles. "Letter to a Friend." In *Seventh Street Alchemy – a selection of writings from the Caine Prize for African Writing 2004*, 192-7. South Africa: Jacana Media, 2005.
- Ndlovu, Mary. "New Mourning." In *Writing Still*, edited by Irene Staunton, 191-198. Harare: Weaver Press, 2003.
- Ndlovu, Vee. "Life Changes." in *Horizon*, 46-50. Zimbabwe: October, 1992.
- Ndlovu, Vivienne. "Homecoming." In *Writing Still*, 199-203. Harare: Weaver Press, 2003.
- Ndlovu, Vivienne. "Lady-killer." In *Nobody ever said AIDS*, 164-168. Cape Town: Kwela Books, 2004. (Excerpted and adapted from *Waste not your Tears*, published under the name Violet Kala).
- Nyamfukudza, Stanley. "If God was a Woman." In *If God was a Woman*, 115-128. Harare: The College Press, 1992.
- Nzenza-Shand, Sekai. *Songs to an African Sunset – A Zimbabwean story*. Australia: Lonely Planet Publications, 1997.
- Raboko, Teboho. "Sefela – Migrant Worker's Poem." In *Nobody ever said AIDS*, 90. Cape Town: Kwela Books, 2004.
- Shaba, Lutanga. *Secrets of a Woman's Soul*. Harare: Lutanga Shaba, 2005. www.lutashaba.com.
- Skosana, Mthuthuzeli, Isaac. "When I Rise." In *Nobody ever said AIDS*, 183-184. Cape Town: Kwela Books, 2004.
- Westerhof, Tendayi. *Unlucky in Love*. Edited by Vivienne Kernohan. Harare: Public Personalities Against AIDS Trust, 2005.

Secondary Texts

- Abuk, Christina. *SOAS Literary Review* 3, Autumn 2001.
<http://www.soas.ac.uk/soaslit/issue3/abuk.pdf>
- Achebe, Chinua. "The Role of the Writer in the New Nation." In *African Writers on African Writing*, edited by, G.D. Killam. Evanston: Northwestern University Press, 1973.
- Achebe, Chinua. "The Novelist as Teacher." In *Morning yet on Creation Day*. London: Heinemann, 1975.
- Achmat, Zackie. "Afterword." In *Long Life...Positive HIV Stories*, 182. Jonathan Morgan and the Bambanani Women's Group. Cape Town: Double Storey Books, 2003.
- Adalla, Carolyne. *Confessions of an AIDS victim*. Nairobi: East African Educational Publishing, 1993.
- Agar, James. "Remembrance of Health Lost: Dis/Figuring Africa in European AIDS writing." In *National Healths: Gender, Sexuality and Health in a cross-cultural context*, 97-108. London: UCL Press, 2004.
- Aidoo, Ama Ata, ed. *African Love Stories- an anthology*. London: Ayebia Books, 2006.
- Akeroyd, Anne, V. "Coercion, Constraints, and 'Cultural Entrapments': A Further Look at Gendered and Occupational Factors Pertinent to the Transmission of HIV in Africa." In *HIV and AIDS in Africa - Beyond Epidemiology*, edited by Ezekiel Kalipeni, Susan Craddock, Joseph R. Oppong and Jayati Ghosh, 89-103. Oxford: Blackwell Publishing, 2004.
- Altman, Dennis. "Globalisation, Political Economy and HIV/AIDS." In *Sexualities and Society. A Reader*, edited by J. Weeks, J. Holland and M. Waites, 188-194. Cambridge: Polity Press, 2003.
- Anderson, Benedict. *Imagined Communities: reflections on the origin and spread of nationalism*. London: Verso, 1983.

- Arnfred, Signe, ed. *Re-thinking Sexualities in Africa*. Sweden: Nordiska Afrikainstitutet, 2004.
- Ashcroft, Bill, Gareth Griffiths, and Helen Tiffin. *The Empire Writes Back*. London: Routledge, 1989.
- Ashforth, Adam. "An Epidemic of witchcraft? The implications of AIDS for the post Apartheid State." In *African Studies* 61,1 (2002): 121-145.
- Ashforth, Adam. *Witchcraft, Violence and Democracy in South Africa*. London: University of Chicago Press, 2005.
- Attree, Lizzy. "Women Writing AIDS." *Atlantic Literary Review* (forthcoming).
- Attree, Lizzy. "House of Hunger Poetry Slam." in *The Zimbabwean*, 07/09/06.
- Attree, Lizzy. "Already Falling Apart?" *Wasafiri – Africa 05* Issue 46, Autumn 2005.
- Attree, Lizzy. "Healing with Words - Interview with Phaswane Mpe." In *Journal of Commonwealth Literature* 40,3, Sept 2005: 139-148.
- Attree, Lizzy. "The Strong Healthy Man." In *Manning the Nation*, edited by Robert Muponde and Kizito Muchemwa. Harare/Johannesburg: Weaver Press/Jacana, 2007.
- Attree, Lizzy. "AIDS Space and the City." In *Words Gone (Two Soon)*, edited by Mbulelo Vizikhungo Mzamane, 187-195. South Africa: Skotaville Media, 2005.
- Attree, Lizzy. "Reshaping Communities: The representation of HIV/AIDS in Literature from South Africa and Zimbabwe." In *The End of Unheard Narratives - contemporary perspectives on Southern African Literatures*, edited by Bettina Weiss, 61-79. Germany: Kalliope Press, 2004.
- Attridge, Derek. *J.M. Coetzee and the Ethics of Reading*. Chicago: University of Chicago Press, 2004.

- Attwell, David, ed. *Doubling the Point – Essays and Interviews*. Cambridge: Harvard University Press, 1992.
- Attwell, David. *Rewriting Modernity – Studies in Black South African Literary History*. South Africa: University of KwaZulu-Natal Press, 2005.
- Austen, Benjamin. "The pen or the gun: Zakes Mda and the post-apartheid novel." In *Harper's Magazine*, 01/02/05
http://goliath.ecnext.com/coms2/gi_0199-3676254/The-pen-or-the-gun.html (accessed 09/07/07).
- Baggaley, Rachel. "Life in the Time of HIV." In *I Die, but the Memory Lives On*, edited by Henning Mankell, 99-116. London: The Harvill Press, 2004.
- Bakhtin, Mikhail. *The Dialogic Imagination*. Austin: University of Texas Press, 2000.
- Barnett, Tony and Alan Whiteside. *AIDS in the Twenty-First Century – Disease and Globalization*. Basingstoke: Palgrave Macmillan, 2003.
- "Mugabe 'family affected by Aids'," *BBC News Online*, 16/06/04.
<http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/3812847/stm>.
- "Life for South Africa's baby rapist," *BBC News Online*, 26/07/02.
<http://news.bbc.co.uk/1/hi/world/africa/2161854.stm> (accessed 20/04/04).
- "Blair promises to stand by Africa," *BBC News Online*, 02/10/01.
www.bbc.co.uk.
- "Zimbabwe inflation nears 1,600%," *BBC News Online*, 12/02/07.
<http://news.bbc.co.uk/1/hi/business/6354783.stm>.
- "S Africa's Zuma denies Aids risk," *BBC News Online*, 04/04/06.
<http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/4875930.stm>.
- "Zuma sorry for not using condom," *BBC News Online*, 09/05/06.
<http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/africa/4753351.stm>.
- Behringer, Wolfgang. *Witches and Witch-Hunts: A Global History*. Cambridge: Polity Press, 2004.

- Bell, Vikki. "On Speech, Race and Melancholia – An Interview with Judith Butler." In *Theory, Culture and Society* 16,2, 1999: 163-174.
- Berndt, Katrin. *Female Identity in Contemporary Zimbabwean Fiction*. Germany: Bayreuth African Studies 73, 2005.
- Berry, Alex. "Zimbabwe's Outspoken Archbishop." In *Time*, 07/05/07 www.time.com/time/world/article/0,8599.1618062,00.html (accessed 23/05/07).
- Bhabha, Homi, K. *Nation and Narration*. London: Routledge, 1990.
- Bhabha, Homi, K. "The Commitment to Theory." In *The Location of Culture*. London: Routledge, 1994.
- Blair, Peter. "The Moral and the Macabre." Review of Phaswane Mpe's *Welcome to our Hillbrow*, in *Current Writing: Text and reception in Southern Africa* 14,1 (2002): 163-168.
- Boehmer, Elleke. *Stories of Women – Gender and narrative in the postcolonial nation*. Manchester: University of Manchester Press, 2005.
- Boehmer, Elleke. *Colonial and Postcolonial Literature* (Second Edition). Oxford: Oxford University Press, 2005.
- Boehmer, Elleke. "Not saying sorry, not speaking pain: gender implications in Disgrace." In *Interventions* 4,2 (Nov 2002): 342-351.
- Boswinkel, Wim. *Erina*. Bulawayo: 'ama Books, 2003 – first published by Minerva Press 1997.
- Bowen, Barbara. "Series Editor's Foreword." In *Aids Narratives – Gender and sexuality, fiction and science* by Steven F. Kruger. New York and London: Garland Publishing, 1996.
- Bowley, Douglas and Graeme Pitcher. "Motivation behind infant rape in South Africa." In *The Lancet* 359 (13/04/02): 1352
- Bradbury, Malcolm. "The Cities of Modernism." In *Modernism*. London: Penguin, 1976.

- Brophy, Sarah. *Witnessing AIDS – Writing Testimony, and the Work of Mourning*. Toronto: University of Toronto Press, 2004.
- Buckingham, David and Margaret Scanlon. "Selling Learning: towards a political economy of edutainment media." In *Media, Culture and Society* 27,1: 41-58. London and New Delhi: Thousand Oaks, 2005.
- Budding Writers Association of Zimbabwe/Kunzwana. *Writing HIV/AIDS*. (Dec 2005 workshops facilitated by Memory Chirere, SAfAIDS and sponsored by DED: German Education Organisation, 2006)
- Butler, Judith. *Gender trouble: feminism and the subversion of identity*. London: Routledge, 1990.
- Campbell, Catherine. *'Letting Them Die' Why HIV/AIDS prevention programmes fail*. Oxford: The International African Institute in association with James Currey, 2003
- Camus, Albert. *The Plague*. London: Penguin, 1968. (First published 1947).
- de Certeau, Michel. *The Practice of Everyday Life*. Berkeley: University of California Press, 1988.
- Chambers, Ross. *Facing It: AIDS Diaries and the Death of the Author*. Ann Arbor: University of Michigan Press, 1998.
- Chan, Stephen. "The Memory of Violence: trauma in the writings of Alexander Kanengoni and Yvonne Vera and the idea of unreconciled citizenship in Zimbabwe." In *Third World Quarterly* 26,2 (2005): 369-382
- Chan, Stephen. *Robert Mugabe – a life of power and violence*. London: I.B. Tauris, 2003.
- Chennells, Anthony. "The Grammar of Alienation." In *Waiting for the Rain: Charles Mungoshi – A Critical Reader*, 21-36. Harare: Prestige Books, 2006.
- Chihota, Clement. "The Nemesis." In *Nobody ever said AIDS*, 163. Cape Town: Kwela Books, 2004.

- Chihota, Clement. *Before the next song*. Gweru: Mambo Press, 1999.
- Chinaka, Cris. "Mugabe takes another shot at West – and gays," *Reuters*, 25/02/06.
- Chinodya, Shimmer. *Tale of Tamari*. (Harare: Weaver Press, 2004).
- Chinouya, Martha. "Zimbabweans in England – building capacity for culturally competent health promotion." In *The Social Significance of Health Promotion*, edited by T. MacDonald, 111-121. London: Routledge, 2003.
- Chirikure, Chirikure. *Ray of Hope*. Harare: Rooftop Promotions, 2007.
- Chirimuuta, Richard and Rosalind, eds. *Aids, Africa and Racism*. London: Free Association Books, 1989.
- Chiweza, David. "The doctrine of necessary force." *The Herald*, 27/07/06.
- Coetzee, J.M. "Jerusalem Prize Acceptance Speech (1987)." In *Doubling the Point – Essays and Interviews*, edited by David Attwell, 96-99. Cambridge: Harvard University Press, 1992.
- Coetzee, J.M. "Confession and Double Thoughts: Tolstoy, Rousseau, Dostoevsky (1985)." In *Doubling the Point – Essays and Interviews*, edited by David Attwell, 251-293. Cambridge: Harvard University Press, 1992.
- Coetzee, J.M. "Interview." In *Doubling the Point – Essays and Interviews*, edited by David Attwell, 391-395. Cambridge: Harvard University Press, 1992.
- Coetzee, J.M. *Disgrace*. London: Secker and Warburg, 1999.
- Coetzee, J.M. "The Humanities in Africa." In *Elizabeth Costello*, 116-155. London: Secker and Warburg/Vintage, 2003/2004.
- Coovadia, Imraan. *Witchcraft*. (forthcoming)
- "Coovadia Biography." *Time of the Writer Festival 2007*
www.ukzn.ac.za/cca/images/tow/TOW2007/bios/Coovadia/htm.
 (accessed 04/07/07)

- Crawford, J.R. *Witchcraft and Sorcery in Rhodesia*. London: Oxford University Press, 1967.
- Crimp, Douglas, ed.) *AIDS: Cultural Analysis/Cultural Activism*. Cambridge: MIT Press, 1993.
- Cross, Sholto and Alan Whiteside, eds. *Facing up to AIDS: the socio-economic impact in Southern Africa*. New York: St. Martin's Press, 1993.
- Dangarembga, Tsitsi. *Everyone's Child*. Zimbabwe: Media for Development Trust, 1996.
- Dangarembga, Tsitsi. *Growing Stronger*. Zimbabwe: Nyerai Films, 2005.
- Dangor, Achmat. *Bitter Fruit*. South Africa/London: Kwela Books/Atlantic Books, 2001/2004.
- Dangor, Achmat. "Another Country." In *The Guardian*, 25/09/04.
- Davidson, Diana. "How many souls collide underwater? Enough. Reading Michelle Cliff's 'Bodies of Water' as an Activist HIV/AIDS Narrative." www.dur.ac.uk/postgraduate.english/davidson.htm (2000).
- Deacon, Harriet, Inez Stephney, and Sandra Prosalendis. *Understanding HIV/AIDS Stigma – A theoretical and methodological analysis*. Cape Town: HSRC Research Monograph, 2005.
- Deans, Jason. "HIV-positive vibes on Sesame Street." <http://media.guardian.co.uk/broadcast/story/0,7493,754228,00.html>, 12/07/02 (accessed on 12/07/02)
- Defoe, Daniel. *Journal of the Plague Year*. London: Everyman, 1962. (First published 1722).
- Dellamora, Richard. *Apocalyptic Overtures – sexual politics and the sense of an ending*. New Brunswick (NJ): Rutgers University Press, 1994.
- Dellamora, Richard, ed. *Postmodern Apocalypse: theory and cultural practice at the end*. Philadelphia: University of Pennsylvania Press, 1995.

- "Promoting the Writing and Publication of Books in Indigenous African Languages." *Department of Arts and Culture*, South Africa. www.dac.gov.za/news/press_releases/2005_05_11.htm (accessed 26/07/05).
- Derrida, Jacques. "Of an Apocalyptic Tone Recently Adopted in Philosophy." *Oxford Literary Review* 6,2 (1984): 3-37.
- Derrida, Jacques. "The Rhetoric of Drugs. An Interview." In *differences: A Journal of Feminist Cultural Studies* 51,1 (1993): 1-25.
- Dickinson, Peter. "Go-go dancing on the brink of the apocalypse." In *Postmodern Apocalypse: theory and cultural practice at the end*, edited by Richard Dellamora. University of Pennsylvania Press, 1995.
- Dodgson-Katiyo, Pauline. "Sisters and Survival in Zimbabwean Women's Writing." In *Atlantic Literary Review* 4,4 (October-December 2003): 80-94.
- Donadio, Rachel. "Post-Apartheid Fiction," *New York Times* (USA), 03/12/06.
- Douglas, Mary. *Purity and Danger – an analysis of concepts of pollution and taboo*. London: Routledge, 1966.
- Dow, Unity. *Far and Beyond*'. Botswana: Spinifex Press, 2001.
- Dowling, Tessa. "HIV/AIDS and African Languages." In *African Voices* www.isixhosa.co.za/research/aidsresearch.htm (accessed 25/06/07): 1-10.
- Duiker, K. Sello. *Thirteen Cents*. Cape Town: David Philip. 2000.
- Duiker, K. Sello. *The Quiet Violence of Dreams*. Johannesburg: Kwela Books, 2001.
- Durrant, Sam. *Postcolonial Narrative and the Work of Mourning*. Albany: State University of New York Press, 2004.
- Easton, Kai. "Coetzee, the Cape and the Question of History." In *Scrutiny* 2 11,1 (2006): 5-21.
- Epprecht, Marc. "The 'Unsayings' of Indigenous Homosexualities in Zimbabwe Mapping a Blindspot in an African Masculinity."

www.sephis.org/pdf/epprecht.pdf,1-15. (Also printed in *Journal of Southern African Studies* 24,4 (Dec 1998): 631-651).

Epprecht, Marc. *'Hungochani': the history of a dissident sexuality in Southern Africa*. Montreal: McGill-Queen's University Press, 2004.

Epstein, Julia. *Altered Conditions – disease, medicine, and storytelling*. New York: Routledge, 1995.

"From breadbasket to basket case in a decade," *L'express* (Mauritius), 06/08/04.

Fanon, Frantz. *The Wretched of the Earth*. London: Penguin, 1990.

Foucault, Michel. *The Will to Knowledge - The History of Sexuality: 1*. London: Penguin, 1998.

Frank, Arthur. *The Wounded Storyteller – Body, Illness, and Ethics*. Chicago: University of Chicago Press, 1995.

Freud, Sigmund. *Totem and Taboo and Other Works*. London: Vintage, 2001.

Gaidzanwa, Rudo. *Images of Women in Zimbabwean Literature*. Harare: The College Press, 1985.

Gagiano, Annie. "Mourning, betrayal and 'dark epiphanies' in *Walking Still*." *Charles Mungoshi – A Critical Reader*, 132-145. Harare: Prestige Books, 2006.

Gallagher, Susan, VanZanten. *Truth and Reconciliation – The Confessional Mode in South African Literature*. Portsmouth: Heinemann, 2002.

Gammel, Irene, ed. *Confessional Politics – women's sexual self-representations in life-writing and popular media*. Carbondale and Edwardsville: Southern Illinois University Press, 1999.

Garmire, Lisa. *Resisting the Apocalypse: Telling Time in American Novels about AIDS, 1982-1992*. (Doctoral Dissertation, UCSB, 1996) www.geocities.com/lisagarmire/Chp5RaceClassAIDS.htm?200510 (accessed 10/03/2005).

- Gaylard, Rob. "Stories and Storytelling in Phaswane Mpe's Welcome to Our Hillbrow." www.uwc.ac.za/arts/auetsa/gaylard.htm (accessed on 02/06/05).
- Gevisser, Mark and Edwin Cameron, eds. *Defiant desire: gay and lesbian lives in South Africa*. Johannesburg: Ravan Press, 1994.
- Gikandi, Simon. "The Politics and Poetics of National Formation: Recent African Writing." In *From Commonwealth to Post Colonial, edited by Anna Rutherford*, 377-389. Sydney: Dangaroo Press, 1992.
- Gikandi, Simon and Evan Mwangi, eds. *The Columbia Guide to East African Literature in English since 1945*. New York: Columbia University Press, 2007.
- Gilman, Sander, L. *Disease and Representation – images of illness from madness to AIDS*. Ithaca: Cornell University Press, 1988.
- Gilman, Sander, L. *Difference and Pathology – Stereotypes of Sexuality, Race and Madness*. Ithaca: Cornell University Press, 1985.
- Gordimer, Nadine. *Get a Life*. London: Bloomsbury, 2005.
- Graham, Lucy. "Reading the Unspeakable: Rape in J.M. Coetzee's Disgrace." In *Journal of Southern African Studies* 29,2 (June 2003).
- Green, Michael. "Translating the Nation: South Africa in the Second Person", 1-29. Paper presented at SOAS, AHRB Centre for Asian and African Literatures Conference "Narrating and Imagining the Nation: The Lure of the Occident – The Politics of Translating National Literature" 12/06/03.
- Griswold, Sheridan. "A doctor's novel on AIDS in Africa." www.mmegi.bw/2005/November/Friday25/9406362881657.html, 25/11/05 (accessed March 2007).
- Grover, Jan Zita. "AIDS, Keywords, and Cultural Work." In *Cultural Studies*, edited by L. Grossberg, C. Nelson and P. Treichler, 227-239. London: Routledge, 1992.

- Guchu, Wonder. *Sketches of High Density Life*. Harare: Weaver Press, 2003.
- Gumede, William, M. *Thabo Mbeki and the Battle for the Soul of the ANC*. Cape Town: Zebra Press, 2005.
- Gunduza, Lovemore and Maurice Vambe, eds. *We Are the Herb*. Gweru: Mambo Press 2001.
- Gunner, Liz. "Zulu Choral Music – Performing Identities in a New State" In *Research in African Literatures* 37,2 (Summer 2006): 83-97.
- Gunner, Liz. "Writing the City: Four post-apartheid texts." Paper for the Advanced Research Seminar, WISER, University of Witwatersrand 24/02/03.
- Gunner, Liz. "'Those Dying Generations at their Song': Youth, *isicathamiya* and Singing of Life, Death and AIDS in Today's KwaZulu-Natal." In *English Studies in Africa* 46,2 (2003): 41-53.
- Gunner, Liz. "Song, Story and Nation: Women as singers and actresses in Zimbabwe." In *Politics and Performance: Theatre, Poetry and Song in Southern Africa*, edited by Liz Gunner, 111-138. Johannesburg: University of Witwatersrand Press, 1994.
- Guiriria, Danai and Nikkole Salter. *In the Continuum* (performed at Harare International Festival of the Arts, HIFA, Harare, 2006).
- Harold, John, ed. *How Can you Write a Poem when you're Dying of AIDS?* London/New York: Cassell, 1993.
- Haraway, Donna. *Simians, Cyborgs, and Women: the reinvention of nature*. London: Routledge, 1991.
- Harrison, Rebecca. "Sangomas help fight HIV," *Mail and Guardian*, 04/06/07. www.mg.co.za (accessed 16/07/07).
- Hawkins, Tony. "Mugabe thrives amidst economic ruin," *Financial Times*, 20/07/07.
- Hawley, John, C. "The Emerging Fictionalization of AIDS in Africa," *Proteus* 21 (Spring 2004): 39-44.

- Healy, Margaret. "Defoe's Journal and the English Plague Writing Tradition." in *Literature and Medicine* 22,1 (Spring 2003): 25-44.
- The Herald* 03/05/89.
- The Herald* 24/06/89.
- Herman, Judith. *Trauma and Recovery – from domestic abuse to political terror*. London: Pandora, 2001.
- Herzlich, Claudine and Pierret, Janine. *Illness and Self in Society*. Baltimore and London: The John Hopkins University Press, 1987.
- Hoad, Neville. *African Intimacies: Race, Homosexuality and Globalization*. Minnesota: University of Minnesota Press, 2007.
- Holland, Heidi and Adam Roberts, eds. *From Jo'burg to Jozi – Stories about Africa's infamous city*. South Africa: Penguin, 2002.
- Hornung, Alfred and Ernstpeter Ruhe, eds. *Postcolonialism and Autobiography*. Amsterdam: Ropodi, 1998.
- Howden, Daniel. "How Aids and starvation condemn Zimbabwe's women to early grave," *The Independent*, 17/11/06.
- Howe, Lawrence. "Critical Anthologies of the Plague Years: Responding to AIDS literature." In *Contemporary Literature* XXXV, 2 (1994): 395-416.
- Huggan, Graham. *The Postcolonial Exotic*. London: Routledge, 2001.
- Huggins, Derek. "The Lost Generation." In *Writing Now*, edited by Irene Staunton, 121-135. Harare: Weaver Press, 2005.
- Hunter, Susan. *Who Cares? Aids in Africa*. New York: Palgrave Macmillan, 2003.
- Hwede, Eresina, ed. *Light a Candle*. Harare: Zimbabwe Women Writers, 2006.
- Irwin, Alexander, Joyce Millen and Dorothy Fallows, eds. *Global Aids: myths and facts – tools for fighting the AIDS pandemic*. Cambridge, MA: South End Press, 2003.
- Isidingo* www.isidingo.co.za (South Africa: Endemol, 2003-2006)

(10/07/05)

Jackson, Helen. *AIDS: Act Now*. Harare: AIDS Counselling Trust, 1989.

Jackson, Helen. *HIV/AIDS in Southern Africa: the threat to development*. London: Catholic Institute for International Relations, 1999.

Jackson, Lynette. "'Stray women' and 'Girls on the move': Gender, space and disease in colonial and post-colonial Zimbabwe." In *Sacred spaces and public quarrels: African cultural and economic landscapes*, edited by Ezekiel Kalipeni and Paul Zeleza, 147-167. Africa World Press, 1999.

Jameson, Frederic. "Third-World Literature in the era of multinational capitalism." In *Social Text* 15 (Fall 1986): 65-88.

Kalipeni, Ezekiel, Susan Craddock, Joseph, R. Oppong and Jayati Ghosh, eds. *HIV and AIDS in Africa - Beyond Epidemiology*. Oxford: Blackwell Publishing, 2004.

Kanengoni, Alexander. *Effortless Tears*. Zimbabwe: Baobab Books, 1993.

Kaplan, Caren. "Resisting Autobiography – Out-Law genres and transnational feminist subjects." In *De/Colonizing the subject – The politics of Gender in Women's Autobiography*, 115-138. Minneapolis: University of Minnesota Press, 1992.

Kermode, Frank. *The Sense of an Ending – studies in the theory of fiction*. London: Oxford University Press, 1968.

Kleinman, Arthur. "The Stigma and Shame of Illness." In *The Illness Narratives – suffering, healing and the human condition*, 158-169. USA: Basic Books, 1988.

Koblanck, Anna. *A Few Days More... The story of a young woman living with HIV in Botswana*. Harare: SAfAIDS and SIDA, 2005 – originally published in Swedish by Ordfront Förlag, April 2004.

de Kock, Leon. "South Africa in the Global Imaginary: An Introduction." In *Poetics Today* 22,2 (2001): 263-298.

- Kristeva, Julia. *Powers of Horror: an essay on abjection*. New York: Columbia University Press, 1982.
- Krog, Antjie. *Country of my Skull*. Johannesburg: Random House, 1998.
- Krüger, Marie. "Narrative in the time of AIDS: Postcolonial Kenyan Women's Literature." In *Research in African Literatures* 35,1 (Spring 2004): 108-129.
- Kruger, Steven, F. *Aids Narratives – Gender and sexuality, fiction and science*. New York: Garland Publishing, 1996.
- Landau, Deborah. "'How to Live. What to do': The Poetics and Politics of AIDS." In *American Literature* 68,1 (March 1996): 193-225.
- Leavy, Barbara, Fass. *To Blight with Plague – studies in a literary theme*. New York: New York University Press, 1992.
- Lessing, Doris. *The Sweetest Dream*. London: Flamingo, 2002.
- de Lille, Patricia and Charlene Smith. *Patricia de Lille: My Life*. South Africa: Spearhead Press, 2002.
- Lloyd, David. "Colonial Trauma/Postcolonial Recovery." *Interventions* 2,2 (2000): 212-228.
- Lodge, David, ed. "Lacan -The Insistence of the letter in the unconscious." In *Modern Criticism and Theory*, 79-106. London: Longman, 1993.
- Long, Thomas, L. *AIDS and American Apocalypticism – The Cultural Semiotics of an Epidemic*. Albany: State University of New York Press, 2005.
- Lund, Giuliana. "'Healing the Nation', Medicolonial discourse and the state of emergency from apartheid to truth and reconciliation." In *Cultural Critique* 54 (Spring 2003): 88-119.
- Mabasa, Ignatius. *Mapenzi (Mad People)*. Harare: College Press, 1999.
- Magogodi, Kgafela oa. *Outspoken*. Laugh it Off Media, 2004.

- Magogodi, Kgafela oa. *i MIKE what i LIKE – let loose the word*. Johannesburg: Kgafela Productions/Shadowy Meadows Productions in association with Film Resource Unit, 2006
- Magona, Sindiwe. *Mother to Mother*. South Africa: Beacon Press, 1998.
- Magona, Sindiwe. *The Green Freedom of a Cockatoo*. (Forthcoming).
- Magwa, Wiseman. *Jemedza*. Gweru: Mambo Press, 2000.
- Mahala, Sipiwo. *When a Man Cries*. Scottsville: University of Kwa-Zulu Natal Press, 2007.
- Makhalisa, Barbara. *Eva's Song – A collection of short stories*. Harare: Harper Collins, 1996.
- Makhalisa, Barbara. "Together." In *Eva's Song – A collection of short stories*, 1-12. Harare: Harper Collins, 1996.
- Makhalisa, Barbara. "Lumpy Bed." In *Eva's Song – A collection of short stories*, 79-94. Harare: Harper Collins, 1996.
- Manduli-Bolz, Marjorie. *Uncharted Waters*. Germany: discoverie.de, 2003.
- Mankell, Henning. *I Die, but the Memory Lives On – the World AIDS crisis and the Memory Book Project*. London: The Harvill Press, 2004.
- Manzo, Kathryn. *Creating boundaries: the politics of race and nation*. London: Lynne Reinner, 1996.
- Mapfumo, Thomas. "Disaster/Tragedy." *Chimurenga Explosion*. Harare: Chimurenga Music Co., 1999; reissued aNOnym ReCOrds, 2000.
- le Marcis, Frederic. "The Suffering body of the city." In *Public Culture – Johannesburg the elusive metropolis* 16,3, edited by Sarah Nuttall, and Achille Mbembe, eds. 453-477. Durham: Duke University Press, Fall 2004.
- Marcus, Laura. *Auto/biographical discourses – theory, criticism, practice*. Manchester: Manchester University Press, 1994.
- Marechera, Dambudzo. *Black Sunlight*. Oxford: Heinemann, 1980.

- Marks, Shula. "An Epidemic Waiting to Happen? The Spread of HIV/AIDS in South Africa in Social and Historical Perspective." In *African Studies* 61,1 (2002): 13-26.
- Marks, Shula. "Social Medicine in South Africa in the mid-twentieth century: The international context." 1-33. (Presented at the University of Witwatersrand Interdisciplinary Research Seminar 17/06/06).
- Matanganyidze, Daniel. *Zviyedzo*. Harare: Longman, 1998.
- Matiwana, Mzwandile. *I lost a poem*. Grahamstown: deep south, 2004.
- Matshikiza, John. *Mail and Guardian*. (South Africa) 21/02/05.
- Mbali, Mandisa. "Mbeki's Denialism and The Ghosts of Apartheid and Colonialism for Post-apartheid AIDS policy-making." 1-24. University of Natal, Durban, Public Health Journal Club Seminar Paper presented 03/05/02. www.nu.ac.za/ccs/files/mbeki.pdf.
- Mbembe, Achille. *On the Postcolony*. Berkeley: University of California Press, 2001.
- Mbembe, Achille. "African Modes of Self-Writing." In *Public Culture* 14,1 (2002): 239-273.
- McFadden, Patricia. "Sex, Sexuality and Problems of AIDS." In *Gender in Southern Africa – Conceptual and theoretical issues*, edited by Ruth Meena, 157-195. Harare: Sapes Books, 1992.
- McGregor, Liz. "Obituary," *The Guardian*, 07/02/05.
- McGregor, Liz. "Aids death of DJ highlights anguish of South Africa" In *The Guardian*, 29/02/04. www.guardian.co.uk/aids/story/0,,1158800,00.html (accessed 09/07/07).
- www.thetimes.co.za/oncamera/media/bookawards/HopeMcGregorSpat.doc
The Times, May 2007 (accessed 09/07/07).
- McGregor, Liz. "Who killed the Rain Queen." In *At Risk – Writing on or over the edge of South Africa*, edited by McGregor and Nuttall. South Africa: Jonathan Ball, 2007.

- McNeill, Fraser. "The meaning of 'public silence': 'condoms cause AIDS'." LSE (Anthropology) Africa Seminar, 01/06/06.
- McNeill, Fraser. *An Ethnographic Analysis of HIV/AIDS in Venda, South Africa: Politics, Peer Education and Music*. PhD Thesis, LSE, June 2007).
- Mda, Zakes. *Ways of Dying*. Cape Town: OUP, 1995.
- Mda, Zakes. *The Heart of Redness*. Oxford: Oxford University Press, 2002.
- Mda, Zakes. *Cion*. London: Penguin, 2007.
- Mda, Zakes. "Author's notes." In [ZA@Play](#), 20/04/07. www.chico.mweb.co.za/art/2007/2007apr/070420-notes.html (accessed on 04/07/07).
- Mda, Zakes. "Mda biography." In *Time of the Writer Festival 2004*. www.ukzn.ac.za/cca/images/tow/TOW2004/Mda.htm (accessed 09/07/07).
- Meena, Ruth, ed. *Gender in Southern Africa – Conceptual and theoretical issues*. Harare: Sapes Books, 1992.
- Meldrum, Andrew. "South African government ends Aids denial." *The Guardian*, 28/10/06.
- Meldrum, Andrew and Rory Carroll. "Aids has hit my family, says Mugabe." *The Guardian*, 17/06/04.
- Mhlongo, Niq. *After Tears*. (Cape Town: Kwela Books, 2007).
- Mhloyi, M, M. "Racing against time." In *HIV and AIDS: The Global Inter-Connection*, edited by Elizabeth Reid. West Hartford: Kumarian Press for UNDP, 1995.
- Michael, Meron, Tesfa. "Song of Zimbabwe – Interview with Oliver Mtukudzi." In www.worldpress.org/Africa/1039.cfm (04/04/03) (accessed 12/06/07).

- Migraine-George, Thérèse. "Ama Ata Aidoo's orphan ghosts: African literature and aesthetic postmodernity." In *Research in African Literatures* 34, 4 (Winter 2003): 83-95.
- Moalusi, Reggy. *The Teacher*. (accessed 08/03/04) www.teacher.co.za/cms/article_2003_04_10_2326.html (10/04/03).
- Morgan, Jonathan and the Bambanani Women's Group. *Long Life...Positive HIV Stories*. Cape Town: Double Storey Books, 2003.
- Morris, Jane, ed. *Short Writings from Bulawayo*. Bulawayo: 'ama Books 2003.
- Morris, Jane, ed. *Short Writings from Bulawayo II*. Bulawayo: 'ama Books 2005.
- Morris, Jane, ed. *Short Writings from Bulawayo III*. Bulawayo: 'ama Books 2006.
- Motsei, Mmatshilo. *The Kanga and the Kangeroo Court – reflections of the rape trial of Jacob Zuma*. South Africa: Jacana, 2007.
- Mpe, Phaswane. "Our missing store of memories." In *Shifting Selves: Post-apartheid essays on mass media, culture and identity*, edited by Herman Wasserman and Sean Jacobs, 181-198. Cape Town: Kwela Books, 2003.
- Mthimkhulu, Mzana. "Everything is Gonna Be All Right." In *Short Writings from Bulawayo II*, edited by Jane Morris, 1-5. Bulawayo: 'ama Books 2005.
- Mtukudzi, Oliver. "Todii/What Shall We Do." In *Vhunze Moto/Burning Embers* (2003). [www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%2\(also%20other%20Zimbabwean%20musicians.htm](http://www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%2(also%20other%20Zimbabwean%20musicians.htm).
- Mtukudzi, Oliver. "Tapera/We have been decimated." In *Vhunze Moto/Burning Embers* (2003). [www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%2\(also%20other%20Zimbabwean%20musicians.htm](http://www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%2(also%20other%20Zimbabwean%20musicians.htm).

- Mtukudzi, Oliver. "Tapindwa Nei/What has got into us." In ***Vhunze Moto/Burning Embers*** (2003).
[www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%20\(also%20other%20Zimbabwean%20musicians.htm](http://www.mtholyoke.edu/courses/hhanson/241/Oliver%20Mtukudzi%20Lyrics%20(also%20other%20Zimbabwean%20musicians.htm).
- Muchemwa, Kizito. "Constructions of identity in *Coming of the Dry Season* and *Waiting for the Rain*." In ***Charles Mungoshi – A Critical Reader***, edited by Maurice, T. Vambe and Memory Chirere, 37-53. Harare: Prestige Books, 2006.
- Mujajati, George. ***The Sun Will Rise Again***. Harare: College Press, 1999.
- Mungoshi, Charles. ***Walking Still***. Harare: Baobab Books. 1997.
- Muponde, Robert and Ranka Primorac, eds. ***Versions of Zimbabwe – new approaches to literature and culture***. Harare: Weaver Press, 2005.
- Muriungi, Agnes. "The 'Total/Real' Man and the 'Proper' Woman: Safe Sex, Risk and Gender in Meja Mwangi's *The Last Plague*." In ***English Studies in Africa*** 45,2 (2002): 63-76.
- Muriungi, Agnes. "Healthy Bodies versus Diseased Bodies: Romance as a trope of social order in Kenyan HIV/AIDS fiction." In ***Social Dynamics*** 30,2 (2004): 165-189.
- Muriungi, Agnes. "Narrative, contradiction and HIV/AIDS in Kenya – the case of Carolyne Adalla's *Confessions of an AIDS Victim*." In ***Scrutiny*** 2 10,1 (2005): 57-68.
- Muriungi, Agnes. ***Romance, love and gender in times of crisis: HIV/AIDs in Kenyan popular fiction***. Johannesburg: PhD thesis, University of Witwatersrand, 2005.
- Murphy, T.F. and S. Poirier eds. ***Writing Aids – Gay literature, language, and analysis***. New York: Columbia University Press, 1993.
- Mushakavanhu, Tinashe. "Amainini Wendy." In ***Short Writings from Bulawayo II***, edited by Jane Morris, 81-84. Bulawayo: 'ama Books 2005.

- Mutandwa, Grace. *Whose Daughter, my Child?* Harare: Amerdon Media, 2006.
- Mwangi, Meja. *The Last Plague*. Nairobi: East African Educational Publishers, 2000.
- Mzamane, Mbulelo, ed. *Words Gone (too soon): A tribute to Phaswane Mpe and K. Sello Duiker*. Johannesburg: Skotaville Media. 2005.
- "National Strategic Plan 2007-2011." www.tac.org.za/documents/NSP-Draft10-2007-2011.pdf (accessed 25/07/07).
- Ndebele, Njabulo. *The Guardian*, 24/04/04.
- Ndebele, Njabulo. *The Cry of Winnie Mandela*. South Africa: David Philip Publishers, 2003.
- Ndebele, Njabulo. *South African Literature and Culture: The Rediscovery of the Ordinary*. Manchester: Manchester University Press, 1994.
- Ndlovu, Vee. "For Better or Worse." In *Anthology – over 100 works by Zimbabwe Women Writers*, 113-119. Harare: Zimbabwe Women Writers, 1994.
- Ndlovu, Vee. "For Better or Worse." In *The Torn Veil - an anthology of African Women Writers*. South Africa: Queillerie, 1998.
- Ndlovu, Vivienne. *For Want of a Totem*. Harare: Baobab Books, 1997.
- "Zim gets Aids drugs." *News24 (SA)* www.zwnews.net, 07/06/07.
- Nicol, Mike. *Horseman*. South Africa: Knopf, 1995. www.randomhouse.com/catalog/display.pperl?isbn=9780679760399.
- Nuttall, Sarah. "City Forms and Writing the 'Now' in South Africa." In *Journal of Southern African Studies* 30,4 (Dec 2004): 731-748. First presented as a paper for the Advanced Research Seminar, WISER, University of Witwatersrand, 25/08/03.
- Nuttall, Sarah and Achille Mbembe, eds. *Public Culture – Johannesburg the Elusive Metropolis* 16,3. Durham: Duke University Press, Fall 2004.

- Nuttall, Sarah and Achille Mbembe,. "Writing the World from an African Metropolis." In *Public Culture* 16,3 (Durham: Duke University Press, Fall 2004): 347-372.
- Nyamfukudza, Stanley. *If God was a Woman*. Harare: The College Press, 1992.
- Nyamfukudza, Stanley. "To Skin a Skunk: Some observations on Zimbabwe's intellectual development." In *Skinning the Skunk – Facing Zimbabwean Futures*, edited by Mai Palmberg and Ranka Primorac, 16-25. Uppsala: Nordiska Afrikainstitutet, 2005.
- Oboe, Annalisa. *Fiction, History and Nation in South Africa*. Padova: Supernova, 1994.
- The Orphans of Nkandla*, directed by Brian Woods. Screened on BBC4 and BBC2 in 2004: True Vision Production, 2003.
- Palmberg, Mai and Ranka Primorac, eds. *Skinning the Skunk – Facing Zimbabwean Futures*. Uppsala: Nordiska Afrikainstitutet, 2005.
- Panos Institute. *AIDS and the Third World*. London: The Panos Institute, Panos Dossier published in association with the Norwegian Red Cross, 1988.
- Patton, Cindy. "From Nation to Family: Containing African AIDS." In *The Lesbian and Gay Studies Reader*, 127-138. New York and London: Routledge, 1993.
- Patton, Cindy. *Inventing AIDS*. London: Routledge, 1990.
- Philadelphia*. Directed by Jonathan Demme. USA: 1993.
- Phiri, Virginia. *Desperate*. Harare: Virginia Phiri, 2002
- Phiri, Virginia. *The Southern Highway Queen*. (Forthcoming).
- Pinnock, P. *Xhosa – a cultural grammar for beginners*. Cape Town: African Sun Press, 1988.
- Poyner, Jane. "Truth and Reconciliation in JM Coetzee's Disgrace." In *Scutiny2* 5,2 (2000): 67-77.

- Primorac, Ranka. *The Place of Tears – The Novel and Politics in Modern Zimbabwe*. London: I.B. Tauris, 2006.
- Quayson, Ato. "The enchantment of a false freedom." In *The WISER Review* No.1 (2004).
- Quayson, Ato. "Symbolization Compulsion: Testing a Psychoanalytical Category on Postcolonial African Literature." In *University of Toronto Quarterly* 73,2 (Spring 2004): 754-772.
- Quayson, Ato. "Symbolization Compulsions: Freud, African Literature, and South Africa's Process of Truth and Reconciliation." In *Calibrations: Reading for the social*, 76-98. Minneapolis: University of Minnesota Press, 2003.
- Raditlhalo, Sam. "Sam Raditlhalo hails *Cion* as Zakes Mda's finest artistic achievement." www.litnet.co.za (accessed 04/07/07).
- Rampolokeng, Lesego. *whiteheart – prologue to hysteria*. Grahamstown: deep south, 2005.
- Rasebotsa, Nobantu, Meg Samuelson and Kylie Thomas, eds. *Nobody ever said AIDS: Stories and Poems from Southern Africa*. Cape Town: Kwela Books, 2004.
- Ray, Sunanda and Farai Madzimbamuto. "The HIV Epidemic in Zimbabwe – The Penalty of Silence." In *The Round Table* 95,384 (April 2006): 219-238.
- Said, Edward. *Orientalism*. London: Penguin, 1995.
- Samin, Richard. "Reappraising the myth of the new South Africa: Phaswane Mpe's *Welcome to our Hillbrow*." (2004) www2.univ-reunion.fr/~ageof/text/74c21e88-610.html (accessed 02/06/05): 1-8.
- Sanders, Mark. "Truth, Telling, Questioning: The Truth and Reconciliation Commission, Antjie Krog's *Country of My Skull*, and Literature after Apartheid." In *Modern Fiction Studies* 46,1 (Spring 2000): 13-41.
- Scarry, Elaine. *The Body in Pain: The Making and unmaking of the world*. New York: Oxford University Press, 1987.

- Schneider, Helen. "On the fault-line: the politics of AIDS policy in contemporary South Africa." In *African Studies* 61,1 (2002): 145-167.
- Scorgie, Fiona. "Virginity Testing and the Politics of Sexual Responsibility: Implications for AIDS Intervention." In *African Studies* 61,1 (2002): 55-75.
- Sellers, Susan. "'Writing is learning to die': Hélène Cixous and the School of the Dead." In *Oxford Literary Review* 24 (2002): 97-111.
- Shaw, Drew. "'Deviant' Innovations in Zimbabwean Writing: From the Racial Divide to Same Sex Desire." In *The Round Table* 95,384 (April 2006): 273-281.
- Shaw, Drew. *Transgressive Sexuality and Postcolonial Identity: Crossing the Boundaries of Zimbabwean Literature*. Germany: Peter Lang, forthcoming 2008.
- Shiri, Chenjerai. "Men don't go to the moon – language, space and masculinities in Zimbabwe." In *Dislocating Masculinity*, edited by A. Cornwall, and N. Lindisfarne, 147-158. London: Routledge, 1994.
- Shoef, Brooke, G. "AIDS, History, and Struggles over Meaning." In *HIV and AIDS in Africa – Beyond Epidemiology*, 15-28. Oxford: Blackwell Publishing, 2004.
- Simone, Abdoumalig. "The Right to the City." In *The WISER Review* No.1, 2004.
- Smith, Charlene. *Proud of Me*. South Africa: Penguin, 2001.
- Smith, Sidonie and Julia Watson, eds. *De/colonising the Subject: the Politics of Gender in Women's Autobiography*. Minneapolis: University of Minnesota Press, 1998.
- Sontag, Susan. *Aids and Its Metaphors*. New York: Penguin, 1988.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York: Penguin Classics, 2002.
- Soul City*. www.soulcity.org.za (accessed on 31/05/07).

- South African Labour and Development Research Unit (SALDRU).**
University of Cape Town, Sept 2005. www.saldru.uct.ac.za.
- South African National AIDS Council (SANAC).**
www.info.gov.za/issues/hiv/sanac.htm (accessed 25/07/07).
- Spurr, David. "Eroticization." In *The Rhetoric of Empire – colonial discourse in journalism, travel writing and imperial administration*, 170-183. Durham and London: Duke University Press, 1993.
- The Standard*, 20/10/03. www.thestandard.co.zw.
- Staunton, Irene, ed. *Writing Now*. Harare: Weaver Press, 2005.
- Staunton, Irene, ed. *Writing Still*. Harare: Weaver Press, 2003.
- Steinberg, Jonny. *The Number*. Jeppestown: Jonathan Ball Publishers, 2004.
- Steinberg, Jonny. *Three-letter Plague*. (Forthcoming).
- Stephanson, Raymond. "The plague narratives of Defoe and Camus: Illness as Metaphor." In *Modern Language Quarterly* 48,3 (1987): 224-41.
- Steyn, Johan. *Father Michael's Lottery*. Scottsville: University of KwaZulu-Natal Press, 2005.
- Still, Judith and Michael Worton, eds. *Textuality and Sexuality – reading theories and practices*. Manchester: Manchester University Press, 1993.
- Treatment Action Campaign (TAC).** www.tac.org.za.
- "Equal Treatment" Newsletter issue 21 (May 2007). **TAC**, www.tac.org.za/documents/et22.pdf (accessed 25/07/07).
- Tagwira, Valerie. *The Uncertainty of Hope*. Harare: Weaver Press, 2006.
- Treichler, Paula A. *How to have theory in an epidemic – Cultural Chronicles of AIDS*. Durham: Duke University Press, 1999.
- Tromp, Beauregard. "Aids threat outweighs genocide, havoc of war," *The Star* (South Africa), 23/06/04.

- www.unaids.org. *AIDS Epidemic Update*. Geneva: UNAIDS, December 1998) (accessed April 2007).
- www.unaids.org. *AIDS Epidemic Update*. Geneva: UNAIDS, December 2003) (accessed 19/04/04).
- www.unaids.org. *AIDS Epidemic Update – Women and AIDS*. Geneva: UNAIDS, December 2004 (accessed 21/12/06).
- www.unaids.org. *AIDS Epidemic Update*. Geneva: UNAIDS, May 2006 (accessed 06/06/07).
- www.unaids.org. *AIDS Epidemic Update*. Geneva: UNAIDS, December 2006 (accessed 21/12/06).
- www.unaids.org. *AIDS Epidemic Update – Annex 1: Country Profiles*, 488. Geneva: UNAIDS (accessed 21/12/06).
- “World Population Prospects: The 2005 Revision” United Nations, DESA, Population Division. Geneva: United Nations, 2005.
- UNICEF www.unicef.org/media/files/zimbabwe_UNICEF_PR_-_Malaria_April_2007_Final.pdf (accessed 23/05/07).
- US Department of State. www.state.gov/g/drl/rls/irf/2005/51496.htm.
- Uys, Pieter-Dirk. “Newsletter.” September 2005. www.pdu.co.za.
- Uys, Pieter-Dirk. *Foreign Aids*. www.williams.edu/acad-depts/theatre/guest/pieter (accessed 19/17/07).
- Vambe, Maurice T. “HIV/AIDS, African sexuality and the problem of representation in Zimbabwean literature.” In *Journal of Contemporary African Studies* 21,3 (2003): 473-488.
- Vambe, Maurice T. and Aquilina Mawadza. “Images of Black Women in Popular Songs and Some Poems on AIDS in Post-Independence Zimbabwe.” In *Orality and Cultural Identities in Zimbabwe*, edited by, Maurice T. Vambe, 57-72. Gweru: Mambo Press, 2001 and 2004.
- Vambe, Maurice T. and Memory Chirere, eds. *Charles Mungoshi – A Critical Reader*. Harare: Prestige Books, 2006.

- Vaughan, Megan. ***Curing their ills – Colonial power and African illness.*** Cambridge: Polity Press, 1991.
- Veit-Wild, Flora. ***Writing Madness – Borderlines of the Body in African Literature.*** Oxford: James Currey, 2006.
- Vera, Yvonne, ed. ***Opening Spaces – An anthology of contemporary African women's writing.*** Harare: Baobab Books, 1999.
- Vera, Yvonne. "Preface." In ***Opening Spaces***, 1-5, Harare: Baobab Books, 1999.
- Vera, Yvonne. ***Butterfly Burning.*** Harare: Baobab Books, 1998.
- Vera, Yvonne. ***Without a Name.*** Harare: Baobab Books, 1994.
- de Waal, Alex. ***AIDS and Power – Why there is no political crisis – yet.*** London: Zed Books, 2006.
- Walder, Dennis. ***Post-colonial literatures in English – History, Language, Theory.*** Oxford: Blackwell Publishers, 1998.
- Walker, Liz, Graeme Reid and Morna Cornell. ***Waiting to Happen - HIV/AIDS in South Africa.*** Cape Town: Double Storey Books, 2004.
- Wasserman, Herman and Sean Jacobs eds. "Introduction." In ***Shifting Selves: Post-apartheid essays on mass media, culture and identity***, 181-198. Cape Town: Kwela Books, 2003.
- Watney, Simon. "The Spectacle of AIDS." In ***AIDS: Cultural Analysis/Cultural Activism***, edited by Douglas Crimp, 71-86. Cambridge, Massachusetts: MIT Press, 1993.
- Weinstein, Arnold. "Afterword: Infection as metaphor." In ***Literature and Medicine*** 22,1 (Spring 2003): 102-115.
- White, Hayden. "Narrativity in the representation of reality." In ***The Content of the Form***, 1-25. Baltimore: John Hopkins University Press, 1987.
- Whiteside, Alan and Clem. Sunter. ***Aids: The Challenge for South Africa.*** Cape Town: Human and Rousseau, 2000.

- Widlermuth, Norbert. "Isidingo – the need – a mainstream approach to HIV/AIDS communication?" www.glocaltimes.k3.mah.se/viewarticle.aspx?articleID=70andissueID=7, 11/09/06: 1-12 (accessed on 06/06/07).
- Wilhelm, Peter. *The Mask of Freedom*. South Africa: Ad Donker Publishers, 1994.
- Wilson Carpenter, Mary. "Representing Apocalypse." In *Postmodern Apocalypse: theory and cultural practice at the end*, edited by Richard Dellamora. Philadelphia: University of Pennsylvania Press, 1995.
- Winn, Phillip. "Personal Suspects and the Framing of Africa: Who's to Blame for AIDS?" *Le Sida - HIV/AIDS* 1,3 (June 1997), edited by Hélène Jacomard, 1-8. <http://www.arts.uwa.edu.au/MotsPluriels/MP397pw.html> (accessed on 08/03/04).
- Woods, Brian. "Interview." *BBC Four*. www.bbc.co.uk/bbcfour/documentaries/features/orphans.shtml (accessed 08/07/07).
- Worton, Michael. "Behold the (Sick) Man." In *National Healths – Gender, Sexuality and Health in a cross-cultural context*. Worton, Michael and Nana Wilson-Tagoë, eds, 151-165. London: UCL Press, 2004.
- "Their words condemn them: the language of violence, intolerance and despotism in Zimbabwe." In *Zimbabwe Human Rights NGO Forum*, May 2007.
- Zimunya, Musaemura B. "Here's to Harare." In *Nightshift and other stories*, 80-85 Harare: Longman Zimbabwe, 1995.

Appendix 1

Interview Phaswane Mpe 26/11/04 - Johannesburg

LA: I want to ask you first about your novel *Welcome to our Hillbrow*, I wonder why you chose the novel form and whether you felt that that was something that came naturally or did you have to force it into that form? You said in the book that the short story seemed too short for the ideas that you wanted to explore. Is that part of the reason?

PM: It's a difficult one to answer. In the first place I didn't sit down and reflect on whether to choose the short story form or the novel form. I actually started it, as I was writing I simply thought I was doing a portrait of Hillbrow and portrayed it in a very geographical sense. And I actually thought I was just doing Hillbrow the map and that would be it. And as I came toward the end of the novel, I realized that I'm going to need a character to move around that map, so I thought back to my short stories and thought well in one moment I wrote a short story entitled "Occasion for Brooding" and with that story that's when I first created the character of Refentše. As it would turn out, I had had Refentše commit suicide in that short story and in my moment of depression, when I started doing the Hillbrow map, I actually thought back to that character and thought I'm actually beginning to feel like my character. I'm going to try to cheer myself up by trying to resurrect him somehow, so I brought him into the novel. But as I say, as I was starting, it was just going to be that first chapter, but towards the end of the chapter I realised that there were things I could still address.

LA: And that chapter, still very much could stand alone, as a short story. Were you consciously trying to fill a gap that you felt people weren't writing about modern Hillbrow?

PM: Initially I wasn't trying to fill a gap. I wanted to do the map, simply out of depression I just wanted something to do and I actually started writing it very early on Sunday, in the morning, a daytime when I came to my office in the department of African Literature to write an academic essay for a conference in Australia. But my mind just couldn't get to the academic essay, so I thought well, I can't go home. If I go home I don't know what I'm going to do, I have to

do something so ja, it was almost like playing a game to cheer me up in my moment of depression.

LA: And this is drawn from your own experience of living in Johannesburg?

PM: Sure.

LA: How long have you lived in Johannesburg?

PM: I started living in Jo'burg from 1989 when I came to do my first year of Bachelor of Arts in the University.

LA: In the story there are elements which seem very autobiographical...

PM: Indeed.

LA: How autobiographical is it? I mean, the central character commits suicide...

PM: [laughs]

LA: You've talked about this depression and the way you needed to write this, to save yourself, somehow, or as a cure for something, how important do you think it is, as a cathartic form, to write and to produce creative work?

PM: What I say won't apply to everything I've written, in terms of creative writing. But certainly I wrote *Welcome to our Hillbrow* with the purpose of keeping myself busy and in my case it worked extremely well. I locked myself in that office for the whole day and almost the whole night. I left just before six o'clock in the morning, feeling very exhausted but absolutely thrilled that I'd done it. It would roughly have been about three quarters of *Welcome to our Hillbrow*, by the time I left the office. Ja, and then I spent five weeks working on about the last quarter of it. So it did work from that point of view. The other pieces of writing, short stories and poems, I wasn't writing with any therapeutic motives, I was simply thinking: here is an idea, let me see what I can do with an idea. So it was like entertaining myself, or whiling away the time, perhaps feeling bored. But I think we write for so many different reasons at different times and writing as therapy, in my case, would strictly apply to *Welcome to our Hillbrow*, to that book and I would say to three poems I wrote on HIV/AIDS: one is published in that collection *Nobody Ever Said AIDS* [Kwela, 2004] and then there are two that got published. There's another one, "Love Life", which got published in German translation the English one has been rejected and then there's another one that has been rejected by the German journal, the people who published three of my poems

and my very, very, very first story “Brooding Clouds”. So, ja, I think just those three poems and the novel.

LA: If it's not too personal a question, can I ask what was the cause of the depression – is it living in Jo'burg?

PM: No, it wasn't living in Jo'burg. I won't be able to give you the details of what led to the depression, but it had a lot to do with very personal stuff that could have happened at home. It could have been anywhere. And certainly, I must say Jo'burg doesn't depress me, I like it.

LA: So in terms of the content, and the things that you wrote about, particularly AIDS, you deliberately chose those subjects, you had a reason to include them, is that right? You wrote the book out of a need to write, but you placed these ideas within the novel, there was a purpose in including them?

PM: I think if there is a purpose I would say it is embedded in just my desire to map Hillbrow, contemporary Hillbrow. Inevitably I think if you bring a character to move around you are not going to avoid the question of African Internationals in Hillbrow, that's one glaring presence. And along with that, would go the question of job creation and struggle over job opportunities. I didn't pursue that line, but I did mention it in passing. Another very important question would be the question of HIV/AIDS and prostitution. I didn't pursue prostitution as well, but I decided to pick up on HIV/AIDS because for me it linked very nicely with questions of xenophobia.

LA: It's notable that everyone in the novel dies...

PM: [laughs]

LA: Including the narrator, who is already dead. Does this reflect a form of pessimism or a lack of redemption that you see for these characters or is this just a device to round off their story?

PM: Many people have told me it is depressing, I wouldn't say it isn't, but I tend to think about it as one of the most optimistic [laughs] pieces of writing I've done.

LA: Because of the final character who comes back...

PM: Not just that, I think if you look at, I mean it's not just *Welcome to our Hillbrow*, one could look at a range of texts where you have characters die but the portrayal of the characters and the nature of the plot is such that you look beyond the individual deaths of the characters. And I think that the

vision, despite the obvious gloom that goes with death, the general vision I think is positive.

LA: OK. Both central characters write a form of fiction which they don't succeed in publishing. One character writes in English and one writes in Sepedi, what is your view on writing in Sepedi – did you translate *Welcome to our Hillbrow* into Sepedi?

PM: I didn't translate it. I had a collection of short stories, which I translated into Sepedi. I experienced quite a number of problems with getting it published, but it was finally accepted for publication. The commissioning editor and I did not agree on how far to go with the editing. I felt at some point I was being censored, which I objected to. Nevertheless they said they would publish it, and at the end of the day it was not published. That's the "Brooding Clouds" collection. So some time in March 2002 I actually called the publisher to cancel our publishing contract. So I've got a typeset version of "Maru a Maso" which is the title I gave it.

LA: And what about the English version?

PM: The English version has been accepted by the publishers of *Welcome to our Hillbrow*. We didn't publish it because we finally decided that I needed to do substantial changes which I never came round to doing.

LA: Is that revisions in the content? Or is that editorial?

PM: We identified gaps from one story to another. I needed to find ways of bridging those gaps. The problems I had with editorial questions, was simply in the Sepedi version of "Brooding Clouds".

LA: But, in terms of using English as a form, you don't find that problematic?

PM: No I don't find that problematic. Do you want to take us to Ngugi? Let's just plunge in to him [laughs].

LA: Especially in South Africa, it's actually a unifying form in some respects, it overrides divisions between races, which seems to be a positive reason to write in English.

PM: I think there is that positive reason to write in English, bridging the language gaps, but I think there is also something that is a purely practical consideration beyond that, which is that much of my instruction in school and university has been in English, so although I speak Sepedi much more fluently than I speak English – I'm actually used to writing in English. If I pick up my

pen, the first thing I am going to do is to write in English. So it's that and I think because I am also sensitive to the language question. That's one of the reasons, in fact the main reason I translated the short-story collection. I didn't translate *Welcome to our Hillbrow* because of my disappointment with the reception of the Sepedi collection. Ideally I would have done it a long time ago, even before I got the publisher of the English version. But I'm very aware that probably the first review I would get from a publisher would be that it is vulgar, if I translated it into Sepedi. And in as much as one appreciates one's language, you don't really want to waste time writing things that you know for sure you'll not get published. So I wouldn't be too sentimental about it.

LA: And does that relate also to audience? Do you think it reaches the audience that you would want?

PM: I think there are audiences that I am not reaching. I'm certainly reaching a significant audience by South African standards, which is to say not many people! But it seems to me that if I had an opportunity to, or if I had a very strong urge, and I decided to be very sentimental and got it published, if we were very lucky in Sepedi, I would also reach a certain audience that I wouldn't be able to reach in the English version. I know that, and it's a big problem in South Africa, in African indigenous languages we rely quite heavily on educational publishing. And if it were to be published and a publisher may present a good case to people who prescribe books, to committees that are selected to prescribe books to high schools, I would reach far more of an audience, the kind of audience that ultimately would not read *Welcome to our Hillbrow*. So I actually think there's a big big big big audience that I'm not reaching and probably I'm never going to reach.

LA: Which ideally you would like to?

PM: Which ideally I would have liked to reach through translation.

LA: In that respect, you are being read in the United States and in Britain and particularly as a black author from the "new" South Africa, your work has been significant in that sense, or at least it stands out especially to a Western audience as a successful transitional novel, post-apartheid period, particularly by a black author. Do you consider, that your work forms part of a tradition, or

do you see yourself as striking a new note in fiction in South Africa? Or do you follow on from someone else?

PM: Well, I think it is inevitable that one would fall into both camps. Partly forming part of a tradition and partly doing something different. As I re-read the novel, and indeed as I was writing, I would keep on thinking back to certain writers. Some of them I do mention in the novel, like Herman Charles Bosman. One could think of the likes of Zakes Mda, whom I also mention in the novel, while I don't discuss them of course – they only come up in passing, J.M. Coetzee, also mentioned, and of course one draws influence from the likes of Bessie Head, and of course I studied English literature, so Charles Dickens and Shakespeare and William Blake form part of my consciousness. Some of the authors in Sepedi like Oliver Matsepe, I use him as an epigraph at the beginning, so one borrows certain things from them. But also, I think issues like xenophobia and HIV/AIDS have not been discussed very much in South African literature written in English. So in that sense I think I'll be part of an emerging tradition, if you want to put it that way, which is of course not to overlook the fact that Afrikaans writers have been writing about HIV/AIDS - I can't read Afrikaans myself, but the name that keeps on coming up is Koos Prinsloo who started writing about HIV/AIDS from the 1980s. Ja, well he's been writing about HIV/AIDS from the early 1980s. He hasn't influenced my writing, but I'm aware and I think in some ways I'm following South African literature more broadly, not just in terms of English literature, you could say well, perhaps what I'm doing is not part of a general tradition. But I think in South African literature in English, having xenophobia and HIV/AIDS treated in such a sensitive way is unusual.

LA: Have you noticed other fiction about HIV/AIDS from South Africa since you've written this novel?

PM: Well it seems to be popular in young adult teenage fiction. What one might call middlebrow and highbrow literature, I've not seen it happening. It may well be that it is difficult to know what is getting published in South Africa as well. But I really think that one good example that happened for me was *Confessions of a Gambler*. I'm sorry I haven't come across any other adult novels dealing with the subject in a substantial way. It's mentioned in passing in nearly all significant novels.

LA: You can't avoid it in some respects. It was interesting that Rayda Jacobs chose that form of "confession" to frame her novel. Do you think that need or that desire to name, or to talk about those subjects in South Africa, relates to a wider culture of speaking out? The TRC [Truth and Reconciliation Commission] has perhaps created a culture of speaking out, the title *Confessions of a Gambler* highlights the fine line between autobiography, biography and fiction and in comparison with Zimbabwe for example, where people don't discuss AIDS openly, it seems like a comparatively clear presence within South African literature? Is there a modern trend towards taboo breaking within art and literature, or is it a wider cultural trend?

PM: It seems to me that the literature of "Truth and Confession", if one can put it that way, I think it is a rather narrow way of putting it, but maybe it will help me to answer the question, I think the literature of "truth and confession" in South Africa has a very long history. I think that kind of history can be demonstrated by the number of autobiographies we've got here. I don't know, I might be exaggerating of course, but we probably have more autobiographies than any other African country. It seems to me that that kind of literature has been with us for a long time. What seems to have happened is that in the 1990s the Truth and Reconciliation Commission provided an easy but perhaps problematic label for literature of "truth and confession".

LA: It's that need for storytelling as well, history being very public about private lives. It takes over; it was so widespread.

PM: It's very widespread but I actually think Es'kia Mphahlele made a fairly important point. He said in one of his writings that when he was writing *Down Second Avenue*, he would chose to highlight aspects of his personal life, that in many ways would be somewhat representative of the broader experiences of other black South Africans and I think that's generally what we have been having with South African autobiographies. I think what surprises me is why, as the Truth and Reconciliation Commission was giving impetus to new novels and I think it did, what surprises me is why HIV/AIDS did not feature so much in the TRC novels. While perhaps part of it might just be that the TRC was really not about disease, but it seems to me to be a very odd omission.

LA: Your book deals with very private individuals, they're not caricatures, they're not famous people. In a sense they're not particularly representative,

they're students but they are relatively ordinary characters. Do you think this is part of what Achmat Dangor achieves in *Bitter Fruit*, this moving away from a very public sphere of life where these autobiographies come from, where people are heroes, or great politicians and feature in a historical context where they're part of the struggle? Do you think your novel is a move towards a more private, personal way of relating the world which doesn't deal with those bigger issues, it does, but not on the grand scale – is that quite deliberate on your part?

PM: Earlier on, I said that part of the novel is autobiographical and of course it is, and I think what the novel really reflects is the kind of circles I'm moving in. I don't feel I'm qualified to write about politics on a grand scale for example, because I don't spend much time with politicians and I don't do much political research. So I don't think I've got the authority to speak on that grand scale and I accepted a long time ago that I'm leading a political life of some sort, on a small scale and I think if that's what I can handle well, it's better to do something on a small scale and handle it well, than try to impress and fail to express oneself.

LA: To that end, in terms of books and literature generally, do you think there will be a time when this more personal, more stylistic, or aesthetic literature moves away from that politics, to a more art for art's sake idea, where people write because they are writers? It often comes up that African literature is connected with something political or the national struggle. To look at a more artistic basis for literature, do you think that's likely to happen?

PM: I think that's already happening. If one looks at *The Quiet Violence of Dreams* by Sello Duiker, I think he has done something very daring there by focusing that whole novel, and it's a huge novel, on homosexuality and black masculinities. It's not exactly what one might call a political novel in the way that people talk about political or historical novels. So I think that is already happening, perhaps on a small scale. But of course it is not art for art's sake. It's also grappling with politics of identity, which are crucial. So, perhaps a shorthand way of answering your question, I think there shouldn't necessarily be a tension between one's ideological/political/whatever endeavours, on one hand and an attempt to realize one's artistic skills on the other. So I think we'll always have people trying to develop their artistry as far as they can go,

while of course propagating their ideas as much as they can, and I think it's a healthy combination. Ja, I would personally question people who say they are writing just for the sake of writing, I think there's always a motive, even if the motive is to say to those who say we must write with a political agenda, even if your motive is to say to them "go to hell". But I think there will be some motive.

LA: Sure. And then ultimately, is all of this a process of exploring the politics of identity, is it a process of self-definition in a new country where these stories have yet to be told? Is there a burden on the writer to tell these stories? Do you feel that impetus?

PM: I think of it not so much as a burden, but as an opportunity to explore stories that have not been told on one hand and on the other, to revisit old stories, retell them in a new context and see what you can learn from the old stories. And perhaps also, in seeing what you can learn, in the process you'll also be seeing what you can retain and what you can do without in the present. I think in many ways then, one will always be dealing with a process of invention and revision and the processes will happen simultaneously.

LA: With that in mind, are you currently working on anything?

PM: No, I started very recently on something, I don't know what you call *Welcome to our Hillbrow*, but something in that vein, semi-autobiography, semi-fiction. It's in the very early stages, I don't feel confident to talk about it, it's just, it's in such an early early stage.

LA: Is that connected with the story you read at the Wits Writing Centre recently?

PM: It's not connected with that story. I wrote that story, I was commissioned to write that story by New Africa Books. The story is published in *Urban 03*. That's the one I was reading at the Wits Writing Centre. In a collection called *Urban 03*.

LA: So, for the future, you're leaving WISER [Wits Institute for Social and Economic Research], switching your PhD to part-time, and you have decided to become a healer is that right? What has led you in this new direction?

PM: Yes, I have decided to train as an *Ngaka*, which is the Sepedi term for healer. I will learn about herbal medicine and remedies. I have been quite unwell for a long time, and I consulted an *Ngaka*, who suggested I could

become a healer, saying that it was a disposition that was in our family, as my grandfather had been an *Ngaka*. After a long period of trying to decide what to do, I came to a decision and for the first time in a very long time, I have started to feel better, and to be at peace.

LA: Do you connect the two in some way? Your need for healing, therapeutic writing, as you said and storytelling or writing?

PM: I'll have to see how that works itself out. I'm not very knowledgeable about this traditional healing, I never really followed it very closely. But of course I know many traditional healers. Beyond using herbs, they are also interested in stories. Because when people come to you and say, "I've got a problem", you don't just say, "well is it a headache? Here is medicine for your headache"; you also want to know how they are doing in their social relationships, because perhaps the headache might come from elsewhere, from a source other than a germ or virus. So you really have to be interested in stories, and I see a connection there. And of course if you hear stories and you see you have experiences of meeting people, then inevitably you'll also tell stories, whether that will translate into writing or not is something else. I hope in my case they'll translate into writing. I wouldn't mind writing a novel that shows someone that does traditional healing.

LA: So maybe it's a research opportunity as much as anything...

PM: [laughs]

LA: And it sounds like a form of psychoanalysis perhaps? The way you listen to stories and help to resolve things through other examples, it's very therapeutic.

PM: Ja, well I'm thinking along the lines of writing, not a book like that one, but it's just a book that comes to mind, a book by M. Scott Peck called *The Road Less Travelled* it's a book on psychotherapy but I think that he makes very... (I usually find books on psychotherapy, psychology and psychoanalysis extremely difficult to read), but I was always fascinated by the way he tells the stories of his patients, of course taking due care not to expose the patients. But he's got very fascinating stories that show a really fascinating link to storytelling and therapy.

LA: It's an argument for why narratives are so important. You impose a structure to make sense of your life, and everything that you experience, you

tend to make a story. People make personal histories and family trees. It's all part of a process of trying to contain the world.

PM: And I actually think that in the novels that I've read in South Africa, we don't have much on traditional healing and I certainly see it as, I don't know if I'll be able to handle it, but I think I see it as an opportunity to contribute in that direction. So it's quite possible that my next project might be dealing with disease and storytelling.

LA: It's quite a mysterious area as well isn't it? It's a very secretive profession, the misperceptions of what happens would be worth revealing, from the inside...

PM: To the extent that it is possible and admissible [laughs]. Look, I mean, I must be clear, I think I also actually believe in the veil of secrecy. One has to be careful what one talks about and what one reveals. The whole idea behind freedom of expression – I value that as well, but I think there has to be a balance. Inevitably when you talk, you are going to offend some people, but I think there is something unethical about deliberately going out of one's way to offend.

LA: And do you think you would risk offence, by telling stories about this practice?

PM: No, but I think there will be certain elements which one may keep secret. Of course, I haven't been in that field yet myself. I wouldn't know the details of what might be made public what may not be made public. But I think it happens everywhere. Even if you go to an everyday full-time job, there are things you keep confidential, you know, [laughs] I think it's a basic thing on ethics and such things.

LA: Well good luck and thank you very much.

PM: It's a pleasure.

Appendix 2

Interview with Sindiwe Magona 20/07/06 – Cape Town

LA: What has motivated you to write stories about HIV/AIDS?

SM: One family lost two young women, the other family lost one. Four girls, at least four young women. From five families.

LA: From both families? In such a short time...

SM: I mean this is in just one block in that street. I can't believe how many young people we have lost...

LA: And you knew them?

SM: It's bewildering, and yet, you know, when I first got to understand, and I think even then I was understanding it dimly, when I first got to understand just how terrible this was going to be, I was still working at the UN. I came back with pamphlets and booklets you know, because I had attended a conference organised by Health Workers, South African women, very conscious of HIV issues...and that's where I first got to hear the words...something to the effect that by the year 2000 there would hardly be a family in South Africa without someone infected, and you know, stupid me, ...I was really shook up. I have nieces and nephews, I have brothers and sisters, so I came back with these pamphlets and I gathered everybody and I kept looking at them thinking 'which one, which one?' as though each family would have one you know, sacrificial lamb or whatever, but of course as I just said, in one family in one street, they lost two young girls, sisters, and now we're witnessing you know, where you'll find the mother and the son and the son's wife, you know, in that generation in one family. And when I came back at that time, which was 1990-something, or 1980-something, I thought you know, when you read about plagues in times gone, you know, centuries, you wonder, you see films and you see the apprehension but that's a staged apprehension and I think being in New York, although of course the plague was there too, but then we thought it was for gay people and blah blah blah, I didn't know anybody in New York, I don't know anybody, it didn't touch me in quite the same way. I thought when I came to South Africa I would see the apprehension I felt for the country, would be played out on the street. You

know, to my utter amazement when I got off the plane and I went to the city and went in the township, people were going about their business as though there was nothing the matter! This is the astounding thing, that there is such a big, on a personal level, denial, that individuals are walking around as though there is nothing happening. Of course when a young person has HIV, a young person dies in that family, they deal with the bereavement then, when somebody's struck, contracts the illness, and of course there is sadness and bewilderment, but it is very contained. People go to work, people come back, people laugh, people make love, people, bad children, you still find young people, I mean unmarried, school kids falling pregnant. And morally we used to think, and when I was a young person, I mean I was raising my own, we used to think, 'what was she thinking? What was he thinking?' and now it's not the moral issue of, or even the social one, of the complications of having children when you're a child yourself, it's not even that it's 'why aren't you scared of dying?'

LA: Mm, why don't you alter your behaviour?

SM: Yes, you know, what is it going to take?

LA: And you're using this term plague regularly and I've just given a paper at Stellenbosch about connecting this epidemic, pandemic, with past diseases, on the scale of the plague, do you think people respond here to that language, do you think that's a reference that people are aware of?

SM: No, not in the township, in the township we use the euphemisms...

LA: You've used '*lo gawulayo*'

SM: *Gawulayo*, the chopper, it means literally 'that which chops'

LA: Does that come from farming, where is it from?

SM: I suppose it's just the fact that it fells people so quickly and when it is known that somebody, or when they come out because more and more now people are saying they're telling their families, you know 'I went to the doctor and this is what, you know' you know the term '*Ukugula*' is 'she or he is sick' and automatically it means...

LA: People know what that means...

SM: Yes, it has come to mean one thing, whereas before when you said somebody's not well it could be anything now it has come, that means of

course it's at that level, when so many people, now *illness* refers to HIV and AIDS.

LA: How important do you think it is to use the words HIV and AIDS or can you still educate and use the euphemisms?

SM: I think while we use the euphemisms and people use them, I think the words need to be made more everyday, to be absorbed into everyday language, so that you know, the fear factor is lessened and the stigma factor is dissipated, if I may use that term, because people are still scared of going to get themselves tested. I'm thinking, I don't know what I can do, I went to the young women, you know, people in their maybe late 40s now, they are young to me, you know mid 40s, late 30s, in December, and I said, there are 20 young women from the vicinity where I've lived, and these are people I know, with whom I, I mean they're younger but we have good relations and I said 'why don't we all go? I'll go with you, why don't we all go, as women from this street, just start something' you know and their faces, their shakes and 'no si Sindie!' and I said 'but why not? can we just talk frankly, as human beings, what is it that makes you not want to go? What is it?' Each one said 'what if I test positive?' In other words there is no certainty, that I am not HIV positive but I will not go, to make this knowledge a certainty either way.

LA: Would people assume if you went to be tested that you would always test positive anyway, you know, the fact that you were choosing to be tested would other members of the community assume.

SM: This is what I think is the dilemma. If you have reason to go, then you must obviously suspect something, but to me it is the opposite is also true, if you are scared to go then you are afraid of something. And of course, sexual behaviour, being what it is nowadays people have every reason to fear, you know. Faithfully married women are dying of AIDS and this makes me so sad and so angry.

LA: You're very good in your work at depicting the dilemma of parents and of married couples and the tensions between them, and then also enacting a change in the narrative so that they come to an agreement or they come to some understanding to either accept their children in a different way or just to speak openly and then usually you end with some kind of move to action.

SM: I mean we have to. We have to. My hope had been that I would come back with this AIDS play [*Vukani!* – see Appendix 9] and that somehow (I haven't given up this hope) I would somehow, get the government or somebody with money to get it translated into all the languages, especially into the languages of black people, I'm not saying AIDS is a black people's disease, everybody can get it, but in terms of the numbers, first of all there are more of us [in South Africa] than other race groups but secondly we are disproportionately represented in this category, so we need to do something. I don't know, we need to do something, I don't know how long we'll remain in the majority, at the rate we are dying...

LA: I mean how, do people think of it in that way?

SM: No. People are not even thinking of it seriously, I mean behaviour would have changed. And then of course there's the other reaction, well you know, who doesn't die?

LA: I was wondering that, and also, if you're tested positive, you then may not get treatment, so what difference does it make?

SM: That's right, there's that too, you know. But you know, I don't want to know, because people die when they know, 'I don't want to know', so people postpone having to know until they are forced to, when they are too weak, when the ravages of the disease give them no other alternative but to go to the doctor, because of the pain, the discomfort and everything else, and then they go to the doctor still hoping against hope that probably it is not, they are not HIV positive.

LA: Do you ever feel that you're in danger by speaking out, I mean not physically necessarily, but possibly, and depending on where you are when you say certain things, like when you spoke to these women and they wouldn't come with you to be tested, not that you felt in danger from them, but from other people in the community thinking...?

SM: Well there is always that, I mean when one is outspoken about things and I have a big, what we call a '*groetbek*' in South Africa – I have a big mouth but I haven't learnt, in all the years I've lived, all these decades I've lived, I haven't learnt to keep my mouth shut, and I make everything my business which is a great handicap, but...

LA: A great advantage I think.

SM: But also I just feel, you know, if I call myself a writer, that's why I'm working on this novel I'm working on, if I call myself a writer I was trying to, for so long I was trying not to write this novel, I know that I was choosing not to write the novel until last year, you know, when people look at this period in years to come where will the literature be, how did we react? You know, where are the novels that talk about families and how people lived, and I just felt that I was being dishonest or being cowardly as usual, in that I didn't want to come out with a big book with just my name in little writing on it, you know you can lose yourself in a book such as the one you mention [*Nobody ever said AIDS - Stories & Poems from Southern Africa*], but a novel is yours, you know and because it doesn't, it's not flattering to black men, I might become very unpopular. Look at this whole long line of black men with whom I'm popular right now! (laughs) I mean honestly the things I do, and so I just felt you know maybe, if we start writing seriously about this, I'm not saying it has not been written about, it has been, but I want to look at the lives of women who perhaps change their behaviour and perhaps might not escape totally but make a statement or might escape, you know? But there are consequences for choosing to protect your life. If you're in a relationship with a man who does not want to use protection, to exercise caution, and to, you know, to practise safer sex, then obviously there are tensions there and that will have repercussions for the woman. That's what I'm dealing with.

LA: And you mentioned once that in 1994 you saw that there were only five women writers that you could call upon and say these are women, black women from South Africa speaking...

SM: That's the statistics, the first writers conference that I attended after I published you know, *To My Children's Children* somebody came up with those statistics that since we started writing, only five African women had ever been published, that was in 1990, shortly after 1990, when my first book came out. So this must have been '91 or '92. You see?

LA: And do you see a change in that now?

SM: There are more women now, but of course you know I don't think you can come up with fifty.

LA: Well no, it's actually difficult to come up with a list of ten or...

SM: Yes, I don't know if there are, I mean when I say the situation has improved I mean it means that there are maybe, there might be five, living writing women, who are African African, you know? Because he was counting, that man was counting from whenever...

LA: So, alive now?

SM: Now there might be five you know, women who are Africans and writing in South Africa.

LA: And can you name any of those? Just off the top of your head...

SM: Well there is Miriam Tlali, of course, I don't know whether she is still writing, she has been very quiet, I wonder if she's not unwell? And then Ellen Kuzwayo passed away. Pumla Gobodo-Madikizela has started writing, she has a book. So, you know, actively there is Pumla and myself.

LA: And then there are some younger writers, perhaps in these collections (*Nobody ever said AIDS* etc) but still only on short stories.

SM: I can't think of anybody with a novel really, that I can *name*.

LA: And there's Rayda Jacobs, if you want to go that side

SM: Yes, but when I, I'm talking, there's always been Muslim women writers, I'm not saying there's a lot, but I'm talking about the declared African, or the African who carried a pass and was labelled '*bantu*' with an African language as mother tongue, somebody like that. Yes.

LA: It's very hard to think who those people are, and I think I was going to ask you whether, I mean you talk about the passes, is it a completely ridiculous comparison to compare the threat of AIDS to lives in South Africa and to human rights situations to an apartheid situation? You know, where you're, if you leave it to develop to such an extent the disadvantages economically and the oppression...

SM: Well of course, behaviour has a lot to do with whether one is going to be at risk or not but part of that of course is one's level of education you know, where you live, your social environment. Systems perpetuate themselves. Now we have had twelve years of democracy, but you will find that a lot of people in the townships, in the villages, have lives that are hardly even touched by this democracy. Because if you were, let's say 20 in 1994, when you voted for the first time and you had a grade five education, twelve years later you are 32 years old and unless you have done something in the interim

to upgrade yourself you still have a fifth grade education and the likelihood that your life has changed is very slim. Unfortunately that also has implications for the children you will bear. It is not a coincidence that people who have a tradition in a family, and it's called a tradition for a reason, grandpapa was a doctor, mama was a doctor, and now the teenage daughter is at university studying to be a doctor. If you go to such a family and there is a four year old or a three year old and you put a whole lot of articles on a table and you say to this child 'bring me a stethoscope' you know the three year old can bring a stethoscope. I must have been in my thirties before I knew what that thing was! That dangles from the doctor's ears is called. But this is a child which grows up with that level of vocabulary. This is nothing strange. And so that child is likely to follow in the footsteps. Children who grow up in poor environments where there is no education – what are their role models? Consciously and unconsciously we are always role modelling for people who are younger than ourselves. Some women never know, children pick up from the older, they fashion themselves, consciously and unconsciously, they pick up, children in poor environments. And so AIDS, and the way it's playing out in the township is a result of how we live. You know. When we remember that African family life has been destroyed by apartheid, where a man, for all his working life lived without his family, he didn't stop being sexual. Therefore men, African men especially, learnt not to be loyal. They could not afford, they couldn't, people married and even as they were getting married there was a tacit understanding that when I'm away I will be a man in other ways and maybe, I will look after that family and maybe I won't. There are half brothers and half sisters who don't know each other. Who have no way of, because this man had another woman in the township, who was never known by the family over there. And so you know, the question of faithfulness has long gone out of the window for African families. It's not a startling thing at all nowadays to find a 40 year old who has six children by three different women.

LA: But how do the women respond to that? Because I was interested especially when Ndebele wrote *The Cry of Winnie Mandela*, it's interesting that it's a man writing in a woman's voice and he writes these women who are waiting, but he doesn't, he demonstrates a sort of limited ability to respond to that, and he never, he's very careful about, one of the women's husbands

dies and she buries him, and so although he tries to empower them by giving them voice and showing that they're waiting, at the same time I don't think he, they don't transform their lives in response, they remain waiting and I mean, what do you think about that book?

SM: Well, I read it and I thought it was a very clever book in that when I heard of the title, my immediate reaction of course was 'how is Winnie Mandela going to react?' and then I found that there was no Winnie Mandela really in the book, nothing that you know, is personally Winnie. It's a strange book, very well written of course, but I don't know what it attempts to do, and I put that to my own limited understanding of literature sometimes and I just thought after reading it 'very clever' but what it does I have no idea.

LA: I suppose it brings those women together and they share some, some similar stories, but they're quite different lives also and in different parts of the country.

SM: I should read it again, I really should read it again. I have a copy, a signed copy.

LA: Yes, I should read it again too.

SM: I should read it, because it is a thin book I read it because I was curious and then I thought, it was nothing I had expected.

LA: Would you have expected a woman to write that book? Does it matter that it was written by a man?

SM: No, it doesn't, because you know, I think we should, when one remembers that to write one also has to use one's imagination, then anybody can write about anybody.

LA: That's important, sure... To go back to your short story "A State of Outrage" did you write that story with Gugu Dlamini's death in mind, I think she was killed in the township for having come out on World AIDS day to say she was HIV positive and I just wondered ...

SM: No, no. I, you know, my stories come from all over the place, you know, I remember that story of course. An amazing thing. The courage to speak out and the reaction of the community. Very sad.

LA: And you know, it happened again last week, something like that was in the paper.

SM: I wasn't here.

LA: There was a girl in, I'm not sure if it was in Gugulethu or Khayelitsha,

SM: Oh, you are joking?

LA: She was raped, but it wasn't that she'd said it and there was a direct consequence, but she'd been someone actively talking about women being raped and being very positive about people getting tested and then she was raped and killed. There was a headline, I think in the Mail and Guardian, last week.

SM: Oh no, I must look for that.

LA: It was a horrible headline actually. 'Killed like a goat', or something like that. And I think maybe four men implicated, but again the same thing of, it must have happened next door to someone, someone must have known and when they asked the people next door whether they'd heard, no-one had heard anything. So quite shocking and just, thinking about how you've written about that, the way you seem to hold the community to account, why do you react and kill someone who is so vulnerable and who, at the same time, is also trying to make a stand about those issues?

SM: That's shocking.

LA: Yes.

SM: I left and then I came back on the 19th, it must have happened in between. Golly.

LA: But these things are happening I think.

SM: No, no, the thing is, on the day for National Women's Day I was in Italy, I was invited by the women's group there, to come and talk about women, and then somebody asked me, what is the situation of women in South Africa right now? And I say when you read, or when you hear, that South Africa is the rape capital of the world, what does that tell you about the situation of women in South Africa? The women here, believe it or not, and I think many women, we used to believe you know, ostriches buried their heads in the sand when danger's coming (I read somewhere that that's not true) (laughs) but we behave in that manner, as though this is not happening to us. Again like the AIDS thing, individually we know, so when you drive you know you must be cautious, when you walk you must not be flashing a lot of jewellery, when you're coming, I live near the beach, I would love to walk near at the beach, under the stars, during a moonlit night – do you think I can go there? Of

course I don't go. It's a wish. A fond wish. I'll die. I mean those kinds of things. So we know, but we don't voice it up. We talk about it, we only, it's an amazing thing, so I say no. We live in a war zone. It's an undeclared war. The men in South Africa have decided to wage war against women and children.

LA: And how can women respond? Is this why you choose fiction? Or do you try to respond on many levels? You know, is that only one of your levels of response?

SM: If I had, if I could be on TV I would talk about it. I talk about it when I'm interviewed, because it's the truth. That's how we live.

LA: And do you find, what's the response like?

SM: We live in fear. Well if, people are beginning to say I hate men, I don't hate men (laughs) I don't hate men, but I hate what men are doing to us, and I think we should all hate what men are doing to us. And we should be honest about it and we should be courageous about it and if my son should come back in the morning after he's spent a night out and I didn't know where he was and he comes back looking as though he's done something wrong, if your son comes back and he's bloodied all over where do you think he was? Hunting hares!? I mean honestly, why do you wash your son's bloodied clothes, and not ask questions?

LA: How much is it, how important do you think the mothers, who are often now also being left alone to raise children, not just because men are away but because they are dying also first, often from AIDS, do you...

SM: That is what I don't understand. Why as mothers, and as parents, mothers and fathers, we don't open our mouths and talk to our children. I'm not saying they are going to listen, but I get very, you know, upset, when I hear grown people saying, I don't know how to talk to the children.

LA: Sure. And is it because people have lost respect for the elder generation in general or is it because of some other reason?

SM: Because, we, Africans again, I'm talking specifically about Africans, we have become timid, in our living and we have adopted, we have shed our ways of doing things, cast them aside, in our haste to be civilised, westernised, christianised, and you name it, sophisticated or whatever, unfortunately one of the by-products of being converted to Christianity was

that you know missionaries and other white people came to South Africa and 'discovered us' and decided nothing, nothing about us was worthwhile preserving. Nothing in how we lived had any value. And we bought that. You know, when I think that traditionally there was sex education for young people and we were taught and we have adopted the 'say no' which has never worked for us. And now we're scrambling to go back to sex education.

LA: Sure. But it's coming from a different direction now.

SM: And people don't know how to, you know, parents say, parents themselves are not certain they should and when they do it, I don't know that they do it really.

LA: So it's this break with tradition which really...

SM: Yes.

LA: And you've also, in the play that you sent me (*Vukani! Wake Up!*) you've also advocated a community response, through the court that you devise in the play.

SM: Well look where jail has got us?

LA: And they're full also now.

SM: Sending people away and locking them up doesn't seem to remedy anything does it? First of all they go away and they come back better criminals, secondly they come back, people seem to come back from that kind of custodial punishment.

LA: Dependent?

SM: They seem to come back hardened. Calloused, and with their feelings blunted.

LA: Brutalised or?

SM: And there is a dislocation with the community, you take somebody away, they come back stigmatised, when they come back from jail they are jailbirds and there is no ceremony to enfold them back into the community. They've become outsiders. How do you expect them to become normal human beings again? The jail doesn't offer them anything, they come back to society which then says, 'you are a jailbird, you don't belong here'. It's a complete dislocation and so now they are on a path to ruination.

LA: And it's such a masculine environment as well, I think.

SM: But then they live amongst us, there is separate village over there for people who have been in jail. You lock them up you spit them out and they're supposed to come and live next door, or in my house if they are my child.

LA: Did you imagine that this, it's like a court, that you set up in the play, is this something that you would like on a wider scale to bring in...

SM: Yes! You see, it's part of an ambitious plan and it doesn't start when somebody messes up. It's part of being connected again, of being a community again so that we care for the young as a community and we stop saying as nations 'we have no resources' to make sure that every child gets what every child needs and deserves.

LA: So that's an excuse in your opinion?

SM: Yes. It is an excuse because once that child is 17 and starts killing people or raping people or stealing people's goods, we suddenly find the resources to feed that child and clothe that child and give to that child, and it's an amazing thing. Why don't we take the same resources and put them at the front end of the child's life, not the back end when they're in trouble. And there are no returns, there's no guarantee you're going to get anything from locking up an 18 year old, whereas if you took the same resources and you used them when the child was a year old, and 2 years and 10 years, you stand a better chance of getting good returns on your investment. You're raising a whole human being, you're raising a responsible citizen.

LA: And can that come from the government? I mean would you consider going into politics? In order to do that?

SM: I don't know that if you are in government you can do this.

LA: No, but (laughs).

SM: What I would love to do is to have a platform where I'm in dialogue with government, with civil society, in a spirit of co-operation. When you say to government 'let's do this, why don't you do it this way', it's not a criticism that the government is not doing anything, but maybe you see an opportunity and a different way of doing the same thing or a better way.

LA: And do you think writing a novel or using fiction for that is a way to have that?

SM: I am hoping I will write a book that will be, that will do that and that will encourage somebody to say, why don't we try this, open your mouth, show

us! Or let's, not that I have all the answers, but I think we have problems big enough that we should all start talking and when I say talking, I don't believe in these silly *Imbizos* [communal meetings] where a politician, the president or somebody comes with all his body guards and talks for an hour and says 'any questions?' and then you're supposed to open, that's not serious, that's not dialogue.

LA: Like a constant dialogue?

SM: Yes, you know we're really, you know, we have councillors, we have people who are supposed to be really at grassroots level you know, doing things so that the government can be informed, but I don't know that it's working. No. If crime keeps rising, obviously there is something we are not doing right. If at the end of the year you know, when the Matric results come out you look at those marks and you can say 'oh this is a black school' you look at the results and you can tell 'black school, coloured school, white school'.

LA: They're not still assessing them in that way?

SM: No they're not assessing them in that separate way, but the kids are presenting in a certain way. I told you, every system perpetuates itself, the kids from the formerly white schools, they're not white now, everybody can go, but those schools have a tradition of teaching well, they have a tradition of having resources, they have a tradition of presenting a Matric class that passes 100% or 98% and it's a bad year. The schools in Gugulethu, same results, same syllabus, have a tradition of not really doing it right, not really getting it right and they are, if they've got 5% they've done very well.

LA: That needs to change quickly...

SM: It's not going to change, not quickly. Because what we're doing now, in my way of thinking is not really good enough and the results tell you that. We have kids sitting in school for twelve years and we wait for the Matric results to tell us that for twelve years these kids have been learning, they've been busy accumulating deficits. The results tell us that. Whereas if we stop and we hurry slowly. All the kinds of intervention projects I detect, started Grade 9, Grade 10, it's too late.

LA: You need to start much younger.

SM: Pre-school. And bring up a healthy crop so that when you present at Grade 12, the children have had a fair chance and they can really field the examination with some measure of confidence, which is not happening right now.

LA: Sure. What role do you think the church or religion has to play in “A State of Outrage”? You do two things in the two different stories I’ve looked at, one of which is using the priest to preach or to say strong things about what’s happened and to try to lead in that way, but in “Leave-taking” your character rails against god and the church and feels abandoned. Whether or not that’s a progression in your thought or...(laughs).

SM: (laughs).

LA: Or whether that’s something, you’re critiquing the role of the church in a different way or I mean what do you think the role of the church is or can be in tackling AIDS in South Africa?

SM: The church is a powerful organisation. Should it chose to use itself meaningfully in this tragedy, it could have such great results. But again, we are trapped in our skins. You know the church does something over there, the education department over here, and somebody has an NGO over there, there is no dialogue. We are not speaking with one voice, we are not sitting at the round table and saying ‘what seems to work, what seems not to work and why is it not working?’ Somebody comes back and hears somebody speak and we have all become experts, and it doesn’t bother us that our expertise doesn’t seem to be doing anything. It doesn’t bother us. Twelve years we’ve been dealing with AIDS and people continue to die. And nobody is bothered enough to say ‘let us’, I mean there are conferences but these conferences leave the people who are dying of AIDS outside.

LA: And do you feel the church, like in Gugulethu, does the church still have a large level of support, or does it ostracise people with AIDS, or how does it treat people?

SM: No, when I first broached it with my priest I was (whispers) when I talked about it, the elder said ‘we can’t talk dirty in church’. My response was to remind them that these are our bodies and they were made by god, and there is nothing the body does that is dirty in the eyes of god. Nothing.

LA: And what was his response?

SM: You know, he said, he was talking and gradually it has come that we even have a support group in church now. And there is a banner: 'This is an HIV/AIDS friendly church'.

LA: But is that unusual do you think?

SM: No, the churches have come to accept. Because so many people, so many members you know, of their church, have been affected, if not infected. You know. So now the churches have had to be, a little bit more responsive.

LA: How do you think, I mean you've talked you've used language, you've used words like 'plague' and connecting that with a religious way of looking at AIDS, how do you think that language of punishment or blame or some kind of sin connected with a disease like AIDS, as a sexually transmitted disease, how do you think that works, you know, how do people then respond?

SM: Well they are not responding, because you still find young girls at church who are church members, falling pregnant.

LA: So it's like: listening is one thing, and doing another.

SM: Yes, because, like teenage pregnancy, contracting HIV and AIDS is still something we are not really dealing with seriously, not in a way that has an impact, that you can say, because if it had an impact less and less people would be infected each day. We just hear that the numbers keep growing.

LA: Sure, but do you think pursuing a line of blame, I mean one of your characters also tries to blame her daughter's husband and comes round to realising there's a strong bond between them, but is there a danger that if you blame one member of a relationship or one person that you then, the consequences could be worse almost, if one person is identified as the 'cause' or the 'reason' for this problem?

SM: Well, I don't know how I would deal with it, were I in that kind of situation. When I look at myself and examine myself and I'm sure I feel the way lots of people would, I can't be peculiar! If I were married or in a relationship and I knew myself to be faithful in this relationship I would be very much surprised to contract HIV and AIDS. And believe me I would be very mad.

LA: And that would be your first response, that's a human response...

SM: I would be VERY angry!

LA: But then how do you live with that after the realisation or the...

SM: In the book I'm writing, which is about an AIDS death, you know, of a faithfully married woman but it's really not about her. She's there because she's the one who triggers the reaction of her friends. It's how these women negotiate that. They all have different reactions.

LA: It's very important to show that diversity of reaction.

SM: Yes. One chooses to be celibate and abandons her husband when she realises that he is not playing the game she wants to play, which is safety first and foremost, she terminates her marriage.

LA: It's self preservation. She has to survive.

SM: Yes, she chooses to live, over the marriage. She trusted him, and then she discovered that he was not trustworthy. And she is devastated and I won't tell you what happens to the husband...

LA: Don't give it away (laughs)

SM: (laughs) And one becomes a lesbian because she believes she is going to be better protected. I'm not saying this is true! I don't know, but this is, women make different choices. She feels that this is too much for her to handle and she looks at the men around her she looks at her brothers with their multiple partners and she realises that her husband is just the same, she has always known this, and accepted it, but when their friend dies, these women are forced to look at their relationships and remove all their rose-tinted glasses they have been wearing. Because that is what is killing women. You stay for the children, but you're not going to be alive for the children if you are dead! This is what you have to realise. You can't stay in a toxic relationship for the children, when you are busy killing yourself by staying in that relationship, then who will mind these children you love so much? You see? Those are the hard questions these women ask themselves. And each one finds a different answer.

LA: And who do you think might read those stories? Who do you hope will read these books? How directly do you think that will get into the township?

SM: You know this again is the sad thing, that I will write the book and find a publisher perhaps, crazy enough to publish it and maybe what I have feared, that I will be hated by black men will happen, but I don't think really a lot of people will read the book. A lot of the people I would love to have read the book. Unless of course the government suddenly realises that this is the sort

of book I need to give to every individual to read and buys the book to preserve life. But I'm hoping this is a book that can open dialogue among black women because we don't talk about our sexuality and I feel the time has come that as women we need to feel, you know, I have never had one black woman who talks about the option of 'maybe I should use a sex toy?' No. Nobody talks about it. No. I don't think we know that there are sex toys!

LA: (laughs) It's possible. It's actually interesting that in America there's been a move towards more of that sort of literature from African American women writers, I think, or not necessarily as a mass movement towards that, but I think as a popular form, there's a black erotica that is coming from women who are writing about these things.

SM: This is not even erotica, this is...

LA: But I mean, people are just talking about it, they're giggling, but it's actually selling in an interesting way, despite the giggling.

SM: Yes, yes, look, you have a body and this body means being alive and if you stop looking after it and being its nurturer and custodian, you are going to be very dead, and this is a reality today and I don't know why women are not talking about what to do and what not to do.

LA: Is that something, just as a curiosity, from when you talked about your traditional education or sex education, because often I've found in different cultures that there are, part of that would be also the understanding that men's duty to women is to provide, not just to provide the children, but to provide satisfaction for a woman. Is that something which would have come from traditional sex education?

SM: In our tradition it was always that of course one wanted a strong man, a man who could do whatever needed to be done but the woman had to please the man. Really, you were not supposed to enjoy sex as a woman.

LA: So that's always been like that. So this has been a radical change from many perspectives.

SM: But, women did talk about you know, how to be good, because there was a period during one's youth when one was prepared for marriage. One was prepared for being a wife and a mother. You know that you teach your husband, that you teach your children and we need to bring back that tradition in the modern way. That young women need to, just as young men go to

circumcision school, young women need to have, you know like the Jewish culture has Bat Mitzvah now, for women. We need something like that. We have *Intonjani* [female initiation ceremony] for women but you know, in the Xhosa tribe, it has fallen by the wayside, now it's become something people who if you want, maybe out of a million families, one would do it. You know it's no longer something that really is done for all the women, I think we need to bring that back. Because modern women need to learn how to be modern. Now we wouldn't be talking about how to be a mother only and how to be a wife only, and how to be a doctor, and how to be a nurse, and how to be a teacher, how to be a contributing member of society?

LA: But how to be a woman...

SM: Yes, as a woman, and how to be a woman in this difficult time. And how to, you know, the things to watch out for. The things, you know, how to be self-directing, how to be a whole human being who is complete in yourself and comfortable in your skin.

LA: And without being accused of trying to take over men's roles or something like that?

SM: No, just being you. You don't have to be weak for your man to be strong. If you get that kind of man, run baby, run! (laughs).

LA: (laughs).

SM: The man who needs a shrinking violet, for him to bloom, then you don't have a man.

LA: And what about, in terms of looking back to traditions, the inclusion of *sangomas* now into the health programme and licensing of *sangomas* and traditional medicine what's your view of that?

SM: Well I think if the government thinks it's good and the *sangomas* agree then who am I? (laughs) I just don't see how it will work? You know, I understand that there is value in traditional medicine and that the *sangomas* have always played an important role in our society, you know, even educated people sometimes go to the *sangomas*. And so, when there is so much that needs, you know what I don't understand is how we keep on pursuing things, fixing things that are not broken. When there is so much that is broken.

LA: Is it looking back to things because they're older but not because they're better?

SM: Yes. I don't know that, I'm not saying it should not have been done but I don't know that this should have been a priority, for me it's almost been the same kind of priority that, I'm not saying it's frivolous.

LA: It seems superfluous just to licence something that already goes on.

SM: But honestly when I think of the street children why are you rounding up the *sangomas*? When there are the street children? You know what I mean? And when I think about the schools that are not functioning, it's like this re-naming of things. Re-naming, renaming! What does it matter whether Table Mountain is Table Mountain or another name? This doesn't put food on anybody's table.

LA: It's just symbolic.

SM: In fact it doesn't give anybody who didn't have a table, a table! So I don't see why we get this preoccupation with re-naming things, it's supposed to heal us psychologically...

LA: That's interesting.

SM: I really have my doubts. I'm not enamoured of renaming things, because I just don't see. This seems to me to be really, a substitution, a poor substitution, for real action.

LA: On a different level, when you're naming AIDS and you're quite direct in using the term in all of your books, *that's* an important naming.

SM: Well that is the name! That is the original name of it. I'm not changing the name of it!

LA: So, moving away from euphemisms for you is just being honest, it's part of truth.

SM: Yes. It's important. It's important. Because people have to remember and pay attention and it still amazes me how we could be outstripped by a country such as Uganda. Very sad. I'm happy for Uganda.

LA: But it was led from the top also wasn't it?

SM: Where is our top? Is what I'd like to know. Because you see, that's what I mean when I say we need to pay attention and to be honest, and if we are wishy washy and wavering all over the place you know, it's a sad thing that, I'm not wishing for apartheid, believe me, but I fear it was a strange, almost an ironic twist of fate, that at the same time that AIDS hit the country we were

saying goodbye to apartheid. Sometimes I think had AIDS hit us during the time of apartheid, it would not have played this havoc on us.

LA: There would have been a control from above or some kind of health control?

SM: If not, there would have been such a hue and cry 'oh my, look at what those white people are doing to the poor black people! Genocide,' we would have said.

LA: And people don't use those terms now?

SM: (whispers) they are not saying that.

LA: But you would equate it with a genocide?

SM: It is genocide! When a government deliberately turns, I mean, you know, plays games, how can you be talking to me about 'African potato' this, I mean honestly, when people are dying.

LA: It's been compared to a holocaust in other writing I've seen...

SM: It is genocide except we do what we do most as Africans, throughout the continent when it is we harming we, then suddenly we are tongue-tied.

LA: Why is that?

SM: Ask me? Remember how this government sent a, not one person, not two people, a mission, a fact-finding mission to Zimbabwe last year, just before the elections. Guess what the fact-finding mission said?

LA: I think I know.

SM: The elections will be fair and free! Everything is hunky dorey in Zimbabwe. They're singing a slightly different tune now they must do this they must do that, and we all are keeping quiet. We don't say 'if it was so fricking free and fair ok last year, what has changed so radically in twelve months?' I'm waiting to hear people saying this.

LA: Or in five years?

SM: No, no, twelve months, this was in April.

LA: Last year.

SM: Just last year. It was fine last year!

LA: There seems to be a problem generally with something you're allowed to say in public and something you're willing to say in public and something you're able to say in private.

SM: But what is the point then of having governments, what is the point of having ordered societies if we lie? What is the point?

LA: Are you saying that, that complicity is a form of lying?

SM: It is lying. It is lying. When we allow government to get away with things that are not quite what they should be. We are ourselves contributing to that. No democracy can survive, nevermind thrive, when the people are not vigilant. Vigilance is an integral part of any democracy.

LA: Also I think in your work I think what's important is writing the ordinary stories, writing the everyday, instead of focussing on the 'heroic' or the national figures. Do you think that's part of that vigilance? •

SM: That's an important part, because if you take a history book you see the stars, but life is not made up of the stars, you know the stars are a dot. It's the mass of humanity who really live in a country you know, you may talk about the TRC. The TRC was fine, but by its very definition the TRC was for *gross* human rights violation. But people have to remember, that Nelson Mandela, the venerable Nelson Mandela, whom I admire and love, didn't get to suffer only on Robben Island, he would never have got to Robben Island had his life had been a bed of roses out here. He went to Robben Island because of something he could not stomach out here. So the millions who never went to Robben Island suffered. If those lives were lives of luxury Mandela would never have gone to jail, he would just have stayed out of trouble, and enjoyed his life of luxury. We have to remember that people went to jail because they were protesting or fighting something evil and that the majority of people suffered like him.

LA: And that those stories are rarely heard?

SM: No. Everybody now wants to write about Robben Island. If he didn't go, even among the people who went to jail, if you didn't go to Robben Island 'your jail was not quite as tough as my jail'.

LA: (laughs) It becomes a competition of martyrdom?

SM: Yes. Yes.

LA: It's bizarre. Also in your play [*Vukani!*] you start off with pictures of someone taking photographs and you talk of capturing memories and individuals and taking photographs to do this, and I saw the Athol Fugard play which is at Baxters recently, it's still on I think: Sizwe Banzi is dead.

SM: I saw it again last night!

LA: It's excellent.

SM: I saw it when I was what, twenty years old!

LA: When it was first on! And I thought, was that a conscious reference, of the photography? Or is that just something?

SM: No, that's a poem I wrote, and then I started on the play. That was written independently of the play. I was young, I just felt, that time when I was coming back when this became really big that, you know, the young people, the term then, that doctors, or medical practitioners were giving us, was that a lot of the young people in their teens won't make 31, 33. And I thought: that's a lot! All these people disappearing and I thought we should look to ourselves, our children, and put them on the wall and tell the children why. Tell them. This photograph, I'm putting it there because if you don't change the way you do things, that's all I will have left to remember you by.

LA: To give them a sense of mortality.

SM: Yes, yes. And I think you know, this is what, you know, were we in a situation of declared war... South Africa is losing more people now than it would were we at war, ok? Were we at war, every day, you know that this is true, the president would appear on TV and on radio and be giving us the figures, and we would observe moments of silence. Why aren't we doing it now? Why aren't we doing it now?

LA: You know, people like Buthelezi have also used language of war to fight, he's tried to use a Zulu masculine culture to fight this, but do you think, I mean when you're talking about war are you talking about the Palestinian mothers who talk about losing their children, their sons, it's more, it's not so much the aggression element of war, that you're emphasising but the suffering behind the...because I think it becomes a dangerous territory sometimes when Buthelezi uses that terminology because although it might galvanise people to fight, it could lead to...

SM: Fight what?

LA: Yes, and how?

SM: My using that analogy is in terms of how many people we are losing. That we are dying as though there were an enemy out there shooting at us, poisoning us, but you know, the enemy is our behaviour, the enemy is our

lack of respect for human life. When a husband, or a wife (if that happens) when a partner still sleeps around now, we shouldn't be using terms such as playboy. That person is not a playboy, that person is a murderer.

LA: So it's reclaiming some of that language for your own.

SM: It is. It is. It is murder. If I give you my love, my heart, and you promise to be faithful and you go behind my back and sleep with whom ever you please, you are killing me. It's attempted murder. And I think for people who are accused of, and then found guilty of raping people and if they are HIV positive, I do not believe in the death sentence, the death penalty, but you know I think they should be charged with...

LA: The equivalent of murder?

SM: Yes.

LA: I think that's also why the reaction can be so strong if people see any connection with HIV as being equivalent, but not in a justice sense in terms of what's written in the law books, because it's often disproportionate what people are given sentence wise for rape, but in terms of how people react when people are killing people for various different reasons, misunderstandings, or misapprehensions, there is that ability to equate that behaviour with murder, so it's already there, in terms of how bad people think something is, but unfortunately then it comes out in this violent way.

SM: And it's terrible and you know there is also this element that you are raped and then you are scared to go to the police even if you know who your rapists are, mostly it's gang rape, because people will be arrested, and in a day or two they are out, awaiting trial and then they come and punish you. My sister teaches at a primary school in Gugulethu and two girls who had attended that school but were now in high school, one of them died like that, in April. The older girl was raped, she had the courage to report it, they were arrested two or three days later they were back on the street, and they came for her. She wasn't home, they killed her sister. Now that child who was raped is traumatised by knowing that her sister died because she went to the police. It is...I wouldn't be that young woman. I wouldn't be in her shoes.

LA: You need to be protected if you are going to come forward you need protection.

SM: And then you wonder why people don't come out and report rapes. I mean this country is becoming almost an exercise in futility, to report crime. When you give the police all the facts: this one, that's the name, that's the address, that's the id number, he stole my: this.

LA: They're powerless to do anything.

SM: They go once, he's not home and that's the end of the story.

LA: On another note, just to bring it round again, how important do you think it is to describe the physical effects of a disease like AIDS and how reluctant are people to acknowledge that side of the disease, the actual physical degeneration of the body? Because you have done that occasionally and you've been quite direct, but other people are very reluctant to describe some of those symptoms in such an explicit way...

SM: Well I don't know that I could do it any other way. Because for me, in the, the ultimate horror for me, is, there are two things that I feel are painful for the individual. One is when that Doctor says 'you are HIV positive', your test came back positive. That must be horrendous to the person. I mean how she's going to look and how she's going to, you really, does it matter that much? And the other is when they reach the stage when they know that death has become an imminent certainty.

LA: And so by writing both ends of that story...

SM: You've already gone to where it hurts most. The symptoms whether they are boils or whether running tummy or...what are those in the scale of things?

LA: You don't think it's as important to detail those things?

SM: I mean I think they are! What I'm saying is that I wouldn't shun away from those. If I was going to shun away from writing about AIDS I wouldn't write about it at all. Because saying that she went, describing how she felt or he felt, that to me, those are the private moments of the person.

LA: And they can be fictionalised, they can be presented in fiction.

SM: Yes, and whether the decision she is going to make, because you have to make decisions. Are you going to kill yourself? Now that you know you are dying? Are you going to be that despondent that you kill yourself or are you going to decide I made a mistake or somebody made it for me, but I'm going to live, I'm going to fight this thing. You know those for me are the important things, the physical it is just in passing really, because people know and see

these things every day. This is not something you can hide.

LA: So it's partly because it's not unusual?

SM: No.

LA: People can ignore somehow some of that.

SM: Yes. Yes. I think it's important. You know, I'm scared of writing about a lot of things but if I should decide to write about something I want to be as honest and as brutal as possible, because there is no pretty way of writing about AIDS.

LA: And it's a great way to get away from statistics, to show how someone is, inside.

SM: Yes. You know, what does it do to the body, what does it do to the heart, what does it do to the mind, what does it do to the people around me? What does it do to the people at work, how does it make me feel sitting in a bus and seeing those people looking at me, with eyes that are wondering, you know? So that somebody, hopefully who is already sick can see themselves in that, and somebody who is not yet infected can see what they would like not to become.

LA: And in terms of that future, and seeing a future of one kind or another there's also a noticeable lack of writing in South Africa about future situations, and when it has happened in the past it's always been this cataclysmic potential catastrophe situation. When you've talked about your new work being about women who are living with AIDS and what will they do about it, I mean is that also a strategy, to show how people plan for...

SM: Yes. Because we don't talk. I don't hear this debate and I'm thinking let me put several women in this situation and let them be proactive, let them make decisions,

LA: Look forward instead of backwards.

SM: Yes, I want these women to be proactive to say you know what, we lost a friend, I'm not going that way. I am not going that way.

LA: And for that to be an advocacy for change.

SM: Yes. And maybe one of them will say 'I don't know what to do' and now most of them, you know, these are five women, the one dies and in her death, there is a story there in that she dies in a certain way. The relationship between her and her family, between her and her husband, I mean the

families, can you imagine, if your mother and your father, your sisters and your brothers think, assume, your husband has killed you because he has been known as a playboy and you are known to be faithfully married. So the family of course jump to the conclusion rightly or wrongly that you have been killed by this swine. How is your death then? There's your family, there's your husband, there's your child, your children, there are your friends. What decisions do you take? And these friends watch that friend and they are mourning her, you know, consoling as best they could under the circumstances, they also have to examine their lives. They are forced to examine their lives.

LA: And to define and examine her life in retrospect, perhaps?

SM: Yes. Yes. To look at her life and to talk about her life and to say what they think she did right and what they think she didn't do right. And to draw lessons from that life because you know, at the very last, almost when she's dying, she opens her mouth and says 'don't die like me.' That's a gift to her friends. Throughout the illness she is mum, but at the end finally she says 'guys don't die a stupid death like me, do what you need to do to stay alive. And look after my child for me'. You know and I thought, maybe, maybe, if a publisher is mad enough to publish this book next year, maybe then a black woman, especially, will know that it is possible to live without a man if this is what it takes. It is possible to pleasure oneself in other ways if this is what it takes. It is possible to dialogue with your man and knock sense into him if this is what it takes. But you know, we have to be honest, we have to be open, we have to make ourselves vulnerable, we have to make demands for our lives.

LA: Ok, good place to end I think, thank you very much.

Appendix 3

Interview Kgafela Oa Magogodi 24/07/06 - Johannesburg

LA: I wanted to ask you how you came to write this collection (*Thy Condom Come*)? Did it come from performance first? Were you motivated by the subject matter or was it something that just came naturally?

KM: There are many ways of writing. Sometimes you begin with a word, and the next word calls the next. For me it's not just about chasing subject matter but it's also about drawing pictures of the soul, as it were - if the soul can be seen in pictures, or if it can be seen at all. There's a way of writing where you tap on the soul of a feeling that makes you pick up the pen. You hold the pen but you may not know the forces that point to that feeling. Sometimes, or often, you surprise yourself at the end of the piece - from chasing a feeling, and that feeling gives shape to the word that comes to the page. So, it really has nothing to do with whether it begins with performance or starts from the page. Anyway, a portion of this question sounds like it is made for natives – 'does your writing come from performance?' ... Zakes Mda observes how, recently, the *Sunday Times* had a picnic at the Cape Town Book Fair entertaining a gullible liberal audience with silly questions about why there are no new black writers. This is assuming that Phaswane Mpe and Sello Duiker never tasted life. Maybe Zebulon Dread is wasting time publishing obscene prose with overdose of anger against white society – he will never find space in the shelves of Exclusive Books. And, according to some dunderhead Proffer, we who are called spoken word cats are just penning 'throw away lines'. We shouldn't dare claim to have any morsel of knowledge about the rigours of serious writing. At least, we are supposed to beat skin drums with sticks; to be possessed by some dark magic which plugs the tongue into a deep oral source from which we draw enough force to spew out a native scream: "Ndeeeegaaaaaaam!" And that's the archetypal African praise singer they want, a bongo-bongo poet with a Tarzanic vision of the continent. But Chinuezu warned us early about the pitfalls of malicious praise from dinosauric liberal professors who, upon professing the lie that they have a divine duty to define poetic beauty, have since created their pet poets whom

they consecrate. In other words, these dinosaurs have decided that they are the ones to give us permission to be poets. But some of us refused the incarcerating patronage of liberal dinosaurs and now they want us erased. But this is not just a literary problem. Generally, white society through ownership and control of the media, have tended to pick our leaders and that's how Africa, wound up with such an enormous sob in the place of independence. Back to literature - must we let these dinosaurs parent us and congratulate themselves for having discovered us from the dusty township streets, washed us and made us great writers? They soon get us thinking that, just by virtue of their praise, we are greater than the mass of black mediocrity above whom we rose because of the tutelage of dinosaurs. The dinosaurs alone had the vision and the technical discipline of coaching our tongues to move towards greatness. We become the poster boys and girls of black literary success only if we display eternal gratitude to white patronage. But that's not enough, they want us to pour scorn on foundational African narratives while we display indebtedness Europe's literary heroes - and that's how to guarantee your place in their idea of what makes a good writer. But their sense of literary history cannot shake-off, easily, the load that comes with writing the whispers of our tormented ancestors.

Ok, please let me recast the question of orality. We put ink on paper before we commit text to memory and make it oral. These days the word of mouth is scripted first - the pen catches voices. And we may have to speak, another day, about history written via the prism of spiritual memory. Meanwhile, when you write, sometimes, in just one sitting things settle and you leave the piece there because you know that there is no need for further conversation with the muse. In any conversation, there is a place where there are no words. And then comes the ugliness of publishing. Unpublished stuff is alive because it can be tampered with - revised, re-scripted, mutilated, panel beat and sent back on the road even with bandages, stitches and scars, and that's what keeps it alive – so, for me, *Thy Condom Come*, in a sense, is dead... once it is on the page, it is dead.

LA: The minute it's published?

KM: Ya, I think the minute it's published it dies. But don't give death a negative look, things take a new life, if you follow what I'm saying... perhaps in a Bakhtinian sense, it resurrects in other people's mouths and lives in other people's intentions. And besides, death is not an enemy. So *Thy Condom Come* is a collection of stuff that I've been writing as I was learning to hold the pen straight, these scribbles came through me. That and it wasn't about trying to publish a book really. On a tour of Europe in 2000, I sent the word out through the microphone in Amsterdam, at the Cosmic Theatre. Off stage I met Amina Marix-Evans, an Amsterdam based activist against global oppression. She suggested that she publishes my work, and ya, things moved from that first step. I put the manuscript together and sent it. And soon there was a book with my late friend Phaswane Mpe's writing the introduction to what I then called 'untamed love lines'.

LA: What was she interested in? Did she guide you to put the collection into one theme or towards an AIDS theme or a sexuality related theme or was that already present, was that dominant already in your work?

KM: I was guided by what I had as scattering of poems which at the time I thought were ripe for the page. Ya, as I said before, or attempted to say, it wasn't about chasing ideas, it represents what I was going through. What I saw. What I heard. What I read during that time when I was writing. If there's any prominent theme it's purely accidental. Perhaps nothing here is accidental because the lines were scratched from my life and the congregation of voices inside me. Therefore the whole insane scene of my pain was grown from a vantage point. But vantage points must be understood as take-off points not as landing strips. To take off is to search for meaning. So I don't start with ideas when I write. They are too cumbersome for take-off. Yet I'm not post-ideology because soon the soaring poem must land either to blind us and mesmerise us all with its peacock brilliance; or to spew out raw prophecy and feed us. Remember how the nation wants their prophet polished... and so they don't usually heed those who wear the ruggamuffin look.

LA: And when you said that it kind of goes through you, do you think of it as a spiritual thing, or like as a medium channelling other forces or is that just a way of describing a creative process?

KM: Those who are in the know tell us about unknowable ways of the subconscious in writing. If it is true that creativity dwells in the subconscious, the conscious part also converses in many ways with the subconscious, so it's a combination of both really – spiritual and material forces intersecting. You live in this world yet you came to earth perhaps with other people's tongues in your mouth. And when you talk about spirituality – maybe someone else shares the same experience – when I write, I tend to break into this space where muse dwell and things just seem to pour out of my system. Yet the conscious self negotiates what the word takes in, because we are of this world and we converse with environments or contexts within which we write. Maybe that's why, often, most things are not quite understood now - maybe tomorrow.

LA: Sure and that is missing in a lot of South African work I think, that ability to look to the future. Do you agree or?

KM: I want to be irresponsible and tell you how I sometimes think that the poetry scene is infested with cockroach sensibilities. What do you get from anything that lives for a few days without its head? Can you imagine a life without a head? How do you write when you fear the vengeance of rising light? And I'm not talking about the lime light and its rounds of applause which has massacred enough cats to feed Lesotho. The media is laden with singing corpses of cats in the lame light... the limelight I mean. Let me adapt Fanon and say: Black Body, White Voice. Cursory looks at the television screen suggest that out here there's a project of neo-colonial ventriloquism – the white world speaks through black bodies. That's why some of the writing lacks the eternal power of illumination that come from the sunlight? To bring light you must place premium on the search for truth? Not even stating our suffering will be sufficient. When you bring light into matter you want to alter the shape of things. Yet, let's agree that Azanian writing is broad. We need to look even into the darkest creases, even if we must turn faeces over to find those lost worms of fighting literate with a mutinous vision. They said apartheid inspired work; but what inspires us now...?

LA: Do you think the younger generation are now not so bothered by that past and are looking more towards the present and future?

KM: I think you cannot get all under one blanket and cover a whole generation. I've seen a few, a handful of young people who understand the connections between then and now, who debate lessons from Walter Rodney, *How Europe Underdeveloped Africa?* For instance, Rodney's look at the complex nature of oppression; its marriage to capitalism and that race is just one lens through which to see history - yet we perish when we omit the race question. I used to meet and converse regularly (in Phimville, Soweto), with youth with whom the meaning of the treacherous journey from slavery, colonialism, and even to the neo-colonial situation; perhaps, has a bearing on how you pick up the pen with the neo-apartheid scenario. I've read young literature in whom the geography of poverty is still largely black while wealth and white skin are akin. In some of the young writing we are reminded of Adul Rahman Mohamed Babu's attitude in *African Socialism or Socialist Africa*: "the supervisors of oppression are 'our own kith and kin' who have sold themselves to their original masters". I've pick-up manuscripts in whom the youth are troubled with the ways in which the neo-liberal settlement that is squeezing Azania's poor.

And I've also encountered youth who carry the master's voice with a school prefect's pride and determination. During his launch at Xarra Books, some hippie brother, not a youth by age, tells us that the future of African leadership is in combining "the heart of Lumumba and the head of Mobutu." There's something jive-ass, and embarrassingly adolescent in the brother's idea of how things connect. But this is just one instance of youth who may not understand, or even agree that Mobutu was a vampire who drank his people's blood to explain his existence. Regardless of the public release of Raul Peck's film, not many youth understand that Lumumba refused to withdraw colonial rape charges while alien tools still plough the soil selfishly, and that's why he was killed. Why insult Lumumba by joining his living heart to Mobutu's rotten head? Maybe some of these illiterate brothers must be advised to acquire a sharper sense of history and political vigilance. Enough just to show up before the microphone and lip-sink the master's voice.

Yet sometimes, you hear those young voices who speak solidly outside official containers. Sobukwe says “we must speak the truth before we die”. Some of the truth is that not even all our elders are wise in the ways of the world and its politics. Lefifi challenges the easy idea that age brings wisdom: “A young fool grows to be an old fool,” he says. When we address generational politics in our writing, let it be a matter of identifying specific cases. How do I speak in one line about a whole generation?

Yet it is possible to argue loosely that the youth today are largely plagued by an awkward politics of happiness. Look, for instance, at the kindergarten atmosphere that riddled the recent SAMA awards. It was like watching a gathering of giggling playmates in a kindergarten fashion parade. Who looks most delicious? Whose milkshakes are better? Are these really questions that preoccupy the nation? You don't even hear a whisper about how just a day before, police bullets fired against the poor for *toyi-toying* against rotten municipal officers who can only deliver potholes on the roads. And, through the live television broadcast, some “big” Sony Records producer's pusillanimous advice to aspirant musicians is that they must stay away from “controversial topics” if they must be awarded. It pays to be politically switched off like the cheerful role model musicians of the land. But there are a few exceptions like Tumi of the Volume whose flow is fairly rich with political reflections and enough doses of artistic swagger to keep you captive. Yet he is not the Common Man who lights up lines from the living flame of riots in the streets... But I've always said that I'm not above the dance floor; and therefore I confess my love affair with *kwaito*. Give me Bricks and Mzekezeke... Believe me, there are *kwaito* beats that can groove even a combat writer from the dance floor to oblivion... And maybe there is something political in the commitment to entertain those sobbing souls on the dance floor, who are looking to escape from a hardcore reality through a dope bass line. Meanwhile, read Sipho Sepamla's novel ***Third Generation***. It is Sepamla's moving tribute to the post-1976 youth and their victorious spirit against the apartheid government and its butcher dogs. Sepamla's prophetic story offers complex pearls of insights into the politics of age and their sharp bearing on

assorted political cookies of our times. We don't want a flat understanding of a composite picture do we?

LA: No and the potential for diversity is enormous these days I think. Do you still perform these poems and if you do what's the response like? Or if you don't, when you did perform them how did South African audiences react?

KM: Ya, look I do step on stage – and these days quite sparingly. The film version that we were talking about, *I Mike What I Like* was based on a stage play and it's something that I put together around the need to speak freely. So we did not try to please audiences because to us it was experimental expression: me, Msawenkosi Xokelelo (action painting) and Bra Ernest Mothle (double bass). The direction was that while the stage held us in conversation, instead of worrying about performing, each one was to chase the movement of his spirit. People came to theatre to see and hear us converse through muses for an hour. We deliberately made it rough and loose so that it could break at any point if we want to step out, each one to retreat into their core. If audiences decided to enjoy it, fine. But we were not going to put audience reactions before creation.

Also implied in the question are the ways in which official audiences find ways of containing such voices, sounds and sketches of the wretched soul. That's why we should not sleep tightly because some of own relatives can kill us for this rap; and so we even watch what we say in our sleep. But I woke up to *I Mike What I Like*, and I believe Msa painted what he wanted, while Bra Ernest peddled his bass in earnest. Jyoti Minstry came in as director of the film and followed her own madness. This time, in *Beef*, I'm directing movement, a basic drama outfit, two actors who are also wailing singers. So I think the long and short of it is that I find various ways of making people find a place in the work without changing the challenge of the message.

On stage sometimes you disregard the audiences gaze and swim in the total soup of your own madness; you look for a morsel of sanity at the bottom of the bubbling pot of muses. To put bass, drum and song into the word is not to escape the burden of history. Bob Marley understood this when he made "War" and dubbed Sellasie's UN verses into the consciousness of reggae

youth around the world. Still the word must also be written to stand firm without backings tracks and the steam of gyrating dancers.

LA: Do you think the medium is important, I mean you talked about it dying in a published form, but when you're switching between different mediums and you're doing performance or film or music or dance, which do you think is the most effective? Or is that a silly question?

KM: I wouldn't say it's a silly question, I would say it's difficult because I think people who receive the word are the ones to tell which medium works with them best? There are people whom you can reach through instrumental music, and there are people who love the naked word, you know, so it depends on your sense of aesthetic geography and artistic palate.

LA: It depends on the audience perhaps?

KM: Yet the artist chooses the medium that helps to express best what they carry at that point...

LA: How have audiences reacted when you've been there?

KM: Ya, I think, look, I mean so far there has been the small fact that my pen still stands.

LA: That's positive.

KM: I put premium on what my pen must stand for. And people do come into the work with a set of ideas, and if those ideas are not met and given warm handshakes - problems usually arise. And sometimes I bump into the grudging squeals of soap-opera snobs with their Oprah Winfrey sensibilities. Some say I'm too angry. Well, since my mother taught me not to insult people with disabilities (and that includes political disabilities) I try to refrain from drawing any elaborate sketch of the mental and spiritual paralyses that afflicts the land. Yet, let's, for a bit, speak to the politics of anger and its mutinous possibilities: Is anger truly ugly? But it's hard to be cute while you bleed; and so I write a halo around my anger. Maybe my anger is holy because my ancestors died with spears in their hands defending the land and they return with more fire. If people want their lines sugared that's their choice not mine. It's their choice to enter into anger management classes or slave etiquette workshops, but don't ask me to join the class, I'm not sick. Was it Biko who saw how white commandism was so instructive they want to give you headaches and tell you how to deal with the pain... whipped you and told you

how to bleed? How much bleeding is permissible, as if your body has no way of telling? They want your scars polished - watch the Madiba dance and learn how it pays to live without anger. There's cash for a smile in their new South Africa. "Please don't be angry?" They ask me. But I did not come into the world to monkey-jive...I came in for Frank Talk. Here, however, truth telling is often confused with anger.

LA: And when you say that, have you ever felt threatened or endangered in any way? Anything ranging from heckling to actually quite violent responses to some of your subject matter?

KM: People keep asking this kind of question as if an invisible axe hangs ready to chop into my stubborn neck. We are supposed to be free, aren't we? Yet we are deeply afflicted by a disease which Paulo Freire in *Pedagogy of the Oppressed* calls "the fear of freedom." When we fear freedom we invent ghosts that are ready to slap us silly if our utterances are out of official alignment. Fear bleeds us internally. To speak is to provoke the ghosts? Take the case of a poet soldier who tells me that his house was recently broken into; his computer's head hacked and its brains, its intestines and its private parts wrenched out and taken away? His computer suffered a heavyweight ritual killing. What witchcraft will they commit with the stolen body parts of the poet's computer?

So it is not about me, but how it seems, there's a tyrannical sense of unity that rulers want to impose on black people simply because we are supposed to be grateful to scars of our heroes; to the lines that brought us to their idea of freedom. How soon apologist praise-singers are picked for fattening? We've seen some perform love poems to African heads of states. If you must understand freedom of expression: pay attention to schemes of inclusion and scams of exclusion. Who gets on what stage; who eats, who starves? Instead of sending UN peace keeping forces to bombard your ragamuffin ass, here they send an army of pimps with small cash to buy the silence of poets? Strategies of containment are varied and subtle.

But I still love my country. I love my people and the stolen land. But sometimes when you express your love too strongly you get alienated. No

one really appreciates the 'righteous' crap of poets who think they can stand between people's teeth and food promised under the table. The noise the poet brings is probably irritating the nation because everyone is hectic looking for a piece of the tender pie. New South Africans can break your ribs over a juicy piece of tender. They eat the tender dough and leave potholes on the roads which the tender was supposed patch up before the tender wells dried up. Some eat too much of the tender's cut, too carelessly and that's how Chris-Hani Bara hospital comes to be a black hole where sick natives come to die unattended by the tender. Tendermania is a national sport and we all hope for a tender-manna-from-heaven to fall on our laps. And that's the muffling power of the tender. The nation is totally tenderised. Believe me, new South Africans are ready to kill their poets for the love of the tender. That's the vengeance of true love for a nation of sufferers blinded by the chase for a tender cheque from a neo-liberal government office.

LA: Do you like to provoke that response as well?

KM: I may have said to you that it's not even about trying to provoke any particular response. It's about saying what must be said... to provoke debate perhaps; to turn the soil. And whatever forces that push me towards saying things the way I say them, I obey without question because that's the voice of my spirit speaking. Whoever finds it offensive, fine.

LA: You're not bothered by that reaction at all?

KM: Well...

LA: And the role of the poet is often a protected role in some senses, so you're able to speak in a space perhaps freer than some others, is that still the case?

KM: I do not understand that question; the role of a poet is protected?

LA: In some way, as a figure who can criticise from within or from outside society, without being implicated in, like you say, holding those views personally, you're saying you're forced by circumstance to say them and sometimes poets seem to inhabit that space and traditionally they perhaps did?

KM: Let's first agree that in writing I actually confront the circumstances from which I draw the word. I force my voice upon the circumstances. I refuse to accept this reality and so there is no letting its circumstances to dictate my

lines. Although I'm guided, I still doubt that the role of the poet is protected in a world where it's normal to kill the courier if you hate the message in the letter they bring. Look at Ken Saro-Wiwa and the fate you meet for raising a few questions about oil mining and how to make it people friendly. We may wake up one day with Mumia dead in the arms of our ignorance because we've erased the black panther's pain from public debate... now we follow Osama T-shirt fashions without checking if Bin Laden bleeds for Sudanese Africans who suffer the mean flight of Arabising bullets. Are we so Arable that every aspiring colonialist and amateur slave-master wants to practice inflicting slavery on black Africans. Every wannabe tyrant torments black Africans. To every Salaam head, and to every Jesus Christ maniac, it seems that black Africans are manna from fucking heaven. Everyone seems to think that they can spread whatever kind of butter across black butts and take a juicy bite... and that black Africans won't mind because they are food of the earth. Yet my *gobela* [teacher] advises that the matter in Darfur is too complex because history teaches that Brits have created Christian enclaves in the oil rich south and it seems quite clear that western interests are riddled with capitalist greed. Let's bring it home. True that Timol jumped and died for all blacks and other suffering humanity. Yet the ugliness with which black Africans are treated at the Oriental Plaza in Fordburg must be confronted. Can we still talk about a protected poet if he is just a part of the same black African salad to be lynched for lunch across the cities? Look, I may have to step out of the poem, stand in front of the poem naked, bare fisted and willing to protect the poem's right to swim in the total broth of it's own insanity.

LA: But that demonstrates the power of poets to bring forward issues which others find uncomfortable perhaps?

KM: Well, I probably came to earth to say enough dread shit. But the living energy of the word, the source of power is in how people pick it up and make use of it's breath, you know. We shouldn't overestimate ourselves or whatever roles that we are perceived to be playing; everyone has a role to play, poet or plumber. Don't think people will pick up shit just because you advertise it. Nobody picks up stuff you excrete unless it grabs them. So, for me there's something in the word which, in many ways, helps to shape society in certain ways... the symbolic order of society is contested via the

powers the spoken and the written word. Watch public spaces closely and see how words are put to use even to preserve ugly regimes. They utilise anything from washing powder to gunpowder; and some poets are their models. Politicians govern through the power of the word (and their guns too are probably loaded in Texas). Flipside, look at the nature of revolutions, wherever they erupt, a poet of sort sticks their tongue in the mess and stirs up the masses... Bob Marley, Amiri Baraka, Miriam Makeba, LKJ, Mutabaruka and Fela Kuti, are among the many voices that have impacted profoundly on subversive possibilities of underground youth culture, globally... on the bits and pieces of a people's riot culture that have survived the neo-colony and found a home among sufferers of the earth.

LA: And articulate on behalf of them sometimes.

KM: Ya, you articulate on their behalf perhaps, or articulate with them you know. Look, for instance, at how Marx and Engels, put to use the verses Freiligrath in the service of what they saw as a proletariat revolution of their times. Or we can examine Frantz Fanon and his role in the Algerian revolution of the 1950s. Fanon is celebrated in the black world mostly for the force of his utterances alongside fellow comrades in what came to be captured in Gillo Pontecorvo's film of the fifties as *The Battle of Algiers*. It is possible to look at Fanon's towering memory and speak about a definite power in the word? But Fanon's memory survives grudgingly in Algeria because overdose of religion and ethnicity dictates political vision. But who will admit to these cases in the black world where the people are not teachable.

LA: You said on one page that there's a "third world disease called writing for the people" but also that "the poet and the politician are twins making love in the womb of words" – it's just a way of participating in discourse more generally and as a specific way, what power do you think the aesthetics of literature as opposed to political pamphleteering or going into a more structured, or what's supposedly a legitimate form of subversion or, like you said revolutionary modes, what power does aestheticising things that you've written, like talking about rape and violence but in a particularly artistic way, and sexuality and about the body, do you think it's important to have this other side, this artistic way, is it freer, is it more powerful?

KM: Ultimately, the poet and the politicians trade in words. The word is the womb and that's how the poet and the politician are born... both from the force of the word. Words are also the currency of what some of my friends call "the human rights industry." And I'm not being pessimistic, but we need to reflect on our blindness as artist sometimes. In a song by Fela, "Rofo Rofo Fight", two people exchange blows in the mud and they both come out filthy. That's perhaps some of the sense in the lines about the complex womb of tensions between the poet and the politician, if you follow my sense. I was careful not to put stuff in straight lines then, twisted things a bit - though people hear, most do not listen. Hence, things may be understood much later sometimes, perhaps too late to change anything.

LA: So is it just a commentary?

KM: No no, I think you are directly involved in a sense as Dambudzo Marechera put it you're writing "in the middle of a scream." You can't speak of yourself as if you're standing outside your skin looking at the pimples popping, you're part of the thing you feel, and it's your life. But in many ways you would say, perhaps from an aesthetics point of view, it's boring just to put words plainly. And so you put some premium on dressing up the arsenal of lyrics and letting loose the ways of the imaginary.

LA: And that's quite a post-modern way of looking at things in a way and to more of a stream of consciousness or a construction of the self in literature in the way Marechera is then retrospectively analysed as, you know, this is representing a state of mind as opposed to a specific narrative about something particular, like a didactic message, it's more a reflection of a sensibility or something.

KM: My *gobelos* [teachers], in my studies of African Literature, have repeatedly warned against the dangerous ways with which critics have tended to rush towards creating an easy rapture between foundational narratives and contemporary African fictions. The so called post-modern era in African literature builds on foundational narratives. In the attempt to avoid dealing with profound historical questions raised by Ngugi, Emecheta, Armah, Dangarembga and P'Bitek and the like, critics shift suspiciously towards celebrating the literary merits as understood only in the terms of their narrow aestheticism. Yet I think also that didacticism has a place, because

sometimes, as they said in the seventies, the urgency of the situation demands that you give direct messages. And there are so many cats then in say seventies, eighties in this country who grabbed masses with that didactic style. And that in many ways cannot be dismissed easily. Even Njabulo Ndebele must know something about the currency of plain talk. The whole debate about rediscovery of ordinary things like smells is probably great for feeding the senses. Yet in “pamphlet poetry” there was a political purpose. In a story told by a friend about amaNdebele women who paint beautiful pictures and after some time the rain comes to wash them, and soon they re-do the paintworks. A European art expert asked them: “You paint such beauty, why don’t you use more permanent paint?” And their response was: “Your problem is that you want painting to last forever but we can forever create!”

LA: There’s a flaw always looking for permanence and fixity that’s basically flawed and that the feel of transience or that sense of the transient nature of everything is more important in terms of, in terms of keeping alive a creative impulse.

KM: Absolutely... when I put work on stage, every day something changes because I treat art as a living being, if you’re going to breathe every day, your art too must breathe. You eat every day, you feed it daily... even if it means chopping out stuff that people applauded the day before just to help it grow. It’s not even about rounds of applause. To some it is about keeping the word alive. And to me, it is the word that keeps me alive.

LA: But also some greatness or particularly other people’s idea of what is good then often has a longer life span in some ways and certain people would argue that if something is particularly important then it must be also equivalently good, or the sense of how does someone judge how good something is, is it important to have a longevity for certain forms of art and in particular certain messages for something like AIDS or with, anything from racism, murder, that if you don’t put it in a form that has a lasting significance you’re almost abdicating responsibility for some of that.

KM: Ya I think there are no clear answers, really.

LA: No, I know.

KM: There’s conversation and that’s how we come to the light.

LA: And you've referenced Zimbabwean writers particularly Marechera a lot, and you mention Mugabe in this collection, is that part of your reference point, or is it more a pan-African, or artistic, I mean you're choosing people from Armah to Marechera, is that just your background?

KM: In the Zimbabwe piece you mention, written around 1999, I wrote that: "history has the power / to make a flower." It has since emerged that Mugabe will be remembered for having committed, however clumsily, to the project of returning the land to the people, while new South African natives and their beautiful constitution remain landless? This is probably what Fela saw in the Nigerian psyche when he sang "suffering and smiling." It seems that to be a new South African is to learn to bury your frown under officially sanctioned smiles. So, who is the frog? Who is the flower? Those were the questions burning through my soul; and it seems that history is about to throw up the answers.

About influences - I live in this continent; I got a lot also from the work of Marechera, Ayi Kwei Armah in particular. Azanian cats who speak to me are Don Mattera, Lefifi Tladi and Lesego Rampolokeng... it's endless. There are cats like Amiri Baraka, Sonia Sanchez, June Jordan in the diaspora... Haile Gerima, the Ethiopian filmmaker, and Mauritanian filmmaker, Med Hondo are some of the elders who continue to make an impression on me. I see my writing as aspiring to a large tradition, a long large tradition of what Fanon, in *Wretched of the Earth*, calls "combat literature." And currently I'm studying Arundhati Roy, Noam Chomsky and Paul Farmer to see what inspiration will sprout from their great teachings.

LA: And that influence could come from any place?

KM: It could come from anywhere.

LA: And is it, I mean particularly with Armah and Marechera, the things which you could compare your work with is the visceral nature of their concerns, the writing is deeply rooted in the flesh and there's in Armah the idea of the grotesque and the excrement and the really gritty parts of life, is it that that appeals to you or is it more the sensibility of...?

KM: That's just a part of it. Let's jump into the politics of spirituality. In a poem Marechera says: "The old man inside me/ Wants to shred my face/ The

chicken to crack the shell/ History to havoc present illusions/ Patches of dead skin on my hands/ Announce the divine imminence.” Marechera recognises the spiritual force, the old man inside him, which drives his rebellion. And to me, what looms large in Armah's *The Beautiful Ones Are Not Yet Born*, *The Healers*, *Fragments*, *Osiris Rising* and *Two Thousand Seasons*, is a strong current of visionary people operating outside official society.

LA: Is that an artistic perspective, or a healing or a spiritual perspective, or both?

KM: I think these things mix and mingle; separate them for limited scientific purposes but, really, they share the same breath, you see. So that, in Armah, the potent mixture he makes of healing and rebellion speaks to me. The rebels in *Two Thousand Seasons* are healers. It is a literary strategy that is similar to the treatment of the Mau-Mau oath by Micere Mugo and Ngugi wa Thiong'o in *The Trial of Dedan Kimathi*. I came to understand these writings from a spiritual point of view; that is the connecting cord. I came to know and be known by the electricity of spirituality that runs in the veins of foundational African literatures plus all other things that you mention.

LA: Is that a strong connection with a physical, like a cathartic, or a painful experience that usually coincides with, you can't just reach, sometimes European writing that talks about people who are seers, or outsiders, or people who have this prophetic ability, there's usually a sense of the punishment involved in a role like that, or like in becoming a *n'anga*, or a *sangoma*, you have to go through a physical, like a disease or a trauma of some kind in order to then be either strong enough or capable of somehow seeing things from that different perspective, is that something you could relate to or?

KM: Ya, well in a sense, but I do not think that the gods are punitive (laughs).

LA: You don't?

KM: No, no no.

LA: Not in a Greek sense?

KM: Not in that sense. Perhaps there is an element of that if they try to show you things and you continue on the path of ignorance because you think books are the only way to knowledge, you see. It is not the wrath of ancestor when you fall. You fall because you refuse their light. You need to

understand that schools do not open all the senses. Many come through schools but not enough are schooled, spiritually. Let's say, for instance, I give my book to someone who cannot read. They will not be able to read the signs, you know. It is the same when a healer throws bones, it doesn't matter how many books you've read, you are illiterate in that world; if you cannot read the signs. So when, finally, the light of the bones finds you, you get humbled by the experience. You're carrying a lot of spirits in every word that you write or utter, you know... When you throw the bones of poetry, you have come to know that every word is a spirit.

LA: And that every word refers to so many other things, that's like a Derridean kind of reference in a way, that it doesn't just mean what it appears to mean in one sense it can mean many things to many people. And this idea of humility as well is obviously key to some of these things. So just to reiterate that the sense of, if there is a form of suffering or an element, or an awareness of suffering or an inscription of suffering in certain forms of writing, and that would include some of your work but also Armah and Marechera as well as maybe Yvonne Vera, but that it's not the suffering itself that's essential but that it's the condition it leaves you in or the change it creates in your life, or the ability perhaps to see things in a different way, that does that?

KM: I think you grow with every piece you write; whether spiritually or politically. I said that for me, it's putting words into conversation and finding out what is it that is eating you; or if you want to eat it back before you are finished. Often these things have a lot to do with contesting the symbolic order of current society. And often it's possible to be mistaken for a rebel.

LA: Just because you don't fit in the current order of things, sure. That makes absolute sense. I mean I've been looking quite closely at some of the religious notions connected with apocalypse and plague and the various associations they have here which are different from where they would be elsewhere, and particularly the idea of apocalypse is an interesting one. When you talked about a war there's this idea of some kind of physical or violent confrontation in the future but then also, if you look at revelations the idea of apocalypse is more about a revelation of knowledge, a more conscious, or coming into consciousness of a knowledge that things either must change or that they must be seen differently or, so it's not always this

violent or the idea of a war or a rebellion having to be like a Chimurenga, having to be something physical, it can actually be a spiritual or an emotional or a conscious change, what do you think? (Have I put words into your mouth?)

KM: Absolutely. Yeah.

LA: Is that something you're conscious of doing, or trying to achieve, or does that just happen?

KM: What am I trying to achieve? (laughs)

LA: Don't ask those questions, sometimes it's dangerous!

KM: Ya I don't know. Do I know? Look sometimes you put down words to the totality of what makes us human... Some things I put down may be insignificant to national headaches. Some things may be small to other people, yet they mean a lot to me. Yet even the 'small' things are not free of politics. Note how in Okot P'Bitek's *Song of Lawino*; the marriage between a village woman and a member of the new ruling elite in Uganda reflects the dubious character of neo-colonial condition in the continent. But still I think that celebrating the birth of my son, for instance, is, perhaps, for my little world and the people who occupy it. So that, writing is not always about the broad political picture, but there's also a line, there's a picture, there's verse, there's a song, there's a story in the 'small' things that shape you everyday.

LA: I think there's a movement towards more of that kind of writing in a lot of African countries now, this idea of the individual and the more, not even the construction of the self but being able to just place that life within the multitude. Something about being less allegorical in making those generalisations and just looking at, and putting love back into the heart of some of those things, making them more personal, have you noticed that?

KM: For me idea of the personal is not new to the poetry and stories of the continent. It is the outsiders who perceive us as mobs; we don't see ourselves in that way. We know the differences between us and they are well articulated in our stories. Yet we also appreciate the meaning of belonging. But that does not mean that to be African is to be doomed to suffer the burden of community over the pull of individual temperament... to be torn, ceaselessly. Such crap theories tend to insist on idea that being Western or more specifically, being white, is, necessarily, being born a pure individual

from the jump to the grave. Our literature: they say it is riddled with generalisation because African writers are not sensitive to the fabric of the personal. They advise us to believe that the African writer's visa to glory is approved with multiple entry to the museum of literary giants the minute the pen abandons the cause of freedom and goes in search for metaphoric glory. Literary scholarship is ruled by agent professors who disguise their rightwing politics with so called post-modern literary theories. They are out to snuff out the combat spirit in our writing. If it's up to them; an African writer must feel terribly guilty and artistically immature the minute we bring up the subject of blackness... Western education is supposed to have cured us of the burden of the lifting the spirits of the masses. Praise to individual glory has killed brilliant cats. We've seen revolutions die because praise singing political scientists; assortments of cheerleaders; and the *vuvuzela* [football trumpet] blow jobs delude our leaders into believing that they alone are Moses, they hold the rod that parts the red sea. And we've seen how, alone with their masters, they drafted terrible commandments that rule us. But we can skip this bit of history and jump back to the heart of your question. Is it not obvious that the colonial library lied. Our art carries many voices which you will hear if you do not suffer from a disease which Okot P'Bitek, in the introduction to *Horn Of My Love*, calls "literary deafness." The failure to hear the million registers of our writings.

LA: They've just been less loud, or less heard perhaps.

KM: Well, I mean, when I look at my grandfather's writing there's stuff I struggle to hear because of the gap between here and there.

LA: What does your grandfather write?

KM: Nah, I mean he wrote a lot, he performed a lot of his work during family gatherings; rituals, whatever, at someone's birthday, he would drop a few lines. Please understand that there have been different types of writings for different occasions. But some wise fools analyse our work clumsily. So, the role of the critic, in many ways, or, the expert, must be contested and must be reviewed. A lot of people have spoken about things they do not understand and you know... most teachers are not informed, you see. When we crush colonial goggles and challenge the assumptions of teachers, we begin to understand things, perhaps, for what they are.

LA: Because they can be quite restrictive some of those categories.

KM: Yeah.

LA: And I would put narrative, or that kind of communication into a wider sort of area I suppose as just something humans do, you tell yourself a story to yourself in your head about your life, that this is you, this is you, how you function in the world and what you're doing and how you justify your actions to yourself and to other people and this is a constant process and it's constantly revised and it's also not the same for you as it would be for someone else telling your story to you. So that's something which I'm interested in as a process not just as a literary process but as a process of consciousness I think. So it's nice to hear that as well, when someone else sort of agrees with you! That's quite a nice feeling. Now what else can I ask you, do I have any more questions? I think I've covered a lot of things, do you want to ask me anything?

KM: No, not really. Good luck.

LA: Thank you. Do you think in a way it's also reductive to look, the way I am, which is kind of hard to stop now, because I've got to finish, but to go for subject matter, like AIDS and to then look across, or do you think that there could be something meaningful in looking at a particular subject like that?

KM: I think the only caution that I want to sound is that I often hear people making easy statements like, "The struggle is over. It is no more about race or about apartheid; now about HIV/AIDS" I think all that is bullshit. Ya, so I would say that one needs to be careful of this bullshit. Because just recently, you look at the slavery that exists in the farms by the so-called Afrikaners today, and someone just pulls out a gun and shoots a child and says that they think they were a dog and all those other things. And people feeding other people to lions and...

LA: It's one element amongst a morass of things.

KM: Government police shoots at people for having a different opinion and expressing it through a union march. So if we overkill on this AIDS thing, when we are killed in other ways and we loose the plot. You've may have seen footage recently of police chasing people in the streets, shooting. They don't allow opinion about how people see this country, what they think, how they want to be served. So it's not true that all the past is gone. Life-

threatening things repeat themselves and must be dealt with. I think while it's interesting to look at how HIV/AIDS as a subject matter has occupied a lot of writing, it doesn't occupy the centre. Besides there's reason to believe that TB remains the number one killer of our people. Paul Farmer in his *Pathologies of Power* looks at the politics of diseases and how, for instance, it is often the poor who die from preventable diseases. Have these things changed? If you go to Chris Hani-Bara [hospital] today, it is possible to agree with Sepamla's observation that the old car is changed for a new car, but we ride on the same old road.

LA: That's an important point to make and I think yeah, you're right, it's dangerous to make even the comparison with apartheid, even though, depending on how things go it could become I think something that, it won't reproduce apartheid but it could fall in to the things that still exist that divide society and it could be one of the forces which perpetuates that perhaps?

KM: Absolutely, and what has changed really? Nothing, really, has been returned. The kind of freedom that we have is that multi-nationals rule this country like they rule everywhere. There isn't any serious change. Go back to "The Pitfalls of National Consciousness" in Fanon's *Wretched of the Earth*... see why they don't want to overhaul the system because it's easier to jump in and eat; grow fat without having to do much.

LA: And they've fallen into some of the same structures which existed before that they can use for their own purposes.

KM: Absolutely... shopping malls are not the answer.

LA: And the world cup!

KM: Absolutely. We need to think beyond 2010.

LA: But also change is slow in most places, so there can be change but it's very gradual, do you think? Or do you think it's more necessary to rethink?

KM: There are things that can be done overnight. I mean people in power changed their lives overnight, you know. You literally meet a skeletal cat crawling broke in the street today; and tomorrow he is a rolling billionaire buffalo on a red carpet of betrayal. Tutu is probably right, we are a miracle country. Political parties and trade unions are pyramid schemes; it's a battle to get to the top of parliamentary lotto harvest...

LA: They could make a huge difference you think if...

KM: Ya for them, they're happy to change overnight, to acquire things miraculously. We've heard about miraculous discounts from Daimler Chrysler - but everyone else must wait for delivery. Is it strange logic that impatient revolutionaries of yesterday are today's first people to campaign for slow change? Don't you think, perhaps, that such magical somersaults are stuff that political miracles are made of? At least they could say start with an education system which teaches the children in Chenjerai Hove's words, 'to share the earth.' Some say the nation is still a baby, and so we must wait. But where is the sense in watching and waiting while they feed the baby with rot to raise it? What kind of adult will the country be? While the poor wait for delivery; we saw a fat former MK commander on television performing some European ritual that he apparently learnt in exile; some crap of be-heading a wine bottle with a sword? And every week, while poor people wait for delivery, we hear a story of someone connected to cables of cabinet power and their skill of making public money disappear. Such is the miracle of an eating revolution? And so, they came, they merely got in, and they ate. The heroes ate quickly while we wait. They ate quickly and fed their relatives, and soon they are spokespersons for slow change. Maybe among them there are hip cats who want to deliver but fail because the system was designed to oppress black people. Tools of oppression will not serve us even if we give them our language and skin to work with. Dennis Brutus is probably correct in noting that the government is committed in the wrong direction... Its officials seem to think that eating and drinking is the essence of life. They worry me more when they confuse food with faeces.

LA: It doesn't make much sense.

KM: No, it doesn't.

LA: True. My last one is just to ask about the position of women, and this always comes up and when you're addressing the things that you speak about in your poetry, how conscious are you of your position as a man and the need to include or incorporate the feminine into that? Or do you not see it as a strict division?

KM: When I talk about African people, black people and white people I don't, in my head, exclude women. Yet, let it be understood that, I will always speak from a male point of view. That's a fairly major part of me... a man. But it

does not make me unaware of the kind of consciousness that comes with understanding the gendered nature of our politics, the role of women. I'm aware that before *faya* sisters like Pumla Dineo Gqola, Mmatshilo Motsei challenged our consciousness, visionary women like Mbuya Nehanda and Harriet Tubman taught our grandfathers how to strike up light and share it. And the likes of Arundhati Roy have picked up the torch of rebellion... Again it is a woman, Jyoti Mistry, who directed my film, *I Mike What I Like*. But that does not mean that I fully understand the struggle of women and the complex language of vagina monologues. The character of Mmandish, in *beef*, is an attempt at a strong visionary woman, a dub version of spiritual leaders like Queen Nzinga. And sometimes it is not saintly Queen figure type because I want a textured human being who bleeds, who laughs, who cries, who sings, who curses... Yet, in the end, it is written by a man. And I doubt if it matters how far in the chain of progressive discourse I go...? To say I can speak for women, also becomes oppressive in a sense. Who says that they can't speak for themselves? Who says that what I say carries women's concerns? I can only attempt to open dialogue with the feminine kind.

LA: You do, I think you do that well, by bringing them in to the subject quite deliberately often, and especially the vulnerability of so many women in society now, but there's always a fine line between empowering and showing vulnerability you have to be careful I think.

KM: Absolutely. And we make mistakes sometimes, you know. It's important to be aware that you don't occupy that space of a woman, as a man! But it does not mean, also, that you can't debate with the sisters where you think there are points to debate. Still, I know that it is women who give bodies to our spirits when we are born.

LA: That's interesting. Thank you very much.

Appendix 4

Interview Shimmer Chinodya 03/08/06 – Book Café Harare

LA: I want to ask you what you think about HIV/AIDS?

SC: Every generation has its tragedies, catastrophes and I think one way to look at AIDS is like, let's look at, let's go back five, six, ten centuries ago, what was happening in the world? There were plagues, wars, syphilis, but we survive, humans survive. The religionists would tell you it's god trying to tell you, you are doing something wrong.

LA: That you're being punished?

SC: Look at Noah's Ark? Is that true?

LA: It's an ancient Babylonian myth, of the great flood, it comes from pre-Iraqi, that has been re-interpreted.

SC: Yes, but then humans have always pulled through, haven't they. Anyway, what did we think about AIDS ten years ago, fifteen years ago? We had not heard of things - there was no literature on nutrition, eating the right food, living clean, living longer, no testing – it would take two months. I remember, it would take you two months to get the results back and now everyone knows [mini disk battery fails, so notes from memory] you can go into a centre and get test results instantly. It's not because people don't know about HIV and AIDS that it still spreads. It's because it is a need (it comes from necessity...)

Like I say in "Can we Talk", it hit us where it hurt most. Perhaps in the West it is more of a want, than a need, but here it is a need. A necessity. You should speak to Virginia Phiri.

LA: Yes I hope to speak to her at the book fair.

LA: But what do you think about being a man, writing a girl's story in *Tale of Tamar*?

SC: That it's about imagination, it's fiction, it's not real.

From memory: Shimmer talked about what Zimbabweans have been through in recent history and how they are surviving, and that perhaps in comparison

this was just another thing to survive and perhaps that's why it isn't spoken of as this great catastrophe, because there are things in the recent past that seem worse.

We talked about Tamari, who is also the name of the girl in the film *Everyone's Child*, how the film was donor driven, Shimmer went to a number of villages with an NGO where they interviewed people, mothers, daughters, orphans, they made him put the grandmother in. Anyway one story stood out about a girl who almost loses her brother down the well and Shimmer knew he had found the story. He also thought Tamari had to be beautiful, intelligent, a beautiful girl. And the brother who plays with fire, burns down the house at the end. They wanted to put a car chase in it, but Tsitsi [Dangarembga] and Shimmer wouldn't let them, they knew it had to be a more gentle story.

LA: Did you write the script at the same time as the story?

SC: I wrote *Tale of Tamari* in about 6 weeks. And was it the same Tamari? Perhaps that was the source of the inspiration?

[Battery starts again]

LA: It's interesting that so many of the stories I have come across here in Zimbabwe have been driven or instigated by outside donor funding. Whereas the last story in *Can We Talk* seems more heartfelt...

SC: What do you mean?

LA: Well it seems more genuine, it's part of a more general rant against life, and death, a frustrating part of all the other things in life that drive you mad?

SC: There's another story in *Can We Talk* I think it's 'Strays', about stray dogs, stray people, no you read that if you want to know about AIDS. I think it's more pertinent to your topic. OK it's a story about, it juxtaposes the experiences of a stray dog with a stray man and because...

LA: That's interesting I must have missed that story.

SC: I thought maybe you were going to talk about that, because Alice is just almost incidental to *Can We Talk*.

LA: But it is the title story, so it seems significant. But who chooses the title story? Did you chose it?

SC: I did. I always chose my title stories, Irene [Staunton] doesn't. We have our fights. (laughs)

LA: That's interesting.

SC: You go and read 'Strays'. You've got it? It really goes into infection and AIDS and the possibilities, tragedies. What it does to people, I think the worst tragedy is thinking, for the average person, is just thinking (whispers) "Am I ok? Am I ok?" Don't you think? (whispers) "Am I ok? Am I ok?", "Suppose I am, what shall I do?"

LA: The effect on the mind. Worrying about whether you have it or not?

SC: The uncertainty.

LA: The silent nature of the disease. The fact that you won't know because you won't have symptoms for such a long time?

SC: Ya, I think that's even worse than maybe testing positive and living with that, because at least you know, it's the uncertainty, the paranoia, the fear that you might be infected.

[Battery fails again]

LA: We talked about blood (its stigma, its invisibility), body fluids the spiritual connection with bodily fluids – is Zimbabwe a place of blood? Because of its usual associations with the blood of battle, the blood of war, what are the connotations of this different form of invasion via blood? Does it have any cultural significance?

SC: I don't think so.

Appendix 5

Interview Alexander Kanengoni 04/08/06 - Harare

LA: OK, so you said on the phone yesterday that you had started writing this story ["Effortless Tears"] in 1987.

AK: Yes, well somewhere thereabouts.

LA: And it was published in 1993. And for me, it's one of the earliest stories I've found, I've found things from 1992 from Zimbabwe by Nyamfukudza in *If God was a Woman*, but again it's only one story in a collection and I wondered, why you, what prompted you, why you wrote it when you did?

AK: In fact it was published in *The Herald* on December 29th 1990 that story, and it was ground-breaking actually because the reception and the response it got from the readers was overwhelming. I don't know but I want to believe because it was the first one of its kind that attempted to talk very openly about AIDS, it sort of took on the issue by the horns as it were, because then actually we hardly talked about it, no-one talked about it, no-one wanted to talk about it. No-one wanted to believe it, and so, but you could see that it was there, it was there and for me actually because the whole story is written around an experience actually when we were burying somebody who had died of AIDS.

LA: It's real?

AK: It's real actually and you know, all the symptoms about that person were so clear that it was AIDS and not all of us there could see that he had died of AIDS, but many of us saw that he had died of AIDS but then all the eulogies and all these speeches that were said, all the graveside talk avoided AIDS actually.

LA: And people still do actually, refer to it with euphemisms, you know, you've been 'sick'...

AK: Aha, yes, a 'long sickness' a 'long illness'.

LA: But people know what is meant by that...

AK: I know that, but there is a degree of openness now, I suppose because, because I do not think there is any family that has not been affected by now. Almost every family has been, has had its share of that. In fact this time

around there are tragic stories of *entire* families wiped out with just a single member or two remaining and so it is a reality that whether you liked it or not you have to accept it one way or another. But I find it *very* interesting actually that even in that acceptance, people still don't want to say AIDS. (laughs)

LA: Just saying the actual term, because this is what's powerful about the story because, you go through after the very first paragraph you're saying AIDS, and you're very consistently saying it, but then you demonstrate the way people avoid it and it's clear that you want it to be said at least using the real term. I wonder is there some kind of power in saying it? What is it people are afraid of when they say AIDS, why does it have this power?

AK: I don't know. I have not deliberately thought about it actually. Why don't they want to say it? Perhaps it's fear, fear of, of death actually. It's, well, it's an illness, it's a condition that is final, once you are said to have it, that's it. And so people don't want to talk about it, they are afraid to talk about it.

LA: And in some cases I've come across it's also if you claim to know about AIDS, to have information that somehow you become associated with it, in a way. They don't want to be connected, or people don't want to be too close to it.

AK: Yes, it could be, ya, it could be, I mean at another level it could be said actually that by not saying it or by not talking about it openly people somehow believe they're distancing themselves from it.

LA: And it's the same with the silence around other issues which in your whole collection [*Effortless Tears*] you're concerned with, it seems to follow through a cultural silence about anything painful or difficult or things that people want to forget.

AK: That's it, exactly, exactly, exactly.

LA: So was it part of a wider history of silence, I mean when you wrote the collection?

AK: Actually you could have asked, why did you name the collection on that, I mean why did you give it the title of that particular story? I don't know. (laugh)

LA: Was it your choice?

AK: It was actually.

LA: And when it was published in *The Herald* was it also called 'Effortless Tears'?

AK: No. When it was published in *The Herald* it was given the title 'The Writing is on the Wall'.

LA: And does that refer to the fact that this seems to be an obvious thing?

AK: Yes.

LA: Or is that about, could it be in a subversive way?

AK: No. I think it had more to do with the first explanation that you give. It's there. It sort of gave the voice to the silence actually, that it's there. It's there we are saying it is there, but why can't we talk about it?

LA: And then you said about the responses, what sort of responses did you get?

AK: Most of them were appreciative and actually commending me for the courage to talk about it.

LA: Really. And was that the same from men and women?

AK: Especially women. It happened a long time ago, but I remember women! (chuckles) yes, because, but there was one gentleman who responded by writing a letter in *The Herald*.

LA: And what did he say?

AK: He was actually saying, it's, we should adopt attitudes and behaviour that have been explained in this short story, we should talk about these things, we should confront it, we should, in fact, I wrote it during the time when even our political leadership was denying that it was there.

LA: That went on for some time didn't it?

AK: Yes, I wrote it that time actually when no-one wanted to.

LA: And was there a response from the government?

AK: No, there wasn't, there was nothing, nothing at all.

LA: OK.

AK: And well, you were saying why did I include that, and then I changed the title to 'Effortless Tears'? I don't know why I changed it, and I don't know why I decided to call the entire collection *Effortless Tears*, I don't know, but I think it has to do more with the pain actually and then the *silent* pain and then *Effortless Tears* would, it compliments silent pain.

LA: Absolutely. Well and one of the metaphors running through the collection of the dry river, the Save river?

AK: Save.

LA: And I thought if that was symbolic of perhaps an inability to cry, or mourn, a dryness of you know when someone is in shock or grief and they can't cry...if you could relate the river to that than perhaps this is the story that enables people to mourn, it begins the process of mourning, so then the tears come naturally or without force.

AK: Mm, mm. Ok, ok.

LA: But I wasn't sure, critics always say these things – making connections...

AK: Yes but that's it, well. I don't know (laughs).

LA: You're just the writer! (laughs)

AK: I don't know (laughs) but I agree with you (laughs).

LA: Ok, that's good. So I suppose part of writing that story as well is the use of the position of the narrator is very much 'we', it's very collective and I've also found that a lot of writing, it's not that it's unable to be in the first person, but it's not until much later that people have been able to say in the first person: 'I' have experienced it, but it's also particularly powerful in the early stages to say 'we', and not 'that person' so from the very beginning you're including yourself and other people in the story. Do you think that was unusual or, why did you chose to use 'we'?

AK: It's the first time that I'm asked that. (laughs) I was not even aware of it actually. I suppose it's taking refuge in the collective.

LA: But it's also pushing them to respond, it's a double thing...

AK: It's perhaps the first thing would be, writing such a, about such a sensitive issue then required some form of hiding you see. You would not take it on, on yourself, but I did this, I'm talking about AIDS, it's always (laughs).

LA: But it's important in a way. Especially if it was one of the first. How significant do you think it was that you as a man wrote this story and how does that relate to ideas about masculinity in terms of speaking out or acknowledging social issues, particularly connected with sex?

AK: I don't know, but mm the pain that I felt most as I wrote the story was how, was the woman, the wife left behind, it was the wife left behind actually.

And of course in this whole context where no-one wanted to come out openly about the cause, how the cause that had killed this man, when it came to the woman, when the chance came to the woman to give her graveside speech, that for me, that was the entire story actually. Because the assumption was that she would *also* be infected actually.

LA: Yes. And how does that affect how people treat women – or do you think that affects how people treat women? Do people feel sympathy? Or do they fear something?

AK: It's amazing, it's puzzling how even, but it's changing now, but that time actually there was no outward sympathy at all for the woman. No. I suppose most of it had to do with the culture. Because in our culture it became: the property, how it would be shared out, including the woman actually.

LA: And is she blamed for it, as well, is it also seen as it's her fault, or does she not have a role? Is she just an object who is transferred.

AK: It's a paradox actually because she would be blamed, obviously, but then one would think if she were blamed, then people would know that inheriting her would also cause another death, you see? But there would be a fight over her? That is paradoxical.

LA: Particularly, I mean I've often thought that if the woman is somehow at fault, why do you then marry her to your brother?

AK: Hey, why?

LA: Because isn't she going to then do the same thing?

AK: Yes. Yes.

LA: It's an interesting conundrum...and does it also perhaps lead to a fear in men of emasculation? When I linked this story with some of the other stories in the collection and the emasculation perhaps after the war, how much does AIDS or the subject of this story intensify that feeling of powerlessness or victim complexes that might have arisen after the war...do you think it's connected? Or do you think people see it as a similar thing or does it actually lead to a hyper masculinity like an opposite response?

AK: Perhaps I do not understand the depth of your question actually?

LA: Well this fear, is partly to do with a fear of women, in terms of if they're blamed for or if men feel threatened by a disease that comes through sex or

through even being married, even within the home, that it somehow, that it would detract from your ability to control the family or to run things...

AK: Ok. Because the way I see it, actually it's, the position of the woman, is unfortunate. In the first place the traditional family that we are talking about here, in the traditional sense and context, it is obvious that it is the man who was responsible for contracting that disease from wherever, and yet actually although it might not be said loudly, the woman is always held responsible for that, somehow, somehow. You must be responsible for it. If it's not said, it is implied and she is not supposed to dispute it. There is no dispute over that, it's given, it's not talked about it's given, it's accepted. And yet in more cases it's always the man who is responsible for bringing in the infection into the home actually, I suppose it continues, the helplessness, it's just another of those issues that perpetuates the helplessness of the woman actually.

LA: And sort of reinforces the man's role, their ability to define whose fault it is.

AK: Yes, because if you can bring it in, if you can bring AIDS in to the family and still blame it on another person, I cannot see any, I mean that is triumph at least! I mean (laughs).

LA: Sure. You're quite clear in the story, about describing the physical impact, was that also something that people were unwilling to acknowledge, the way it affected the body, how it proceeded as a disease, I mean has that changed or do people still try to silence. **[power cut alarm goes off]**

The physical elements of the disease, you describe it as reducing people to 'skin and bone'.

AK: Yes that's it.

LA: Do you think that's changed, is that something people are still unable to read, even if they can say AIDS, do they really, do people, or is that another silently acknowledged thing, like if you see someone who's really ill...

AK: Well. I think the physical condition of the affected, especially when they are sick, would be said **[power cut alarm]** would be said actually to take the place of the spoken word actually, I mean, it replaces the use of the word AIDS. Because now, especially now, in the music, in the songs that young people are composing around and singing there is that element that is emphasised *very much* actually, describing how affected people look.

LA: And the degrading state...

AK: All that and actually and then of course the message in there would be warning people against it, or just describing situations that they have witnessed themselves.

LA: And that doesn't come through in writing does it? It's more in the performance.

AK: Yes. It's coming through very much in performing arts actually, music and what.

LA: And visual arts, ok that's interesting, I wonder why there's a transference?

AK: To literature?

LA: Is it because it's distasteful, something hard? Or something that perhaps seems too maudlin or something or too, I don't know, because in comparison to western responses, that's always been very prominent the description of the body and then art, you know for centuries it's been preoccupied by that sense of the disintegrating body.

AK: I don't know but perhaps it might have something to do with a kind of tradition that we come from, it's dominantly oral actually, it's an oral tradition and writing is, new.

LA: New.

AK: Ya, ya, so.

LA: Do you think that means that it will come through, perhaps later, into writing?

AK: It should, I mean it should come into writing.

LA: But it tends to start in performance.

AK: Yes.

LA: Or in fact it could remain more powerful in performance.

AK: Yes that's it.

LA: Ok. You also use, well the various euphemisms that you refer to in that story are about poisoning and witchcraft, as well as apocalyptic, or holocaust references. We'll start with the poisoning and witchcraft ones, how commonplace was that as an explanation for AIDS and does that remain?

AK: It does remain, it does, even now, even now, it's very easy, it's the *convenient* explanation.

LA: That people would say...

AK: Yes. Because in the absence of the courage to face it, to face this reality, you always find *that* as the excuse now, as the explanation.

LA: And why, where does that come from? Is that because it was always the explanation for sickness?

AK: Ya, it could partly be that, it has always been, traditionally the cause of a sickness or a death, had always to do with witchcraft, it had *always* to do, that is why after every death you are supposed to go and find the reason why that person died. The post-mortem is another thing altogether. **[mobile phone rings]** I was saying there has to be an explanation, the post-mortem is another thing. What the doctors say is another thing.

LA: So people don't believe that as readily, or people are looking for a cause

AK: Yes. That is what it boils down to. It boils down to believing more in what you are told by the traditional person, by the witchdoctor.

LA: And is it particularly used because it's an unnatural death, because people die young? Or people die before what would be considered the usual time?

AK: No, that has nothing to do with *that*.

LA: So any death?

AK: Any death would be succeeded by that small journey to the witchdoctor to find out what killed somebody.

LA: And how to appease spirits?

AK: Yes.

LA: And how much of that culture of seeking explanation or blame is bound up in the treatment of people with AIDS – seeking a cause, finding the husband or wife, and punishing them or saying things about them, that it's their fault, that's just part of any process of grieving or is that just a usual response...?

AK: What is happening now in my opinion is that, is downright dishonest on some people actually. Very knowledgeable people, enlightened, educated, doctors from the university, rather than confronting the reality that they have been afflicted with AIDS they also seek that kind of refuge where, because once you've got a witchdoctor to seek for the reason or the cause, you are told it's this person responsible, it's your neighbour, it's not your fault, it's

someone else's fault, actually, so the blame is shifted and it's still, it's downright dishonest actually.

LA: Do you think that's symptomatic of a wider reluctance to take responsibility for other things? Or is it particular to AIDS?

AK: I think it's much bigger, it spreads much wider than just AIDS. That is even in our education, in our AIDS education campaigns and what, I've well, we attend, I'm talking about AIDS education campaigns. No, no I'm not talking about that! Let me talk about funerals (laughs). On an individual level actually because we go to funerals almost every week for people who have died of AIDS and for me that is where the most effective campaigns are done actually (laughs).

LA: And are they done there?

AK: Ya, ya, because for instance if you find an old woman standing up and saying, 'now my children' or 'gentleman, ladies, gentleman, people around you, let's accept the truth. Let us not try and seek reasons that divide us over what might have caused this death. Let us appreciate and understand that we are living in a world where this kind of death has become commonplace'. You see an old woman standing up to say that, that is effective.

LA: Yes. I've heard that also happens in South Africa as well. Is that because, is that associated with that form of truth-telling? Because usually, in some ways there's a, people are reluctant to speak ill of the dead and they often eulogise while side-lining some bad things about that person. Has AIDS, prompted that kind of truth-telling or is that quite normal that someone might take that opportunity to speak truth that at other times would not be allowed?

AK: Ok. The way I understand you is that you are saying two things actually, you are talking about 'talking about the dead', ok, and then you are talking about the legacy that the dead might leave. Ok normally what happens is, well, we don't speak ill of the dead. We can speak all sorts of good things 'he was a nice person, he was so so so' but then it's the legacy, or it's the reasons for his death that cause problems for those living actually.

LA: Ok, so you can you separate one from the other?

AK: You can say, let us accept he was a good person, fine, he was. But let us accept that his death was not caused by anybody. Because in our culture

it is always caused by somebody. And if you go to a witchdoctor it is caused by somebody. Let us accept that he died of a natural disease, that we know, that we know. A disease that is straddling us, as you'd say. It is sitting right on our chests actually, so let's accept that, let's accept that. And then for me I'm saying that would be acknowledgement of AIDS. Accepting its reality and then the AIDS campaigners and programmes would then follow up and say: 'this is how you should behave, do this, do this'. But the first thing is to accept that it is *there*. To admit and accept it.

LA: And then you've also made references to an apocalypse or an end of time this feeling of being close to an ultimate destruction, not just the loss of the individual – how relevant is that language, do people respond to that? And is it to the religious connotation or is that more of a humane response to feel that this threatens all of humanity?

AK: It is, it is. Perhaps I was foreseeing *now*, because now I suppose the end of time would mean the end of somebody. The end of, when someone dies it's the end of time for them. Now but now actually we've got situations where entire families have been wiped out.

LA: And that has a wider significance.

AK: Yes, entire families wiped out without anyone remaining.

LA: And do you think using that language induces action, do people feel that threat and feel its urgency or is it more of a way of describing something?

AK: Well. I don't know how people would react to it, I would not, I would not, let me say that I would not consciously think about how people would react but rather I am driven by just describing things.

LA: ...

AK: Yes. Now it's bad now, it's that bad actually.

LA: Because often in a religious context using fear of death and sin, you know those are powerful motivators for change I mean and I'm interested in whether that's effective here, I mean that might not come directly from your reference in your story but in terms of other means of inciting change? Whether you felt that this was something that was threatening everybody, perhaps they would...

AK: Ya but yes, you could say that, but ultimately actually it becomes part of the campaign to change people's behaviour, because it's something that can be avoided.

LA: Very easily in actual fact. I mean there are others who talk about poverty and money, but there is that...

AK: (Laughs)

LA: Just knowing what to do.

AK: Yes that's it, it can be avoided.

LA: And then you've also used a reference to holocaust and it comes up in a number of pieces I've seen in different contexts, do you think people see it as a kind of genocide? Here or in other countries? Not in an ethnic sense necessarily but in a, when you compare Africa, southern Africa, to a global situation, or even just Africa. I mean genocide has two connotations which are the scale of death, as well as the particular eradication of a people.

AK: There have been attempts to try and politicise it. There have been attempts to try to politicise AIDS but that attempt has failed (laughs). It has failed.

LA: Could you describe what they were?

AK: At the beginning a long time, well initially the political leadership did not want to accept the bare reality of AIDS and then when they eventually came around to accept it, it was as if someone had deliberately started AIDS to wipe out some people. But that has failed because now, twenty years or so down the line, that thrust is dead now, we hardly come, well you talked about Mbeki, talking about poverty and what, trying to put it into a political context. But it looks like here actually the effort to try to reduce its incidence it's just furious and without any thinking of politics or what: what can we do about it? What must we do to reduce it? What must we do to stop it?

LA: And that doesn't divide people along ethnic or racial lines?

AK: It doesn't, it doesn't actually, it doesn't.

LA: You also talked about the *n'anga*, you mentioned that just now when we talked about the witchdoctor. In the glossary he's referred to as a 'healer, herbalist and 'quack'!' (laughs).

AK: (laughs).

LA: What is your opinion of *n'angas*?

AK: (laughs) They, people try to make categories of them, there are some genuine ones and some, but on the whole, I'm disappointed with the entire group. Because they *divide* people, that's *all* they do. Yes, they divide people. They claim actually, it's them that started claiming that they have a cure for AIDS when they didn't have it. You see because it's dangerous actually to start talking, to start sending out the message that 'I can cure AIDS' because you are encouraging it.

LA: And that's persisted that...

AK: Yes. Ey. One. And then secondly when we go there, when people go there to find out the cause of the death it's always 'your mother has bewitched you, your sister has done this, it's your brother who has done it' dividing families, it's dah!

LA: Do you think they can be convinced to alter that role, because in South Africa they are trying to incorporate *sangomas* into their health plan in order to restrict some of what they do?

AK: It's being done here to a certain extent, they have been put into an association in a traditional, national healers traditional association, to try and control their activities and of course to try and utilise the good things that they say. They could have some...

LA: There must be some good in their knowledge.

AK: Ya, I think they need to be controlled, they need to be controlled. And if some of them have knowledge of some herbs out there in the bush that can cure people's illnesses, that must be used actually, but on the whole now they make false claims. They give themselves powers that they don't have even, including that they can cure AIDS. They *still* do that now.

LA: OK I think we're almost at the end. I wondered, given that you wrote this in 1987 and it was first published in 1990, have you returned to the subject again? Or do you imagine that you might write about the subject again?

AK: Well the way I come back to it once in a while, is sort of just confirming that, confirmation of how high the incidence has become, and now, and of course accepting, acknowledging some changes in the behaviour of the people. That it has now slightly become accepted, as there, and people are doing something about it.

LA: Sure. Do you cover it in your radio programmes?

AK: They are so many of them, one of the dangers with AIDS now is that there is so much talk about it you might be tempted to think everything has been said (laughs).

LA: OK. Perhaps that's a good place to end.

AK: (laughs).

LA: But not all of it is worth it?

AK: Yes, something like that. There's nothing new to say anymore. If people haven't changed their behaviour *through* what has been said already, then nothing will change them.

LA: OK. So we'll finish on, is that a positive or a negative note?

AK: But we are told actually that the incidence is reducing, it's going down in Zimbabwe, which is encouraging, which is very encouraging.

LA: That by doing, by speaking openly, things are changing.

AK: Yes, no it's true that the education campaign is bearing fruit. It is, actually because now you hear five year old children talking about AIDS.

LA: Ok, thank you very much.

To add – written by hand off tape:

LA: Have you heard of the myth that AIDS is an old disease, that has always existed?

AK: People would / will say "AIDS has always been there". There is a mystical disease called "Rinyoka" that afflicts someone who has become mischievous with another man's wife. The symptoms were similar but it could be healed, because the husband would protect his wife that way. He would say she had it, so anyone who touched her got it, but once confessed it could be healed. It was more talked about than seen, existed through talk – the power of myth. You never saw someone who was really sick.

I am writing a story about AIDS actually. A woman – without children old enough to look after her, goes back to her mother. Goes from her husband's people to her own people, it is accepted as her last days so people keep it under wraps. You hear about her return: I am writing a new story now about this return, because of the gossip and secrecy that occur, people try to explain what is happening to each other – she's not 'lookable' anymore, she looks

different – unrecognisable – it frightens people: fear is for themselves, they are afraid of dying.

People don't want to be tested: but this is a generational thing, an old friend of mine said "you'll need a caterpillar to pull me to a testing station" (laughs). But it is a risk to other people not to know. Younger people are different and you can now get more easily tested, with instant results.

The river that has to be crossed is realising the responsibility to others rather than just to yourself.

I think if you go to *Echoing Silences* that is where I found the courage to use the 'I'. To move from hiding behind the collective, which can dilute the honesty of the individual by standardising truths.

Appendix 6

Interview Charles Mungoshi 07-08-06 - Harare

LA: It says in the beginning of this book [*Walking Still*] that you published some of these stories in *Horizon* magazine in a different and shorter form, do you know how long before they were published you wrote these stories?

CM: How long?

LA: How long before they were published did you write them?

CM: I can't remember but the period of gestation in my mind, I don't know, I simply wrote these.

LA: Do you think it was a year before?

CM: Before what?

LA: Publishing them.

CM: No I think some of these stories were maybe two years in *Horizon* first and then I collected them, I had nothing to do, but I collected them in my mind and could expand this and see some possibilities in these. It could be two years before the stories were published together.

LA: And just before I ask you about the main story that I've been focusing on, "The Wedding Singer" is the story just before that, and it's the woman in the story who is commentating on the lies...

CM: That's a long gestation, it's the elephant eating thorns. Ya and (laughs)...

LA: Because that one's very powerful.

CM: You think so? Maybe in terms of crafting, the art doesn't look like, but in fact, that's how I put it, but that happens. I thought from her point of view, being who I am sometimes we think for the women, which could be wrong, women don't think that way but I thought she would think that way.

LA: Yes, well it's one of the things that is most powerful in the whole collection is the way you relate the perspective of women...

CM: You make me very happy, on a sad day (laughs).

LA: Is it really sad?

CM: The lights are out. What are we talking about? Survival (laughs).

LA: Pretend it's not happening. I wanted to ask you specifically about the thing which she is thinking about, it's the death of the child that she is carrying isn't it?

CM: No, she's worried about...

LA: Is she going to physically abort it?

CM: She's not going to abort it. How did you read it?

LA: The conclusion, that's what I wondered...

CM: She won't see it, the woman who took her man. What's here will survive, because that's his child, and you took my man, I'm going to kill you for taking my man.

LA: Because I wondered whether if it's not...

CM: The unhelped.

LA: But it's not meant to resonate with, its not because of a disease?

CM: No no no, it's simply straight-forward, why did you have to do that?

LA: ...

CM: No she wants to kill the woman. But I don't know whether she will get the man, because the man used her. She was just a housemaid or something like that.

LA: And the bride is not innocent.

CM: She's a school teacher or something like that, education, what what, does that worry you?

LA: No but she's also, the man has been unfaithful, but they've both lied, coming to this marriage, they're both concealing what they are. And you talk about the shadows and the darkness, is that the lies?

CM: Of course. There we go. I always like criticism because it brings out the light in my darkness.

LA: I hope so.

CM: It makes the world go round.

LA: So the main focus I've got is this story "Did you have to Go that Far?"

CM: Is that a *Horizon* story again? Is it?

LA: It's just a lot of the stories were published before, but was this one?

CM: Originally? I think that's one of the originals in the book.

LA: It was first published in this collection: *Walking Still?*

CM: Ya but it was worked through and through, I thought I'd given it to somebody, I couldn't do it in other words, until when I sat down it wrote itself.

LA: Because it's the one I'm focusing on it's also interesting that it's the longest one in the collection and

CM: It could have developed itself into a novella or even a novel or something like that. If I'd paid attention to all the characters, but there it is.

LA: It's very careful about changing the perspectives and playing with events in a child's life, the way Damba observes his friend and his parents, it very cleverly shows the development of his understanding, using the child's perspective, of whose fault certain things are.

CM: Is he growing up? (laughs) Rites of passages can be like that.

LA: For sure. It's symbolic of a lot of your other stories which are focused on an absent father or a missing male role model in each of the families, or where there's a male role model he's often manipulated by the women around him or whether knowingly or not...

CM: I'm not listening, what are you saying?

LA: I just wondered whether you consciously chose to include AIDS as a subject for the story?

CM: No, AIDS was a passing thing, I wasn't dealing with AIDS, I was dealing with people and how they live.

LA: And particularly the way things like AIDS become...

CM: The whole thing, how we, because we are Roman Catholic, because we are Irish, how it affects us and how it changes things and how a man-less woman lives next door, how it affects a community. That kind of thing.

LA: And people's assumptions that she's a witch...

CM: There is no hard and fast rule, there is no philosophy there. It's simply the philosophy of living, survival, what are we doing? And AIDS, ah, ah, ah, ah, no, we don't touch that. That's how it is? Oh, Black, no don't touch that. Jew! Ah ah ah, it says Hitler, something like that, that kind of thing.

LA: So you'd connect it with that kind of religious discourse, that tell people who is good and bad, or does it come from a more local understanding...

CM: Our life has been sort of live and let live, so if I go to kill an animal, I eat it and the vultures finish whatever's left. Feel good with what you have. Amass a lot of strengths, whether intellectual, material or sexual or whatever, I think

actually, sexually a lot of women a lot of children, if someone wants to fight me, my children will fight, and also the women I get rich, they want to be fed. There's a personal, practical example of someone I won't mention the name, it's a religious group now, but the father who founded the church is a pentecostal, the father who founded the church forgot the names of the children, he used to ask "who is your mother?" In fact I think the way he had it in his mind was "which is your mother out of these?" So the child has to go down there on his knees or her knees and say the fifth, a bag of money, take a shovel...

LA: Were they orphans?

CM: He couldn't identify his children. All he had was just like an animal.

LA: So he fathered the children?

CM: He fathered the children, but he had to ask the children, who is your mother? I don't know whether he knew or whether the mothers came for security or they got the children from some other man and came to him to look after the children. He had money, and he had the spiritual thing. He had this trick of those who can't walk shall walk, the things that I hear again in the churches, or something like that, so there we go.

Is your battery on? (laughs)

LA: Yes. But I wondered did you have any response to this story in terms of when people read the story do they tell you - are you trying to change people's minds about behaviour? And how they suspect women

CM: I do not change people's minds. I am on a journey finding out about myself.

LA: Yes.

CM: Through many trips. In fact I stopped somewhere, this is wonderful, I didn't know we can think such evil, I didn't know we can be so beautiful, I didn't know we could look after each other, I didn't know we could kill each other. I don't change people's minds, I'm worried about changing people's minds, how many people have tried to change people's minds?

LA: There's a danger in that responsibility.

CM: Exactly, there's responsibility, I'm not Noah's Ark! (laughs)

LA: So you don't want to be vested with authority of any kind. It's just illustrating...

CM: No, it's simply, this is how we live. And how is it with you neighbour?

LA: And how do you think people do respond to something like that, to AIDS? Do you think that the way you described that has changed?

CM: AIDS is simply moving around, and it's a disease and like any disease, like leprosy, like prostitution, like anything, it depends on who is involved with it, because those who are victims of that particular, whether it's a disease or an inclination, they need pity, is it pity? Or they need love.

LA: because I think one of the things that you, the way the story progresses, even though you're showing Damba's development, and his growing understanding, one of the things you also show is how wrong those misconceptions can be, or not that there's a right and wrong, but you completely blur the line between the boy Dura, that they decide to dislike, who seems to be quiet, but turns out quite spiteful and by association with him, they think he has AIDS, and so it's a very passing thing but I think it's quite pertinent, even if he did have AIDS.

CM: He does not know that they think he has AIDS.

LA: No, he doesn't know.

CM: But he's just playing pranks like any other boy. The mother said, he's very sharp but look after him he's got a weak chest.

LA: And then he gets sick from being pushed in the water. I just think that by showing that blame is not straightforward you're complicating an issue, that people want to simplify because people want to have villains, and they want to have someone to say he definitely did this for whatever reason and he was bad.

CM: What are you saying here?

LA: Well I think I'm just saying, or perhaps it's not a question (laughs) but you're mixing a culture of blame with more of a human understanding of how people deal with fear, their own insecurity.

CM: I do not think in advance of people with a culture of anything, I look at people responding or doing things to each other. Like writing on the walls with shit, what does that mean?

LA: It's just children.

CM: It can happen anywhere, I saw that in Durham. At a railway station. (laughs)

LA: Really?

CM: I mean shit is all around. Is that somewhere where you live?

LA: Brixton, it's not near Durham.

CM: When you get deep into thinking and talking, I don't hear the language. This difficult thing that has happened to me. I've been there, but when people in Newcastle, Durham, go into a pub I think 40% is what I hear, the rest is simply local, native, it's "our business" the way they talk, they take for granted, we've got a background which we look at, it's like Christians talking whatever, you can't, Muslims talking to each other, it's about that background. That's it. Sometimes it is very sad, communication. Ya. I have a difficult time trying to say what I have to say. But that's ok.

LA: So do I.

CM: (laughs)

LA: I wondered why you chose to write the story in this collection (*Seventh Street Alchemy*) from the first person? The story, "Letter to a friend"?

CM: That's a process, you don't mind me being very sort of, that's the work in progress, but it's been in progress for a long long time. "Letter to a friend" it's about, actually Irene she asked me something about AIDS, and could you write something? I couldn't write anything.

LA: So she asked you to write something?

CM: Yes, but I had something on the fire, and had to pull something from the pot, mind it's hot! "A Letter to a friend" is from something I'm doing.

LA: So you're still working on it.

CM: I hope so, if we don't die tomorrow. (laughs) The whole thing is about strength and waking up to do something, in your mind.

LA: Because she actually says in the story that she doesn't know how much it will cost to write the letter, it takes a lot out of her, I think it's powerful to talk about how telling the truth can cost...

CM: No, it's a whole community, the people she mentions, that's my way of writing and she mentions these and she's going to look into every detail, how the children, how the husband, how the mother, the father, later on I think they're going to go to a jazz club (laughs) and they find it out.

LA: Is she going to bump into her father then? Is she going to meet her father?

CM: She's looking for her father?

LA: She's going to bump into him?

CM: Bumping, what do you mean, bumping, I don't understand the word?

LA: Just accidentally meeting perhaps.

CM: Oh, she will meet a man.

LA: On purpose?

CM: No, the father has been looking from a long distance, looking at his lost daughter, come and find your lost father.

LA: So will there be different voices in the later story?

CM: I don't know.

LA: You can't tell me, I know. It's just intriguing because I'm also comparing South African books...

CM: I wish I didn't have to speak about this because I'm exhausted.

LA: No, no. Sure.

CM: It's something I'm working on. I say to myself, ah, this is going to be wonderful, and then I say if you say it's going to be wonderful, it's rubbish! (laughs) You have to listen to the way the characters are doing it. You must make sure that they, you respond to them, because they've been living with me in my mind for quite some time. That's a strange thing, that you can be haunted by your imagination. (laughs)

LA: Yeah, it's quite common.

CM: Comic.

LA: Yes, but it can be disturbing.

CM: Very disturbing. Ya, you can kill yourself (laughs).

LA: You mustn't.

CM: No I won't. So we try to kick it out with barbiturates and things like that, barbiturates is that right? What is that?

LA: It's a drug, it depends, you can have different ones.

CM: I was very interested that while they were looking at the British Empire to go to Africa the women were taking opium or things like that.

LA: Really. To keep themselves normal.

CM: Now you were asking about this "Why did You have to Go that Far?"

LA: I suppose they're not really questions you can answer.

CM: If you don't mind I will be very stupid and take a little bit of water (drinks from vodka bottle).

LA: Do you need a cup?

CM: The label doesn't mean the contents.

LA: Are you sure?

CM: These are the kind of pitfalls, the little things that disturb us. If you fall down, pick yourself up and keep going.

LA: It's true.

CM: Well it's gin and tonic, someone said it's gin and dogshit.

"Letter to a friend" that's what we have been talking about and I said it's been pulled out of a bigger work, that hasn't yet been written, it's not down there, and this is a point of view that I thought I might take, she might tell her story.

LA: Yes.

CM: I don't know whether she has to tell her story or, I don't know how to do it, but the most effective, I thought at that point, this is the most effective way of telling my own story, and remembering things and regretting and so on, you know I remembered, there is a book, (I haven't read it and by the way I'm worried): "So Long a Letter", that I've heard of, but that's so long ago. I don't know whether you have read it?

LA: No, but I gave it to a friend, I know what it's about.

CM: But I suppose that kind of personal admission and personal strength, because she's got to have some friends somewhere. She's alone there, they are moving away as I look at them, in their minds they're moving away from me. So I think that's where we were.

LA: And I think it's really unusual, at the moment, to find those stories. Because people have not written (from what I've researched) have not written in fiction those stories from the "I" the first person, but fiction that isn't testimonial, that isn't real autobiography.

CM: That's why it's been kicking in my head for, like a child to be born – no this one, it's no longer a child it's much bigger, an elephant of 21 years or something. This has been going on in my head for, the story's there. I write in the, the papers are all smoky and have been exposed to sun.

LA: For 21 years?

CM: Not 21 but somewhere around 10 and so. 10 would be 1990, ya, somewhere there. Actually the whole story is Saidi, who's a muslim

LA: Also something that hasn't been...

CM: and but he plays music and her father plays music and something happens, it has not be very melodramatic, it must not be a story, it must be people, they are from the same root, something like that ya. That's the idea.

LA: yeah and she sees a connection:

CM: And I have to make it somehow. They have to tell me how do we make it. That's why they live with me. Something like that.

LA: To find an ending.

CM: It's not very good for real family affairs. You are living in your mind, we need bread. Ya.

LA: There's no easy solution to that. It would bring back an idea of a mythic father, someone that she's imagined, that she's created.

CM: Mythical things, those are your words, I see the story like this.

LA: It's just a father, and a daughter.

CM: She's looking for her father in the letter and the mother is not going to be left. And there is a woman who is a cachaça swiller, a gin drinker is the step-mother of, that's how it should go, I always lose my balls in the grass, I'm playing golf.

LA: Ok.

CM: That's the story you wanted to ask, and that's the one we're on. Is there another one?

LA: It's just, well no, it's those two that interest me. I suppose it's also, you talk about the laughter, the way she laughs and her sort of hysterical response to knowing she's ill. And it's something I've noticed here, that people laugh when...

CM: Of course, they can't, it happens to me.

LA: When people are stressed and upset they end up laughing. But it's not written about, so when it appeared in there it struck a chord.

CM: Well that's from personal life, actually it's a relation to getting new energy, laughter is the best medicine.

LA: But it's also, it can be a subversive thing when people laugh.

CM: Just laugh. When they laugh at you or laugh at themselves. Well there's a suppressive thing if I laugh at you, when I'm alone, walking down the road does she think...hahhahhh, now is that laughter, there's a whole bellyful. There is laughter. You know this is how it works (laughs). Then you come back to be real, what are you laughing at? To tell you the truth, shit I'm sick, I'm ill.

LA: And that's why you're laughing?

CM: I didn't know why I am how I am. That kind of thing and I need from there, naturally what do you do? The best thing is taking medicine, or do you go on a vendetta spree or, I think once you laugh sit up and look at how it is, in the middle of the problem.

LA: Particularly because this ends without resolution this story, and I suppose if you're writing more then that's partly why.

CM: That doesn't give you some idea of where she's going, well there's a lot of darkness, but the last sentence is I didn't know there's so much to talk to

LA: Just to talk. That's also as a confessional thing. Because letters are often not communicating directly to someone else it's more about the character whose speaking.

CM: We'll find the finer points when we go into the main thing, we have just pulled the tits out of the baby's mouth, you have taken photographs of the tit in the baby's mouth, we know the story, this is somewhere, something like that has happened, but the text the context, the whole thing, it is a story that has to be done. And I'm struggling on it. It makes me get drunk, because I don't know what these characters do. But once I sit down they talk and I can go home to it. No food no drink no nothing.

LA: Really, that's how you write?

CM: I just go on, a very pleasurable experience (laughs), finding out about myself somehow.

LA: Almost like the romantic poets, who believed in their inspiration coming...

CM: The muses, I am not amused (laughs).

LA: By the muses. They used to believe you had to be ill to write. They would deliberately contract TB, and other consumptive diseases, to be

CM: To be what?

LA: To reach a higher state of consciousness.

CM: I think that's for women no?

LA: No.

CM: No no I think they have a feeling/thing of "she looks evil" you know, consumptive and kind of something that we cannot handle, a cloud or? Well that's western culture I suppose and it hasn't shaken us.

LA: You refer to lots of things like the religious, the Islamic and Christian things which are going on, but this idea of apocalyptic, something apocalyptic happening you get those references quite a lot in western culture and I've started to find them in South Africa and Zimbabwean culture and I don't know how close they are to how people feel. Is there a sense of apocalypse? Could you relate apocalyptic thinking to the way Zimbabweans think about things, is that something that's come in from outside?

CM: Apocalypse whatever, Armageddon, it comes from outside. Ya.

LA: That's what I wondered.

CM: With music, with movies. That whole lot of conquering another world. That whole lot of give them thoughts so that they rub out their own thoughts, what about their god, so that we can have our god, like the superior powers, super powers.

LA: And so that's from a language of war and a language of colonialism.

CM: Exactly.

LA: And you don't think that was here before?

CM: No it wasn't. It was here in a way. But not at this massive global scale.

LA: And what about the ideas of plague, the connection of diseases and something like AIDS with apocalypse – does that make sense here as a way of seeing disease, as a threat for example...

CM: It is very interesting, I haven't dealt with this, but the biblical we have forgotten God's words, it is with those who took the western religion, the pentecostal churches and they are making the first mistake, they have taken that now, they take a dark African way of looking at things, if you rape a little girl you get new life.

LA: You think they're preaching that?

CM: There is. They don't preach it, they don't say it, but they go and do it. They're in jail some of them. Leaders who pray for miracles, but somehow

· they get lost somewhere, they rape a little girl to get a new life, elixir or whatever, that's the word isn't it?

LA: Eternal life, what they would preach as eternal damnation I would imagine.

CM: (sniggers) ya

LA: But people in power, *n'angas* and others, does it relate to a more general abuse of power?

CM: Even spread the germ around, don't germ yourself, spread the germ around, give us more bread, it's ok. We don't know, there's analysts, critics see what they see according to their own theories, but life happens. It's like "shit happens" hehehe.

LA: But I'm trying to look at other ways of seeing things than the way I would see them and to ask you...

CM: You have to live the life, or imagine the life and live it. In a concentrated way.

LA: And so I'm doing that by reading the books.

CM: I don't know if we get there. Take me over across the bridge.

LA: And a penny for the boatman.

CM: But my most painful experience I've been telling about, I thought I'm talking in English, I was given a class of children in Vermont, Belington, United States, no St Lawrence, she is Patricia Arden, she is a good critic, she has left her husband and so on, it happens, but a classroom I was telling a story, the elephant and the hare and so on. They understood the language but they didn't get where it comes from, where we laugh they couldn't laugh and I felt very very bad, I thought I was a failure.

LA: Oh, why?

CM: Because they didn't understand me.

LA: But how would you have explained?

CM: How could I have? No. We don't explain how we grow up with a lot of whatever we have, and we put it in a story, you know the tip of the iceberg, that kind of thing, you know when we tell a story we can see the surface but where it comes from they didn't understand, they couldn't laugh and I felt very bad and I went into Famous Grouse is it? (laugh) To kill the egg, that kind of thing. That's the time I really did not enjoy myself but it was a wonderful

experience in the sense of how do we write, who are we writing for, what language we use and that kind of thing. It's a sort of very frustrating, a small group of people my language, the international language they don't know your jokes, because they joke, the biggest thing the jokes, to get across the whole thing, well I hope, I would like to think so, but the whole thing still sticks.

LA: Well for example in the story ["Why Did you Have to Go that Far?"] there's a song and in the glossary it just says nonsense song, but is it meant to be funny. The children, the boys next door sing a song.

CM: In Shona, I didn't translate it.

LA: It just says nonsense song, what does it mean?

CM: Who said nonsense?

LA: It says it in the glossary, it just says nonsense song.

CM: (sings) That's my grandfather, my maternal grandfather, is that correct? My mother's father. A *Mbira* player, they used to smoke grass, leaves, that's why they become weak, when we take them we go, that's an Alice in Wonderland sort of thing.

LA: So it's a psychedelic reference, hallucinogenic.

CM: (sings) He used to sing that.

LA: So your grandfather used to sing it when he smoked weed?

CM: Yup. Unfortunately I didn't see him but my mother talks about him a lot, and she's a beautiful singer. And she can tell you the difference between *mbira*, she can tell you my father used to sing beautiful songs, and she sings for this occasion this song.

LA: So why for that occasion are they singing it?

CM: It's simply things that they hear from people.

LA: So they've just picked it up. The other boy's jealous of that song and wished he's made it up himself.

CM: No no no, that's the other song. Oh yeah, oh ok, it's Pamba, thinking that Dura has got the song. It's the way it's sung. Because I think Dura is more intelligent than these other guys, than the storytellers, but the storyteller looks like an elderly man looking at how we played when we were children. Not quite a child. I don't know, it's the way you see it.

LA: And will all the things, passing on the curse '*kurosirara*'?

CM: Oh that's the simplest word in English is scapegoat. It is not scapegoat in the sense of simply pushing the blame on someone, it's a really a spiritual living thing. My mistakes are caused by this thing so I'll get a goat, tell the goat, ah, we've got it in the Bible, the pigs, the pigs! Ya. Legion, that's it '*kurosirara*' we take the bad spirit, put it in the pigs we throw it away, *korasa* is throw.

LA: "*Nengozi dzakumba kwavo*"?

CM: Ah *ngozi*, no that's their bad spirits, don't bring it around here. It is *ngozi* it's actually something inherited, it's in your genes and if they don't fight it back the whole way, they made lots of mistakes and their minds are still screwed up with the mistakes that they made.

LA: Do you think people understand it like that?

CM: This is how it works with us. Ya.

LA: But is it like *rinyoka*?

CM: *Rinyoka*, I don't know how it means.

LA: Isn't it when a man says his wife has a disease, and if another man touches her he'll also get the disease and it was a way of deterring infidelity.

CM: Well that's what you call this disease if you stay close with somebody. A *rinyoka*, I would want to believe, I don't know because it comes from another part of this country, but *rinyoka* would be something like hexing, fixing you, so that...

LA: To protect or to cause pain?

CM: Ya, like I've got a knife I go to a medicine man or medicine woman, if my wife is being unfaithful I'll close up my knife I'll find them still in bed when I come back from the long trip.

LA: A way of catching them out. So that's from the north whereabouts is that from?

CM: Guruve, or something like that – the Zambezi valley. Chinoy somewhere

LA: And then where would you place yourself?

CM: Midlands, Chivu, Crossroads, Harare that way, Gurinmandoro that way, Masvingo that way, Mutare that way. In the heart of the heart of the country.

LA: And so do people have ways of explaining AIDS there that are particular to that area, or disease in general?

CM: We don't talk about it. That's my experience. We try to say "the clinic says". We call it "*mukondombere*" that was a song by Thomas, he gave it that word, Thomas Mapfumo, it's something like a locust invasion.

LA: Which can also be biblical.

CM: It is a very, what is it, pandemic, ya. It attacks everybody, so that's a weaker "*mukondombere*" AIDS is much deeper, we still, I can't say they, we still don't want it said.

LA: Said out-loud.

CM: Ya.

LA: And when you write it in a story...Is it dangerous to even write it in a story, if people knew you were writing?

CM: No no, it isn't. We see it but we don't say it. We know it. Ah, *chakauya* – the thing that came.

LA: People also say *chiwere*?

CM: *Chiwere* is disease.

LA: So the thing that came *chakauya*. Because also using that language, it makes people feel there's nothing you can do, you can't stop locusts, so it victimises people in a way...

CM: No and especially the way Thomas Mapfumo sings about it, it's much more message-ful (if there is such a word), to the people, but urban people don't know about locusts, what are you talking about, you need to get a new language it actually created a new language for the people.

LA: So they use those words instead. Do you think it matters, if people use AIDS as a word?

CM: We use AIDS when we are talking in general terms, but when somebody is dying there and we are burying them, we don't say he is dead, or she is dying from AIDS. His people or her people will kill you.

LA: If you said that.

CM: Ya.

LA: So it's that dangerous?

CM: They will take the traditional way and go and find out who killed them, because somehow, in that darkness we still believe nothing happens without something causing it. And other people who hate us use witchcraft. Our enemies, so really it's not AIDS.

LA: It's something else.

CM: Ya. But now we find in different corners the whole thing, little punctures there, some people stand up "my daughter, my son, has died from" we tell you young people don't play around, don't fool around.

LA: Do they say that at funerals?

CM: They say it, ya. Some people.

LA: And can it only be the parents?

CM: Those who are close to the one who has gone. Ya. Because those would give speeches are the parents the mothers' way of looking at where she came from, where he came from, who they are the father's side, and the other relatives. So really, those who are physically directly his side. My daughter dies or my son dies, I can openly say "I know". You have seen it, how he was fooling around. You have seen it, don't go and look for other people. Don't take the traditional road, this is 'it' that's killed him. That's their business.

LA: And does it work if someone does that?

CM: Ya. I won't go and look for, I don't know whether it works, but some people really walk away and say "we knew it." It's like, "I knew it, but I couldn't say it." (laughs) That is how it is in Zimbabwe.

LA: But it's a sad thing, when the way people deal with it is to, and it must come from how people are feeling...

CM: Of course, it is very sad, the whole business of enlightenment, do you take Christianity or do you look into your mind or what?

LA: And which one do you use as a tool?

CM: I use anything that comes handy which kills the gods. (laughs)

LA: Do you believe in it?

CM: I mean, right now I'm using Buddhism there's a comparison in Rumi that Jesus Christ was there and apparently a lot of people in mystic, Islam, the mystics.

LA: Sufis?

CM: Ya, Sufis right. Apparently they refer to Ben Ariam, Eid Ariam, Jesus Christ the son of Mary, they refer to what he says. They've got a whole history of working that way, it's very interesting.

LA: Using all the teachings and writings...

CM: To find something for ourselves, exactly.

LA: And would you call that thing that you find the truth? Or do you doubt truth of any kind?

CM: What is truth? Pontius Pilot asks, it moves.

LA: What about love?

CM: What is love?

LA: You would ask the same question?

CM: What is love?

LA: Sufis particularly, believe there's a kind of love of god,

CM: Especially Rumi, that connection, melting, the subject melting into the object that kind of thing. I wouldn't like to call it shape? Because I haven't been there, but it sounds very real. Ya. Because he's been able to do some things and people do some things.

LA: It comes back to the hallucinogenic side of enlightenment...

CM: Ah, shortcuts to the experience. Well, it's like wanting to get a kick through beer, but when you can meditate you can actually walk away and you've dropped your whole thing and you don't need it anymore. Like in fact, writing, I write satisfactorily when I walk away from the desk I know where I'm going to, where I've left the story and it works out. And I go to the pub and I'm shouting "Hallelujah!" something like that.

LA: So it works out and you're happy. Have you read *The Doors of Perception*?

CM: Huxley? It was a long time ago, because there were a lot of things, there was Dr Leary and the Beatles were going around, and Dr Leary talked a lot about that kind of thing.

LA: Acid?

CM: Actually he told me a lot about Herman Hesse *The Glass Bead Game*.

LA: This is a revelation to me, I'm having my own revelation.

CM: But you know your western or Greco-Roman crystal cult, I'm trying to dig the mound which is Thomas Mann in Germany.

LA: You're reading it in German!?

CM: No, that's the bad thing, you have to read it in translation. I like Garcia Lorca, he's quite good. He's got a light touch into deeper things.

LA: It's a difficult thing to achieve.

CM: Ya, it is. Well usually use laughter over death. We laugh at death. We bring drink! (laughs) Do the usual thing. This is not new. This is *our* business. If you want to cry, go and cry. Becomes apoplectic because someone very close, take away, this will pass away too. I remember the rain, you know idiocy. This shall pass away too.

LA: But it's a longer dialogue just with mortality. I've been struggling with some of the stories I've looked at with a reluctance to be morbid, what you would call a maudlin, Western art and culture has always had this fascination with death, not that any other culture doesn't but in a kind of

CM: Maudlin?

LA: Almost gruesome, fascination with the details of it, physical disintegration as well as the side of what happens, in paintings and in lots of literature like in Defoe's *Journal of the Plague Year* and Camus's *The Plague*, they like to describe the nasty things so it almost becomes like a project in itself to describe...

CM: They've got a German word for it, is it like angst or something? Like Kafka's sort of world is it?

LA: It could be Kafka. Can you relate that to your own experience?

CM: Of course, I mean we're always shouting "Why God? Why me?" "Why not eh?" But I think it's always covered with what do I think?

LA: But is that an artistic temperament? Does that come from an artistic temperament?

CM: We don't have a literary..., we have a story telling, we sing it.

LA: So it tends to focus on the happy sad?

CM: No. The sadness is heard in the singing. And when you respond we cry together. So if I could write a song if it could be heard the same way that it is read, then probably. I'm struggling against the current. We are not only writers. We are a visual and an audio people, especially music, the beat.

LA: And the way that makes you feel inside.

CM: (Sings in Shona) - some of it relates to movement, sadness and whatever has happened to us and it's like letters. Blacks in America, jazz, easy to get until it gets very intellectual. Blues I think.

LA: It's hard to access that.

CM: Some kind of ballads in another language, Spain, the moors, blacks were in Spain and I think that's part of Africa. I mean we are also, we are all together. It's unfortunate that the politicians don't see it. (laughs) It's always politicians.

LA: I was telling someone recently about Morris Dancing, you know, dancing with sticks and it's called Morris because it comes from Moorish. So that one thing that people think is really English, the bells and people dancing with sticks, is from...

CM: Where does it come from?

LA: It's from the Moors, from the Crusades.

CM: Ask them where, who started it, in Norfolk, Derbyshire, or York?

LA: In Cornwall?

CM: Or in New York or New Amsterdam?

LA: But it's one of those things.

CM: No I'm quite happy. What I used to like, I loved geography. I would take a map, I'd like to be there.

LA: And you've been able to go.

CM: And it's happened to me. I've been invited. Just work very hard where you are, you'll get there.

LA: Then you can escape!

CM: You can't escape from yourself. Because you are here.

LA: And it makes you see yourself differently.

CM: But when you are here, wherever you are you can escape, OK I think you are right. You can get out, you can look around and say "Why the hell am I here?" Just get out. But you will always, always, always be with yourself.

LA: It's true.

CM: Is it shit? We eat shit, eh? (laughs)

LA: Eventually.

CM: Finally. Exactly. Paul Celam, Jewish, German, he's got a good poem, which I'm doing in Shona, he's inspired me to do my book in Shona. "Death, when the party is over, you are the partner I hug, dance with me."

LA: That's what I mean when you marry death, there's that almost sexual element to when you embrace death. People used to say in Shakespearean

times that when you had an orgasm or when you had sexual intercourse that you 'die' they would describe it as dying.

CM: You forget yourself.

LA: In that moment.

CM: In Buddhism actually it's drop mind, drop body, there you are.

LA: Ah, drop mind, drop body.

CM: In 1200, 1253, there's a Japanese who went to find out about Buddhism, it's a whole culture those guys had with, there's also a whole lot of culture in what we call witchcraft here, but then nobody has bothered to look into it deeply. Researched about it. They don't want to be asked, it's quite interesting. If people had researched before they killed

LA: And said that it was wrong before...But it must have had its uses before.

CM: Like the Indian in America, same sort of thing, you kill the culture so that they'll be servants to you. If they still believe in what they say, they will kill you.

LA: But now it's very hard to find out isn't it, because there's so few people left and also you get accused of intruding on a sacred culture.

CM: But then they have the survival element.

LA: Witchcraft?

CM: No. They came riding and raiding, a quarter of this population is somewhere in Luton or? (laughs)

LA: That's right.

CM: And they are buying houses. Adaptation, the chameleon adapting to whatever. It's about survival. You don't go about asking what is in the past of a rose but rather a rose is a rose is a rose (laughs). Well I'm just finding it out now discussing these things. Sometimes we are very lonely.

LA: It's Harare North.

CM: Is it? Luton? (laughs) Well is it your first time in Zimbabwe?

LA: Yes.

CM: OK they are doing a lot of good business quietly Weaver Press, in fact Irene and Murray, that's it, that's Weaver. So, they are weaving. It's great, something that we could have done, but we needed the foreign idea for us to change our original idea. To look into our original idea, you need something...

LA: You need sometimes to look outside.

CM: Exactly. You need that and that makes a new chemical a new, chemistry taught me that. Two poisons sodium and chlorine, you have common table everyday mother-fucking salt! (laughs)

LA: It sounds exotic, when you say sodium and chloride.

CM: It's very scientific. Yeah. Salt is sodium chloride isn't it. You did chemistry?

LA: No, well only at school. Until it got too hard.

CM: I did physics. What I loved was physics.

LA: Really? I liked the way quantum time works – the string theory, quantum physics.

CM: $e=mc^2$. I loved Einstein. But I don't know how he works it out. What I loved was that if a train is moving at the speed of light and lightening comes and strikes between coaches two people in that coach in this coach will argue against each other it didn't happen. Because if it's moving at the speed of light, lightening strikes one splinter of lightening tries to follow that coach, it will not get there, but it will meet this one that's coming. So when the train stops they will go "did you see the lightening?" "What lightening?" (laughs) They will argue. About the same thing. That's the whole thing about point of view, perception and that kind of thing. It burnt a whole lot of shit out of me. I sweated.

LA: When you think about it, your mind starts to explode, sometimes.

CM: You get stuck in very simple things.

LA: Yeah, things like, if you stand on the edge of a black hole you could be imprinted on time, you will disintegrate but leave an imprint.

CM: No that's. I have this sort of deformed man: Hawkings, I haven't read him, but he's got bad teeth and I think he's sort of deformed.

LA: He can't move but his brain is fine.

CM: He's sharp there.

LA: It's amazing. To think all those things. My granddad tried to read it. He went away and brought the book back and I said "Did you understand it?" and he said "Well, I read it."

CM: (laughs) That man is in England.

LA: Well, he's cleverer than all of us, none of us are clever enough to understand it.

CM: He had all the time to self-pity to say "I can do what the others are doing" I have always thought that about Jesus Christ. Ya. I mean how the angel in real life, how can you get pregnant from that? (laughs) So he found himself a bastard and the street called him a bastard, a boy without a father and he went into the desert and he found exactly what he needed to survive and he told us.

LA: It was the same angel, angel Gabriel who came to Mohammed.

CM: That is very interesting. I don't know why these guys who preach about anti-Christian, anti-Islam or whatever, the same angel, hmm.

LA: And so those words of the Koran, well, he heard the word of God, and it was Angel Gabriel who took him to hear the words of God, and those words which he then spoke, he didn't write them down, they spoke them to each other.

CM: It's transcribed.

LA: It was transcribed after his death. So even those words that are meant to be the only true words of God that no-one has changed for thousands of years they were not written down at the time, no-one can prove that this man in a cave who said "I heard a voice" I mean I don't doubt that he believed the voice was real.

CM: Do you believe? In what?

LA: No. I believe in life.

CM: Exactly. It looks after us. If you look after it.

LA: Not always. I think it's unpredictable.

CM: I'm not on my own.

LA: Do you believe that?

CM: Well if I take away the vegetable, the meat, or even if I take away what I eat, I am part of that, I will die. I will return in to feed these things. I am part of that. I'm not even what I think. Because I didn't bring myself here.

LA: But somebody did.

CM: It becomes those Kant and Schopenhauer, and Kafka, I read them too early in my life. They damaged my brain (laughs).

LA: And mine. Especially Schopenhauer, isn't it? He was a nasty person.

CM: What the hell. Who the hell is he? I had a friend, I had been reading that, actually I was fasting and doing all sorts of things in 1965, my friend comes around and gives me a book, do you call it *Mein Kampf* or?

LA: Oh yes, the Hitler book?

CM: He said, listen to this passage, this passage is very powerful! Hitler was powerful, he was a powerful preacher, but don't be fooled, well who are we to judge, now I'm falling to clichés and...death is a cliché... (laughs).

LA: It's so boring and repetitive.

CM: (laughs) We are all going to die. Lazarus wake up! He said well, open up. Are we through?

LA: Yes. Thank you.

Appendix 7

Interview - Vivienne Kernohan (Sept-Nov 2006 by email)

LA: Irene Staunton said in a conversation in August 2006 that “Vivienne wrote *Waste not your Tears* in response to a UNICEF project that set up interviews with HIV positive people, but she ended up using a different story that was also true”.

VK: Yes. Unfortunately the person I interviewed had almost no insight into his own life and response to finding himself with AIDS. The point of the project was to write people's true stories in order to stimulate insight and responses to the disease. In contrast, the couple whose stories became *Waste not your Tears*, were much more involving and varied, though I did elaborate on the story of Loveness' character significantly. I also had to give the story a more upbeat ending, as I felt there was a real need to have people see that they didn't have to just sit back and die, so I modelled Loveness' eventual development on Auxillia Chimusoro, who was the first woman in Zimbabwe to go public about her status.

LA: Could you tell me more about Auxillia and her story?

VK: Auxillia really began the campaign against stigma and for people with HIV to be accepted. For many Zimbabweans she changed the face of AIDS and showed that you didn't just have to accept your fate and die. She was one of the first to campaign for living positively and argue that diet and nutrition could slow down the pace of disease progression. This was in the early 90s when that approach was considered very radical. She managed to stay alive until 1998 (treatment only really became available here with the 3 by 5 initiative) and after her death an award for excellence in the field of HIV education and awareness was established in her name.

Auxillia Chimusoro was born in 1956 at Gokomere Mission, Masvingo, Zimbabwe. She had 3 children, 1 boy and 2 girls. She tested HIV-positive in 1987 and publicly revealed her positive status in 1989. Auxillia founded Batanai HIV/AIDS Support Group in 1992 and co-founded Zimbabwe National Network of People living with HIV/AIDS in 1992. She also founded the

Masvingo Provincial Network of Support Groups now called Auxillia Chimusoro Masvingo Provincial Network for People living with HIV/AIDS. Auxillia passed away in Harare on Friday, 19 June 1998.

Since February 2000, the Auxillia Chimusoro Award is given to individuals and organisations strongly committed to efforts in mitigating the HIV/AIDS crisis. Recipients have included journalist Andrew Mutandwa, the Southern Africa AIDS Information Dissemination Service, the New Africa House New Start VCT Centre, and well-known Zimbabwean musician Oliver Mutukudzi. (For more information about how to enter email jmaziya@usaid.gov).

LA: Irene said Baobab Books were going to do a whole series and get it onto the curriculum through ZJC but the use of 'sex' twice in the story meant they didn't like it. Irene also said that UNICEF also tried to interfere with the fiction and make certain characters do particular things so Vivienne dropped out.

VK: I was amazed that UNICEF could imagine you could talk about HIV and not talk about sex, or that it would even be useful to try and do so. At that time there was no willingness to talk about HIV in Zimbabwe, even though the extent of infection was already very evident. I was delighted when Irene offered to go ahead and publish the story as fiction because I felt very strongly that HIV needed to be brought out into the open. Loveness' character also offered a realistic role model of strength for Zimbabwean women, who even now tend to be very subordinate in their sexual and emotional relationships to men.

LA: Irene thought Vivienne's story was the best and published it on its own, followed by *Zimzili – a wasted life* and *For Want of a Totem*, but the series didn't sell so it was stopped.

VK: I think there is still room for such a series in Zimbabwe, but it would have to be distributed virtually free of charge because people just don't have money for extras and there isn't really a culture of owning and reading books.

LA: What is your view of your own work as part of development/aid-led texts, versus fiction as a (usually) separate literary/aesthetic category? Do you feel the two can be separated?

VK: I would call 'development-led' writing whose content is influenced or dictated by some overarching goal or intention. I think there are development/aid-led texts that are motivated out of good intentions and that sometimes they can be a valid and useful intervention. There is still room for an issue-led series in Zimbabwe, as a contribution to the discussion on transition from traditional to modern society. I suppose you could call those development-led texts – the Baobab series for instance was intended to encourage more reflection about tradition and culture and encourage people to see the good points and retain them, while recognising those that are based in either superstition or pre-modern living and no longer helpful, such as the notion of being unable to adopt a child whose totem you don't know.

I've recently received some very positive comments on *For Want of a Totem*, and I think maybe the series was an idea ahead of its time, but books like that would have to be distributed virtually free of charge because people just don't have money for extras and there isn't really a culture of owning books and reading for its own sake is also less common.

But as we saw with UNICEF and *Waste not your Tears*, there are usually other agendas to be paid attention to and often those are imposed on the local context and distort it. This can make them a negative influence rather than a positive one. I'm thinking of the PEPFAR programmes on HIV that encourage abstinence and faithfulness as the primary HIV prevention methods. This has potentially devastating consequences in Africa, but I can see a scenario where writers and other artists will be encouraged to produce stories / films etc that paint these methods as 'better' and other methods as 'worse'.

If my work is development oriented, that because it is a response to where I live and those are the issues that I see it as useful for people to be exposed to. Not just here but everywhere. People in the developed world are increasingly insular and I think it's a pity because lives and assumptions are very different in Africa.

LA: If so, what separates the two (development-led versus literary texts) in your view?

VK: Writers write for different reasons – of course one wants to entertain the reader, but my own motivation is also to try to generate empathy and understanding – to encourage an involvement with people and situations that lie outside the reader’s own experience and perhaps to begin to question. I imagine that comes from my personal experiences as ‘outsider’ in so many situations. In retrospect, I see that my writing is often about some kind of shift that requires a regrouping of ones sense of the world – it’s about loss and growth, I hope.

I think there is a difference between fiction for escapism or pure entertainment and fiction that seeks to expand knowledge in some way, but of course that line lies within fiction. For me, good fiction seeks to interpret lived experiences in ways that expand the reader’s knowledge or understanding, so maybe the separation is only in motive. But there is a concern about fiction being used to put across certain agendas as I mentioned above. With normal publishing, the reader has a choice to buy or not to buy, to read or not to read, but where books are scarce and Development Aid makes books with certain themes available, that can be dubious.

LA: So far you are the only woman in Zimbabwe to have written a fictional novella on AIDS, although there have been short stories and thinly disguised autobiographies published on the subject, why do you think that is?

VK: I don’t know. HIV and especially the way it affects women is something I feel very strongly about and fiction is a good way to show people things that otherwise they might shy away from. I had already written two short stories on HIV (“For Better, For Worse”, published in the first *ZWW Anthology* as well as in *The Torn Veil* an anthology of African Women Writers, published in South Africa by Queillerie in 1998 (ISBN 1-874901-69-4), about the wife of a university lecturer who discovers her baby is infected, and “Life Changes” published in *Horizon* magazine in October 1992, about a little girl whose baby brother is born with HIV and who has to deal with the reality that her mother is HIV-positive – see Appendix 12).

Zimbabwe (and much of the rest of Africa too) is still a very male dominated, patriarchal society and it was obvious to me from my work in a medical aid society, that women were going to bear the brunt of HIV infection on all levels and this reality continues to worsen in Sub-Saharan Africa. I felt that women needed to read fictional stories they could identify with, in the hope that they would wake up to the risks they were taking and begin to empower themselves.

I don't think HIV has been dealt with on a fictional level by either men or women in Zimbabwe. It is partly to do with the degree of stigma that still surrounds the disease - sex and death are two of the biggest taboo subjects here and HIV brings them together in an almost impenetrable knot. But it is also that it takes time for major shifts and disruptions such as war to be interpreted and translated by artists. Some distance is needed before the raw experience can be properly assimilated and expressed well. If you read the stories and poems in *Nobody ever said AIDS*, some of them are very powerful and I believe many of them were written out of a desire to communicate the experience, the huge continent-changing reality that HIV is for Africa.

The Zimbabwean women who have written their autobiographical novels I think have done so, partly to expose the inequalities in their society and partly as catharsis, but in my view their primary impetus has been to explore their subjective experiences, rather than a desire to write per se, or to write about the wider issues of social relationships and cultural and other vulnerabilities to HIV.

LA: What advantages do you think fiction offers in this context?

VK: Obviously you can stretch the truth and you can also tell the truth without being sued! Seriously, though, fiction allows writers to create empathetic and sympathetic characters in circumstances the reader can recognise. It can also manipulate the reality to show something different. It can show strong role models and alternative realities that can be dreamed, because before it can become, a new reality must first be imagined.

But of course it doesn't have to be fiction for it to have that effect. In my experience, people who have little access to education find stories about people like themselves inspiring because they can identify with the characters. ***A Few Days More*** published by SAfAIDS and the true story of a Batswana girl living positively with HIV. It has had a very broad appeal to people who've read it, both here and in South Africa and Botswana and hopefully it will make people realise treatment is available and seek to have it made available to them.

LA: Do you think of yourself as Zimbabwean? How would you position yourself in terms of nationality in relation to your writing? Is it important? If not to you then to other Zimbabweans? Presumably your initial use of a pseudonym was more about accessibility than identity...

VK: After years of struggling with it I've concluded that yes, I am Zimbabwean, but I am also Irish. I am a Zimbabwean writer because virtually all my writing focuses on the Zimbabwean experience. I think my nationality would have been important to other Zimbabweans at the time ***Waste not your Tears*** was published, but I think it would matter less now.

Some time after the book was published there was quite a bit of speculation about who Violet Kala was, and someone from ZWW rang me about wanting me to speak to one of their members' meetings about either ***Waste not your Tears*** or ***For Want of a Totem*** - it was a year or two after publication. She spoke to me in Shona, obviously assuming I was black and I felt she was taken aback and maybe disappointed that I was white. I couldn't make the date she was proposing anyway, but they never came back to me...

When Quellerie wanted to include "For Better For Worse", I felt I had to point out that I was both white and Irish and did I really count as an African woman writer – their response was 'what would you call Nadine Gordimer?' and that was helpful. The merging of the two identities is yet to appear in my work although I have been trying to do something with that for years.

My initial use of a pseudonym was primarily to do with accessibility, but it was also to do with wanting to remain private - I'm not a very outgoing person and

I prefer anonymity and to keep the different bits of my life separate. Ndlovu was my married name and so it was logical to use it, but I also liked its generic-ness. If you look in the Matabeleland phone book you will find hundreds of them – and lots of them are called Vee, so it was a very anonymous way to write. Then when my husband died (in 1996), I felt I should continue using Ndlovu to write under, in remembrance of him and also because writing under yet another name seemed a bit much.

LA: What has been the reaction if any to *Waste not your Tears*?

VK: It was much better received than I had ever hoped. (The Japanese embassy even translated it into Japanese as part of their orientation to volunteers - apparently it made them all cry!) and although to me, Loveness was the main character, to my surprise even male readers were able to identify with Roderick's situation.

I will give some quotes from the reviews; *The Outpost*, August 1995 (the police magazine) described it as "a chilling and riveting story of an AIDS stricken young man hurtling towards his end like a directionless meteor". ... "simply written but powerful novel will excite all kinds of emotions in the reader" (Justice Chengeta).

I was a bit uncomfortable about Roderick's deliberate infecting of Loveness, but that aspect of the story was true and there are still individuals who behave recklessly and with bitterness when they find out about their infection. Also women need to be aware that they have to protect themselves. I tried to portray him as sensitively as possible – so that people could identify with why he behaved as he did and to the extent that men did not take offence at the portrayal, I hope I succeeded.

Waste not your Tears was quite widely reviewed and commended that as well as being about HIV it was a story about parenting and the need for guidance. Barbara Ludman in the *Guardian Weekly* described it as 'an excellent little book' in the 'true romance' tradition of the 50's, though I think she felt it was biased towards Loveness's suffering.

Elise Dillsworth, in the *African Publishing Record* said “Much is packed into this short novel but ... penetrates far beneath the surface of the concerns of love, relationships and AIDS.”

LA: Had you read any other fiction about AIDS before you started writing?

VK: No, nothing. One of the reasons I wanted to write about it was because it was barely mentioned either in fiction or in the ‘real’ world, but it was a reality people were living with every day.

LA: Had you read Carolyne Adalla’s *Confessions of an AIDS victim* (Kenya, 1993)?

VK: No, I still haven’t read it. I did read everything in *Nobody ever said AIDS* (some of it I liked and some of it I hated) and have read Luta Shaba’s book *Secrets of a Woman’s Soul* and some of Grace Mutandwa’s *Whose Daughter, My Child?*

LA: I’d be grateful to hear more about your role in editing Tendayi Westerhof’s book *Unlucky in Love*.

VK: I don’t know what you would like here – Tendayi approached me (on Irene’s suggestion) and gave me a draft of her autobiography, which had been worked on by others but was still very far from being publishable. She had already decided to publish it as fiction. Our agreement actually stated was that I would be credited as co-writer - I have not taken that up as I felt it was enough that her story was now out.

Tendayi herself is quite a controversial character and so I decided to present her story in a kind of Mills and Boon style, hence the title ‘Unlucky in Love’. I also felt this would make it more accessible. I believe the ‘unpopular’ reception she gets in the press in Zimbabwe is largely due to the fact that it is so male dominated. Tendayi is a strong woman who refuses to allow them to put her down and insists on being heard. As such she is an important role model for other Zimbabwean women.

LA: I saw a bit of the response to Tendayi over the internet, it seemed that both men and women were critical of Tendayi’s book and personality in general, did any women come out in support of Tendayi? Do you think that despite the controversy the book still enforces a crucial message about Nevirapine?

VK: I have only heard three people ever defend Tendayi – myself, Tsitsi Dangarembga and Lois Chingandu (nee Lunga), Executive Director of SAfAIDS. Tsitsi made a film about her, 'Positive Days' which won an award in South Africa and they also clashed a bit.

I think the book will be better received outside Zimbabwe – it is only here that her personality dominates the story - in other countries. The story of a woman making bad choices in men and being abused by them, who eventually learns to stand up for herself against a fearsome disease and then goes public about it is powerful and sends important messages about survival and ART and yes the Nevirapine message is there too.

LA: Did Tendayi have to write it as a 'fiction' for legal reasons?

VK: In a word, yes. I understand that her ex-husband is still attempting to sue her. There were whole letter pages devoted to the book and his response to it, in the *Financial Gazette* after it was published, and most of the cover was critical of Tendayi. I don't recall anyone questioning the male character's failure to acknowledge his paternal responsibilities, or the fact that he was in denial about his HIV status, which in itself says a lot about where Zimbabwean society still is regarding HIV infection and transmission, as well as the position of women.

LA: What is your view of including *Unlucky in Love* in a study such as mine? Can it be analysed as a fictional or literary text, or taken more at face value as autobiography, a form of witness testimony writing? (You may not feel you can answer this, as it's a decision that ultimately I will have to make, I have similar problems with Luta Shaba's *Secrets of a Woman's Soul*).

VK: I think you have to take all those texts as witness testimony writing, but doesn't it also say something that that is the only acceptable form their stories can take? Tendayi definitely felt a strong need to get her story out there to benefit other women.

As far as I can see, the impetus has mostly come from the writers themselves rather than being imposed upon them, but I would make a distinction between the testimony writing and 'literary' texts by the extent to which the writer alters the lived reality to give it another shape.

My feeling about Tendayi's and Shaba's stories is that the women who are writing them are writing them out of a need to understand their own lives and as an expression of their 'success' in dealing with such difficult circumstances, as well as a desire to show other women that they can do something with their lives. That need is very much determined by Zimbabwe's very male dominated society. But their motivation is not writing for writing's sake. I think *We miss you all* (Noreen Kaleba) was probably the best African story I read, but it does not pretend to be fiction. Grace Mutandwa is of course a writer by profession, though non-fiction and as far as I know her story is less personal, but I don't know to what extent.

The other works I have read on HIV that have impressed me (none of them African) and are definitely literary texts, have been about lives explored and understood through the experience, like Douglas Wright – 'Ghost Dancer' (an autobiography) and one by Colm Toibin whose title I have forgotten, but it was set in Ireland in the early days of AIDS and Colm McCann's 'Dancer' about Rudolph Nureyev. And now when I think about it – these are all about gay men, so it seem right and overdue that African women should take up that mantle since they are now the most infected and affected by HIV.

Appendix 8

Responses from Sandile Memela 16/09/05

From : Sandile Memela <Sandile.Memela@dac.gov.za>
Sent : 16 September 2005 05:56:51
To : <lizzyattree@hotmail.com>
CC : "Sandile Memela" <Sandile.Memela@dac.gov.za>
Subject: the reason for flowers

As a parent, I have often found myself breaking into a sweat, becoming angry and guilty because I pay R-thousands for an 8 year old girl in Grade 3 to go to a private school. Most of the time, when I help with homework, I have felt that the books, the literature which is prescribed is irrelevant and foreign. It does not cover the issue which will bring her closer to herself, her history, her heritage, her background, her politics.

I have frequently complained, to myself, saying: "The expensive education does not deal with the subjects that I want my child to understand, or with experiences that she can relate to and identify with. Instead, the books alienate her from her heritage and deprive her of intimate knowledge of what is going on in her country." What I mean is that I want my child, ALL our children to read books that speak about us, written by us, for us.

For me, one of the driving motives for writing *Flowers of the Nation* is to contribute to the creation of an authentic South African literature. The creative process has kept me awake at night because the book lays bare the soul of our irresponsible and confused leadership when it comes to the treatment of the Aids issue. What is exciting about the book itself is that it is intuitively connected to the South African contemporary experience. I want to believe that its biggest achievement is that it gives a voice to the thoughts, feelings that stir in our own souls.

I set out to reveal, honestly, openly, courageously the truth of what is going on

in families, the African community and society today. There are so many things about our lives that we do not talk about, experiences that are not captured or reflected in books that are not written by us and in books that are prescribed for our children and youth: the unconditional love that *abomagogo* give their selfish sons, the role of women to keep the family structure intact and heal the community, relationships between the exiles and the inziles, living in the townships and leaving the townships, black economic empowerment and responsibility to the family and broader community, bourgeoisie individualism and the communal spirit of *ubuntu*. These things are not written about by the authors whose books are in the school libraries.

The stories, the plots and the characters are not from a reality that our children and ourselves know or can relate to. So, I wrote the book not only to bring us closer to our own experiences but to create a forum and say many of the things that we know about us but never get to discuss honestly and openly, without any fear or self-censorship.

This book was written for the family, especially the youth, who should be taught, at an early age, to look at, engage and interrogate relationships, what is going on in their society: politics, Aids policy, structures, community organizations and their leadership, the elites' disconnection with the grassroots. They should ask: what should be my relationship with an aunt or uncle who has transcended, overcome the hopelessness of the township circumstance to be a super-achiever? Do I have an obligation to help my sister or brother's child?

This book speaks to the soul of people and when you read it, as a South African, you should be able to recognize our own shared experience in the characters in ways that not only connects to your soul but makes you not only want to buy more copies to offer as present or gifts to family, friends and other youngsters with a potential to shine and be like you are.

Ultimately, the purpose of the book is to invite the reader, especially the

African, to join me in speaking truth to power as we come to an understanding that we are all responsible for everything that happens to us. This is the moral lesson provided by the two girls who are lead characters. When we have children who do not rise to be super achievers because nobody lifts them up, it is a result of the decisions and choices that we make as parents, professionals and leaders.

Thank you very much for the love, the support, the affirmation and the encouragement. It means everything to me as a new writer who wants to deliver books that mirror our own soul and make us love ourselves.

I am available to sign copies of your book.

The cost of the book should not be a worry as it is the cheapest in the *Homebru* list. But it will cost you more if you do not read the book.

From : Sandile Memela <Sandile.Memela@dac.gov.za>
Sent : 16 September 2005 05:56:24
To : <lizzyattree@hotmail.com>
CC : "Sandile Memela" <Sandile.Memela@dac.gov.za>
Subject : blooming flowers

When I wrote *Flowers*, I desired to engage African people from an urban background, especially girl children, to beware of looking at themselves as victims, what is popularly called 'previously disadvantaged individuals' (PDIs). If people are serious about attaining mental liberation, freedom from mental slavery, this can only come to an end when no individuals sees themselves as victims of circumstances.

It is very important that young people learn that they are the future of the country, what they do today will have a great impact on how they turn out at 21 or even 40 years of age. Their thinking and behaviour must be rooted in assuming responsibility for everything that happens to them because, at the

end of the day, you are what you think.

It is strange to me that when we come to think about it, the people who coined the 'PDI' [Previously Disadvantage Individuals] concept are not African people themselves. From my own experience and observation of life in the last 40 years, African people have always lived their lives without being preoccupied with the fact that they are oppressed. And if they obsessed with exploitation and oppression, if they were acutely aware of their circumstances, more would have participated in the struggle. Look, if less than 100,000 participated in the struggle by going into exile, being jailed or killed, this reflected their state of mind and the choices they had made about their lives and the direction that it should follow.

And if you are not what you think, if you are not condemned to exercising freedom of choice, even in oppression, then there would be no symbols of achievements and success among African people, people who were empowered and uplifted by the realization that what you think determines how far you go in life.

My main objective in writing *Flowers* is to eradicate the victim mentality among young children. This was inspired by my awareness that if we continue to encourage people to see themselves as victims of circumstances or products of history, we are undermining their potential, killing their self-confidence and determination, disempowering and disenabling them. After all, all human being, rich or poor, are what they think, their lives are the direct result of what they have done, or have failed to do.

Just like Mpumelelo, I was a 7 year old and just like Zenzele I also turned 16 while growing up in the townships, myself. I have no recollection of a childhood where I and my friends talked among ourselves or described each other as victims of apartheid. We lived, played, laughed and loved because it does not matter where you are, life goes on because the sun rises in the east and sets down in the west. We did not have toys. Yes, we faced hardship of sometimes going to bed without enough food. We were ravaged by the decisions that our fathers and mothers had taken: to be subservient tea girls and garden boys

and messengers. There were no Sealy posturepedic beds or leather sofas. We may have been oblivious to this because of the innocence of childhood.

We gained strength from looking at successful people who had been to school and were willing to work very hard, were disciplined and focused and determined. They wore nice clothes, stayed in relatively posh homes and ate chicken and rice. We bonded on the basis that 'if you thought the correct thoughts, you would be a success.' We did not look at ourselves as born losers, victims of circumstances despite the injustice of racial apartheid.

Yes, life was tough in matchboxes but we did not sit around, arms folded wasting time, energy and our lives by moaning and complaining about what we did not have. We were oppressed and our parents were exploited but we did not see ourselves as victims. We looked at our mothers and fathers and intuitively recognized men and women who resisted the most powerful and ruthless state in the whole of the African continent. They resisted not by going to jail but holding their heads high under the most brutal pressure. They were destined to be acknowledged and recognized by the whole world one day, as symbols of the triumph of the human spirit.

When I look back at my own life, now, I realize that life was hard, there was too much pain and suffering. There were times when I was turned away from school in winter, to go home and get a jersey which I did not have. I was one of the children who were offered free soup by the Catholic nuns when I was 10 years old. The teachers had recognized that I had the mental resilience, was determined to perform beyond expectations despite my personal background which was afflicted by cruel injustice of racial apartheid. I was a young man who was taking it all in his stride. Just like my mother who was a tea girl all her life, and my father who was a messenger all his life, I was a young African child who faced suffering with grace and humility. It was this spiritual resilience, this inner strength, this reflection of my mental attitude which helped me experience self-responsibility and transformation at a very young age.

Of course, in 1976, when I was 14 and 16 years of age at the same time, I participated in the humming and singing of the song, '*Senzeni Na?*' which

ascribed all our problems to the colour of our skin and blaming white people for having created our pathetic social and economic conditions. But I never liked the song. I hummed it, unlike many contemporaries who sang it at the top of their voices.

Growing up in a religious environment, I joined my peers to sing 'We shall overcome.' Looking back and thinking about it, that song empowered me, gave me confidence and helped inculcate self-responsibility and determination in my mind and attitude. I found my head filled by visions of achieving my dreams and I knew that would never happen unless I worked hard, sacrificed, focused, was disciplined and very determined to get where I wanted to get to. Nobody would help me but myself. At a very young age, I and my friends knew that God helps those who help themselves.

Much of the political awareness that influenced me was the battle in my mind that I had as a youngster trying to interpret what Steve Biko meant when he said: 'Black man, you are on your own.' I got the sense that he was warning us against the danger of expecting anyone, at an individual and collective level, to make things happen for us. We had to assume self-responsibility not only when it came to attaining political freedom and democracy but determining what will happen to our lives. Yes, we had to learn to take ownership of our lives and realize that everything that happens to us is the direct responsibility of our own thoughts, the decisions we take and the behaviour and conduct that we show.

This was the same political awareness that guided me when I looked at and judged some of the adults and parents who did not go into exile, jail or participate in the struggle. They were men and women who had made a choice and, whether they were aware of it or not, the quality of their lives was determined by the thoughts that they had made. Oh, no, they were not victims but people whose lives were an outward expression of what they thought. The bible says: "As a man thinketh, so is he." You may not be aware that I was not only at a Catholic school for most of my life but was among the first students to embrace Biblical Studies when it was introduced in township schools. Of course, to dull our minds.

When I portray a young rural boy whose parents died of Aids in KwaZulu-Natal, I want to caution rural children against embracing the mantle of victimhood. Yes, the man-child may be exploited by fellow men but this does not stop him from thinking big and dreaming of a bright future for himself. I have confidence in the conviction that it does not matter where you come from, it is where you are going that is important.

I do believe that the Zulu people have countless examples of such men and women, who have defied history and socio-economic planning along racial lines to emerge as some of the greatest leaders and inspirational figures in the country and the world today. And yet today, when most black people who were judged as good-for-nothing have attained the impossible, their children are taught that they are 'previously disadvantaged individuals.' What nonsense!

We cannot afford to embrace the victim identity. Who cares, and who remembers today that Thabo Mbeki had a rough childhood, with an absentee father who chose freedom above staying home with his sons, was raised by a woman who was determined to see her son realize his fullest potential because he had the right calibre of mind?

I am convinced that in this day and age when a Jacob Zuma can rise to be the Number Two man in government, with only a grade two qualifications, African people, especially children, need to know that they can be whatever they want to be. They have to be injected with the awareness that life is for the living. At the end of the day, nobody really cares for your problems because there is no person without a problem of their own in this world. We are only interested in solution-oriented people, just like Zenzele and Mpumelelo who have decided to do something to save themselves from a possible future of bleakness, self-pity and abandonment.

Of course, there will always be individuals who consider my philosophical orientation as a denial of history, a revisionism of apartheid and justifying every evil that white people have done. They will caution the public about the danger of self-responsibility, especially the implications of the notion that we are all

responsible for what happens to us, or fails to. These people truly believe that circumstances make a man; it is your situation that determines how your future is going to turn out. I am not particularly interested in engaging or debating with them. Their vision promotes the notion that all black people are victims of history, of apartheid, of circumstances, of colonialism and so on.

Well, that is not absolutely true! I am in agreement with the assertion that if you are white, it does not mean that you are intelligent and rich and have had it nice all your life.

It should be clear that when I portray a township young man who has been educated in the United States, I am not underplaying the impact of racism in that society. Yes, racism exists but it will only remain a big problem if you go around looking for it under every bed. There was a time in this country when every black male was a potential communist or terrorist, including those who had chosen not to participate in the struggle but preferred to carry on with a normal life under abnormal circumstances. We cannot deny the reality that what happens to Sizwe and his brother Vusi is linked to the decisions they took when it came to involvement with the People's Party. We cannot afford to deny the reality that what happens to us, at an individual and collective level, is a direct result of what we have chosen to do, or failed to do.

Flowers, in its own little way, is about calling attention to our individual and collective accountability for what happens to us, to our children, to our families, to our society. The task of rebuilding this society begins with the repudiation of the victim mentality that continues to portray African children as 'PDIs.' African people, in particular, must assume sole responsibility for what happens to their own. Blaming apartheid and white people does not help much. It only makes them to dig their heads deeper into the sand. After all, they think that they are under siege.

For me, it looks ironic that when the world's most respected and loved statesman, an iconic figure, is Nelson Mandela who comes from a township background, African children are expected to define themselves as victims. The word 'victim' or PDI was not coined by African people, I think. So, it is

unfair to attach a wrong label onto the soul of the people whose life and history is testament to the triumph of the human spirit.

Release our children from mental slavery by teaching them to believe in themselves. After all, what they think will always tell us who they are!

Appendix 9

VUKANI!

(Wake up!)

by
Sindiwe Magona

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CHARACTERS

- Nomandla Lonzi: Mid 40's. Domestic worker, half-day to be with her children, Zama and Jongi. She is Mfundo's wife.
- Mfundo Lonzi: Late 40's. Educated, grade-school principal. Serious.
- Jongilizwe Lonzi: (Jongi): 17 year-old boy in high school. He is a loyal family member but a bit hotheaded and easily stung by injustice.
- Zama Lonzi: 14 years old. Spirited, gifted, has talent for public speaking.
- Themba Koyana: Koyana) 50's. He is a cleaner in the township's administration office. He is Mfundo's neighbor.
- Nokwazi Koyana: Nomandla's friend and neighbor. Late 40's. Domestic worker. She is something of a gossip. Koyana's wife.
- Vuyo Malunga (Vuyo): 17 year-old boy. Lives in the neighborhood. Known as a playboy. Son of Fina.
- Fina Malunga: Late 30's. Vuyo's mother, also a domestic worker, but full-time. She is a devout Christian. Vuyo is the younger of her two sons.

SETTING

Vukani! takes place in NY200, a street in Guguletu, a few years after the end of Apartheid. In the first act, we see the home of the Lonzi family, their side yard, the fence dividing their property from the Koyana's. We see the kitchen, the living room and doors leading off to three bedrooms. The house is fairly well-worn, but well-kept, a typical middle-class home in a township. Act II, Scene 3, is set on a different part of NY200 and the last part of ACT II takes place in the Community Center, a large drab building used for community events of all sorts.

PROLOGUE

KOYANA

Go to the nearest electronic-goods store and buy cameras by the score! Hurry! Go!

Then go home; gather your families and take photographs. Take photographs of them all!

(Pauses)

Especially the children. Especially the young.

Hurry! Hurry! Before it is too late -

Please, take photographs of them all.

Take photographs of the children playing, crying, reading their books or doing their chores.

Take photos of them laughing and dancing in the rain;

Take photos of them fast asleep in their cozy beds.

Take photos of them in their school uniforms, in their Sunday best or ragged day dress -

But, Please -

Take photographs of the children and put them on the walls.

Take photos of them and tell the children why

Before it is too late, before our tomorrow is no more.

Before the promise that is their life - is snuffed, easy as candlelight

Please, hurry!

Take photographs of the children who will not see thirty,

The children who will never grow old.

(Shouting)

Vukani! Vukani, Mawethu/My people! Wake up! Wake up!

(BLACKOUT)

ACT ONE

SCENE 1

MFUNDO

Mother of Zama, where are your children? The sun's long gone down. Even the streetlights are on.

NOMANDLA

Why are they mine today? Because they are out late? Strange how - when they do good they're yours and mine as soon as they mess up!

(Laughs)

MFUNDO

(Hands up)

Okay! Okay! Our children...where are they so late?

NOMANDLA

Youth Club

MFUNDO

(Looks at watch)

At this time?

(Sound of JONGI and ZAMA laughing and talking)

NOMANDLA

A nurse to talk to them about...

(Enter Jongi and Zama)

MFUNDO

Ah! Here are the prodigals home at last!

NOMANDLA

(whispers)

Condoms.

MFUNDO

(It doesn't register)

And how was your meeting so late?

(It registers; to NOMANDLA)

Whaat? What? Did you say?

NOMANDLA

(Trying to remain calm)

Condoms. The nurse was talking to them about protection...safer sex - You know - ABC...

(To JONGI and ZAMA. Trying to speak calmly.)

Isn't that right? Tell your father what did you learn from the nurse?

(JONGI and ZAMA jostle each other, mortified. Neither wants to speak. ZAMA tries to push JONGI in front of her.)

ZAMA

You say!

JONGI

No, you go on. Tell her. She's the one who has to take you there!

NOMANDLA

Take her where?

ZAMA

(Mumbles)

To the clinic.

NOMANDLA

What? Speak up! You are loud enough when you make your speeches for the youth club. Come on, out with it!

ZAMA

(Takes a deep breath and blurts it out)
To the clinic. Jongi must wear condoms and I must go to the clinic.

(She covers her face with her hands.)

NOMANDLA

To the clinic?

JONGI

To get an injection so that when she is raped, she doesn't get pregnant.

MFUNDO
(Astounded)

When she is what? What did you say? Condoms! Injections! What has this world come to--for crying out loud! You're just babies

MFUNDO (Cont.)

(Looks from one to the other. They hang their heads, not knowing how to respond, thoroughly embarrassed)

I can't believe what I just heard from my own children.

(Pauses. Shakes his head.)

Let me remind you, I work hard for you, for this family. Being a school principal is a difficult and trying occupation. I support you and I expect you to respect me and not bring shame on our name. The only ABC I want you to know and concern yourself with is your alphabet...Do you hear me?

JONGI
(Mumbles)

Sometimes these things may not be up to one.

MFUNDO
Abstain? Be loyal? Condomize? Oh, no!! You are not chaff, blown about by whatever winds happen to prevail on any given day. We are different from the riff raff all around us. We are different! Is that clear?

JONGI
If you only knew. This difference could bring more bad than good.

MFUNDO
Don't be absurd! You better watch yourself, Jongi! Now go! Get ready - dinner's spoiling.

JONGI

(Aside, starting to leave with Zama)

And you've just spoiled MY appetite, old man.

MFUNDO

What did you say?

JONGI

Nothing, Tata. Nothing!

MFUNDO

(As he begins to speak, ZAMA and JONGI turn to listen)

Hey, hey, hey! Listen here!...No child of mine is using condoms when he's not married- when he's just a boy who can hardly wipe his backside. And no daughter of mine is going to get herself injected!

(To NOMANDLA, shaking his head. She wrings her hands, doesn't know how to respond.)

What is the world coming to that a grown woman, a wife and mother can talk such dirty things to our children? Nurse, she calls herself! And every Thursday she wears the purple blouse of the Manyano, the Mother's Union---goes to church every Sunday---and this is what she tells our children?! ABC - indeed!

(DIM LIGHTS)

SCENE 2

(Lights come up on ZAMA and JONGI alone in the kitchen.)

ZAMA

You mustn't make Father angry.

JONGI

He needs to hear some truths. You know he lives in his own little world, his own country. Some of us have to walk the streets that everybody walks every day. He wants us to be so different; it's dangerous to be different. That's what I keep telling you.

ZAMA

Telling me what?

JONGI

You know that way-way I told you. Take care of business.

ZAMA

Mama would kill me. Both of them would kill me. You know...

JONGI

Yes I know...

BOTH

Save yourself for marriage.

JONGI

If you really must save yourself for marriage, fine with me, but people mustn't know. These days, it's dangerous to be a virgin; you know that. Old men, grown men, rape small children - all because they are virgins. Because the fools believe that if they have AIDS, sleeping with a virgin will cure them of the disease!

ZAMA

Oh, how stupid! We don't have such imbeciles in our township. It's the people in other townships and squatter camps who do those things.

JONGI

You are wrong little sister. Listen to me. I know boys my age in this very township who are sick! Who have gawulayo - the merciless, ruthless chopper!

ZAMA

But surely they don't believe that this raping virgins will cure them. They can't be that stupid. No one is that stupid.

JONGI

I know that. You know that, but who knows what a desperate man will force himself to believe to get back his hope? We can't take any chances. Oh sister, it would be so easy. I just have to drop a few words.

ZAMA

But you're not going to talk about me.

JONGI

Just a few words...just to give the impression.

ZAMA

But what if people believe it?

JONGI

I want them to believe it.

ZAMA

Oh no! Oh no!

JONGI

What's worse? A bad reputation or death? Let me help you in this! I want to protect you and this is the only sure way to do it.

ZAMA

All right, since you insist. But you have to talk to father...wait, no! Talk to mother and she will talk to father. I don't want you killed trying to help me!

JONGI

I won't. And you'll be safe. All I want is that you be safe.

ZAMA

(Laughs as the thought occurs to her)

Well, I guess I will have a little surprise for my husband when I get married. He won't know he's getting a good girl! That is, if mother and father agree to your crazy plan.

(EXIT.)

(BLACKOUT)

SCENE 3

(The next morning -Lights come up on the home as in Scene 2. NOMANDLA is making coffee. She is humming to herself and then singing:)

NOMANDLA

Babephi n'abantu?
Babephi n'abantu?
Babephi n'abantu ukuze kwenzek'onje umhlola?

He! Nas'isimanga!
He! Nas'isimanga!
He! Nas'isimanga; waze wenzek'onje umhlola!

(She picks up a bundle of laundry and goes outside, still humming, where she meets NOKWAZI)

NOKWAZI

Vukani, Mmelwane, How do you wake up, this morning? Although, I can see your night was sweet!

NOMANDLA

Sweet?

NOKWAZI

Here you are, the songbird itself, so early in the morning too, while some of us are nursing splitting headaches for want of coffee.

NOMANDLA

Oh, that! I must stop myself.

(to herself)

I don't know why this song won't leave me alone.

(to NOKWAZI)

No, Mmelwane, we woke up well...although I had this dream.

NOKWAZI

You still dream!?... You're so lucky. Me? The witches of this area have stopped my dreams... and even when I do dream...which is rare...they've made me leave those dreams in the blankets.

NOMANDLA

You forget your dreams?

NOKWAZI

You heard me. What life is that? How is a person human when she has no dream life? How is she better than the dumbest of beasts...than the low and filthy serpent that crawls on her belly?

NOMANDLA

Wethu! Dreams and dreaming bring their own problems. I DREAM, have always had very vivid dreams, dreams that tell me something, sometimes even ask me to do something...*that*, you do not want for yourself. *That*, my Mmelwane, is trouble.

NOKWAZI

By the way, wasn't your mother someone who could see?

NOMANDLA

Mama still practices her gift. She can heal. She can see what no ordinary eye can see. People flock to her from all around the country...they come to her with their troubles.

NOKWAZI

Perhaps you've inherited her gift!

NOMANDLA

I was stopped!

NOKWAZI

You have it then? You have the gift of sight!

NOMANDLA

My husband and I were fighting about that, just now. When I say fight, what I mean is....

NOKWAZI

I know, I know. You had words. But, what about?

NOMANDLA

This song you heard me singing just now? It came to me in a dream, the night just past.

NOKWAZI

So?

NOMANDLA

You don't know Jongi's father. His education and his work as a principal make him detest each and every thing that the white man didn't give us.

NOKWAZI

Why doesn't he go and live with white people if he loves them that much? And we, married to men who can't write their names, we envy you! But why would Titshala fight with a song? What's in a song?

NOMANDLA

That it came to me in a dream makes him fear, I'll end up following Mama's footsteps.

NOKWAZI

But if you say your gift was stopped, he shouldn't worry about that.

NOMANDLA

Oh, stopped it was: There was a ceremony. My family slaughtered a fattened a cow. We begged the Ancestors to free me from the burden of the gift they had seen fit to bestow on me; begging that I be excused from it NOT out of disrespect...BUT out of consideration of other things—especially being the wife of a

husband. ...But all those things mean nothing to Jongi's Father. You see, he does not believe.

NOKWAZI

If he does not believe he shouldn't be worried what dreams you wake up with, should he now?

NOMANDLA

You know, you've got a point. I must tell him that! Tyhini! Mmelwane, you've given me armor with which to defend myself against this unreasonable man I married!

(LIGHT CHANGE TO AFTERNOON)

SCENE 4

(NOKWAZI stands in her yard watching intently off-stage. After a moment ZAMA enters from that direction on her way home.)

ZAMA

Oh Molo Mama. How are you?

NOKWAZI

Molo Zama. Was that Vuyo I saw you with?

ZAMA

Yes, Mama.

NOKWAZI

So now boys are walking you home from school?

ZAMA

Oh, no! I just saw him now. I just said hello.

NOKWAZI

Well you better watch out.

ZAMA

Don't worry, Mama. I'm not interested in boys.

NOKWAZI

Or men?

ZAMA

No, Mama, no. Not men either!

NOKWAZI

Well then, goodbye. Tell your mother I was looking for her.

ZAMA

Yes, Mama.

(EXIT NOKWAZI. ZAMA enters the house and puts her books on the kitchen table. She is looking for a snack when JONGI enters, returning from school.)

ZAMA (CONT.)

Hey, brother. Did you eat the last of the bread?

JONGI

No! And good afternoon to you, too! Why am I always accused of things when I enter this house? Six billion people in the world and I end up with this family! What did I do to God even before I was born for him to punish me like this? I am an absolute magnet for accusations!

ZAMA

Well, if the shoe fits!

JONGI

Ha. Well, sister, I've decided to talk with Mama tonight!

ZAMA

About what?

JONGI

You know, that way-way we talked about this morning.

ZAMA

Oh, no, I've changed my mind. Let's let sleeping parents lie.

JONGI

No! You said yes and I'm holding you to it. I'll talk to her as soon as she gets home.

ZAMA

Oh no! I'll die of embarrassment!

JONGI

Believe me, there are worse ways to die!

(They don't see NOMANDLA enter)

ZAMA

Oh please don't talk to Mama!

NOMANDLA

Talk to me about what?

ZAMA

Oh no!

(She covers her face in her hands and runs into her room)

NOMANDLA

What? What? What's going on here?

JONGI

Oh, nothing Mama. I was just talking to Zama

NOMANDLA

About?

JONGI

Something that happened at school.

NOMANDLA

What? What's this something that doesn't have a name?

JONGI

Ma'h!.....It's nothing! I've just been telling Zama to let us do something for her.

NOMANDLA

I don't remember the last time I heard you *ask* for something to do!

JONGI

Mama, Zama is in danger...because of her reputation.

NOMANDLA

(Misunderstanding)

After all I've said to her? All that her father has said? I can't believe it! What has she done?

JONGI

Nothing! Nothing. Calm down, Mama. Zama is a good girl. Everybody knows it. That's the trouble.

NOMANDLA

That's the trouble? What are you saying?

JONGI

I'm saying, let me say a few things to give the impression Zama is...experienced. Haven't you heard? Grown men are going around raping young girls thinking they can be cured of AIDS. We have to protect her.

NOMANDLA

What're you saying? Are you out of your mind?

JONGI

We'll know she is pure!

NOMANDLA

Oh, no! We can't soil her good name when I've raised her to be such a good girl. Why would I do that now?

JONGI

To be practical Mama!

NOMANDLA

Practical? What do you mean practical? Telling the world my daughter is a whore, what's practical about that?

JONGI

Mama, please, listen to me. Girls who are known to be virgins are being raped left, right, and center!

NOMANDLA

But Zama is safe. She's not one of these girls who go about, roaming the township all times of the day and night. Zama goes to school...comes straight home...I always know where she is...

JONGI

Mama, you think people get raped or killed because they were in a particularly stupid place? Remember, two days ago? The makhulu who was killed by her next-door neighbor's son here at this very NY 200 of ours? Where was she killed? In her own house, on her bed. Mama, wake up! Danger comes to you wherever you are; there's no hiding from danger in this township...not anymore.

NOMANDLA

I can't believe this. I can't believe we're standing here, discussing spreading rumors about Zama's being immoral.

JONGI

Old men are raping four-year old girls...Two months old babies...Haven't you heard? I'm only trying to save my sister...

NOMANDLA

Dear God, What has this country come to? How am I going to tell your father such a thing? How am I going to tell him this? Your father will never agree to something like this. He will think we're all mad.

JONGI

Then we must make him see reason, mustn't we?

NOMANDLA

He'll kill us.

JONGI

Does he want to lose his daughter? Does he want her to die?

NOMANDLA

Of course, not!

JONGI

Then we have to do this...MUST DO THIS...MUST!

(BLACKOUT)

(CAST SINGS BABEPHI N'ABANTU)

SCENE 5

The following morning

(Lights come up on fence between the two houses. Nomandla is returning home from work with a bundle in her hands. Nokwazi is standing outside, waiting for her.)

NOKWAZI

Mother of Jongi, I see you!

NOMANDLA

I see you, too, Nokwazi. How are you?

NOKWAZI

Fine, thank you. The cows' horns are already appearing on the horizon for your family.

NOMANDLA

What nonsense is that? Zama is the only daughter we have and she's still a child.

NOKWAZI

That's not what young men seem to think.

NOMANDLA

What do you mean? Zama does not fool around with boys; she's a good girl.

NOKWAZI

Hmm. By the way, did she tell you I was looking for you, yesterday?

NOMANDLA

No. Did you spoke to her?

NOKWAZI

Well, my dear, I had to stand in line. This boy of Fina's, what do they call him, now...let me see...what's this boy's name...?

NOMANDLA

Monde?

NOKWAZI

No, the younger boy.

NOMANDLA

Vuyo?

NOKWAZI

That's the one. The one they call Ladies' Man. Well, I think he has his eyes on your girl. You and Fina might end up abakhozi, mothers of a union, together!

NOMANDLA

Oh, leave me alone. Zama is a child, as I've just told you. It's years before she'll be thinking of marriage...never mind having children.

NOKWAZI

Oh, how like a mother! But, neighbor of mine, let me tell you something. As you know, I'm not one to meddle in the affairs of others, especially children...

NOMANDLA
(Sarcastic)

I know.

NOKWAZI

But I'm bringing up what I saw only because I have heard that that boy, Vuyo, may be tainted...That he has this thing that's killing young people faster than the black plague. What do they call it now, heh, GAWULAYO, the chopper?

NOMANDLA

What are you talking about, Nokwazi? What are you telling me?

NOKWAZI

(nodding head-up and down several times)

Yes, Yes, that's what's being said: Vuyo has this disease. So, I'd watch my daughter if I were you.

NOMANDLA

That's not true. I saw him only today. He looks just fine to me.

NOKWAZI

And do you think you're going to see a mark on his forehead? But I tell you-everyone says he's got it!

NOMANDLA

Oh, my God! Jongi was right.

NOKWAZI

What? What did you say?

NOMANDLA

Oh, nothing. Just thinking of a conversation we had, my son and I.

NOKWAZI

Okay, neighbor, I must leave you now, I see Koyana coming.

NOMANDLA

Goodnight neighbor of mine, goodnight!

(To herself)

I must talk to Jongi's father-RIGHT NOW!

(THEY EXIT)

SCENE 6

..EVENING....

(Lights come up on MFUNDO and NOMANDLA in the kitchen. Mfundo's papers are spread out on the table where he has been working. Now he is standing, making a show of cleaning his ears with a match.)

MFUNDO

Now then, Mother of Jongilizwe, I've cleaned my ears, taken all the wax out so I can hear you *very, very clearly*. I've just cleaned out my ears because I am *most sure* I heard you wrong just now.

NOMANDLA

No, Father of Jongi, you heard me right.

MFUNDO

(Continues as though she hasn't spoken)

I'm sure you cannot have said the words I thought I heard
(Picks up tea cup from table and examines it)

Say, what did you put in this tea I've just had?

NOMANDLA

(Sighs)

Nothing. Father of Jongi, please listen. Hear me out.

MFUNDO

(Loud)

Listen to you? Listen to you? I listened.
(Sneers)

I listened to you speak and I must be *MAD*; I know I'm not drunk. I must be out of my mind if ---

NOMANDLA

If only you'd listen until I've explained everything. Jongi has made me see what we must do for Zama.

MFUNDO

And you listened to this?

NOMANDLA

Yes, Father of Jongi, I listened becau...

MFUNDO

(Cutting her off)

Now you want me to listen to such an outlandish, stupid, sick, abominable proposition?

NOMANDLA

But Father of Jongi why...

MFUNDO

(Cutting her off again)

Nomandla, Nomandla! Are you out of your mind? Have your brains left you where you stand? What is this? God! What is the

matter with my family—with my wife? Listen to yourself,
Nomandla! Just listen to yourself!

NOMANDLA

Do you love your daughter?

MFUNDO

What question is that? Of course I love Zama.

NOMANDLA

Then you will listen to me.

MFUNDO

Why should I listen to you when you come to me with madness from
your mad, stupid son.

NOMANDLA

Our son.

MFUNDO

You know how this boy has been challenging me lately!
Challenging my authority at every turn!

NOMANDLA

This is not about you. It is not about Jongi. It is about our
daughter.

MFUNDO

Zama whose name you want to ruin, drag through the mud? And
with it ours? She's only fourteen for crying out loud. She's
supposed to be in the know at fourteen?

NOMANDLA

Of course not! She must save herself for her husband! But we
must be the only ones who know that. We have to allow Jongi to
let it be known she is not a virgin.

MFUNDO

Because of these rape rumors? Because of this disease thing?
This gawulayo? But men who rape children are few and far
between.

NOMANDLA

Few and far between? Didn't you say you've had a case like that
in your own school? Last week, you told me about that little
girl.

MFUNDO

Yes, but her mother's always drunk.

NOMANDLA

And the man who raped her? Was he also drunk?

MFUNDO

No, but...

NOMANDLA

You see! Sane, sober, grown men. Husbands of wives, fathers of children, sometimes grandfathers, molesting little girls. This is what is happening, this is what I'm talking about, Father of Jongi. So-called respectable men!

MFUNDO

But Zama stays home. She doesn't go out at night.

NOMANDLA

Let me remind you that Zama was created in broad daylight, Teacher. Sex doesn't happen only at night! And I hear boys are now getting interested in her.

MFUNDO

Boys! What boys? What on earth are you talking about?

NOMANDLA

Someone saw her with Fina's son. The lady's man.

MFUNDO

But this is insane! You're all insane!

NOMANDLA

Who is insane? Your son and your wife who want to do a simple thing to protect your daughter or the wicked men who would defile her?

MFUNDO

I'd kill a man who would..

NOMANDLA

That would not save Zama. That would be after the fact, I'm afraid.

MFUNDO

I'd kill him! On my mother's grave, I swear!

NOMANDLA

Fat help that would be to Zama. Don't you see? The damage would already be done.

MFUNDO

You have a better suggestion?

NOMANDLA

As I said from the very beginning, let's put out word that Zama is some boy's girlfriend.

MFUNDO

What kind of father am I who allows his daughter's name to be tarnished?

NOMANDLA

Her name? Her name? What about her body? Oh we'll be so proud standing before her coffin at her funeral proclaiming she died with no blemish to her character!

MFUNDO

But such humiliation! Dragging our name through the mud.

NOMANDLA

At least we'll be doing the dragging.

MFUNDO

And giving our enemies cause to gloat at our plight!

NOMANDLA

Giving Zama a chance to live a good, long life.

MFUNDO

I never heard such an outrageous idea.

NOMANDLA

The times we live in call for outrageous solutions.

MFUNDO

Oh God! God help us! What times we live in!

(Collapses against NOMANDLA, conceding at last.)

(NOMANDLA holds him as lights fade to down.)

SCENE 7

(Inside the house. Nomandla and ZAMA are cleaning up before bed; MFUNDO and JONGI are working, MFUNDO with his papers at the kitchen table, JONGI, reading in a chair in the living room.)

NOMANDLA

Zama, my child, is my black skirt ready for tomorrow?

ZAMA

Yes, Mama. I ironed both yours and mine and the blouses, too. Jongi has polished the shoes.

NOMANDLA

Good. What time did they say the funeral service starts?

ZAMA

(Over her shoulder as she goes in her room)

Ten o'clock.

NOMANDLA

It's rather early isn't it? But I suppose that's okay.

(Calling out to Zama)

Are you ready? Have you prepared your speech?

MFUNDO

Speech? What speech?

NOMANDLA

Your daughter's been asked to say a few words on behalf of the Elukh club.

MFUNDO

Elukh?

NOMANDLA

Teacher, stop it! You know everybody says Elukh for Elukhanyisweni—why must you...

MFUNDO

...be the exception?

NOMANDLA

Yes!

MFUNDO

Because that is what it is called; that's its name! Elukhanyisweni—the Place of Light! What does Elukh mean? Tell me!

NOMANDLA

You're just being difficult!

MFUNDO

Anyway, what's this about Zama giving a speech?

NOMANDLA

The youth club chose her to act as their spokesperson.

MFUNDO
Zama! Zama! Come in here!

ZAMA
(Enters)
Tata!

MFUNDO
You're the one they chose?

ZAMA
Yes, they said it was because I took the course she arranged and that I decided to study to be a doctor because of Makhulu Skonana.

MFUNDO
Congratulations, my girl! Well done!

ZAMA
Thank you. Thank you, Tata.

MFUNDO
Are you ready? Have you prepared your speech?

ZAMA
Yes, Tata. I've written it down and said it over and over.

NOMANDLA
Want us to hear it? We'll listen.

MFUNDO
We can tell you if it is any good!
(Laughs)

ZAMA
I hope it is. Jongi says it is good.

JONGI
(Looks up from his book)
I said it is very good.

MFUNDO
Well, come let's hear it!

NOMANDLA
If you don't mind.

MFUNDO
Why should she mind? We're only helping.

NOMANDLA
That's up to Zama, Father of Jongi! It's her speech, not ours!

ZAMA
I don't mind. I'd rather hear it from you if it needs improving.

(ZAMA runs to her room and back with the speech)

MFUNDO

Now, I want you to remember to look up when you speak. Take your time. Look at the words, then look at the people as you say them.

NOMANDLA

You'll make her nervous!

MFUNDO

It's good advice!

ZAMA

Thank you, Tata. I will try.

(ZAMA stands so that her parents can see her, facing the audience)

To the mothers here present: I greet you. To the fathers here with us: I greet you. To my sisters and brothers: I am with you. I stand here in the name of the young people of Elukhanyisweni Community Center, who have asked me to say what is in all our hearts on this sad day. Sad because we have lost a mother who worked so hard for us; sad because we lost her in the manner she was taken from us.

(She pauses. To her parents)

Then here is where I talk about all the things she did for us. How she believed in us and taught us to respect our hopes. So...

MFUNDO

So...Go on! Why did you stop?

ZAMA

How is it so far, Mama?

NOMANDLA

That's nice. Now do what your father says. Go on!

ZAMA

Okay, Mama.

(She pauses)

We, the youth of Elukh, have lost a great champion. We were lucky to have her. We will honor her memory by never forgetting her lessons, her example, by never forgetting who we are, by working hard to become who we are meant to be!

[Pause]

To Mama Skonana's family: we thank you for sharing her with us. We express our deepest sadness on your loss. We hope you will take comfort in the riches of love and kindness she has built for herself in heaven by the love and caring she gave while on earth. Thank you.

NOMANDLA

Oh, Zama! That's great!

MFUNDO

(Proudly)

Very good, Zama! Very good. I didn't know we had an orator in our midst.

NOMANDLA

Zama's always been good with words.

(The lights fade as everyone exits to their rooms.)

(BLACKOUT)

SCENE 8

(Enter VUYO looking for ZAMA. He doesn't see her so he leans against a fence and waits. A moment later, ZAMA enters with her books, returning from school)

VUYO
Ja, Zama.

ZAMA
Hello.

VUYO
Hello, who?

ZAMA
Vuyo, please leave me alone.

VUYO
What did I do? I greet you and what do I get? Cheek! Who do you think you're talking to?

ZAMA
When have I been rude to you?

VUYO
Just now!
(Imitating her voice
Hello.
(In his own voice)
No "Hello Bhuti?" No "Hello Vuyo?" ...Why didn't you say "Hello dog?"

ZAMA
VUYO, hello. Why aren't you at rugby practice with the other boys?

VUYO
Children play; a man's got important things on his mind.

ZAMA
So have I...
(Starts walking)
My chores are waiting for me.

VUYO
Hey! Listen here! I said come over, didn't you hear me? Woza la!

ZAMA
If there's something you want to say, then come to me and say it?

VUYO
Come here, you! Woza la! What's wrong with you?

ZAMA
Nothing! You're the one who wants to tell me whatever it is you want to say. You come to me.

VUYO
Come!

ZAMA
No!

VUYO
Stubborn girl! Awuva!
(He reluctantly crosses to her)

ZAMA
What is it? What d'you want?

VUYO
Eh-eh, Mmm-umm-eh...how was school today?

ZAMA
Why? You stopped me on my way to ask me about school? Who appointed you Schools' Inspector?

VUYO
You and your wisecracks!

ZAMA
Well, if you don't tell me why you stopped me---and it had better be good..

VUYO
Can I see you tonight?

ZAMA
Get away from me! What do you think I am?

VUYO
A beautiful girl. A princess. A vision who comes to me in my dreams in my sweet, sweet dreams.

ZAMA
Boy! They don't call you Sweet Mouth for nothing! You should be Mandela's Praise Singer. But me-leave me alone. There are lots of beautiful girls who have nothing better to do but listen to silly talk from silly boys! And besides, what's happened to your girlfriends?...

VUYO
Forget other girls. I'm talking to you. I need you. I love you!

ZAMA
Go away!

VUYO
I told you I'd get you someday, and I will.

ZAMA

Vuyo—No! I said no! Look at me carefully. I mean what I say. I said it yesterday, I say it today, and I'll say it tomorrow. I will never have anything to do with the likes of you!

VUYO

You think you're better than the other girls?

ZAMA

If they do what you want them to do, I *am* better.

VUYO

We'll see.

(ZAMA walks toward the house and VUYO falls into step with her.
ZAMA stops.)

ZAMA

Please leave me alone. Go to your girls, Vuyo; leave me alone!

VUYO

Jealous?

ZAMA

Don't make me laugh. You can only be jealous of a thing you want.

VUYO

I want you.

ZAMA

And I don't want you!

VUYO

Please!

ZAMA

I said leave me alone. I'll tell my father if you don't go away.

(She walks away from VUYO to the door)

VUYO

(Calling after ZAMA)

You want me, too! You do. I know you do!

(He watches as ZAMA goes through the door. A moment later he quietly walks to the door and tries it. It is unlocked. He enters. Meanwhile, Zama puts down her book and picks up a cracker for a snack and unbuttons her blouse as she goes into her room and half closes the door. She hears the door close behind VUYO and calls out from her room)

ZAMA

Who's there? Jongi? Is that you?

(Silence)

Stop playing the fool, Jongi! You're not scaring me! Do you think I'm a baby?

(She pokes her head out the bedroom door and sees VUYO)

You? What do you want, here? Get out!

VUYO

You are my baby! Come here!

ZAMA

No! Get out!

VUYO

Baby I want you. I told you...I need you!

(Crosses to the bedroom door and pulls the knob out of her hand,
revealing the unbuttoned blouse.)

ZAMA

(Pulls blouse together with one hand while she tries to pull the
door closed with the other)

Get out of here! Get out! Can't you see I'm changing?

VUYO

That's why I'm here. Let me help you!

(He pulls on her blouse)

ZAMA

Take your dirty hands off me!

(He drops his hands.)

Come on, Vuyo. Wait in the kitchen and I'll come out and we can
talk.

VUYO

(Grabbing Zama by the blouse and pulling her to him)

No!

ZAMA

Please!

(He starts pulling her toward the couch, his free hand all over
her)

ZAMA (CONT.)

No! No! No!

VUYO

You say that but you mean, Yes, Yes, Yes! You're going to like
this. Come on relax!

ZAMA

Stop! Stop this!

(Trying to get away from him)

No! Vuyo, No! I'll scream.

VUYO

(Trying to pull her to the couch but not having much luck.)

You stop fighting me. I don't want to hurt you. Give it up!
Nikezela!

ZAMA

(Terrified, whimpering)

Please, please leave me alone!

VUYO

(Changing tactic and pushing her into her room)
I can't! I must have you!

ZAMA

(In her room, she screams)

Stop! Help!

VUYO

Shut up! Just shut up!

(He kicks her door shut from the inside. Another scream and then a muffled scream, then seconds later, Vuyo skulks away.)

SCENE 9

(Lights come up on the house, the door wide open, ZAMA crouched in a corner disheveled, catatonic in shock. SOUND of a clock ticking. Enter NOMANDLA carrying bags.)

NOMANDLA

(Calling from the kitchen)

Where's everybody? Zama? Zama!

(To herself)

The door wide open! Are these children begging their father to chop off their heads or what!

(Calling again)

Zama! Jongi! You'll get it from your father if thieves steal his TV because you leave the door wide open -

(She enters the living room)

Maybe the lazy boy's finally raking the yard?

(She hears Zama's sobbing and drops the bags and runs to her.
Zama doesn't even flinch.)

Zama!

(Kneels and looks her over. Realizes what has happened to her)

Dear God!

ZAMA

(Becoming aware of her surroundings. In a child's voice.)

Mama! Mama! Oh, help me!

NOMANDLA

Oh my God! Oh my God! Zama, my child! Zama! What's happened to you? I knew it! Oh no! Dear God no! My baby! My baby.

ZAMA

(Wails)

Mama! Mama! You said I must keep myself clean. Well, look at me now! Look how clean and pure I am! For my husband? For my husband?

NOMANDLA

(Reaching out to her)

Baby? Baby?

ZAMA

(In fury)

Where's that husband now! Does he still want me? Does he care I love him so much I was saving myself for him? What is his name? Why did you teach me to care so much for the shadow of a man I do not know, who is powerless to say my name; who does not care that I breathe; who could not protect me from this this...this...

(Screams out the last word)

evil?

(She crumples and sobs uncontrollably. Nomandla holds her.)

NOMANDLA

My poor baby! My poor, poor baby.

SCENE 10

(A few minutes later. ZAMA is on the couch. NOMANDLA is kneeling, holding her hand while she drinks some tonic. Enter Jongi.)

JONGI

What's going on?

NOMANDLA
(To ZAMA)

Please, speak to me, my precious! Who did this to you?

JONGI

Did what? Did wha--t, heh?

NOMANDLA
(To JONGI)

Nokwazi told me yesterday that Vuyo that son of Fina's they call the Ladies' Man, was bothering her. I'll...

(Zama stiffens and then hides her face from her brother. JONGI realizes what has happened.)

JONGI

Oh my God! Sisi? Was it Vuyo? Has he harmed you? That mad dog? No! NO! NO! I swear I'll kill him. If he has touched a hair of her head, I'll kill him!

(JONGI Looks about frantically)

NOMANDLA

Jongi! Jongi! Come here!

JONGI

Mama, I have business with a dog. I'll be back.

(Starts for the door)

NOMANDLA

(Standing, loud, strong)

You will do no such thing! You sit down if you can't help your sister. You just sit down until your father comes home. Then we will decide what to do.

JONGI

(Surprised by her commanding tone, sits)

Fine. We'll kill him together then. You know I tried to help my sister, but you wouldn't let me, just like you won't let me now.

NOMANDLA

You stop right there. I would give anything. ANYTHING to take back this day and change what has happened. But it can't be done. So now we have to do what must be done. You have the rest of your life to remind me that you were right and I was wrong. So for this hour you can just keep still while I try to take care of your sister!

JONGI

(Penitent)

I'm sorry, Mama.

NOMANDLA
(To JONGI)

It's okay, son.

(To ZAMA)

It's okay, baby, you're going to be okay.

ZAMA

No it's not, Mama. It's not okay. Nothing's okay. Nothing will ever be okay again.

NOMANDLA

My poor baby.

ZAMA

(To Jongi)

You want to kill someone? Kill me! KILL ME! I want to die!

NOMANDLA

No! No! No!

MFUNDO

(Entering with Briefcase)

What's this racket! Mother of Jongi, what's this? A man has no right to peace and quiet in his own home?!

NOMANDLA

Oh, there you are, Father of Zama!

(She begins crying)

MFUNDO

Dear Heart, what's wrong? What's the matter?

NOMANDLA

Zama!

MFUNDO

Zama?

NOMANDLA

(Blurts out)

Raped!

(At this, MFUNDO drops his briefcase and sinks to his knees, staring dumfounded at NOMANDLA. At the same time ZAMA struggles out of her embrace and jumps up. She runs to her room with her hands over her face and stops at the door. NOMANDLA sees her difficulty and speaks to her)

Zama, Sisi, go to my room, I'm coming!

(Exit ZAMA)

NOMANDLA

(To MFUNDO)

And you tie that son of yours down so he won't bring us all more trouble than we already have.

MFUNDO
(Alarmed, standing)

What's he done?

NOMANDLA
He wants to kill Vuyo, Fina's son.

MFUNDO
(In quiet fury)
The son of that drunk has done this?

JONGI
I warned you! Now we have to go and kill him, Tata. I know where he lives. Let's go.

NOMANDLA
Jongi! Stop!
(to MFUNDO)
See what I'm talking about?

MFUNDO
My son, go get Koyana for me. Ask him to come at once!

JONGI
We don't need him, Father. I can do it myself!

MFUNDO
You do as I say!

JONGI
All right. All right!
(Goes out the back door.)

MFUNDO
The police will have to be called...How did this happen?

NOMANDLA
I got home late today because that woman I work for had me watch her children while she went to the place that washes her hair and paints her nails. When I got home I noticed the door was open. I came in and found Zama in that corner
(Points)

And the dog that had done this to her was gone.

(Enter JONGI and KOYANA Exit NOMANDLA into her room)

KOYANA
Mmelwane, the boy says you sent for me.

MFUNDO
Son of Koyana, you saw me come to my home just now.

KOYANA
(Nods)
Mh-huh, mh-huh. That's right.

MFUNDO

I walk in and find an abomination! - Isimanga! in my house

KOYANA

What is it?

MFUNDO

Koyana, some dog has helped himself to my daughter!

KOYANA

My God!

MFUNDO

I thought I should call you in this, my hour of need; my hour of shame and defeat; you know, two heads are always better than one.

KOYANA

I thank you son of Lonzi, for thinking I'm a man who could help push the cart when the ground mounts and the cart is stuck. Let's see, how are we going to push this cart forward? What does the mother say?

MFUNDO

Let me call Nomandla—you'll hear for yourself.

(Calling through the door)

Nomandla, Mother of Jongi, can you come in here?

(NOMANDLA enters from her room, gently closes the door, and remains standing.)

NOMANDLA

(Speaking softly)

She's resting, but please be quiet. I don't want to upset her. She mustn't hear us talk about this.

MFUNDO

(In a strong whisper)

All right, Mother of Zama, now! Tell Koyana here, in your own words - tell him what you know of this horrible thing that has happened to us.

NOMANDLA

As I told you, when I can home the door was open and I looked around

(She sniffs)

only to find Zama on the floor, in her room. And one look at her

-

(She chokes)

told me what had happened to her. She still won't say who did this to her. But yesterday Nokwazi told me she saw her with Vuyo.

KOYANA

You think the son of Fina has done this?

NOMANDLA

I'm not saying for sure. I wasn't here.

KOYANA
(To Mfundo)

But you should ask him—at least ask the boy. Asking is not accusing.

MFUNDO
I'll break his scrawny neck for him! On my mother's grave, I'll kill him!

NOMANDLA
Father of Jongi! Father of Jongi!

JONGI
(Jumping up)
Now you're making sense! Let's go!

NOMANDLA
Enough! Both of you! What would it help to kill a rapist? We should be focusing our energies on Zama and not the rapist.
(JONGI is furious, pacing, seems ready to yell or bolt. To JONGI)
You! I have one injured child tonight and that's enough. You cool yourself down!

MFUNDO
Oh are you saying we shouldn't ask this son of Fina if he did this thing?

NOMANDLA
No, I'm saying...

JONGI
(Furious. As he speaks, ZAMA opens the door a bit. She stands back in the bedroom, listening.)

Don't you get it? Don't you understand? That dog Vuyo did this because he has AIDS! I told you!! He's killed her with HIV!

ZAMA
(Shocked)
O-O-oooh! --- Noooooooo!

(BLACKOUT)

INTERMISSION

ACT TWO

SCENE 1

(Lights come up on the home as in Act I. It is early. NOMANDLA is quietly getting coffee for Mfundo. She keeps looking out until she sees NOKWAZI enter her yard. Then she goes out to greet her.)

NOKWAZI

Good-morning, Mother of Zama!

NOMANDLA

I see you, Nokwazi. The mornings have stopped being good, in my home.

NOKWAZI

I can imagine the pain...for our daughter...

NOMANDLA

Her eyes have not been dry, since this happened. She refuses to go to her room. Here is a girl, a young woman really, a child who's already seen her moontime... D'you know where she sleeps? In the same room as her parents! Is that natural?

NOKWAZI

The poor thing! How is she?

NOMANDLA

We've taken her to the doctor.

NOKWAZI

What did the doctors say?

NOMANDLA

She wasn't badly injured and, initial tests show she's not pregnant, thank God! But they can't know for a long time if he infected her. The disease can be in you for 10 years or more without showing itself. Ten years! And sometimes it even mutates...

NOKWAZI

Mutates?

NOMANDLA

Yes, it pretends to be something else, some other disease. So our Zama will have to go for tests for years and years.

NOKWAZI

You must be patient with her. Hurry slowly. Right now, she's fragile. Scared. And her room, the place of her violation, is defiled...it has become unholy.

NOMANDLA

You've given me an idea. Perhaps, they should exchange rooms, Zama and her brother.

NOKWAZI

Why not?

NOMANDLA

That would certainly be more help to her than what the mad boy and his father want to do. My teacher husband—mindful of his good name—didn't want her to go to the doctor!

NOKWAZI

Wha-aat? What?

NOMANDLA

I have my hands full, I tell you. And then, there is Jongi: all he wants to do is kill this boy!

NOKWAZI

Kill Fina's son? Jongi wants to kill Fina's son? Whoa, he's caught the Khayelitsha bug, where people have taken the law into their own hands.

NOMANDLA

And then, as though I don't have enough on my hands, doesn't this boy's mother send word she wants to talk to me? Talk to me? Talk to me?

NOKWAZI

Yho! Really, Fina has liver! Unesibindi! Where does she get such guts?

NOMANDLA

Truly, the trials God puts before me, sometimes.

NOKWAZI

Perhaps, she wants to say she's sorry.

NOMANDLA

Sorry won't mend my child's broken heart.

NOKWAZI

What about your mother? I remember your saying she is a witchdoctor, a healer. Well, can't she help Zama?

NOMANDLA

You know my husband... Wait! you reminded me! My goodness!

NOKWAZI

What? What is it?

NOMANDLA

Last night my grandmother visited me in a dream! I had forgotten because it was interrupted.

NOKWAZI

Was she a healer as well?

NOMANDLA

Oh, yes, very powerful too.

NOKWAZI

It's such a shame your husband wouldn't let you continue the tradition.

NOMANDLA

Oh, it wasn't just him. There are daily rituals to be performed and special clothing you must wear to be a part of this group. It's very difficult to be married, especially to someone who doesn't believe in it, and keep the channel open. Like last night! It's a perfect example. Grandmother was just about to tell me something, who knows? Perhaps, how to help Zama when my husband woke me up!

NOKWAZI

No!

NOMANDLA

(Shaking her head, half smiling)

Yes! You know how men want impossible things in difficult times.

NOKWAZI

(Laughs)

Oh yes, that's one thing that does not change.

NOMANDLA

Well, maybe she will come again. There is some comfort in remembering that her Gogo is looking out for us.

(BLACKOUT)

SCENE 2

(Evening on the street. FINA is in her church uniform. She catches sight of VUYO)

FINA

There you are! I've been looking for you all over the shore. Why is it that on my day off, I must be going up and down the streets of Guguletu instead of resting in my house?

VUYO

Mama, I thought you were still in church.

FINA

You know the women's Manyano is over before the sun sets. Your older brother is home - why're you still out so late? You must be feeling better, then.

VUYO

I am, Mama. And I've missed my friends so I was visiting them.

FINA

Monde tells me something happened with the principal's daughter, at her home, and your name's come up in connection with that.

(Vuyo is silent)

D'you know anything about that?

VUYO

No, Mama.

FINA

But why would anyone say you did this, if you did not?

VUYO

I don't know.

FINA

My child, you know you cannot lie because God sees what's in your heart. If this terrible thing is true...

VUYO

It's not true. Why does everybody want to believe I'm lying? She wanted me to...she...Like all the other girls, she's been showing me she wants me...making eyes at me, teasing me.

FINA

Did she ask you to her house?

VUYO

No.

FINA

No? Vuyo, then when did she ask you, show you she wanted you?

VUYO

Mama, first, she said yes and then she said no.

FINA

When was that, when she said yes? And when did she say no?

VUYO

When I asked her.

FINA

Were you already sleeping when she said no?

VUYO

No, Mama...but...

FINA

But, wha-at?

VUYO

Girls always say no when they actually mean yes.

FINA

Oh? Apparently this one said no and she meant no. Do you know the difference? Can you hear a no that is a yes and a no that is a no?

VUYO

No, Mama.

FINA

What does your mind tell you then? Don't you see that the only way you can be sure you are not making a mistake is to listen to what the girl is actually saying? What she's telling you? Take her no for a NO - if she wants to say yes, let her say YES. Don't you see that, Vuyo?

VUYO

Yes, Mama, but she did want me...and showed me all the signs. I think she got scared, that's all...got scared her parents would know she'd done it.

FINA

When did she get scared?

VUYO

When I followed her into her house.

FINA

Followed her? Followed her? You mean you stood beside her as she opened the door and then you walked in after her?

VUYO

Yes, well, no. It was not exactly like that.

FINA

What was it like? Tell me. How did you *follow* her into her house?

VUYO

Well, I waited a little bit and then opened the door.

FINA

Did you knock and did she say, "Come in, Vuyo?"

VUYO

Well, I knocked and she thought it was her brother so I went in.

FINA

So you walked in and...?

VUYO

She was in the bedroom.

FINA

And did she invite you into the bedroom?

(Silence)

Did she Vuyo? Talk to me! Answer me! If you are having trouble answering me, what do you think will happen when the men of the principal's family fire questions at you? These men are not your mother. But worse still, how will you answer God when He asks you about this? You better not be lying to me...you know? You better not!

VUYO

I'm not lying, Mama. These girls... they say yes and then they get scared their parents will know. Then they want to say they never agreed to do it. She wants to get me in trouble and I can see you believe her although you are my own mother and I tell you it didn't happen that way.

FINA

My son, I just don't understand why she would lie. They say there were signs she put up a struggle. Why would she have done that? And why is she saying you raped her?

VUYO

How should I know? Maybe she liked it rough.

FINA

(Slaps him)

Maybe? Maybe? But you were there! What do you mean maybe? Oh, the trouble you bring me! Why can't you be like Monde? Monde goes to school. He stays at home. Yes, he has friends, but he doesn't go vagabonding all over the place and he certainly doesn't get into half the trouble you do. He goes to church; you don't. Why, Vuyo?

VUYO

(Hurt, angry)

I'm not Monde!

FINA

More's the pity. God help us! The disgrace! What will people say? Here I go to church every Sunday and, every Thursday, I wear the red blouse of the Methodist Women's Manyano. What will your poor father say, six long months away at sea so you can eat? [Pause] This thing you have done is something you have to answer for. These people are going to demand your blood. The

police will put you in jail for a long time. The father of this girl is a school principal; he knows the law. He has money to hire lawyers. What have you got to say for yourself?

VUYO

I'm sorry, Mama

FINA

(Exhausted)

Sorry? Dear Lord, he's sorry. What is the matter with you?

(VUYO is silent)

What do we do now?

VUYO

Mama, can't you go and ask the principal to forgive me? Please?

FINA

Forgive you? You didn't break the window in his house, Vuyo. D'you understand that? This is no small thing you've done.

(Pause)

And forget about 'you go, Mama.' Mama didn't hurt anybody's daughter. You did and so, you go and apologize.

VUYO

(Whimpering)

They'll kill me.

FINA

(Shaking her head)

And so they should, Vuyo. I hope God can forgive you.

(Sits down)

(BLACKOUT)

SCENE 3

(Same as in Scene 2. MFUNDO is in the living room, yelling through the door to Jongi's, now Zama's, room.)

MFUNDO

The devil has come to rule my house. Well, Zama has to eat something, Mother of Jongi! Do you hear that, Zama! Eat what your mother brings you! The doctor said a good diet is important in keeping you healthy - Eat! And where is Jongi? He should be home now.

NOMANDLA

(Through the door)

Out. The boy is out. She won't eat and he stays out.

MFUNDO

Wait! I hear someone coming. Maybe it's the prodigal son!

(Enter KOYANA and FINA, cautiously. They stand at the door.)

KOYANA

We see you neighbor.

MFUNDO

(Realizes who FINA is. Responds in barely controlled anger.)

Yes, Koyana, what can I do for you?

KOYANA

Our feet will take us no further.

MFUNDO

I don't remember calling a meeting.

KOYANA

No, Mmelwane, you did not call us.

MFUNDO

Oh! I thought I forgot because I see people come to my home and I know I have slaughtered no beast, I have brewed no beer.

KOYANA

(Reacting a little to MFUNDO'S anger.)

Okay! Okay! Okay! Mmelwane. I must beg your pardon! I myself, did not wake up thinking: Oh, I have nothing to do this Saturday and I'll go waste Mr. Lonzi's time because he also has nothing to do!

MFUNDO

What brings you here?

KOYANA

That is how a man welcomes visitors to his home? Thank you, son of Lonzi!

MFUNDO

No, thank you!

KOYANA

Before I got out of bed, this poor woman was already in my home. Mmelwane, Fina has asked me to come be her mouth.

MFUNDO

(Giving in, motions for them to enter and points to chairs for them to sit. They remain standing.)

I'm listening.

KOYANA

It would not be a bad idea if you asked the mother of this home to join us.

MFUNDO

Mother of Jongi! Please come out here.

NOMANDLA

(Enters, see that there are people in the living room.)

Father of Jongi! Why didn't you say we have visitors...

(Sees who it is, frowns)

Oh!

(Turns as though to exit)

MFUNDO

(Calmly, to all)

Sit down. Sit down.

(They sit in the living room)

NOMANDLA

(Aside)

The incredible nerve!

KOYANA

Neighbors of mine: the suffering brought by Fina's son is what brings me here today. As this boy's father is away at sea, she has asked me to accompany her here. May she speak?

(There is a pause)

Mmelwane, and you, Mother of this home, may our neighbor speak?

NOMANDLA

(Furious)

The time to speak is past. The deed is done.

FINA

A terrible deed, Mother of Jongi. A terrible deed. But that is why I am here... so we can talk.

NOMANDLA

Too late. The dog's already stolen into the coop and eaten my eggs.

FINA

It is never too late to do the right thing.

NOMANDLA

It is when the wrong thing's already done. Done! And can never be undone!

KOYANA

Let me break in, here, Mothers of children. Let me say, whatever we say at this time, we must not forget tomorrow and next week and next year—we will still be neighbors. None of us are moving away. I believe it is in that spirit, Fina has come.

FINA

My eyes cannot help but fix themselves on the door of this home! My eyes, filled with tears, remembering the pain my blood has caused the family of this home. Where shall I put my eyes? Where shall I look if looking here makes my heart leap to my throat with anguish?

KOYANA

Fina has come as a neighbor. Yes, a neighbor who has sinned against her neighbor. But, now she comes so that this terrible rift can be mended.

MFUNDO

And how is she proposing to do that?

NOMANDLA

How is that dog, her son, to restore what he has stolen from us?

MFUNDO

My child, my little girl, brutally assaulted!

NOMANDLA

(Stands up shaking)

Do you know my daughter, my child, wants to kill herself! D'you know that? What's to be done? You tell me! What's to be done? When she has no way of knowing whether your son has given her this AIDS disease?

FINA

(Surprised and a little offended)

I don't know what you are talking about. My son does not have that disease. He lost the weight because he had flu that became pneumonia. But he's fine now.

NOMANDLA

That's not what people say. And the doctor's say, at any rate, we will have to worry for a long, long time.

FINA

(On her knees)

Mother of Jongi, I have come to you about the bad thing my son has done. I have come to you mother to mother, so that we can see what can be done for the sake of our children.

NOMANDLA

(Furious, raises her arm as if to strike FINA.)

Our Children?!

(FINA falls back her arm bent to cover her face, frightened.

NOMANDLA lets her hand drop)

You mean for the sake of your child.

FINA

(Shaking)

No! For the sake of both of our children.

NOMANDLA

(She sits back down, exhausted)

I don't know what you can do for my child. But I can see you want to save your son's skin.

FINA

(Rises)

You mistake my intentions, mother of Jongi, if you think my heart does not sorrow for your daughter.

NOMANDLA

(Bitterly)

I can see that it sorrows more for your son.

FINA

I am a mother—with a mother's heart. That heart is grieving for what my child has done and what will happen to him as a result of his terrible deed - not just here on earth but the day he meets his Maker. However, that same heart bleeds for the pain brought upon your daughter—and she so young. So young! My heart is rent in two.

KOYANA

(Moved by her sincerity)

Perhaps, Mfundo, we should leave the two women to talk to each other...

MFUNDO

Mother of Jongi?

NOMANDLA

(Long pause, then resignedly)

Oh, all right!

(Exit MFUNDO AND KOYANA - NOMANDLA and FINA are silent - in their own thoughts...)

NOMANDLA

(Sighs)

So, what do you want of me?

(Lights fade on NOMANDLA and FINA as they continue talking and come up on MFUNDO and KOYANA standing in the space between their two houses. Mfundo is pacing.)

MFUNDO

I should never have let that woman in my house. The dog, her son, should go straight to jail and die there!

KOYANA

But the boy's mother says something I think we should listen to. Think about it yourself, Titshala! - What will sending him to jail do except bring him back to us an even worse criminal? The jails teach nothing but how to be a better criminal. And there is no village out there for people who've been to jail.... They come out - back here - to live among us.

MFUNDO

Balderdash! Stuff and nonsense! I don't want to hear about street councils!

KOYANA

You believe in jail?...the white man's jail?

MFUNDO

It is the only way. Lock him up in the darkest dungeon and throw away the key.

KOYANA

Why is it that we are such copy cats - So hasty in discarding what is truly ours, preferring what the white man brought with him.

MFUNDO

Are you saying evil people should be allowed to go scott free?

KOYANA

NO! but where were the jails in the times of our forebears?

MFUNDO

We had no jails...but

(KOYANA CUTS IN)

KOYANA

But people broke the law even then. Even then, there were cruel people who sometimes did evil things. What happened then? -They were dealt with by the community - by the village. They were NOT locked away anywhere. The village did not build special houses to put them away.

MFUNDO

You're right. We had no such places.

KOYANA

Even our language has no words for these monstrosities - places of banishment - where we lock up people; depriving them of all contact with others... That contact is vital; that's what keeps us human..We are human only because we daily drink from the fountain of our common humaneness.

MFUNDO

(Dazed)

...drink from the fountain of our common humaneness..

KOYANA

And the village, in its wisdom, knew this.

MFUNDO

...the village knew...

KOYANA

The goal of punishment is not to destroy the transgressor, but to restore him to his basic humaneness. He was born human, let's help him die human and not a monstrosity, an animal, debased, stripped off all human dignity; completely and utterly bereft off all human affinity.

MFUNDO

Son of Koyana, you have taught me something, today. Yes, the boy must be punished...But...by US!

(Lights fade on the two men as they continue talking and come up on the two women. FINA is in the middle of a speech)

FINA

...Let us cast our minds to our own truths, our own ways of doing things.

NOMANDLA

(Pulling herself together, showing she has reached a decision)

I have often had words with my husband about bringing back the good from our past, the wisdom of our ancestors. My grandmother used to tell me, if you listen, you can hear the whisper of your ancestors, guiding you to the best path.

FINA

(Her face fills with hope)

Oh Mother of Jongi, I came here chicken-hearted. I had little hope you would understand me! But I believe you do. You understand my desolation!

NOMANDLA

(With some reserve)

I will talk with my husband. If, and I mean if I can convince him to call a meeting of the neighborhood, will your son abide by the decision?

FINA

I would be lying if I said I know my son's heart. But he seems to have remorse; and I should hope he expects, MUST expect reprisals for his wickedness.

NOMANDLA

Well, maybe some light can come out of this dark time after all.

FINA

(Grimly)

May it please God! That boy has only begun to see the fury I am capable of. Let him try to resist my help!

(Softening)

I can think of no way to repay your kindness.

(They both stand and begin walking to the door - FINA Cont.)

When I make my prayers, I will pray for God's blessings on your family first.

(NOMANDLA Nods; FINA Exits, passing JONGI who is entering. NOMANDLA is standing near the kitchen door, thinking.irate, JONGI charges into the kitchen.)

JONGI

Is that who I think it is?

NOMANDLA

(Surprised, then recovering herself)

Jongi! Where have you been?

JONGI

Out! Now tell me, was that the mother of the dog
(Shouting, now)

IN OUR HOUSE?

NOMANDLA

(Forgetting how angry she had been when Fina arrived.)
Yes, yes it was Fina. She came to apologize...

JONGI

Apologize! Who is she to apologize?

NOMANDLA

To apologize and ask us to consider leaving the police out of this.

JONGI

Oh, really! Leave the police out. Well, I agree with that plan!

(Coldly)

I'll leave the police out of this all right! Did she say when that dog her son might be home alone?

NOMANDLA

No! She asked us to try him with a neighborhood council and decide his punishment among ourselves, to leave the white men's ways out of it.

JONGI

And you agreed? You agreed to this pale excuse for a remedy?

NOMANDLA

I said I will speak to your father.

JONGI

And he will bluster and blow and then do whatever you say. Like always. And what you will do will be too little too late. Like always. That bastard will get away with raping my sister.

NOMANDLA

No one wants him to go unpunished. Not even his mother.

JONGI

Is that what she told you? A clever witch; isn't she!

NOMANDLA

Jongi! Stop it. Listen to me.

JONGI

(Pacing)

Too late. There is no justice to be had here. Zama's life is over before it began and mine has no meaning. Ugh. I wash my hands of you!

(Heads for the door)

NOMANDLA

Where are you going?

JONGI

Out.

NOMANDLA

Why? Wait for your father.

JONGI

Are you kidding? I'm going to go to try to forget I have a father, a mother, to forget I have a family! At least I'll have some fun catching the disease!

(Runs out, slams the door. NOMANDLA stands, aghast...)

SCENE 4

(Same as Scene 2, a few minutes later. NOMANDLA is folding some clothes and she weeps and shakes her head, still upset by Jongi's outburst. ZAMA comes out of her room. She is disheveled, but wearing a nice night-gown. She quietly approaches her mother.)

ZAMA

Mama? Was that Jongi I heard yelling? Has he left?

NOMANDLA

(Pulling herself together for ZAMA)

Yes,

(She leads Zama over to the couch and they sit together)

He's gone out with his friends. He's just upset over everything that's happened.

ZAMA

And that woman you were talking to?

NOMANDLA

That was the boy's mother.

ZAMA

You called him a dog before she came here.

NOMANDLA

Well, uh...

ZAMA

Now you want to let him go?

NOMANDLA

You misunderstand.

ZAMA

Do I? Do I, Mama? I heard what you said to her! You have no right to make father let him go! He didn't hurt you!

NOMANDLA

You don't know what you're talking about! You wait until you become a mother...until your body tears bringing new life into being. Then you'll know what a mother is...what she feels about her child. Let me tell you! I am angry enough to kill that child myself - But I know...

ZAMA

You want to let him go!

NOMANDLA

I don't want to let him go. I am saying, even if we send him to jail, eventually we have to forgive him.

ZAMA

Forgive? Mama? People will think what he did wasn't wrong.

NOMANDLA

His mother says he admits it was wrong. Your father and I and all the people of our street can sit and talk ...and see what would be fitting punishment for a child who has done-and admits to-something like this.

ZAMA

But if it is true he has AIDS, then maybe he'll die in jail and we'd be finished with him!

NOMANDLA

My child-I pray that what has happened to you does not make you a bitter person. Bitterness only eats you up inside. Forgive and live a life that looks forward, not back.

ZAMA

Forgive? I'd rather see him cut to pieces and fed to the dogs.

NOMANDLA

Zama, my child, don't let the evil deed stick you, like glue, to the past. I'm not saying this is something you'll forget...

ZAMA

As long as I live, I'll remember. Mama, you can wash off dirt and cuts may scab over. But there are scars that will never heal. Do you want me to pretend this ...this...this thing didn't happen?

NOMANDLA

No! But for you to heal, you have to understand - it was not your fault! You didn't bring this upon yourself! And you are not sullied, your reputation, your character, your soul, is intact!

(ZAMA begins to cry. Nomandla gathers her up in her arms. Zama pushes her away)

Don't let this destroy you, darling! Remain this beautiful, young, trusting, brilliant, and outgoing woman you are! Go to school; stay in school. Do all the things you've said you want to do! Remember what the doctors say? Diet and exercise - even if you're infected - can slow the progression of the virus. Live - and live a full life - And be the woman you said you'd be when you grow up...be all these things you've dreamed of becoming since you were born.

ZAMA

My dreams are nightmares. That dog has stolen my future.

NOMANDLA

Oh, no, he didn't. Don't even think that - do not be a bitter woman - but forgive. Grudging vengeance eats you up. You don't want to be corroded by all that. You want to heal. Let go! Work on your healing, my Sweet!

ZAMA

I will never heal.

NOMANDLA

You will, my love - If you work at it, you will. Vuyo will live with the knowledge of this foul deed... For the rest of his life, he will know he once sunk this low. That is why it is good you speak out. You have nothing to hide. You have no shame; all the shame is his.

ZAMA

(Starting to listen)

But, if we keep him out of jail, what's to stop him from doing it again?

NOMANDLA

No one wants to let him repeat his awful crime. Why don't we wait for the street court to decide his fate.

ZAMA

He MUST be punished! I want him to go to jail, Mama!

NOMANDLA

What will that achieve?

ZAMA

An ounce of recompense? It's my right as a victim!

NOMANDLA

Repentance rather than recompense is what we want. And to see you work on your healing. Don't be a victim, my love but work on your healing.

(ZAMA begins to weep)

(NOMANDLA reaches for her)

I'll support you all the way. I'll be with you always.

ZAMA

But Mama, I can't be strong like you!

NOMANDLA

You are my daughter, you are strong! Stronger than you know; you haven't begun to tap your strength. And Together - we are formidable!

ZAMA

But Mama, I feel terrible. And I don't just feel terrible; I feel different...(She falls into NOMANDLA'S arms)

NOMANDLA

(Gently)

You will always be my little girl! Life can be hard and God tests us in many ways. My heart is broken that I could not protect you when you needed me most.

ZAMA

I know...

NOMANDLA

Life can be hard, but you know what? This is not the end of your life! This may be the darkest hour but believe me, one day you'll look back even to this hour and, if you handle this the right way, you will see in today the seeds of an even better you, an even stronger you.

ZAMA

You think so, Mama? Do you really think so?

NOMANDLA

Yes, my heart, yes. I know so.

(They embrace)

SCENE 5

(The next day. Now tidy, ZAMA is alone in the house, lying on the couch, reading a book and munching on an apple. JONGI stumbles into the kitchen door, drunk and mumbling to himself. ZAMA hears the noise, bolts from the couch, flinging down book and apple and grasping a large knife from a sideboard drawer.)

ZAMA

Oh! Not again!

(Shouts)

Who's that?! Answer me or I swear I'll kill you this time!
(JONGI comes into the living room)

JONGI

Kill me, my little sister!

(ZAMA sees it is Jongi and drops the knife)

My beautiful little sister! Come on, kill me! I deserve to die. I'm a useless dog. Couldn't even protect my poor, little sister. Kill me! Kill me! Kill me!

ZAMA

Jongi! What happened? Who did this to you?

(Crosses to him and realizes that he is drunk.)

Oh no! What have you gone and done Jongilizwe? Look at you! Just look at you!

JONGI

I am a worthless dog. Kill me!

ZAMA

Have you lost your mind? You, you - - -

(Searching for an epithet; can't think of one. Growls)

Urrgh! You went and got yourself drunk? Fool! Has this family not suffered enough?

(ZAMA goes to the refrigerator and gets some milk. She pours JONGI a glass of milk, hands it to him and picks up her debris.)

Here. Sit down and drink this.

JONGI

Drink milk? I'm not a baby.

ZAMA

Drink! It will help clear your mind. I'm making you black tea.

(JONGI takes the cup and sloppily gulps down the milk. ZAMA goes to the stove and puts tea leaves into the kettle. As she starts to strain the tea into the cup, JONGI jumps up and runs to the bathroom. We can hear that he's sick. ZAMA frantically strains the tea, tastes it, finding it too hot. Adds a little cold water.)

Please God, don't let Mama and Tata come back just now. Let them stay at Tata Koyana's till Jongi gets better.

(JONGI reemerges holding his head and ZAMA turns on him.)

You! Drink. Drink up! Drink up! D'you want to give our parents a stroke, eh?

JONGI

No...a heart attack!

ZAMA

You joke? This is a time for you to show the world you're a clown? Jongilizwe?

JONGI

(Sobs)

I can't bear it! I can't bear to think of that stupid fool doing...doing...doing this to you.

(Cries louder)

My poor little sister! My darling little sister! My beloved...

ZAMA

Is this how you show me sympathy? By getting drunk?

JONGI

I want to die.

ZAMA

Oh, you want to die. What exactly happened to you that you should be so sorrowful you want to die?

JONGI

I can't bear it! I can't bear it!

ZAMA

What can't you bear? Eh? Who asked you to bear anything?

JONGI

My poor little sister!

ZAMA

Stop it! Stop it! I am not poor. The dog who did this to me is poor—a poor excuse for a human being. And I stopped being little the minute he forced himself on me. And the last thing I need is people busy disintegrating around me. I need strong people.

JONGI

Need strong people.

ZAMA

Yes, strong people.

(Pause)

Listen, my brother, this is time for action. Jongi, I had a strange dream, last night. Mama says it was Gogo, speaking to me. She says I have a path to follow; I have things to do...and I can't waste my time feeling sorry for myself any more.

(JONGI pulls himself to an upright position. His eyes widen in an attempt to focus.)

Brother of mine, son of my father, wake up! Be a man. Help me act...help me get even with that ---.

JONGI

Now, you're talking! Look!

(He fumbles in his pocket and pulls out a gun)

I'll be a man, all right!---

ZAMA

A Gun! You've got a gu---

(Enter Mfundo, unnoticed)

(She sees father)

O, no...Tata! (Runs out)

MFUNDO

Good God! Kwedini, What's that? Where did you get that thing?

JONGI

I'm going to shoot myself a mad dog...

MFUNDO

(Yelling and then slowly approaching Jongi)

Look at me, son. This is not the answer. The boy has to pay for what he did - but this is not the way. Jongi...give me the gun.

JONGI
I did not protect my little sister.

MFUNDO
Give me the gun! Son, here, give me the gun...
(Holds out hand, takes gun and embraces Jongi)
(Slow fade to black.)

SCENE 6

(Same place, an hour later. ZAMA is asleep on the couch, a book has fallen out of her hand and onto the floor. Enter MFUNDO and NOMANDLA talking quietly. They smile a little sadly as they see her sleeping peacefully. MFUNDO nods toward JONGI'S room and shakes his head, a look of exasperation on his face. NOMANDLA beckons and leads him toward the kitchen where MFUNDO sits at the table. NOMANDLA fixes him a bite to eat. They speak in subdued voices.)

MFUNDO
(Pushes plate away)
Food turns to sawdust in my mouth. Life has lost all meaning.

NOMANDLA
But Father of Zama, you've got to eat!

MFUNDO
What next? One child, defiled. Another, on the fast tract to the gallows! I don't deserve this! No, I don't! I work hard for this family. I give my tithe to the church...I---

NOMANDLA
It could have been worse. Thank God, you got here just in time.

MFUNDO
Worse? How could it possibly be any worse?

NOMANDLA
He could have hurt someone with that gun, you know...

MFUNDO
My natural inclination is to thrash that boy, but I don't think it would help matters...

NOMANDLA
No. It wouldn't. You handled a difficult situation very well. But we need to talk to him. He's hurting.

MFUNDO
I know how he feels. This situation has brought shame on our name.

NOMANDLA
Shame on us?! Father of Jongi! What are you talking about? How did I end up with two men in my life who are crazy? Both of you

should be in Valkenberg! Your daughter has been raped by a boy who may be sick with AIDS and all you can think about is your good name?

MFUNDO

You don't understand what it is to be a man.

NOMANDLA

Oh no? Well, maybe I don't! But be a man and tell your son to be a man. It's not you or your name that's been assaulted—it's her body; her spirit; her soul. It's not you who is suffering, but that poor child you seem to have forgotten in your silly concern for your sorry good name.

MFUNDO

(Trying to protest)

But...

NOMANDLA

I've never regretted I married you—don't make me regret it now! Shame on us? Shame on us? We have done nothing wrong!

MFUNDO

(Holding up his hands in surrender)

I know! I know, Mother of Zama - and I am sorry. Bear with me - you have all these years. I don't know how you hold everyone's head above water all the time.

(Puts his arms around her)

I know you're a strong woman, but would it hurt to lean on me a little? Let me be the man?

NOMANDLA

(She takes a breath as though to start another speech and then lets out the air and leans against him.)

Of course, it wouldn't hurt. And, I will. So why don't we talk about what we'll be "having words" over next, Father of Jongi?

MFUNDO

(with a wary smile)

So I can plan my argument?

NOMANDLA

Hmm. So you can encourage me to lean on you more and more. Anyway, my hero, next we have to talk about how to get these boys to be men. To get them to take responsibility for themselves and with their girlfriends...To A-B-C!

MFUNDO

Oh, A-B-C!

NOMANDLA

Yes, Father of my children..A! (Mfundo responds: Abastain!)

B!-----" " : Be loyal!

C!-----" " : Condomize!

MFUNDO

Mother of my children! Woman! Why do you think this will cause an argument between us? Believe me; I have seen the error of my thinking. This plague is no child's play. And unless we want to see a grim decimation of our race - young men and young women MUST practise safer sex...Indeed, we must all practice safer sex.

NOMANDLA

Now it is my turn to be amazed!

(She reaches up to embrace him.)

(BLACKOUT)

SCENE 7

(In the dining/living room. Lights come up on the family seated.)

MFUNDO

Your mother and I have chewed each other's ears over this decision. We have decided it is not a bad idea to go to the Council. It shows a spirit of humaneness (ubuntu!). And despite everything, we must forge ahead...Think of the morrow. What happened isn't the woman's fault.

NOMANDLA

It is not your fault either, Jongi. And I want you to understand that, Son. It is not your fault...

MFUNDO

We all wish we could have prevented this. Protected your sister better. But...

(Peters off)

NOMANDLA

In our sorrow, let us not lose sight of our ubuntu.

ZAMA

Then, Mama, may I address the Council? Promise me you will ask this for me.

NOMANDLA

Of course...That is only fair.

MFUNDO

Nomandla, do you think that is wise? Facing all those people? Zama has suffered enough!

ZAMA

Mama's right, I have nothing to hide. People must hear how I feel...what I think and what I believe!

JONGI

They'll certainly hear from Vuyo and his mother!

NOMANDLA

And they should! He has done evil - He's got to be man enough to admit his guilt, apologize to Zama, and accept what punishment comes his way.

JONGI

Vuyo must not only admit his crime but denounce this stupid belief that sleeping with a virgin cures aids!
(sneers) Cures aids...(shouts) It only spreads aids!

NOMANDLA

That is why it will be good for Zama to speak - to bear witness to her suffering and demand redress! To help dispel that very myth.

MFUNDO

I gather this feeling, Zama must speak, is mutual, then...(heads nod)...Well, I am right behind you. I support the decision of the majority.

ZAMA

You agree? Mama, Tata, you agree I should address the Street Council? (nods)
Thank you, thank you, so much!

SET CHANGE

SCENE 8

(Scene: The Community Center. Drab hall with rickety chairs and benches and peeling walls. There is a makeshift podium where KOYANA stands. To his right sit VUYO and FINA on a bench and to his left, on another bench, sit ZAMA, NOMANDLA, MFUNDO, and JONGI. The Council is understood to be seated in the direction of the audience, slightly stage right. When not addressing specific individuals, speakers will address their remarks to this imaginary council.)

KOYANA

This is a sad day, indeed. We are all gathered here because of two young people, children we know, children from our own street. One is accused of a heinous crime, the other, the victim of that crime.

(Pause)

Vuyo!

(FINA nudges VUYO sharply and he stands)

You are here at your own request in lieu of bringing this case to the civil courts. And you have agreed to abide by our decision. Is that true?

VUYO

(Under his breath)

Yes, Tatomkhulu.

KOYANA

Speak up, that all may hear the words of your mouth.

VUYO

Yes, Tatomkhulu.

KOYANA

Let me caution you. Many people run to the street court thinking the people of their street, because they know them, will be more lenient than the civil courts. Son, this is not always the case. The people you know may be harsher because: 1) they also know the victim; 2) they may fear you'll do the same to them; and, 3) they do not particularly like you because of what you do not deny you have done, or 4) they may hold grudges against you from previous encounters. Do you understand all that?

VUYO

Yes, Tatomkhulu.

(KOYANA motions for VUYO to sit. VUYO sits.)

KOYANA

Very well.

(To the Council)

Our daughter, Zama, has asked to address the council.

(To ZAMA. She rises as he speaks to her and walks to the podium.
NOMANDLA grabs her hand and squeezes it)

Zama, please come forward.

(KOYANA steps back. ZAMA grasps the podium and gathers her strength. To the Council.)

ZAMA

Fathers and Mothers, this country has no death penalty, yet Vuyo

(She points in his direction but does not look at him. VUYO,
head down, looks off stage right.)

has sentenced me to death. He has attempted my murder by defiling my body with his poisoned blood. Why should I die because of his actions? What is more, even before he did this to me, I lived in fear. Fear of being raped. I lived in terror no different to that of children in war-torn countries. Why? Why have our fathers and our brothers turned against us? What have we done that they hunt and harass us everywhere and every day?

[Pause]

But our fathers and our brothers are protected by the law that says - even for such acts - they shall not die. What about us? What about the girl-children of this sad land? However, we are law abiding. We respect the law. Obey the law. So I come before this court, seeking redress. My case is in your hands.

KOYANA

Thank you, daughter - you may sit down.

[He turns to the people assembled]

You have heard the words of this brave, young woman. Remember them as we go over this sad, terrible case - a case involving people who are neighbors. Now, it is only right, fair, and just that we hear from the accused; Hear his side of the story; what he has to say for himself.

(TURNS TO VUYO)

KOYANA

Vuyo, do you deny these allegations of rape, made against you?

KOYANA

Are you sick?

VUYO

Yes

KOYANA

Tell this court what your illness is.

VUYO

Gawulayo

(Fina gasps audibly - NO!)

KOYANA

Is that what is also known as AIDS?

VUYO

Yes.

(Outraged, Fina stifles a scream.)

KOYANA

Is that why you did what you did? Raped this girl?

(VUYO nods)

KOYANA

Speak up!

(Shouts of: 'Castrate him!' 'Kill the dog!')

VUYO

I thought...I'd heard...they say if...(breaks down) They say if...shouts hysterically)...you will be cured if...

KOYANA

Let me say it for you...'If you sleep with a virgin! (Pause) Is that right? That's what you heard? What you believe is the cure for aids? Sleeping with a virgin?

VUYO

I wanted to heal myself.

KOYANA

You believed that you would be healed?

VUYO

Yes.

KOYANA

Well, are you?

VUYO

What?

KOYANA

Healed. Are you healed. You raped Zama Lonzi, a virgin, believing that would heal you. Are you healed now?

VUYO

I'm still sick. The terrible...what I did didn't help me, at all. I am still sick! Sleeping with a virgin didn't help me. It can never help any one! (sobs) It doesn't help! It does not help!

KOYANA

Son, we hear your words. But, as you know, MUST know, those words mean little to the young woman you raped. Do you have any words to say to her?

VUYO

(slowly shakes his head)

[silence - as the court waits for him to speak]

KOYANA

Vuyo! Have you anything to say to Zama? To her family? For the wrong you have done them? A wrong you admit?

VUYO

I am sorry! I am so-oo very, very sorry! [crumbles]

KOYANA

The Council will now continue its deliberations in a closed session. We will reconvene at 10:00 tomorrow morning - at which time, we hope to have come to a decision and have a verdict.

(CAST begins to disperse. VUYO pulls FINA aside. He is shaking.)

VUYO

Mama! Mama! You can't let these people do these things to me!

FINA

You coward! Stand up and take your punishment like a man.

VUYO

But they're talking about killing me! You heard them! Mama, castration! You've got to stop them, Mama...please!

FINA

Vuyo, do not try God. You asked me to keep you out of jail and you got that. Now you want the Street to give you the sentence

you want? You commit an outrage- an abomination--And then you want to be handled with kid gloves?

VUYO

Mama, you don't know what it's like. You think I'm a bad person but I only thought I could heal myself.

FINA

Heal yourself? Heal yourself? Vuyo, did you hear yourself in there (points)?

(Pause)

Don't let these people make you believe you have AIDS. Yes, you were sick but look, you are better, now. We must get you tested so they can see they're wrong. Yes, that's what we'll do-get you tested and put a stop to all this nonsense. What you did is bad enough, the Lord knows. But no one must make it look even worse by adding AIDS to it. Dear God!

VUYO

I was tested.

FINA

What? You were tested...You were tested?--And...?

VUYO
(Surly)

Moer! What do they know?

FINA

NO, it is not true. Tell me it is not true. You said you were feeling better; how could this happen, Vuyo?

(He doesn't reply - she is Appalled)

Oh! Holy Father of our Lord! It is true, then! You are dying...AIDS kills...You are dying and yet...yet you go on sinning. Have you no fear of hell? Do you not fear God's judgment? O, what've you done? That poor child!

(Yelling and hitting him)

Out of my sight. Out of my sight, you confounded sinner. You wretch, you are no son of mine! Get out of my sight you...you... you vermin!

(Lights go down on FINA and VUYO and up on ZAMA and JONGI on the other side of the Hall.)

ZAMA

What if they just treat this as a joke and give him corporal punishment? Oh, God, I would die. Vuyo and everybody else will laugh at me, laugh to my face.

JONGI

Don't worry, little sister. I'm going to see that Vuyo gets what he has coming to him. And you're not the only one talking publicly about this. I have already started talking to the other boys. Everybody's appalled at what this lowdown coward has done. And I vow to start making sure we all see that

the way we talk about girls, the way we like to rough them up even in play, the way we tell silly, stupid jokes about them is not funny. Such crude talk is what leads to bad attitudes

ZAMA

And bad attitudes lead to atrocious actions - actions such as Vuyo's.

JONGI

That must stop. God knows, it has gone on long enough. I respect you as my sister. But I must respect all girls and women and behave towards them with civility and respect...at all times.

ZAMA

D'you think they'll listen to you, the other boys, I mean?

JONGI

Let me tell you something: you have no idea how my friends admire you for standing up for your rights - instead of hiding what has happened.

ZAMA

Do they? Do they, really?

JONGI

They do - all the ones with any brains. And they agree with me that real men do not abuse women. And that's what we're already working on. Our own behavior and our own morals.

ZAMA

Then, there's hope.

JONGI

Even Father's singing a different tune, these days. He now says we all MUST take a stand! Imagine that - I'm just sorry it has taken this to make me see what needs to be done...but, from now on, this Guguletu of ours is going to be much safer than it has been for some time...a long, long time.

ZAMA

Oh, Jongi, it is at times like this that one appreciates having a brother like you. I know how lucky I am to have you...

(Lights fade to blackout)

SCENE 9

(Community Center the next day. Actors are councilors. All are gathered for the verdict. FINA has seated herself at the end of the Bench, away from VUYO.)

KOYANA

Vuyo! Stand, so you may hear what we have decided.

(VUYO stands. He is clearly frightened.)

My son, we are glad you are repentant; that you have seen the folly of this misguided and cruel belief. However, your gruesome act deserves no less gruesome a reaction. Otherwise women will continue to be molested by wicked and cowardly men such as you; heartless men who see themselves as hunters in a field with no fences, who have declared open season on women, girls, and even infants. As a society, we must halt this barbarism. Many have demanded that you be castrated. Others say that putting you to death is the only way to ensure you will not be a repeat offender. Our council was evenly divided between these two punishments. But, remembering the words of Zama, that we are and must be, law abiding, and since, as of now, the laws of this country do not allow castration or capital punishment, it is the decision of this court that you will be shunned.

(In turn, each councilor rises to deliver her/his part part of the verdict.)

Councillor

People will be informed of who you are and what you have done. Your photograph, name and address will be distributed throughout the community - glued to lamp posts and displayed at shop windows with an account of your crime and a clear notice of the sentence on your head and the duration of that sentence.

Councillor

For the next five years, you will not be welcome anywhere in NY 200. You may go to work and to church and to the shop, but will be banned from any of the celebrations or social activities of this community.

Councillor

During that same period, one-half of your wages will be given to the Lonzi family as isihewula - reparation!

(VUYO'S knees give way and he slumps forward onto his seat; FINA sits erect with tears streaming down her cheeks.)

Councillor

Furthermore, to dispel this wicked myth once and for all - a myth that has given rise to terrible, vile deeds---

[Shouts: - 2-months-old babies-RAPED!]

---you will do community service - Go around to schools and churches and talk about your deed. Tell other men - young and old - that you are still sick - That after this act of savagery,

you are not cured at all. Tell them rape is no cure for AIDS! As of now, there is no cure for AIDS! Virginity is not medicine for anything..And rape is a dastardly crime, a violation without parallel.

Councillor

You shall be the mouth of Zama's pain. You shall be the voice of her anguish-the voice of the anguish of the women of this sad land.

Councillor

You shall prize open the blind eyes of cruel men; clear stubborn wax out their ears till evil deafness leaves them forever.

Councillor

You shall be the key that turns their stone-hearts; the sure sun that thaws their frozen souls!

Councillor

Go and show the world your face. Open your mouth and confess to all the error of your ways...the evil of your deeds. You say you are sorry - now show us the weight of your remorse by your actions - by how you follow the instructions of this Council. And, if you do, one day, you may be reinstated to full membership of our community. It is up to you...Up to you and your conscience!

KOYANA

To all here present, you have heard the verdict, a verdict that is - yes - a compromise. But a verdict that conveys the deepest fears and the highest hopes of this community. Let this council and all the citizens join hands to demand legislation to make the punishment of castration or death a legal response to the crime of rape and mandatory when the rapist is HIV-positive or has AIDS---We will not rest until children like Zama are protected from the evil actions driven by the fear and stupidity of cowardly men, irresponsible men. We shall not rest till all children, all girls, and all women are safe.

(SONG: Raised fists. Sith' aba abantu!
Sith' aba abantu!
Sith' aba abantu -
Makulungiswe ukuhlala.
We must right what is wrong!)

(SOUND: fades to a low hum as actors turn their backs on VUYO.)

(LIGHTS fade slowly.)

MFUNDO

MA-Afrika, VUKANI! This is war. We must all stand up and fight or we shall all perish. Vukani! Vukani!...

(then the whole cast joins in WAKE UP!)

(Curtain)

THE END



This Weird WORLD

Just one flop after another

AS PREDICTED, America's most famous psychics failed to accurately forecast 1990 news events and in most cases were just plain wrong, the San Francisco Bay Area Sceptics said. Predictions that fizzled included a Jackie Onassis marriage to rock star Jon Bon Jovi and a tidal wave flooding New York City.

Did you hear the one about the meteorite landing in the White House rose garden? Or the Japanese finding a cure for the common cold?

"These predictions can prove harmful, even dangerous," said Robert Steiner, the Sceptics' spokesman. "It becomes dangerous when you let other people control your lives with them."

Each year the Sceptics "dig up the predictions made the year before to the embarrassment of those who made them", Steiner said.

Steiner said no psychic, to his knowledge, predicted the genuinely surprising news stories of 1990, including the stunning electoral defeat of the Sandinistas in Nicaragua.

The year's top stories were "so unanticipated that someone would have had to be really psychic to

have predicted them", the group said in a statement.

The Sceptics describe themselves as "a group of people from all walks of life who support the critical examination of paranormal claims".

Psychic Jeane Dixon predicted that President George Bush's greatest challenge would come in the middle of the year when he would be forced

to make "life and death decisions about troubles in Latin America and China".

While those regions were relatively quiet, "Dixon somehow failed to foresee Bush having trouble with Iraq", the Sceptics said.

In a supermarket tabloid in July, Irene Hughes predicted that Jacqueline Onassis would marry Bon Jovi and Bry-

Kwidini was the guest of honour at the dinner where his dog was sold. Enthusiastically backing greyhound racing in his speech he said ownership of racing dogs was within the means of the less affluent sector of Zimbabwean society.



GULP! The chef's dog is in this race! What will happen to us if our dog beats his?

ant Gumbel would be sacked from the Today television show after a pub brawl.

In the same article, Marie Graciete of Los Angeles said the largest earthquake on record

would hit the sea bed near New York City, producing a tidal wave that would flood Manhattan.

She's also the psychic who predicted the meteorite in the rose garden and the cure for the common cold.



DON'T SHOOT, IT'S SANTA!

EVEN harmless chaps like Santa Claus need an armed escort in some parts of the world. Just to make sure the kiddies' presents would get through in West Beirut,

a policeman with an automatic rifle keeps a sharp eye out for nasties on Christmas Eve. But who would want to kill Santa? (Picture by AFP)

Sing it, baby

A BRAZILIAN teenage mother swapped her baby for a radio cassette player so she could train to be a singer, O Globo newspaper reported.

The mother, 16 years old and named only as C, used the cassette player so much that it broke, so she went to the police to get back her 18-month-old son.

Police in the north-east city of Recife found the original owner of the cassette player. The owner got back her cassette player, somewhat the worse for use, C ended up in a special police station for minors and the baby went to a creche.

He's back again

ONLY a month after tax collectors auctioned off his Nevada brothel,

known as the Mustang Ranch, former owner Joe Conforte threw open its doors again — this time as manager.

The Internal Revenue Service had seized the bawdy house from Conforte and sold it at auction for US\$1.49 million. The move came after a long legal fight in which Conforte refused to pay US\$13 million in back taxes.

Conforte appeared before the Storey County Commission to reclaim the brothel's operating licence, which apparently was not revoked by the local authorities.

"Mr Conforte came before us, as he said, as a courtesy to let us know he had a valid operating licence and he should be able to reopen," said county commissioner Shirley Colletti, herself a former manager of the Mustang.

"It is my personal opinion that he is definitely correct as far as the law is

concerned," she added.

The licence cannot be cancelled without due legal process, including a public hearing, she said.

The Mustang Ranch is one of nearly three dozen legal brothels in Nevada. Each of the "houses of ill repute" is licensed by county authorities.

Spaghetti special

A MAN who fled to Italy after allegedly feeding drug-laced spaghetti to two women and then sexually assaulting them pleaded guilty to sex charges in Cincinnati, Ohio.

Nicola Iannone (35), an Italian-born naturalised US citizen, worked as a restaurant consultant. Iannone's victims alleged that he came to their apartment and fed them a pasta dinner, and that they woke up the next day with their clothes off.

Long lost choppers

BRITISH archaeologists have discovered a prehistoric stone axe factory in Wales. They have so far found more than 3 000 pieces of Stone Age axe manufacturing debris spread over a large area of farmland near Camarthen.

Dating from about 3 000 BC, the stone axe factory seems not to have quarried its raw material but to have obtained it from loose rocks carried down from mountains hundreds of thousands of years ago by glaciers.

It is the only prehistoric axe factory in Britain to have had its rock source identified as having been of glacial origin.

Scientists will analyse the axe factory debris to help determine exactly where the South Wales axes may have been traded.

Relax, it's just a punch-up

MY TURN

By Alexander Kanengoni

The writing's on the wall

WE buried my 30-year-old cousin, George Pararayi, this Christmas at a remote village burial place in Chihota communal lands. Almost everyone there knew that George had died of an Aids-related illness but no one mentioned it. What showed was only the fear and uncertainty in people's eyes; beyond that, silence.

Even as we came from Harare that morning on the Zupco bus, everyone of us was shattered by the traumatic realisation that at last, Aids had caught up with us.

In the beginning, it was no more than a distant and blurred phenomenon that we only came across in newspapers, on radio and television; something alien and peculiar only to homosexuals.

Then we began hearing isolated stories of people dying from it in far-flung districts. After that, came rumours of sealed-off wards at Parirenyatwa Hospital teeming with people suffering from Aids. But the truth was that this was all rather removed and did not have any direct bearing with most of us.

When Aids finally reached our townships in Zengeza or Mufakose we began wondering. And then when it eventually started claiming victims on the streets where we lived, that triggered the alarm bells inside our heads. Now Aids had finally knocked on our door.

For two months, we had watched George waste away at Chitungwiza General Hospital. In desperation, we became sceptical about the ultimate capabilities of modern medicine and we turned to traditional healers. Somehow, we could not just watch him die. We made futile journeys as far as Chipinge, Dande, Mutoko while George slowly died. He finally passed away on our way from a traditional healer in Mberengwa.

As we forlornly stood around the yawning grave, the choir sang a frightful song that talked of a list of names into His eternal Kingdom. The song claimed that a name on the list had been cancelled beyond legibility. The refrain then kept asking: "Can you see your name anywhere? Where is your name?" The ominous question echoed and re-echoed in our minds until it became part of one's soul, undressing it to the general, pathetic nakedness of Chihota communal lands.

The land is overcrowded, old and tired. Infinite lines of gaping houses stretch into the barren horizon faithfully following winding roads that seem to lead only to other burial places.

Not far away a tattered scarecrow from a forgotten season flapped a silent dirge in an exhausted field beneath a searing sun. Lean cattle with ribs showing, wobbled along a dry riverbed nibbling at something that we could hardly make out. And around the grave, no one wept.

The preacher told passionately the parable of the Ten Virgins. He warned us that when the Lord knocks unexpectedly at our doors, like the clever Virgins, we should be found ready to receive Him. The people nodded silently.

In his graveside speech, George's grandfather mourned the strange doings of this earth. He wished it was he, who had been whisked away. But such was the painful way of witches and wizards, he explained. They struck the softest points. We listened helplessly as he breathed fire and brimstone promising thunder and lightning to whoever was responsible. He said he would leave no stone unturned to bring to book the culprit.

George's father talked of an invisible enemy that had sneaked into "our midst and now threatened our very existence". He cautioned us to change our ways immediately or die. He never mentioned the word Aids.

George's wife talked of a need for moral strength in times of crisis. She admitted she did not know where that strength would come from. It could be from the people; it could be from those underneath and beyond; it could be from God. But wherever that was, she needed it. As if acting from an invisible signal, everyone, some of us for the first time, began to cry. We were not weeping for the dead. We were weeping for the living.

The coffin was lowered slowly into the grave and we filed past, throwing in clods of soil.

In that dark casket lay George, reduced to bone and skin. (Earlier, most people had refused to have a last glimpse of him.) During his heyday, people affectionately called him Mr Bigstuff because of his exploits and feats with money, booze and women.

As we dejectedly trudged away from that wretched burial place, some of us were wrestling with which memory of George to take back with us: Mr Bigstuff or that thready bundle of skin and bones that died somewhere near Shurugwi on our way back from Mberengwa.

And, silently, we knew that there would be numerous other gatherings similar to the one we had just come from for people, who like George, might have lived. Isn't the message on the wall clear enough?

Appendix 11

Interview Virginia Phiri May 2007

----- Original Message -----

From: Lizzy Attree

To: corals@telco.co.zw

Sent: Wednesday, May 09, 2007 10:48 AM

Subject: Resumed interview - Virginia Phiri

Dear Virginia

I hope you're well. It was good to meet you at the Book Fair in Harare in August. I hope you remember me, I tried to interview you in the gardens but my microphone battery died and so we had to abort and agreed to continue by email.

I'd be grateful if you could confirm the following, which I remember writing down, but could also answer....

How did you conduct the research for *Desperate*?

Desperate was published in 2002, but over what period of time did you research the stories?

To what extent are the stories in *Desperate* true, or your fictions?

Why did you/ did you not include mention of HIV/AIDS in these stories?

I heard that you submitted a story to the *Nobody ever said AIDS* anthology in South Africa in 2002/4? Would it be possible to send that story for me to read? I heard it wasn't included, reluctantly, after pressure from the publisher, as it was a vivid description of HIV infection after rape. I'd be very grateful to read it.

You mentioned you were writing a book on hermaphrodites - could you tell me more about that project?

You also mentioned that you would write a longer book on a particular prostitute - could you tell me more about this?

Thanks and best wishes

Lizzy

From: "Corals Services" <corals@telco.co.zw>

Reply-To: "Corals Services" <corals@telco.co.zw>

To: "Lizzy Attree" <lizzyattree@hotmail.com>

Subject: *Re: Resumed interview - Virginia Phiri*

Date: Sun, 13 May 2007 01:14:05 +0200

Dear Lizzy

Let me say it is a pleasure to resume our interview on e-mail as agreed when we parted at the Book Fair in Harare in 2006.

I will go straight into your questions in the order that you have asked them.

1. The research for *Desperate* was for over a long period, almost a decade of observation, listening and casually chatting to the women whom I found very human, caring and understanding but very misunderstood by communities they lived in. In fact this was very daring of me as I knew that my nosiness was usually not welcome. At times I was nearly beaten up trying to get to the real reasons why these women took up this type of work to make a living. Let me say I also felt misunderstood by some of these women, until I got some of them to protect me from harassment. Since I was gainfully employed as an accountant, I could at times come to the rescue when business was bad for some of the women. That was either money for school fees or food and at times sanitary pads or soap.

Let me make this clear, by simply observing I learnt a lot from these women who are normally called all sorts of names. Today I am still in touch with a few who are still around, some of them have since died due to HIV/AIDS and others due to freak accidents related to the trade! and of course natural causes.

2. All stories in the book are works of fiction, I created all the characters and scenes basing on situations that occur in our communities. To be honest no-one would have wanted to be interviewed about this sort of thing. I don't think even now I would get volunteers to do that. These stories have been very much appreciated by the general public, the women sex workers themselves, researchers, tertiary institutions such as University of Zimbabwe English Department where the book is being taught since 2004 and Hillside Teachers College since August 2006. In 2005 I was invited to the 31st Annual African Literature Association Conference to talk about *Desperate* which I did and also read from the book at a presentation. After Colorado I also read at Monmouth University in New Jersey and St Augustine Anglican Church in the New Jersey Community.

I stayed in the United States for three weeks while I worked on part of my book *Destiny*. I also readied *Desperate* in Humboldt University in Berlin Germany in March 2004, this opportunity was facilitated by Prof. Flora Veit-Wild.

3. AIDS is definitely mentioned in *Desperate*, take for example the story of Dorothy, where she regretted not having managed to get most of her customers to use condoms. There is a lot of AIDS and where we are now AIDS wise in the now completed book, a lot of research has gone into that one! Thanks to *Desperate* it helped in the research.

4. The rejected story in the South African anthology is now a completed book, of course I was disappointed when the story was rejected but I realised that there was potential in the story so I had to reconstruct and

expand it. I also did a lot of research on that one, while I worked on my book *Destiny*. I was very fortunate last summer (2006) when I was offered an opportunity to complete the book (rejected story) in Switzerland at an International Writers residency to realise my dream of this book which I managed to complete by the end of the residency. It is now awaiting publication but it has to wait a bit as *Destiny* the one about Hermaphrodites was published in late November, 2006. I wouldn't like these two books to clash!

5. The book about those born as hermaphrodites was published at the end of November, 2006 and was in the bookshops in time for Christmas. Most book lovers bought the book for their relatives and friends overseas and at home in Zimbabwe. These are feed backs I got after the Christmas holidays. The book has been well received, reviews and all sorts of comments are coming in. Again just like *Desperate*, the book has provoked debate. I have done my work, I wrote! I have moved on to the next book which I am working on now.

I hope I have managed to give you enough information for your purposes.
Best wishes.

Virginia Phiri

----- Original Message -----

From: Lizzy Attree

To: corals@telco.co.zw

Sent: Sunday, May 13, 2007 1:50 PM

Subject: Re: Resumed interview - Virginia Phiri

Hi Virginia

Thanks for sending this long and considered answers, I really appreciate it. I would love to hear more about your new book, particularly if has stemmed

from that original short story you submitted to *Nobody ever said AIDS* a few years ago. Is it about the Highway Queen?

I will also have to get hold of a copy of *Destiny* - perhaps next time I visit Zim, unless it is available in the UK.

Look forward to hearing more from you and thanks very much for your time

All best, Lizzy

Dear Lizzy

Thank you for your prompt response in acknowledging my e-mail. It was my pleasure to give you the information. Yes, the new book is about the Highway Queen. I cannot give you much information about the book, otherwise I will pre-empt [sic] the whole thing but let me assure you that it has HIV/AIDS from A to Z and a lot of research went into it.

Destiny is not yet in UK but if someone is coming this way and going back to UK, they can surely get the book to you.

Thank you for taking an interest in my work.

Best regards

Virginia

Sahwira

The menopause

Dear Sahwira — I am 52 and until recently have been a very happily married family man. My problem is that I have fallen in love with a lady much younger than me - she says she is the same age too. As my children are all grown up and no longer living at home I want to leave my current life and start a new life with my young love. My wife says that I should not do this, but why should I lose this chance of happiness? — AHP, Mutare

Dear AHP — Why not? Because you are coming from a classic dose of mid-life crisis — sometimes known as the male menopause. How flattering that a young and beautiful woman still finds you attractive! How long do you think that may last? In a few years you will be an old man and she will be a young woman. A woman capable of making up a happy marriage will also have scruples about leaving you when you are old.

And what about your wife? She has been a partner to you and a mother to your children, and until this recent infatuation, you have been happy. She deserves the companionship and care of her husband after all that she has contributed.

This break-up would not only be wrong but unfair to your wife, but also to your children. However old they are, they and your grandchildren still deserve the stability of a family home. I think you would live to regret losing the respect of your family and friends.

Dreaming of boys?

Dear Sahwira — I am a 17-year-old boy at boarding school. I have no experience in sex at all but I have a problem. I have dreams during which I become very excited, sometimes causing my semen to come out. I know that this is not unnatural but in these dreams it is other boys who excite me, not girls. I am very unhappy because all my life I have never wanted to love a girl but I am attracted to boys. What shall I do? I am so confused. — GB, Mutare

Dear GB — Your letter is about homosexuality which is a very complex issue. I must first warn you that being a homosexual in Zimbabwe is extremely difficult as it is not only frowned on culturally but to indulge in homosexual relations is against the law. This is not so in other more enlightened countries.

Everybody has a certain amount of attraction for the same sex - some more than others. When the same sex is confined together for long periods - at boarding school, or in prison for instance - then people who are normally heterosexual sometimes act on homosexual tendencies. It could be that you fall into this category and that you simply need to develop your own sense of attraction towards girls. There is nothing wrong with being homosexual. There is, on the other hand, a lot wrong with persecuting people for their sexual orientation. However this is not the attitude of most people in this country and until we adopt a more charitable stance, life will continue to be difficult for homosexuals.

MY BABY IS DYING OF AIDS

Dear Sahwira — I have a son aged 18 months who has often been sick since birth. Recently he had measles and the hospital did a blood test and told me that he is HIV positive. They said that this was the virus that causes AIDS. What does this mean for me and my husband? We have no more children. — DM, Mutare

Dear DM — The fact that your baby is HIV positive means that he almost certainly caught the virus from you while you were pregnant with him. It means also that your husband is probably infected. Many people in Zimbabwe are infected — you are not alone.

What you need is good understanding of the virus so that you can help yourself and your family. It is essential that you talk to someone who understands — the

AIDS Counselling Trust (ACT) have counsellors who can talk to you and your husband and give you advice. There may be counsellors at your local hospital too.

You must try and look after yourselves well - eat healthy food, avoid things like alcohol and cigarettes that are known to be harmful. Try and avoid other infections. Neither HIV positive partner should have sex with anyone else. The only way we can beat the virus is to stop passing it on.

We would also strongly advise against you becoming pregnant again. The risk of your bearing another HIV positive child is high. It also appears that pregnancy might increase the rate at which you yourself become sick. You and your husband can have many "well" years ahead of you if you look after yourselves properly.

I WALKED homewards. Around me the bush was brown and dusty. The sun had evaporated the few wispy clouds left by the night's cool, and I felt it beating relentlessly into my body. The dragging pain in my back slowed my pace, but I was elated that at last I was a woman. Later, I would feel it was fitting my body should signal my maturity on that day when so many things in my life had changed for ever.

The bright gush of blood in the toilet had scared me, but my teacher gave me cotton wool and reassurance and sent me home. There was no work in the fields now where only a few dried stalks of maize still stood.

As I entered our village the fowls scratching in the dust ignored me, and the dog wagged his tail sheepishly under the slight shade of a scrubby msasa tree. The door of the kitchen was open, and I made my way towards it, expecting to find my mother at some chore. Instead I heard the sound of weeping. Alarmed, I made to retreat, but my shadow across the open door had already announced my presence, and my mother started up, roughly wiping her eyes on a corner of her zambia.

"Why, Vimbai! What are you doing back so early - is something the matter?"

I glanced down at the ground and mumbled something about being sick, but she could hear the excitement in my voice, and guessed at the cause of my being sent home. I was the last girl in my class to begin menstruating, and my mother had been concerned at the delay. Her own tears were temporarily dismissed, but I knew that she had been crying over Tawona, my baby brother.

ALTHOUGH he was a small baby, he had been very bright until he was about six months old, and caught a bad cold. Tawona had never fully recovered. Then he developed a rash which flared up for no apparent reason and caused him to scratch and to scream when his scratching eventually broke the skin. These wounds would go septic and despite my devoted care, they took weeks to heal. There were times when he seemed to have pains which nothing could comfort, not even my mother's breast. And now for the last week he had eaten almost nothing because of tiny ulcers which covered the inside of his mouth and throat. Now he was crying again. My mother took him off her back, and said lightly:

"I've decided to take him to Harare, Baba. We'll take him to a doctor there. He's very sick."

My father worked in a government office in Harare and was a remote figure in our lives. He came home only on holidays and was rare for my mother to visit him, certainly not without telling him that she was coming. But even I could see there was no point in taking Tawona back to the clinic. I had been there several times, and in any case, the doctor would not be in attendance.

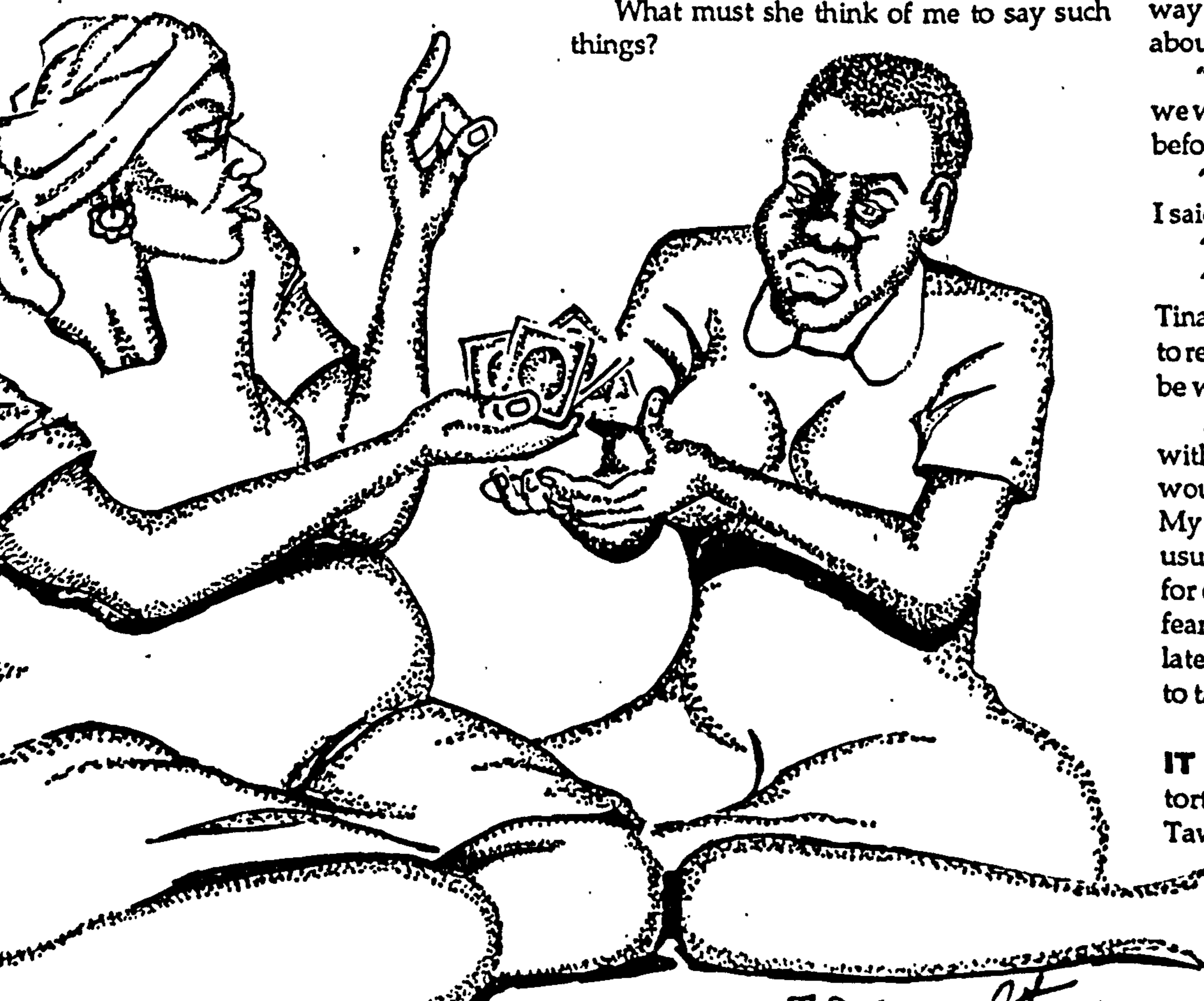
ain for another two days.

I rested for much of the afternoon while my mother prepared for her journey. I was depressed about her going. I would have to be in charge of the household, and I hated to be responsible for my two younger brothers, who had all their male privileges against me, and spent their time adventuring in the bush while I fetched water and firewood and prepared their meals.

At last it was time to sleep, and I followed my mother to the bedroom. Sometimes my mother also slept with us and I loved her visits. She was my mother's youngest sister and had worked as a secretary in Harare. She would regale me with stories of life in the city, and sometimes she would talk to me about her boyfriends and the difficulties of being a woman. Sometimes these conversations embarrassed me because my mother was present, but it seemed she approved of them, and she would sit quietly nodding in the corner, doing nothing. Because of this, although my mother and I never talked directly about my approaching adulthood, we were much freer with each other than any of my friends were with their mothers.

She busied herself putting some things in her bag, and as she did so, she said: "You're a grown woman now, Vimbai, but you must

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remember that your schooling is still important. Don't let any boy distract you from that, with talk of love."

Before I knew it she was talking about herself and how young she had been when she married my father.

"I was just a few years older than you, and doing well at school, but then you were on the way and there was nothing for it but to get married. And I loved your father, he was so handsome then."

Her voice trailed away and I could see tears on her cheeks. She turned towards me.

"Don't let anything like that happen to you. We had no money and your father had to go to work in Harare. It was too expensive to bring up a family there, so I had to come back here. This living apart is very hard for a husband and wife. The men find it very hard. They get tempted in town. They can't help it you see, they're not made like us...."

Her voice was full of bitterness.

"I know you're fond of Tendai, and I know how hard it is to control your own and a boy's feelings. I want you to have these." She reached behind her and held out some small plastic packets. My mouth dropped open in shock, for they were condoms. I recognised them because some of the boys had them at school once. They had blown one up like a balloon, and chased after the girls with it, all of them shrieking with alarm and excitement. Too embarrassed to see what was in her face, I started at the ground. How could my mother be talking like this?

"Here, take them," she said, and I was forced to reach out and take them from her.

"I want you to have a better life, Vimbai. Promise me you'll remember this talk."

"Yes mother," I mumbled, but I had to defend myself. "But mother, I wouldn't do anything like that!"

What must she think of me to say such things?

"My dear, I know you wouldn't do it deliberately. I have great faith in you. You're such a help and comfort to me always, but that's why I have to talk to you about these things. I want you to be safe. Love is a dangerous thing and not just because of babies. Sometimes people catch diseases, and condoms can help protect you against both. Now, let's sleep. We have to be up early in the morning."

WE lay down, but for a long time I lay staring up at the dark thatch above my head, listening to the sounds of the night. I did not believe that this sudden intimacy had been occasioned only by the beginning of my menstruation. If that were the cause she would have waited to let Tete tell me. It was not like her to step so far outside the traditional communication between a girl and her mother.

Only the week before my aunt had been here for the weekend, and I had disturbed them as they rested from pounding maize. As I approached, their conversation changed, but not before I had heard my aunt say,

"I don't like it. There was that girlfriend last year, and Tawona's so sickly. You must talk to him."

It was no secret that my father, like many others in his situation, sometimes took a girlfriend in town. Had he caught some disease and given it to my mother? That would explain why she had seemed so preoccupied. I fell asleep at last, haunted with suspicions.

Next morning, I walked my mother to the bus stop, and then returned reluctantly to the village. In the afternoon, my friend Tsitsi appeared, to see why I had missed school again.

"I thought you'd bled to death on the way home" she teased, but when I explained about Tawona she was full of sympathy.

"I want to go to Tinashe's." I told her. As we walked, I explained what had happened before my mother left.

"I think there's something really wrong," I said.

"What do you mean?" asked Tsitsi.

"Do you remember the article in Tinashe's magazine about AIDS? Well I want to read it again. I'm terribly afraid that might be what's wrong with Tawona."

As I re-read the article my heart filled with fear. What if I was right? My mother would die. The next few days were agony. My brothers behaved even more badly than usual, and my little sister Chido was fretting for our mother. And finally, the news I had feared came. My aunt arrived in the village late one evening. Tawona was dead. She was to take us to town for the funeral.

IT WAS a dismal journey by bus. I was tortured by my fears as to what had caused Tawona's death, but there was no place to

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top it, Vimbai. Calm down, and let's talk out this."

I turned to my mother, and she started to weep.

"Let's get some things straight," she said. "I do not have AIDS, but I am what they call HIV positive. That means I have the virus they think causes AIDS in my blood. I'm not dying, and if I have anything to do with it, I won't be dying of AIDS. My goodness! Anything could happen tomorrow!"

Her voice was full of determination. "I saw a counsellor in Harare. She says it is important that I believe I am healthy, that I can fight it off. Also, I should eat plenty of fresh food and keep myself fit. She also told me that having babies weakens a woman's resistance to the virus, so it's important that women who are HIV positive don't get pregnant."

"Maybe that's one good thing out of all this?" broke in my aunt.

I couldn't believe she was joking at a time like this, but my mother laughed too. She looked at me, willing me to respond.

"Oh Vimbai! How I wish you hadn't found out about this. You know you're quite safe, don't you? The virus is only spread by having sex with someone who is infected, or by contact with their blood. I would have kept it secret from you, but now that you know, will you help me?"

How could I, only a child, share the sorrows of a woman such as my mother?

"But I can't do anything mother."

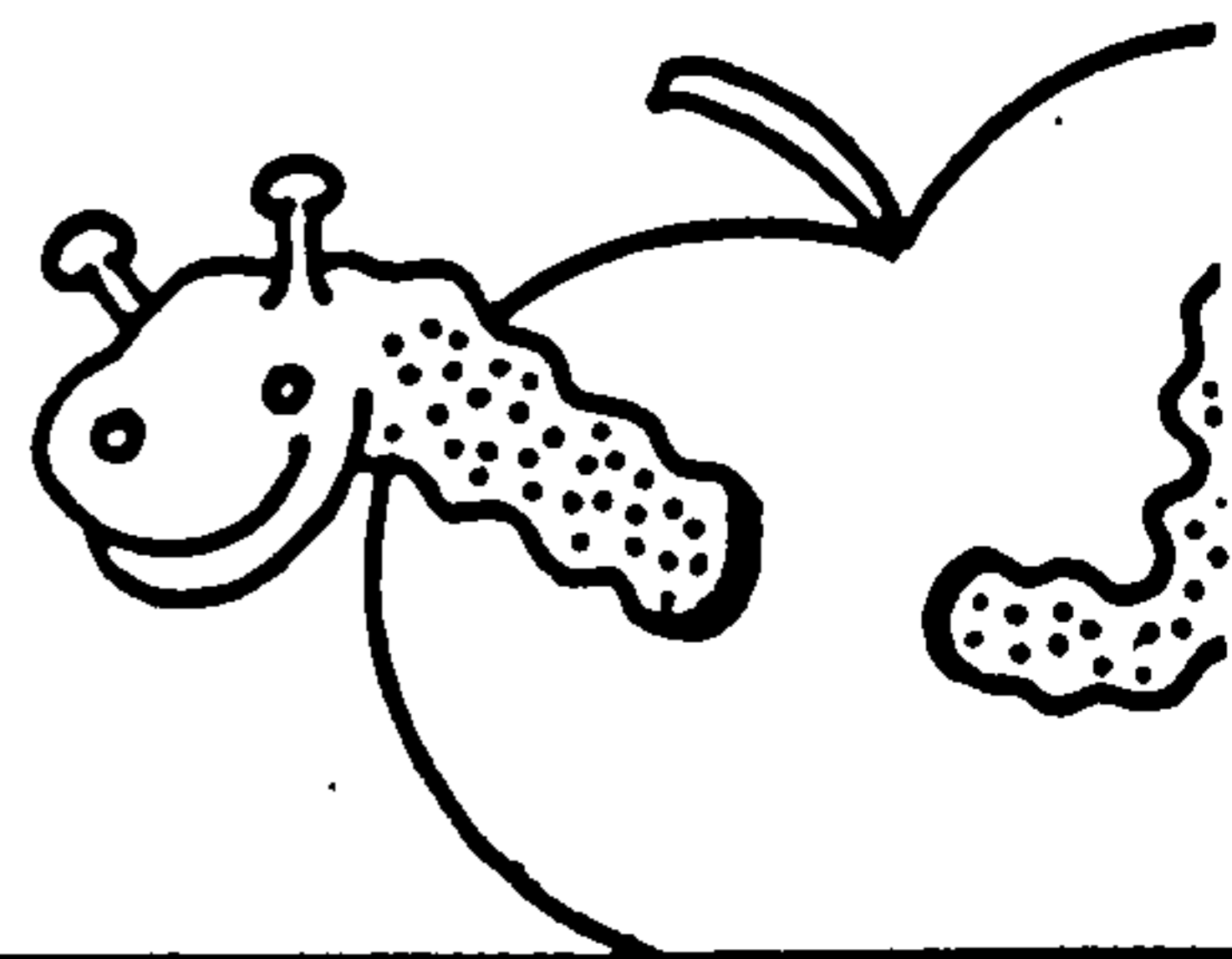
"Oh yes you can," she replied. "Just being here. It will help me just to know that you are now." She paused. "And if you can bear it, I'd like to be able to talk with you about it sometimes."

She stood up, and I felt her rough hands fondle my head.

"WIMBAY I came to terms with this change in the world, and I remembered that I too was a woman now. I loved and admired both my mother and my aunt, and had always tried to be like them, strong and wise. So I would help my mother in any way I could. In time I would remind her that the women of her family were known for their brave hearts, and together we would face whatever future awaited us.

"You can always talk to me, mother," I whispered. Then I stood up, and said, "Come. It's late and we're all tired. Let's go to bed." ▸

Wormwood



How nice it was of the Canadians to give that fax machine to our Department of Animal Contentment and Big Grey Things with Tusks. And how pleased the Canadians must have been when we sent around a Deputy Minister to receive the machine and to give Zimbabwe's grateful thanks in return. What a pity it was then that the Deputy Minister in question should expostulate on how useful the fax machine was going to be in collecting and storing information, and in collating data. In so stating she demonstrated not only that she would not know a fax machine if it came up and kissed her on the cheek, but what is worse, that she was so contemptuous of the Canadians' gift that she could not bother her backside to find out what it actually did.

It is rather like another Deputy Minister, who does not even hail from this country, booting a student chappie out of a party to which he, the DM, was also a guest, because the poor lad in question chose to wear his hair rather longer than the DM liked. What the Honourable Member objected to, or so he said, was that the student did not disport himself in traditional African garb, by which was meant that he was not wearing a suit and tie and did not have his hair cut short in the time-honoured African custom.

Of course it is a little hard to explain why it should be that the particular coiffure in question bears a Shona name (*mhotsi*), the pedigree of which pre-dates the advent of the European and even of the Cape Coloured to this continent by a goodly few years.

What must the Canadians think of us?

Of course it has to be said that there are few cabinets in the world that can boast as many Ph.Ds as can the Zimbabwe government. And "boast" is a very apt word to use, for whilst there are indeed some of our ministers who have worked on a thesis and who have defended it before a panel of professors, there are, by the same token, a number of ministers who have come by their doctorates the easy way. And we are not talking about the sort of honorary doctorate awarded to one of our vice-presidents. Oh no, when we said the easy

way, we meant just that: all you have to do is to tell everyone that you have a doctorate.

Wormwood was at university with one of our ministerial doctors when the poor fellow was struggling to obtain an undergraduate degree. In this endeavour he failed and was booted off his course after the first year. He was, however, allowed to start another course, less taxing, but for some reason, he did not finish this either. Then he left for a while, a very short while, and the next thing everyone knew was — Hey Presto! — a doctor.

There is a very famous university of great international standing and repute which found it necessary to state publicly that a certain person had not been awarded a doctorate from its senate.

This then is the trappings with which they would beguile us. See how yond minister rails upon yond simple peasant. Change places; and, handy-dandy, which is the minister, which is the peasant.

Not that all of our genuine doctors, both in Cabinet and within the public service, have been of that much help either. The economy of this country has been in the hands of a man who does indeed hold a genuine Ph.D and look what has happened!

But not all is gloom and despondency; there is still a glimmer of light, dim and glaucous though it may be at the end of the tunnel: every now and again our government comes up with a scheme that is pure genius. What else could describe this new Political Parties Finance Bill, or whatever it is called. Our president, in one of his recent "Meet the Disgruntled" tours, explained to us the purpose behind this Bill, hoping that by so doing he would discourage parliamentary opposition to the Bill's passing. ZANU(PF), he vouchsafed, finds itself increasingly unpopular (NO!). In order to bolster its popularity, it must pass this new piece of legislative arseholery in order to obtain funds from the taxpayer. In other words, what he is saying is: "We require the people, who no longer like us, to pay with their taxes for a campaign to persuade them to like us again." Brilliant. If only that level of ingenuity could be employed in sorting out our innumerable economic miseries, oh how happy we would be.

It would not matter so much that some of our ministers and deputies have the intellectual ability of a tree frog, nor that they insist upon embarrassing us in front of the rest of the world with their capering and gibbering.

But talking of idiocy, and embarrassment, how do you suppose that the rest of the world is going to react when they hear that we have a newspaper called The Willie. For God's sake! No doubt the paper has been so named because it will be run by a bunch of front-bottoms. ▸

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talk to my aunt in private. At my father's house many relatives were gathered and we the bereaved were left no time to talk to one another.

My aunt accompanied us back to the village, my mother looking strangely vulnerable without the familiar bundle tied to her back. I was glad of my aunt's presence, for now I could voice my suspicions, and in all likelihood my mother would also be present. It seemed preferable to know the truth than to continue under this dreadful ignorance.

So later, when we were preparing to

sleep, I said: "Tete, did Mother see a doctor in Harare?"

My aunt looked up and said: "Why ever do you ask that, Vimbai?"

All the anxiety that had built up over the days of mourning and before came flooding out.

"I think Tawona died of AIDS, Tete. I read about it in a magazine, and that means mummy has it too, doesn't it? You knew about this before Tawona died. That's why you gave me those condoms, isn't it, mother?"

I was almost hysterical, the words rushing out, but my aunt shook my shoulders and the sharpness of her reply quieted me.

• To Page 50

Mozambique with a bunch of recruits whose apprehension proved to be well founded. For months Mugabe and the group were held virtual prisoners by Frelimo as various Zimbabwean factions fought against each other.

In those early years the struggle was a shambles, with recruits dying of starvation and disease. Soon the pawns began to notice, too, how some of the chefs were living in comparative luxury in the bush.

But as a friend of mine put it the other day, back then Mugabe displayed his true leadership qualities when he almost single-handedly turned a truly chaotic liberation organisation into a coherent political party and election winner in less than five years. It was a remarkable achievement.

Sadly it is no secret, 12 years after they laid down their arms, that thousands of ex-combatants are profoundly disillusioned with ZANU (PF). Indeed, one needs look no further than this year's Heroes' Day to see how far they have been alienated.

On that august occasion the ex-fighters were not allowed to sing revolutionary songs. Entertainment was provided, in the words of war veterans' leader Charles Hungwe "by church choirs instead of *chimurenga* choirs".

Around that time I myself saw President Mugabe take the wine and wafer at a Catholic Mass celebrating the 100th anniversary of the Jesuit mission at Chishawasha.

This was the first time in public that Mugabe did not decline Communion. In the past he even declined it from the Pope.

How times have changed since the *hondo*. A book like *Pawns* probably would not have been published in Zimbabwe two or three years ago.

But according to Samupindi, today many ex-combatants want the war de-glorified. They want it told like it really was, and not much of it was "comrades running through the bush like James Bond shooting down helicopters," he tells me.

WITH soaring prices and the plunging value of the dollar, officials at the Reserve Bank have been talking about a \$50 note (which may already have been printed by Fidelity up at Msasa) and maybe later a new \$100 note. This, of course, is to help you not to have to carry pocketfuls of bulky \$20 notes when you go out and buy a box of matches and a few other groceries.

Somehow, and probably because I used to visit Uganda a lot, I think this is the beginning of the end. I remember paying for a cheap meal in Kampala with a carrier bag full of paper shillings. They eventually got over this problem by adding noughts on 5 and 10 shilling notes, making them 500 and 1000. Eventually they had to revalue massively, knocking the noughts off again.

This sort of thing was probably in the mind of the beerhall poet who started the story about Zimbabwe's new currency, the *chidzero*. He reckons one chidzero equals three zeroes and there are 10 chidzeros, or 30 noughts, in a bob.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ARVs	Anti-Retrovirals
AU	African Union
AZT	Azidothymidine/Zidovudine (a brand of ARV)
CD4 Cell	a cell in the immune system which is selectively attacked by the HIV virus
CD4 Count	the amount of cells in the blood, which is a measure of immune function within the body
DACST	Department of Arts and Culture, Science and Technology
GRID	Gay-Related Immunodeficiency
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
KS	Kaposi's Sarcoma
MDC	Movement for Democratic Change
MTCT	Mother To Child Transmission
NACOSA	National AIDS Committee of South Africa
Navirapine	A brand of ARV
NGO	Non-Governmental Organisation
PPAAT	Public Personalities Against AIDS Trust
PCP	Pneumocystis Carinii Pneumonia
PEP	Post-Exposure Prophylaxis
PLWA	People living with HIV/AIDS
PWA	People/Person with AIDS
SADC	Southern African Development Community
STD/I	Sexually Transmitted Disease/Infection
TAC	Treatment Action Campaign
TB	Tuberculosis
3TC	Three Treatment Combination ARV e.g. Lamivudine
TRC	Truth and Reconciliation Commission
UNAIDS	United Nations AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
ZANU-PF	Zimbabwe African National Union-Patriotic Front

