

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

## **Rhyming Youth With Death:**

What we might learn from HIV/AIDS fiction in South Africa

Betony Adams

ADMBET001

A dissertation submitted in fulfilment of the requirements for the award of the degree  
of Master of Arts in English Language and Literature

Faculty of the Humanities

University of Cape Town

2012

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced using the Oxford method.

Signature

Signed by candidate

Date

09/02/2012

## TABLE OF CONTENTS

Acknowledgments.....	2
Abstract.....	3
Introduction.....	4
Chapter One.....	29
Chapter Two.....	53
Chapter Three.....	79
Conclusion.....	103
List of References.....	114

## ACKNOWLEDGEMENTS

I would like to acknowledge my supervisor, Dr Reuben Chirambo, who passed away at the end of 2011. He was very patient and very encouraging and got me well started on this thesis.

I would also like to acknowledge and thank David and Elaine Potter from the Potter Foundation as well as the National Research Fund for funding this research.

## ABSTRACT

That the interpretation of disease, its fictionalisation, might prompt negative responses is an issue that has been addressed by various people. Of which one of the better known examples is Susan Sontag's *Illness as Metaphor & Aids and its Metaphors*. In South Africa the negative effects of reading HIV/AIDS as metaphoric are borne out by the shame and stigma which make acknowledging and treating the disease difficult. While recognising the relevance of being against the interpretation of disease this thesis is an attempt to argue for what we can learn from considering the metaphors that constitute what might be called the official fiction, that is, literary fiction, about HIV/AIDS in South Africa. I will focus generally on how metaphor might offer a singular way of communicating the experience of the diseased body in the context of the abstracting expertise of modern medicine. And I will also examine two instances in which metaphor and fiction might give specific insight into the experience of HIV/AIDS in South Africa.

## INTRODUCTION

When we see the brain we realise that we are, on one level, no more than meat; and, on another, no more than fiction.<sup>1</sup>

Death has long been a subject for literature, even a reason for it; our stories act as proof of life, warding off oblivion. They are a way of remaining. But it is the presence of unrestricted death and terrible remains that pervades Michael Cope's poem 'From the Air'. A poem that begins in easy and regular rhyme, a picture book description of a graveyard seen from the new perspective of the air turns, towards its end, into a list of the impossibility of marking death on a scale that defies our conventional compromise with it. At first there is regulated death, dealt with, tucked away, folded, where:

...the assembled dead  
are ranked by time. The older graves are still  
there in their place. Some tended once a year,  
some with stones or flowers, dates and names.<sup>2</sup>

Here, despite the grief attested to by the desire for remembrance in flowers, dates and names, it is precisely the marking that makes these the 'regular deceased'; their passing made part of a language of loss, incorporated into the order of continuing life. They are *in their place*. As the poem draws towards its conclusion, however, we are presented with the graves of the newly dead. At this point the structure of the poem begins to disintegrate as though in keeping with the endlessly churned earth; the rhyme scheme disappears, the lines are a list of ands which refuse the slower closure of the older graves. Now there are only 'rows of pits', 'diggers digging more', 'raw heaps', 'rectangular holes...' It may be easy rhetoric to align a poetic device such as rhyme with the process of closure, its sounding alike the phonetic equivalent of a certain completion, the repetition a sort of commemoration. And it is a question that I will return to in the final chapter of this thesis. But the order that it allows suggests the

---

<sup>1</sup> P. Broks, *Into The Silent Land*, Atlantic Monthly Press, New York, 2003, p. 63.

<sup>2</sup> M. Cope, 'From The Air' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 178.

marking of our boundaries, the putting of things in their given places. In *Three Letter Plague* Jonny Steinberg remarks on the particular horror of a disease that wipes out the youth of a new democracy and does so through the life-affirming, generative activity that is sex.<sup>3</sup> It goes against all established knowledge, that youth, ordinarily associated with possibility and promise should be unable to fulfil this. In many of the stories and poems that attempt to convey or understand the experience of HIV/AIDS the accepted meaning that we invest in things is made strange, instead of seed we cultivate disease, we harvest, not the abundance of fertile lands but fields sown in bones. It is our understanding of the established order that these new graves confound, they threaten our given ways of saying, despite the desire to recoup the losses, to find a rhyme that might give reason to disease.

Aristotle wrote that ‘midway between the unintelligible and the commonplace, it is a metaphor which most produces knowledge’.<sup>4</sup> Which might be to say – although this is a simplification that will be developed further in this Introduction – that metaphor yokes the foreign to the familiar. In the light of this, and in the context of HIV/AIDS, this thesis will be preoccupied not with the knowledge offered by the science of the disease but with what might be understood through metaphors and the extended metaphors that are stories. And indeed, why metaphor might be such a compelling method for understanding disease, having both useful and harmful consequences. The claim of science, its reason for being, is truth, and because of this it cannot be midway between anything. Metaphor, on the other hand, is a way of relating the strange occasion of disease, here specifically HIV/AIDS, to the familiar world, the familiar body, in which it manifests. Because the specifically familiar world in which I am interested is South Africa, these metaphors will be drawn from South African fiction. In this way fiction might offer some insight into attitudes towards HIV/AIDS, the reluctance to test or be treated and the stigma and superstition that surrounds the disease.

---

<sup>3</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 6.

<sup>4</sup> Aristotle qtd in *The Social Use of Metaphor: Essays on the Anthropology of Rhetoric*, JD. Sapir and JC. Crocker (eds), University of Pennsylvania Press, 1997, p. 1.

The etymology of 'ease' is generally traced back to the Medieval Latin *in aiace*, having the same root as adjacent or neighbouring, being in the vicinity<sup>5</sup>. That *disease* is implicated in a fear of the stranger is one of the issues with which Phaswane Mpe engages in *Welcome To Our Hillbrow*. The threat of infection, in this case with HIV/AIDS, makes us more watchful of our borders, suspicious of those who originate outside of them.

These Africans from the West were the sole bringers of AIDS and all sorts of other dirty illnesses to this centre of human civilisation. Their passports were scrutinised, signatures checked, double checked and triple checked. Our Heathrow strongly reminded Refilwe of our Hillbrow and the xenophobia it engendered. She learnt there, at our Heathrow, that there was another word for foreigners that was not very different in connotation from *Makwerekwere* or *Mapolantane*. Except that it was a much more widely used term: Africans.<sup>6</sup>

Susan Sontag, in her analysis of the metaphor of disease as invasion remarks that 'xenophobic propaganda has always depicted immigrants as bearers of disease', that this is an extended consequence of the view that migration from the Third to the First World is itself considered an infection of sorts, a pollution of the body proper of society.<sup>7</sup> It is the outside getting in, transgressing established borders in a potentially uncontrolled manner. In this context it is not that surprising that the origin of HIV/AIDS is imagined as the dark jungles at the heart of Africa, that continent conventionally depicted as ungovernable and unknown. Because it remains incurable the disease is outside of given lines of control and thus threateningly other. That it is a predominantly sexually transmitted disease and associated with what is imagined as deviant sexual behaviour in the case of homosexuality or overt sexuality in the case of Africa means that it is positioned as being outside of moral borders as well. The way in which the disease is seen as foreign invasion seems reinforced by how the body's reaction to the disease is often imagined, as being at war and needing to defend itself. A fact stemming, it might be argued, from how HIV/AIDS attacks the immune system, the body's line of defence, the 'soldiers' protecting the safety of its space. That the disease is also passed along in semen and thus associated with ideas of penetration and the force of virility can only strengthen the metaphor. HIV/AIDS is

---

<sup>5</sup> Dictionary.com, etymology of 'ease', viewed 11 May 2011, <http://dictionary.reference.com/browse/+ease>.

<sup>6</sup> P. Mpe, *Welcome To Our Hillbrow*, University of Natal Press, Pietermaritzburg, 2001, p. 102.

<sup>7</sup> S. Sontag, *Illness as Metaphor & Aids and its Metaphors*, Penguin Books Ltd, London, 1991, p. 147.

already predisposed to association with thoughts of prophylactic border guards and the strength of troops.

This is not an exclusively Western conception of the disease. In isiZulu the immune system is *amasotsha omzimba* or 'the soldiers of the body' and the common phrase for a lowered immune system translates as 'the strength of the soldiers of the body has come to an end'.<sup>8</sup> And neither is it exclusively Western to be suspicious of strangers. Steinberg documents the profound suspicion of villagers in the Transkei when faced with the needles of Western medicine and their conviction that this was how HIV/AIDS was being introduced into their bodies, their belief that the disease was something brewed in 'the vividly imagined laboratories of Western science'.<sup>9</sup> But borders are drawn even within a continent or country. In the quote from Mpe above there is already the distinction between South Africans and those 'Africans from the West', responsible for bringing HIV/AIDS into civilisation. In this way Heathrow recalls the Hillbrow of the novel which yokes 'AIDS and *Makwerekwere*'.<sup>10</sup> That it is a disease of the circulation, of circulation, often associated with truckers and migrant workers means that it is easy to see it as originating elsewhere, as Sindiwe Magona's short story 'Leave-taking' attests to.

Then, of course, she didn't know anyone who was HIV positive, never mind suffering from full-blown AIDS. The disease was a distant rumour, something that belonged to strange people up in the northern parts of the country. Or Africans from elsewhere in the continent, Africans who were flooding into South Africa now that apartheid was a thing of the past.<sup>11</sup>

But disease – and this is nicely suggested by tracing both components of the word back to their roots: apart-neighbouring<sup>12</sup> – is implicated in notions of the foreign on a more profound level. In his essay on the uncanny Freud contemplates the meaning of

---

<sup>8</sup> P. Henderson, 'Mortality and the ethics of qualitative rural research in a context of HIV/AIDS' in *Anthropology Southern Africa*, 28 (3&4), 2005, p. 27.

<sup>9</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 146.

<sup>10</sup> P. Mpe, *Welcome To Our Hillbrow*, University of Natal Press, Pietermaritzburg, 2001, p. 95.

<sup>11</sup> S. Magona, 'Leave-Taking' in *Nobody ever said AIDS: Stories and Poems From Southern Africa*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 125.

<sup>12</sup> Dictionary.com, etymology of 'ease', viewed 11 May 2011, <http://dictionary.reference.com/browse/+ease>

that word, in German *unheimlich*. The way in which he does this is to begin with the meaning of *heimlich*, the opposite of the word he is looking to define.

The German word '*unheimlich*' is obviously the opposite of '*heimlich*' ['homely'], '*heimisch*' ['native'] – the opposite of what is familiar; and we are tempted to conclude that what is 'uncanny' is frightening precisely because it is *not* known and familiar.<sup>13</sup>

That what is not known or familiar can be frightening is an idea already broached in the discussion of HIV/AIDS as a foreign invasion. But the fear elicited by the uncanny is more specific than merely that of the foreign. What is discovered in Freud's circuitous definition is that the concepts of the familiar and the uncanny are interrelated more than oppositional, that *heimlich*, which begins as intimate, at home or surrounded by close walls incorporates, at the same time, what is concealed, done behind the back and secretive. It includes, in its various meanings, the discovery or betrayal of secrecy. In other words it resembles, in the end, the *unheimlich*. Freud goes on to conclude that 'the word '*heimlich*' is not unambiguous but belongs to two sets of ideas, which, without being contradictory, are yet very different'<sup>14</sup>. The two sets of ideas are not contradictory but neither do they seem that very different. The one is a condition of the other: intimacy generates secrets; walls define both an inside and an outside space. The uncanny, then, is not only what is unfamiliar and thus threatening but rather something that is both recognisable and strange, the recognisable made strange. This is why the fear elicited by the uncanny is different to more ordinary fear. It is not the fear of something other, but the fear of being other, of being turned inside out, at once home but not at home. Daniel Defoe in *A Journal of the Plague Year* records the closing up of houses caused by the uncontrollable spread of plague through London in 1665.

That every House visited, be marked with a red Cross of a Foot long, in the middle of the Door, evident to be seen, and with these usual printed Words,

---

<sup>13</sup> S. Freud, 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey, The Hogarth Press, London, 1919, p. 220.

<sup>14</sup> S. Freud, 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey, The Hogarth Press, London, 1919, p. 225.

that is to say, Lord have Mercy upon us, to be set close over the same Cross, there to continue until lawful opening of the same House.<sup>15</sup>

Although this is to borrow a dated example, altered to a large degree by the institution of the hospital, it serves here to further my point. That disease might turn the home into a place of fear, a prison instead of a refuge, is what makes it particularly frightening. It breeds fear of those close to you, drawing lines of suspicion between neighbours. That HIV/AIDS compromises ideas of home and community is very evident in *Three Letter Plague*. Sizwe Magadla, the book's protagonist, describes the reluctance to test as following from the fact that 'in the weeks and months that followed, those who had tested positive were silently separated from the rest of the village. They were watched'.<sup>16</sup> To be diagnosed with the disease is to be made a stranger within the community. And more than this HIV/AIDS reveals the fault lines within a community, makes of it a tenuous compromise, a place rife with envy where for Sizwe to test means offering up information that might be used to destroy him.

During a discussion of one of the village gangsters, once a childhood friend of Sizwe's, Steinberg remarks that to 'be held up at gunpoint by someone you know...is to be invaded in the most exquisitely intimate fashion'.<sup>17</sup> The same logic might apply in the context of HIV/AIDS where it is even more marked by the way in which it is spread being predominantly sexually transmitted; a disease of intimacy, of intimacy betrayed. This betrayal is an often returned to theme in HIV/AIDS fiction, how infidelity might bring death into a house, how people might be made foreign to each other even in their closest union. That this might be reinforced on a physiological level is clearly demonstrated in Edward Chinhanhu's short story 'Our Christmas Reunion'.

Then a bell rang, and I heard someone shout, 'There is somebody disembarking!' Despite my tears, I craned my neck and peered through the windows and door of the packed bus. A familiar figure was slowly making his way towards the exit, squeezing through the small spaces created for him by

---

<sup>15</sup> D. Defoe, *A Journal of the Plague Year: being observations or memorials of the most remarkable occurrences, as well publick as private, which happened in London during the last Great Visitation in 1665*, Oxford University Press, 1990, p. 43

<sup>16</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 30.

<sup>17</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 62.

the noisy standing passengers, and pieces of luggage piled on the floor of the bus. As the figure drew nearer to the door, he became less and less like Selby. With some effort and a little help from the conductor, he landed on terra firma. I came up close to him. No, he wasn't my brother Selby.<sup>18</sup>

That the familiarity of a brother's body, known since childhood, should be so altered as to be unrecognisable is one of the uncanny manifestations of HIV/AIDS. Freud mentions certain cases where the sensation of things being uncanny is most strongly felt, which include the contemplation of waxwork figures and automatons, dolls and doubles as well as instances of suggested possession, 'doubts as to whether an apparently animate being is really alive'.<sup>19</sup> What these examples all point to seems the way in which the human form might be rendered a strange body, both familiar and other, out of sorts. Disease is frightening in an uncanny sense because it makes us strange to each other, even within our given communities. But more than this it makes us strange to ourselves. It is that most intimate invasion of the familiar body, the family body, but even more fundamentally, of our own body. That this threat is evident in attitudes towards HIV/AIDS seems borne out by the traditional beliefs that tie illness to witchcraft.

A person who contracted cryptococcal meningitis or suffered from AIDS dementia was said to have had a demon sent to him by an enemy. A person suffering from shingles – a common opportunistic infection triggered by immunodeficiency – was said to have had a witch's snake crawl over her skin while she slept.<sup>20</sup>

Fear of the disease is not only fear of the foreigner but more awfully the fear of being made foreign, here represented in demonic possession or uncanny visitation. In this context it seems a further irony that HIV/AIDS enlists our own DNA in its replication, making it not merely an invasion but part of the structure of the body itself. On a visceral as well as conceptual level it is a transgression of the way in which the self is delimited. This reaction to disease as to the uncanny might be explained away as solely a primitive view of disease which would be eradicated by the correct medical approach, an approach which refuses to interpret the body. Justice

---

<sup>18</sup> Chinhanhu, 'Our Christmas Reunion' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 88.

<sup>19</sup> S. Freud, 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey, The Hogarth Press, London, 1919, p. 226.

<sup>20</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 29.

Edwin Cameron of the Constitutional Court of South Africa recalls the way in which he viewed his body before and after taking ARVs.

‘I knew my status for eleven years before I started treatment,’ he said. ‘During that time, I did not realise that this virus inside me represented an enormous contamination, a sense of self-rejection. I only began to understand these things when I realised that the drugs were working. Once the viral activity had been stopped in my body, I stopped feeling contaminated’.<sup>21</sup>

Although the ministrations of modern medicine cured both symptoms as well as the way in which they were being read, in the manifestation of the disease the body was experienced as a turning from the self. Even in the purely physical experience of disease, the measurable symptoms, it seems difficult not to experience the body as other. Kgebetli Moele’s novel *The Book of the Dead* imagines HIV/AIDS as a type of possession in a profoundly disturbing manner. The story traces, through the voice of an omniscient narrator, the successful life of Khutso until he discovers that he is HIV positive. At this point the first section of the novel ends and a new section, which is narrated by the virus itself, begins. One of the first things that the voice of HIV/AIDS addresses is the way in which the disease is a feared and despised thing, faceless and foreign but then absolutely familiar, wearing a human face.

I. I live amongst you, waiting like a predator. I am faceless. I am mindless and thoughtless. But I am feared and despised. You hate me. But then I put on a face – wear a human face – and I am respected, appreciated and valued. I am I. You lovingly summon me. I don’t break in. My schemes are not like that. I am willingly invited in, and only then do I take up my position and do my work.<sup>22</sup>

The manner in which disease divides the self against itself is quickly evident in the predominance of ‘I’ in the passage. Although it is emphatically asserted it is a fraught subject, neither completely the voice of HIV/AIDS nor that of any human. This culminates in the ‘I am I’ which simultaneously confirms as unique but doubles the subject. For the remainder of the novel the voice of HIV/AIDS and Khutso’s own voice play out an uncanny marriage made more distressing by the way in which the reader has identified with Khutso’s struggles and triumphs in the first half of the book. It is a strange and troubling intimacy, only sharpened by the fact that the

---

<sup>21</sup> Ibid, p. 181.

<sup>22</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 77.

threatening voice should be so willingly invited in, something sought out; that the face of disease is our own face. As Khutso's son Thapelo remarks, 'If Aids were a person, I would kill him or her with my bare hands, but there is no Aids, there are only people, and that is the worst thing about Aids'.<sup>23</sup>

That disease might be thought of as preoccupied with notions of the foreign, whether this manifests on the level of xenophobia or the uncanny experience of the familiar body made strange, prompts the question of how metaphors and the fiction they further might be implicated in this conception. Susan Sontag's *Illness as Metaphor & AIDS and its Metaphors* is one of the seminal texts to address the intersection of meaning and disease. In it she writes that:

Illness is not a metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking.<sup>24</sup>

Metaphoric thought allows potentially harmful myths to collect around a disease. This furthers a certain characterisation of those suffering from this disease and in turn gives rise to moral judgement. Certain diseases acquire meaning, they come to signify, they enter the symbolic realm instead of being what they are: bacteria or virus, a purely physical manifestation. In this way a disease such as tuberculosis gets tangled in literary ideas of sensitivity and creativity – although here I should stress Sontag's context for the disease might be read very differently in South Africa. Or, in the case of cancer, is interpreted as being the result of repression, a rebellion against restriction that manifests itself in the uncontrollable growth of the tumour. That this might complicate acknowledgement of the disease and thus effective treatment is one of the main reasons why Sontag condemns the interpretation of disease. In the example of HIV/AIDS this tendency towards interpretation seems reinforced by the way in which the disease is associated with sex which itself generates codes of meaning and strong responses. In his essay 'The Originary Metaphor' Derrida quotes Rousseau's view that metaphoric language was born first and out of passion.

---

<sup>23</sup> Ibid, p. 163.

<sup>24</sup> S. Sontag, *Illness as Metaphor & AIDS and its Metaphors*, Penguin Books Ltd, London, 1991, p. 3

Upon meeting others, a savage man will initially be frightened. Because of his fear he sees the others as bigger and stronger than himself. He calls them *giants*. After many experiences, he recognizes that these so-called giants are neither bigger nor stronger than he. Their stature does not approach the idea he has initially attached to the word giant. So he invents another name common to them and to him, such as the name *man*, for example, and leaves *giant* to the false object that had impressed him during his illusion.<sup>25</sup>

In these terms metaphor is indeed harmful in the context of disease. This is strongly suggested by the way in which the figurative, false term is implicated through being frightened and how this fear and threat might act as a distorted lens, making it impossible to see what is really in front of us, which is our own body. The 'many experiences' that Rousseau suggests are necessary to deflating the exaggeration recall Sontag's advice that to make a disease real, to remove it from the realm of the symbolic, is to say it over and over, to remove its mystery.<sup>26</sup> That it is punitive to give a disease a meaning, and invariably a moralistic one,<sup>27</sup> is evident in responses to HIV/AIDS. That those revealing their status might risk death at the hands of their community is a compelling argument in Sontag's favour. But on another level to presume the universality of the name *man* seems to presume that ideal case in which every individual has access to the same experience, the same effective treatment. To discount metaphor in the understanding of disease might be to discount the role that imagination plays in empathy towards those suffering from HIV/AIDS.

In the foreword to the collection *Nobody ever said AIDS: Stories & Poems from Southern Africa* Njabulo S. Ndebele writes of the use of fiction in the context of HIV/AIDS that it:

[S]ignals that writers in southern Africa have indeed begun to forge new and imaginative responses to the pandemic. Their words open the space for us as readers to understand, to mourn, and to grieve for the collective losses facing us in southern Africa today. The power of this collection lies in helping to ensure that we will not have remained silent in the face of such enormous loss. In allowing us access to the social and interior worlds of their characters, these writers encourage us to empathise with them and to seek new ways of responding to the pandemic and its devastating effects.<sup>28</sup>

---

<sup>25</sup> Rousseau qtd by J. Derrida in 'The Originary Metaphor' in *The Derrida Reader: Writing Performances*, J. Wolfreys (ed), Edinburgh University Press, Edinburgh, 1998, p. 94.

<sup>26</sup> S. Sontag, *Illness as Metaphor & Aids and its Metaphors*, Penguin Books Ltd, London, 1991, p. 162

<sup>27</sup> *Ibid*, p. 59

<sup>28</sup> Ndebele, 'Foreword' to *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 9.

The emphasis on new responses here recalls Aristotle's definition of metaphor as being most generative of new knowledge. Sontag borrows a different definition from Aristotle. Metaphor, she quotes, 'consists in giving the thing a name that belongs to something else'.<sup>29</sup> That this is problematic in the context of treating disease as clearly as possible goes without saying. But the mechanism of the comparison seems the same one that underlines empathy, a way of calling the self by another's name. Ndebele writes of HIV/AIDS fiction that its power is in ensuring that we are not silent in the face of such loss. The problem, however, seems also how to access the suffering of others so as not to appropriate their name. Paul Ricoeur writes of metaphor that 'to see the like is to see the same in spite of, and through, the different'.<sup>30</sup> Because it does not have to satisfy scientific accuracy which would consist in calling the same only that which might be identical, what metaphor describes is how two different things might be the same. And it does this without conflating the two, while maintaining their difference. It is preoccupied with how resemblances might be made to tell. In this way stories are metaphorical in that they allow us to see how we are the same without reducing this resemblance to an easy universalisation. They offer a way of identifying across difference and past the borders put in place by the categorising of people, whether these be categories of nationality, race, gender or class.

But the way of relating that metaphor might offer in the context of disease serves more than the purpose of empathy. On the one hand understanding things in terms of resemblance might result in negative conceptions, as is attested to in *Three Letter Plague*.

They say that the big oval pill, the one that is shaped like a rugby ball and is hard to swallow, that one will make you give birth to a deformed baby. The baby will come out the same shape as the pill, without arms and legs.<sup>31</sup>

A few years later, a story circulated in South Africa. You know those oranges that look like they have blood inside, the ones with the red juice? I think they

---

<sup>29</sup> Aristotle qtd by S. Sontag, *Illness as Metaphor & Aids and its Metaphors*, Penguin Books Ltd, London, 1991, p. 91.

<sup>30</sup> P. Ricoeur, 'The Metaphorical Process as Cognition, Imagination, and Feeling', in *On Metaphor*, S. Sacks (ed), The University of Chicago Press, Chicago, 1980, p. 5.

<sup>31</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 189.

are called blood oranges. The story went round that those oranges have had HIV injected into them and that if you eat them you will get HIV.<sup>32</sup>

It is these sorts of metaphoric misunderstandings that fuel the reluctance to embrace effective treatment or endorse suspicion around the disease. But what both the examples above also signify is a desire to explain something that is not well understood, here ARVs and HIV/AIDS, in terms of recognisable things. That a strange new pill should be accused of causing birth defects and a disease of the blood traced back to blood oranges betrays not only the suspicion with which Western medicine is received in the rural Transkei but also the ways in which we assimilate new things. How we relate them – here through the shape of the pill, the colour of blood – to the world as it is already given.

Steinberg, in *Three Letter Plague*, discusses the relationship between HIV/AIDS patients in the Transkei and their ARVs. Because the treatment is not temporary it must become an indispensable part of their daily routine, and as such ‘they must have a lively relationship with their medicines, a relationship at once emotional and cognitive. They must know the name of each pill, its shape, its colour, its nickname, all its potential side effects. They are stuck with these tablets for their lives... Best to develop a language with which to speak to them’.<sup>33</sup> That he includes ‘nickname’ in the way that ARVs might be understood already gestures towards the way in which metaphor might offer a language for speaking of the disease and its paraphernalia. Although it might be either derogatory or signify a certain unwillingness to learn the proper term a nickname also suggests family or those we are familiar with, it suggests an intimate knowledge. Michel de Certeau, in an essay concerned with the ways in which we orient ourselves in the world, elaborates on the literal definition of metaphor.

In modern Athens, the vehicles of mass transportation are called *metaphorai*. To go to work or come home, one takes a ‘metaphor’ – a bus or a train. Stories could also take this noble name: every day, they traverse and organize places; they select and link them together; they make sentences and itineraries out of them.<sup>34</sup>

---

<sup>32</sup> Ibid, p. 155.

<sup>33</sup> Ibid, p. 111

<sup>34</sup> M. de Certeau, *The Practise of Everyday Life*, University of California Press, Berkely and Los Angeles, p. 115.

Metaphors or stories, in the context of how disease might be experienced as foreign, can be a way of bringing things home. If we consider the metaphors employed in descriptions of disease (and perhaps this is a characteristic of metaphor more generally, being preoccupied with measuring tangibly) they draw their resemblances from the commonplace, they are midway between a strange and a known place. Jonny Steinberg records a conversation about ARVs in *Three Letter Plague*.

“ I don’t trust these ARVs because they are not ours,” the old man declared authoritatively toward the end of our meal. He picked up a mealie cob that had been lying on the plate in front of him. “This is ours. If a clever African scientist made an AIDS remedy out of this, I would trust it.”

“But mealies are no more African than antiretrovirals,” I replied. “Five generations ago, your forebears farmed sorghum. Foreigners brought mealies. You started to use them because they were more productive than sorghum and required less labour to farm. You borrowed something foreign because it was useful, and soon it became yours. It should be the same with ARVs.”<sup>35</sup>

This desire for an African cure recalls the official discourse of HIV/AIDS promoted by Thabo Mbeki and former Health Minister Manto Tshabalala-Msimang. The latter especially recommended the use of the African potato along with lemons and olive oil as a way of treating HIV/AIDS. Liz McGregor, in an attempt to understand why Fana Khaba (the well known South African DJ) refused the ARVs that could have saved his life explores, in *Khabzela*, the various alternative medicines he experimented with. She suggests that the reason for Tshabalala-Msimang’s belief in these specific ingredients was her being recruited to the cause of Health Educational Services, an outfit run by Tine van der Maas, who treated Fana towards the end of his life. At that time Tine was using Africa’s Solution, an extract of African potato, along with lemons and olive oil to treat HIV/AIDS. However, although the main ingredient suggests an African cure, Tine is from Holland, studied graphics and, McGregor writes, seems proud of the fact that she has little formal training or education.<sup>36</sup> She is hardly an African scientist. The doctor that created Africa’s Solution is South African, Dr Hendrik Christoffel Barnard, a professor in the chemical pathology department at the University of Bloemfontein.<sup>37</sup> But in the context of a country scarred by apartheid

---

<sup>35</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 152.

<sup>36</sup> L. McGregor, *Khabzela: The Life and Times of a South African*, Jacana, Johannesburg, 2005, p. 217.

<sup>37</sup> Ibid, p. 207.

such a strongly Afrikaans figure seems an unlikely candidate to be designated either saviour or solution for Africa. McGregor also records some of the other remedies Fana tried in his desperation for a cure. Amazing Grace, the ingredients of which 'you can find on the shelves at Pick 'n Pay'<sup>38</sup> was sold to him by 'Dr Irene', a 'daffy little granny' from Brakpan.<sup>39</sup> Indeed, none of the people to which Fana turned for a cure suggest the clever African scientist that might make an alternative to ARVs using a mealie cob.

The desire expressed seems as much about something authentically African as it is about something already recognised, part of an established vocabulary, about what might be found on the shelves at the local store. Which is also the attraction, to some extent, of traditional medicine, whose roots and herbs are still recognisable as plants instead of abstracted into capsules and pills. It is this desire, for resemblance, for a way of relating, which nicknames Efavirens, the ARV pill, E-five-rands.<sup>40</sup> That this might inform more than merely attitudes towards treatment is suggested by the way in which shingles, one of the infections linked with HIV/AIDS, is explained as having had a witch's snake crawl over the skin.<sup>41</sup> In this case the frightening and inexplicable appearance of the rash is given a certain order by associating it with the recognisable pattern that a snake might make in the sand. That disease makes the body foreign, makes of us a foreign body, can only strengthen this wish to be returned, in some sense, home. In the short story 'The Death of a Queen' Tracey Farren describes the final weeks in the life of a woman called Cecilia. The story ends with her boarding a bus.

Two days were all she asked. Two days to show her baby to her mother, to prove that her death would not be in vain. A life for a life, is what she wanted to say, and then he could return to Cape Town. Armed with soup for the journey and a gift of tea for her mother, Cecelia took a long-distance bus to her grave.<sup>42</sup>

---

<sup>38</sup> Ibid, p. 198.

<sup>39</sup> Ibid, p. 199.

<sup>40</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 111.

<sup>41</sup> Ibid, p. 29.

<sup>42</sup> T. Farren, 'The Death of a Queen' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 113.

In the sick woman's bus trip home the example serves de Certeau literally. But, as he puts it, the direction of a metaphor – as bus or train – might also be away from home. In this case, although the explicit suggestion is that of returning home, the work that the story does is to mimic how disease might make the home an *unheimlich* place. That Cecilia, sensing death, might want the comfort of her mother is understandable and it is a comfort doubly suggested by the objects included in the description of the journey. The reference to both soup and tea evokes the rituals of familiarity that might lend a home its warmth. But the comfort is undone in the final phrase where the expectation of 'home' is replaced by the finality of 'grave'. That life is imagined as a journey towards death is not a new metaphor but the possible literality of the phrase, she is about to die, and the use of the word grave, in this context, suggests as much the concept of death as it does the actual place of burial. This might be because it follows the description of the bus as 'long-distance' which, although it gestures towards the great separation that death enacts, also serves to ground the description in concrete detail and points the reader towards the more common noun. An effect that is reinforced by the very ordinariness of tea and soup and the matter-of-fact tone of the sentence. The combined result of this, the bus trip imagined as impossibly delivering her into the ground rather than her mother's arms, renders death very immediate and vividly communicates the way in which this homecoming has been made strange by disease.

That metaphor might offer a way of saying how HIV/AIDS specifically disrupts the established familiarity of things, how it turns us out of home, is evident in the various stories that employ ideas of fertility to imagine the disease. In the above extract from 'The Death of a Queen' the strange conflation of origins and ends is suggested on various levels, that it is to introduce a new child to her mother that Cecilia takes this bus to her grave, that it is a mother who will bury her child and not the other way round. The way in which HIV/AIDS, being predominantly sexually transmitted, complicates ideas of generation is effectively conveyed in the yoking of it to harvests and confetti. The fruitfulness that is conventionally associated with these things, the wish for abundance, is turned horribly upon itself in the granting of abundant death. In the context of South Africa this is heightened by how the rampant spread of the disease coincided with the end of apartheid. In the short story 'Harvest' the progression of Langston from labourer to manager culminates in a conversation about

how successful the harvest has been, here imagined in terms of money. His economic productivity is quickly ended, however, when he gets sick and dies from HIV/AIDS. That a metaphor is a 'borrowed home'<sup>43</sup>, an uncanny sort of recognition, makes it especially effective in communicating how HIV/AIDS might be experienced as a strange displacement from the accepted order of things.

But even more than this, perhaps, the attraction of metaphor in the description of disease is how the *figure of speech* suggests, on a structural level, our experience of being human. Alice Deignan writes of the cognitive view of metaphor that:

Conceptual metaphor theory proposes that a metaphor is a link between two domains, termed the 'source' domain and the 'target' domain. The source domain is usually concrete, consisting of entities, attributes, processes and relationships that are directly, usually physically experienced. The 'target' domain tends to be abstract...<sup>44</sup>

The reading of meaning into disease, the difficulty of treating the body as a purely physical thing, seems the logical extension of how we ourselves are meaningful substance. Metaphor, in linking the domain of the concrete or physical with that of the abstract, already suggests how we experience ourselves as body and mind, both measurable and idea; on one level pure meat, on another no more than fiction. That HIV/AIDS especially might elicit metaphors and stories seems the inevitable consequence of its intersection with both death and sex. That orgasm is sometimes referred to as the 'little death' says something of the way in which both are instances of being absolutely present, which is to say purely material. Because of this they are the fault lines along which our subjectivity might fracture. As a reaction they breed metaphor and story. Whereas it might be easier not to interpret those diseases that do not pose this threat HIV/AIDS reminds us too clearly that we are made of matter, close to animal. Steinberg, as he searches for a reason for Sizwe's refusal to test for HIV/AIDS recalls his own reaction to testing and the shame he experienced. A psychologist friend of his suggests that the way in which testing for HIV/AIDS makes

---

<sup>43</sup> J. Derrida in 'The Originary Metaphor' in *The Derrida Reader: Writing Performances*, J. Wolfreys (ed), Edinburgh University Press, Edinburgh, 1998, p. 113.

<sup>44</sup> A. Deignan, 'The cognitive view of metaphor: Conceptual metaphor theory' in *Metaphor Analysis: Research Practice in Applied Linguistics, Social Sciences and the Humanities*, L. Cameron and R. Maslen (eds), Equinox Publishing Ltd, London, 2010, p. 44.

public the act of sex is similar to the way in which pregnancy does, in the case of which, four or so generations ago, women were forced into confinement.

‘But what guilt is now on record?’ I asked. ‘What am I and the pregnant woman guilty of?’

‘Of being gluttonous,’ she replied. ‘Of being disgustingly greedy. Of being shameless. The closest analogy I can think of is having an audience watch you while you sleep. You are snoring raucously and lines of spit dribble down your chin. You are grotesque’.<sup>45</sup>

That physical appetite should prompt such disgust might be because it reminds us that we are nothing more than species, we feed and breed and we all, inescapably, must die. Indeed, one of the most compelling incentives of religion, that well woven set of metaphors, is the continuation of the fiction beyond death. The analysis of the shame that might be tied to evidence of sex focuses emphatically on the physical fact of the body, it stresses the spit and the snoring, the fact that the body is asleep. This then is the unnarrated body, wholly material, a mute signifier and thus a terrible object. Michel Foucault, in *The History of Sexuality*, notes that in the Victorian era, rather than the repression that is popularly associated with the time, there was a drive to turn sex into discourse.

There was a steady proliferation of discourses concerned with sex – specific discourses, different from one another both by their form and by their object: a discursive ferment that gathered momentum from the eighteenth century onward.<sup>46</sup>

This suggests various things. Certainly one of them is the move to situate sex within systems of knowledge and so exert a certain control over it. Sex, in its association with desire, is perceived as a dangerous thing, capable of transgressing boundaries and so upsetting the state of things, in both the common and proper sense of that word. We only need look to the banning of interracial relationships during apartheid to support the suggestion that sex might threaten the given order. It seems for this reason too that homosexuality provokes such censure and reinforces the stigma of HIV/AIDS. But that this proliferation of signification should intersect with Darwin’s theory of natural selection also suggests the way in which evolution might have

---

<sup>45</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball, Johannesburg, 2008, p. 294.

<sup>46</sup> M. Foucault, *The History of Sexuality: Volume 1: An Introduction*, Vintage Books Random House, New York, 1990, p. 18.

shaken our concept of being human. And how it might have fuelled a desire, which still persists, to make sex part of the symbolic order, to rescue it from that random act common to all species.

The way in which sex is threatening in this sense seems suggested by how passages of Kgebetli Moele's *The Book of the Dead* might read as shocking in the brutal – and I use the word here also as *animal* – meaninglessness of the sex described. The decision to place one such passage, detailing the 'one-hour stand' as 'when you pick up a girl on the dance floor, fuck her and then walk away like nothing happened – no number, no nothing',<sup>47</sup> on the back cover of the book might have been to highlight the author's singular voice. It might also have been a way of disregarding the proper conventions of what is considered literature as well as a way to attract a wider group of readers. But the interest that the quote elicits, that prompts the reading of the novel, is more than a purely prurient one. It seems also the desire to see in what way the quote might be redeemed, how the 'no number, no nothing' act of sex might be given meaning, made into story. This desire to redeem the act of sex is evident at various points in the fiction under study. The love story between the truck driver Luis and the prostitute Jotinha in Leila Hall's 'Girls in the Rear-view Mirror' begins when instead of the 'just sex' of the initial transaction they share the mutual recognition of a met gaze.<sup>48</sup> The origins of our attitudes towards sex might sometimes be difficult to articulate, but what seems certain is that the way in which HIV/AIDS is made to signify is to some extent the result of its association with the twin existential threats of death and sex.

That metaphor might offer a compelling language to speak about disease, that telling stories about bodies – the fictions that oppose Sontag's truthful way of being ill – is already tangled in questions of subjectivity, has been the more general direction of the argument thus far. I will now outline the trajectories of each chapter. The ordering of the chapters might be described as moving from an overview of disease, which will constitute Chapter One, to an exploration of ideas that are specific to HIV/AIDS. As such the first chapter will examine HIV/AIDS but with reference to the sick body more generally. Chapter Two and Three, however, will focus on what constitutes the

---

<sup>47</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 100.

<sup>48</sup> L. Hall, 'Girls in the Rear-view Mirror' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 24.

singular anxiety of HIV/AIDS as already discussed in this introduction, respectively sex and death.

Thus to begin with I will be preoccupied with the development of modern attitudes towards disease and healing and where the use of metaphor might feature in this progression. In Defoe's *A Journal of the Plague Year* the descriptions of people afflicted with the plague are particularly terrifying.

What cou'd affect a Man in his full Power of Reflection; and what could make deeper Impressions on the Soul, than to see a Man almost Naked and got out of his House, or perhaps out of his Bed into the Street... I say, What could be more Affecting, than to see this poor Man come out into the open Street, run Dancing and Singing, and making a thousand antick Gestures, with five or six Women and Children running after him, crying, and calling upon him, for the Lord's sake to come back, and entreating the help of others to bring him back, but all in vain, no Body daring to lay a Hand upon him, or to come near him.<sup>49</sup>

The undoing of proper convention, a naked man dancing and singing and gesturing madly, must have indeed made a deep impression on those watching. It seems no wonder that such strange behaviour prompted the disease to be imagined as divine retribution. On the one hand, although Defoe condemns the way in which people turn towards magic, he also despairs at the physicians' inability to offer any concrete knowledge. They themselves die often of the disease. The plague, in his account, is so frightening not only because it results in the semblance of madness but because the reason for this manifestation remains inexplicable and thus eminently random. The source of such symptoms cannot be isolated and thus to some extent controlled because the body is poorly understood. Roy Porter writes that understanding the body before the advent of modern medicine 'was both a simple matter (pain was directly experienced) and appallingly difficult, for the body's interior was hidden. Unable to peer inside, popular wisdom relied upon analogy, drawing inferences from the natural world'.<sup>50</sup> That one of the achievements of modern medicine is the way in which it has rendered the interior of the body visible is well documented in Michel Foucault's *The Birth of the Clinic*. In it the before and after of medicine comes to be defined by him

---

<sup>49</sup> D. Defoe, *A Journal of the Plague Year: being observations or memorials of the most remarkable occurrences, as well publick as private, which happened in London during the last Great Visitation in 1665*, Oxford University Press, 1990, p. 171.

<sup>50</sup> R. Porter, *The Greatest Benefit To Mankind*, Fontana, London, 1997, p. 38.

through the example of two different approaches to illness. The first is the cure of a hysteric by a treatment of baths. The second, not much later account, describes with great detail and clarity an anatomical lesion of the brain. Whereas the former, because it is 'lacking any perceptual base, speaks to us in the language of fantasy', the latter's 'qualitative precision, directs our gaze into a world of constant visibility'.<sup>51</sup> It is this progression that begins to locate disease purely in the body.

For us, the human body defines, by natural right, the space of origin and of distribution of disease: a space whose lines, volumes, surfaces, and routes are laid down, in accordance with a now familiar geometry, by the anatomical atlas.<sup>52</sup>

And it seems this neutral anatomical atlas that allows Sontag to advocate against the interpretation of disease, to condemn the imagining of disease, which has here been put in its place, as implicated in ideas of foreignness. But what the very precision that Foucault writes of has also resulted in is a certain abstraction of the body.

The narrator in the short story 'The Harvest', when faced with a friend's denial of HIV/AIDS, wonders 'how on earth you can acknowledge something you cannot see. A virus is such a little thing. So incomprehensibly tiny. How can something so small wreak such havoc?'.<sup>53</sup> Because of the change in scale of modern medicine, its preoccupation with things that bear no resemblance to our given experience of the body, it is sometimes understood more easily as concept than as relating to the substance of the body. I will elaborate, in Chapter One, on this progression of modern medicine and how it might be experienced as a loss of the recognisable body. And I will consider how metaphor and story might be a way of reconstituting this body through the familiarity of tangible things. This more general discussion will be focused through the specific examples of, among other works of fiction, Imraan Coovadia's novel *High Low In-between* and the short story 'Confetti' from the collection *Nobody ever said Aids: Stories & Poems from Southern Africa*, both of

---

<sup>51</sup> M. Foucault, *The Birth of The Clinic: An Archaeology of Medical Perception*, Vintage Book Edition Random House, 1994, p. x.

<sup>52</sup> *Ibid*, p. 3.

<sup>53</sup> K. Brown, 'The Harvest' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 2004: 81.

which address the need for clear medical intervention in the HIV/AIDS epidemic as well as the way in which things might be made to speak for the body.

Chapter Two, rather than focussing on the mechanism of metaphor, will be preoccupied with a specific set of metaphors and how these might be manifest in HIV/AIDS fiction in South Africa. I have already mentioned that one of the particular horrors of HIV/AIDS is that it targets the youth, who are ordinarily associated with budding life. And even more than this how it confuses the promise of life with the threat of death, being as it is predominantly sexually transmitted. The use of metaphors associated with concepts of fertility and abundance and the way in which they might convey the terrible flowering of disease has been briefly touched upon. In the short story 'Confetti', about a wedding attended by HIV/AIDS social workers, an HIV positive bride is described as she arrives in front of the church. She is vivid with life, literally bursting at the seams, her dress 'pulls at her belly and tightens over the swell of it so that her navel protrudes'.<sup>54</sup> The reader is left with the image of the narrator tidying a piece of confetti from the baby she has been given to hold. As it blows away from her she sees that the confetti has been made from the HIV/AIDS pamphlets that they have been using to educate people. The confetti, which in its substance signifies the life that is so abundant in the bride's pregnancy and the baby that rests on the narrator's hip, is also the terrible evidence of disease. The chapter will elaborate on this theme and will explore the way in which HIV/AIDS fiction addresses the anxiety that the disease raises with respect to children. However, this look to a new generation will not be restricted to the actual fact of procreation in the fiction under study. It will also examine how the association of HIV/AIDS with sex might complicate generation on a more conceptual level.

Khaya Gqibitole's short story 'Fresh Scars' begins with a description of the dawn.

The sky was blue, the bluest I had ever seen. In the east the rising light of umsobomvu's crimson belt hugged the horizon. I could see birds going about their early morning search for food. In fact they were not even searching, there was plenty after the good early spring rains. I watched them and envied their freedom, their playfulness and their grace. My spirit lifted, opened its wings

---

<sup>54</sup> L. Emanuel, 'Confetti' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 76.

and soared with them. From my aerial view I could see the flowing rivers, tranquil mountains, cattle and sheep grazing lazily and an army of butterflies. And then, in the distance, like a bolt from the blue, I saw thousands of white crosses.<sup>55</sup>

The possibility of the dawn, what might be made with a new day, is well suggested in the sense of plenty that the passage conveys, a plenty that is reinforced by mention of spring, that season of growth. That this is in the context of South Africa, a country newly free from the oppression of apartheid and, for a large percentage of the population, only now open to the full scope of possibility that life might offer makes this plenty that much more poignant. But the rich promise of the story's opening, the freedom to dream and the imagination that renders even flight possible, is here cut short by the graves of HIV/AIDS. More than the fact of death what HIV/AIDS threatens here seems the way in which a life might be productive, not only in material terms but also at the level of the imagination.

The story records the conversation between Dlangamandla, the dreamer of the opening passage, and Jola who has come home to die. The latter is the success story of the village. Despite his humble origins and a difficult beginning he made his name in business, accumulated wealth, married well and has now been granted a longed for son. However, as he tells his friend, life has defeated him. That he chooses to phrase it in this manner instead of as being defeated by disease or death seems telling. HIV/AIDS equates with life here not only in terms of the coincidence of its transmission but in how sex might signify desire, in Jola's case the desire that has driven him to such success, the pursuit of his dreams. In *The Book of the Dead* Moele has the HIV/AIDS virus, which is the voice of the second half of the novel, describe the ideal candidate for spreading the disease. In the description it is not the sick but those brimming with life that the virus most wishes to associate with.

Then I have no use for you any longer. You are no longer fit to do what I desire of you. I need you when you are at your best; when you have passion for life, when you have dreams and are chasing them hard. That is when I need you, because you can do a great deal of good work for me.<sup>56</sup>

---

<sup>55</sup> K. Gqibitole, 'Fresh Scars' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 91.

<sup>56</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 111.

That HIV/AIDS might complicate desire and dreams, might complicate the way in which we are authors of our lives, how we imagine its possible story, seems borne out by the reluctance to say HIV/AIDS in fiction, which is the realm of the imagination. To this end, although I will look at other instances of fiction, I will focus on Moele's *The Book of the Dead* in which HIV/AIDS becomes author of the second half of the novel.

And finally, having explored how metaphor and fiction play a part in treating and living with HIV/AIDS, Chapter Three will address how they might offer a way of expressing the terrible loss that the disease has wrought, might or might not offer a way of mourning. That death is experienced as a rupture in the familiar state of things is viscerally communicated in Nosipho Kota's poem 'When You Died'.

When you died  
the landscape changed  
the coffee that I was drinking turned cold  
my bath water turned red  
the dogs stopped barking  
the chickens came home  
the children's giggles stopped,  
when you died.<sup>57</sup>

The way in which the poem both begins and ends with the phrase 'when you died' but details in between how the landscape has been rendered fundamentally strange, effectively conveys that in the loss of a loved one everything and yet nothing changes. The coffee is still coffee, the bathwater runs clean, but the landscape is *unheimlich* in the strongest sense of the word. That the poem appears closed by the repetition of the phrase suggests the completion that writing about death might offer but here it might also be read as an infinite loop, the end turning us again to the beginning, signalling the impossibility of moving past the loss that the line represents.

Funerals, that other way of laying to rest, are also inevitably a part of the fiction. Imraan Coovadia describes, in *High Low In-between*, the burial of one of the characters.

---

<sup>57</sup> N. Kota, 'When You Died' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 49.

Sharky was still reluctant to leave. There was horror at abandoning his father to the elements on such a miserable afternoon – the still damp ground, damp sheet, damp body. You wouldn't leave a dog outside on a day like this. It was inconceivable that you should drive off and leave a member of your family in a strange place. The logic was ridiculous but at that second it was compelling.<sup>58</sup>

This particular death is not directly due to HIV/AIDS, although its cause is suggested to be in reaction to AIDS denialism. But what it communicates is the uncanny instance of death and the awful conflation of absence and presence that is the dead body. To this end I will consider the way in which photography, taken up as a metaphor in HIV/AIDS fiction, might offer a way of expressing this experience, being itself a reflection of both absence and material presence. I will also consider how photography, like a funeral or even a story, might be a way of locating loss, of putting it in its place and thus granting some sort of closure. And whether, in the context of HIV/AIDS, this is less easily achieved. Because of the scale, because it is the youth that is dying and worse, because something might be done to prevent it, this death refuses closure. It signals, in the terms of my chosen metaphor, the failure of photography. Thus Chapter Three will be preoccupied with how we might write about the dead, specifically those dead due to HIV/AIDS, and whether this writing is even possible. What the fiction suggests, as where I began this Introduction, is that the experience of HIV/AIDS cannot be made to rhyme, that it exceeds how we might give order to our existence and the threat of its loss. Rustum Kozain, in a poem called 'Crossing from Solitude', writes of the ways in which we cross from solitude, which is also the 'body's craze for assonance'.<sup>59</sup> Fiction is another way of negotiating the space between us. And in addition to this it signals a desire to contain, to assign beginning and ending, in as much as assonance might be thought of as being close (in sound, in body) but also closing (the gap between people, the story). That HIV/AIDS complicates the various ways in which things might be made to chime is attested to in the chapters that follow, in the distance between the healthy and sick body, between generation and degeneration, which is also the possibility of bodies being close. And finally in the excessive death which, against the given order, targets young people. In

---

<sup>58</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 56.

<sup>59</sup> R. Kozain, 'Crossing From Solitude' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 72.

the face of all this what metaphor might offer, in that it sees the same in spite of the different, is not assonance, not quite, but rather the possibility or impossibility of rhyming youth with death.

## CHAPTER ONE

### What is the *matter*: Making science or making sense

virus:

1 archaic: VENOM

2 a: the causative agent of an infectious disease

b: any of a large group of submicroscopic infective agents that are regarded either as extremely simple microorganisms or as extremely complex molecules, that typically contain a protein coat surrounding an RNA or DNA core of genetic material but no semipermeable membrane, that are capable of growth and multiplication only in living cells, and that cause various important diseases in humans, lower animals, or plants

c: a disease or illness caused by a virus<sup>60</sup>

In my opinion the virus look like a snake. You can't see it and it's moving in the secret ways and the dark ways. I make the virus look like that because with AIDS many people are dying and you can't point to the people who have the virus.<sup>61</sup>

Imraan Coovadia's novel *Hi Low In-between*, begins with a quote from Dante, 'tu se'ombra e ombra vedi (you, a shadow, see a shadow)'. The use of the shadow as a philosophical metaphor is not a new one. Shadows – perhaps because they make tangible the strange experience of consciousness, reminding us of the space we occupy, that we are at once object and awareness, matter as well as idea – have appeared in another of the seminal texts in the history of thought. In Plato's analogy of the cave the project of knowledge is to enlighten those people whose wrong belief is imagined as a prison. Chained before a wall in a cave they see only the shadows thrown by figures that move between them and the fire behind them. Theirs is a distorted perception, the analogy made more effective by the way in which shadows are a strange mirror of the objects they originate from, shifting and flickering, subject to tricks of the light and at times bearing little resemblance to this object. The role of the philosopher is then to enlighten, literally to turn these prisoners of ignorance towards the light. Not so much that they may see the world of things outside the cave but so that they may be freed from the vicissitudes of the perceived world, which in its mutability resembles the shadows on the cave wall.

---

<sup>60</sup> *Merriam-Webster's online dictionary* (11th ed.), definition of 'virus', viewed 11 January 2011, <http://www.merriam-webster.com/dictionary/virus>

<sup>61</sup> Nomawethu qtd by J. Morgan and The Bambani Women's Group, *Long Life...*, Double Storey: Cape Town, 2003, p. 23.

Although it has long since ceased to be called natural philosophy this, to some extent, is still the project of science as it is understood today. Like Plato it is suspicious of the seduction of how things seem to be, seeking instead the underlying explanation. Science, as the term will be used in this chapter, is that discipline which attempts to explain the material world through a process of observation and experiment. It is the repetition of experiment, the collection of evidence and through this the verification of theory that has allowed for the systematic generalisation necessary to formulate the 'general laws' which feature in the modern definition of science. In the chapter 'The Birth of Modern Science' from *The Best of All Possible Worlds: Mathematics and Destiny* Ivar Ekeland quotes Galileo:

Philosophy is written in that gigantic book which is perpetually open in front of our eyes (I allude to the universe), but no one can understand it who does not strive beforehand to learn the language and recognize the letters in which it is written. It is written in mathematical language, and its letters are triangles, circles, and other geometrical figures, and without these means it is humanly impossible to understand any of it; without them, all we can do is wander aimlessly in an obscure labyrinth.<sup>62</sup>

What is interesting about Galileo's insight in the context of this chapter is how it predicts, in some way, the trajectory of modern science. What the triangles, circles and other geometrical figures seem to represent – here at the very birth of science as we recognise it today – is a movement away from the singular, the details of an individual occurrence, towards the basic shape of collected occurrences; they trace out the law in the phenomenon. And at the same time, coupled to this progression towards geometric abstraction, is the result that the universe, which is ostensibly an open book perpetually before our eyes, becomes *humanly* impossible to understand.

As Coovadia notes, and is quoted below, this is the paradox of science. It describes the common world but not as the common man experiences it. Roy Porter, in his medical history of humanity, identifies the Renaissance preoccupation with the material world as the first stirring of an approach that hints at the scientific revolution to come.

---

<sup>62</sup> Galileo qtd by I. Ekeland, *The Best of All Possible Worlds: Mathematics and Destiny*, University of Chicago Press, Chicago, 2007, p. 24.

[A]fter centuries when the church had taught mankind to renounce worldly goods for the sake of eternity, Renaissance man showed an insatiable curiosity for the materiality of the here and now, a Faustian itch to explore, know and possess every nook and cranny of creation.<sup>63</sup>

It would thus seem, in describing the given world, in presenting the *matter*, that science should be recognisable to those who occupy this measurable world. And, indeed, the first units of measure had their origins in the dimensions of the human body and the objects of the observable natural world, a fact betrayed by some of the names that remain today, length is still measured in some instances in feet and weight in stones. Volume was initially measured by the number of grains used to fill a given container, mass by its comparison to another specially selected mass. Our ways of measuring began in comparison, on a scale we recognised, it was related to the things of our given local reality. Michel de Certeau – in an essay that begins with an account of the literal meaning of the word ‘metaphor’, in Greek a bus or a train, a way of going away and coming home again – writes of the distinction between tours and maps and the way in which they have, ‘over the past five centuries, been interlaced and then slowly dissociated in literary and scientific representation of space’<sup>64</sup>. He cites the birth of modern scientific discourse as the period in which maps began to disengage from the itineraries which made them possible, itineraries in which the distances were calculated in ‘hours or in days, that is, in terms of the time it would take to cover them on foot’ and which included such singular records as meals, battles, rivers or mountains crossed and so on.<sup>65</sup> The map, on the other hand, is a more abstract space, where distances are less comparable to the scale or individuality of human experience. The disjunction between the literary and the scientific that de Certeau discusses with relation to representations of space is perhaps also generalisable to the progression of scientific measurement in other spheres. Although measurement may have begun in comparison with the things of our local reality, with the movement of people between communities and across the globe came the need to standardise units of measure, for ease of communication and for accuracy. The introduction, for example, of the metric system quite literally tried to encompass the globe by using the diameter of the earth to standardise the size of a metre. It is this

---

<sup>63</sup> R. Porter, *The Greatest Benefit To Mankind*, Fontana, London, 1997, p. 169.

<sup>64</sup> M. de Certeau, *The Practice of Everyday Life*, University of California Press, Berkeley and Los Angeles, 1988, p. 120.

<sup>65</sup> *Ibid.*

very movement towards universalisation – which is also a question of location, or more specifically lack of location – that science holds up as its truth.

In the context of that most intimate space, the human body, the generalisable concerns of modern scientific measurement have also had an effect. Foucault, in *The Archaeology of Knowledge*, argues that clinical medicine is hardly a science.

Not only because it does not comply with the formal criteria, or attain the level of rigour expected of physics, chemistry, or even of physiology; but also because it involves a scarcely organized mass of empirical observations, uncontrolled experiments and results, therapeutic prescriptions, and institutional regulations.<sup>66</sup>

Despite this qualifying statement he goes on to elaborate how it is not exclusive of science, having definite relations with ‘perfectly constituted’ sciences like physiology, chemistry, microbiology and so on. Contemporary biomedicine would almost certainly align itself with science rather than story. Modern Western medicine, though perhaps not purely a science, borrows from science the idea of a standard anatomy, a means to map the body. In terms of such medical science the concerns of an expanding worldview – the globalisation that is still happening today – are perhaps illustrated in Foucault’s conception of the birth of modern medical diagnosis as the change from the question ‘What is the matter with you?’ to ‘Where does it hurt?’,<sup>67</sup> a movement from ‘what’, a preoccupation with the matter or material at hand, to ‘where’, a question which might also be interpreted in terms of an anxiety of location.

The question of mapping and its movement away from itineraries where the distances described were manageable on foot was almost certainly to some extent the result of an expanding world. The greater the distance and the larger an area to be mapped the less possible it is to include the singular details that might render a map an itinerary. As modern science has progressed and technology allowed even greater distances to be covered this effect has been exacerbated. The scale of the measured world is no longer so easily comparable to the human body. This is true too for the other end of

---

<sup>66</sup> M. Foucault, *The Archaeology of Knowledge*, Routledge, London, 2007, p. 199.

<sup>67</sup> M. Foucault, *The Birth of The Clinic: An Archaeology of Medical Perception*, Vintage Book Edition Random House, 1994, p. xviii.

the scale. Since the invention of the microscope around 1600<sup>68</sup> advances in technology have allowed the secret insides of the body to be rendered visible on a scale that defies our everyday experience of it. This is not to say that the progress made by science is a negative one. What it does signify however is a certain abstraction, the rupture of science and the world we, as scientists of our immediate senses, recognise. Although treating disease with an objective eye exposes those beliefs that encourage the stigmatisation of a disease such as HIV/AIDS it also, by virtue of its very expertise, places the body outside of ordinary perception, makes it accessible more as concept than substance.

It is this tension between idea and material with respect to the body and how it is understood that will be the focus of this chapter. Where modern medicine 'makes science' of the body and in the process renders it a universal rather than a specific body, metaphor and storytelling is perhaps a way of 'making sense' (with emphasis on the sensory, concrete aspect) of the alienating experience of disease, a way of relocating the body and the experience of HIV/AIDS in daily life. A story is a type of itinerary, a document of meals and battles, the mountains and molehills of a life. A metaphor, in the most literal sense of the word, is a way of bringing us back home. Edwin Cameron writes of the need to normalise the disease<sup>69</sup> and perhaps one of the ways in which this is done is by relating it to our commonplaces, our common places. As such this chapter will be occupied, not only with the way in which science and medicine make an appearance in HIV/AIDS fiction but also with how things: houses, snakes, confetti, beds, the furniture of an existence come to *matter* in the attempt to make sense of the disease.

In this context the quote that opens Coovadia's novel immediately suggests a certain ambivalence with regards to the body. The clear observation that would allow science to draw a distinct line between the material reality and our perception of it is complicated by the fact that what is seeing and being seen is, in both cases, a shadow. Both the experience of the body and the measure of it appear uncertain, there is confusion as to what is exactly the matter. This impossible objectivity is an appropriate place to begin a novel where one of the concerns is how science succeeds

---

<sup>68</sup> R. Porter, *The Greatest Benefit To Mankind*, Fontana, London, 1997, p. 245.

<sup>69</sup> E. Cameron, *Witness to AIDS*, Tafelberg, Cape Town, 2005, p. 63

or fails at establishing certainty in our relationship with the material world. How it should make the world a clearer place and yet can also render it difficult to see, a shadow or kind of blindness, Galileo's labyrinth. And, more importantly perhaps, the weight of feeling that thus attaches or does not attach to this way of seeing. This is particularly relevant in the case of a disease such as HIV/AIDS where the positive aspects of a scientific approach far outweigh the negatives and yet still meet with resistance. Arif, the character whose death is at the centre of the narrative, voices it most explicitly.

It was a paradox. For all intents and purposes science was closed to non-scientists. Yet scientific research was the closest approximation to reality. Therefore the advance of knowledge excluded the majority. If their condition was not blindness then it was like trying to see in an unlit passage... In the space between the people and the truth a thousand and one superstitions might be constructed. People would die on account of their superstitions. Yet, as far as he knew, not one man had sacrificed his life to determine the charge of the electron.<sup>70</sup>

Both Arif and his wife Nafisa are doctors and believe firmly in the rational discourse of modern Western medicine. They have dedicated their lives to the pursuit and practise of scientific knowledge. The novel deals with various instances of disease: organ failure and transplant, epilepsy and, although it is not directly named, a sexually transmitted virus which could easily be identified with HIV/AIDS. The denialism of the Mbeki Presidency in South Africa and the unnecessary deaths that resulted from it are immediately recalled as the novel begins with Arif's retirement, his research into the scientific nature of the virus having met with disapproval from a government suspicious of Western influence and favouring a more traditional approach. Mention is made of the Health Minister using red tape to hold up experiments, blaming racism for the epidemic and denouncing the research as defamatory of Africa. All of which places the narrative quite strongly in the context of South Africa and its approach to the HIV/AIDS crisis. Arif, as his wife notes, is critical of the sort of 'magical thinking', the wilful blindness that prioritises shadows over the clear vision of scientific experiment. It is this blindness that he sees as responsible for deaths that could be avoided. For him science itself is neutral, free from fickle local politics.

---

<sup>70</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 77.

He couldn't bear the pronouncements of people in government, particularly the ones he had once been on friendly terms with. Hundreds of thousands were dying as they came out with their debating points. He referred to what the president was doing as rolling the bones. Was it a slur? I don't think so. Bones were actually being rolled.<sup>71</sup>

Nafisa, for her part, is vigorous about her belief in testing and treatment for the disease. In an attempt to convince her employee to test she invokes modern medicine as the only reasonable response to the disease. Any other response is either bewilderment – suggestive of a loss of bearings as opposed to the medical 'map' – or embarrassment – a shameful sort of confusion.

Because God knows, we have no excuse not to test, not to know. Unlike the majority who exist in bewilderment – no thanks to the policies of the government – you, Estella, have the privilege of working in a medical household. If something were to happen, if tomorrow you were to develop Kaposi's or drug-resistant TB, think of how embarrassed we would be!<sup>72</sup>

The confidence with which the scientific terms are wielded leaves little room for argument; here science is an absolute authority. Despite the invocation, God, in this context, does not know. It is the medical names which concentrate the sentiment, their precision disallows superstition. In view of HIV/AIDS then *Hi Low In-between*, as a novel preoccupied with doctors and medicine, is critical of the sort of thinking that sees shadows instead of a treatable disease. Both Arif and Nafisa favour the view that modern medicine, with its scientific advances and its focus on the real, the material body, is the only proper way to fight illness. The way in which disease is experienced in their everyday interactions and the trajectory of their individual narratives allows, however, for the exploration of where this philosophy might find itself tested or rendered uncertain. When Arif dies in inexplicable circumstances the novel becomes, in part, an investigation of his death. The reasoning and the collection of evidence that accompanies this investigation on the one hand echo the methods of modern science. But on the other hand it is less than clear what the evidence is pointing to. At first it is suggested that Arif, unwell due to a recent kidney transplant and dispirited because of his loss of faith in a government he once fought for, has committed suicide by shooting himself. As his son Shakeer notes when they discover the body:

---

<sup>71</sup> Ibid, p. 60.

<sup>72</sup> Ibid, p. 70.

Besides who wouldn't be depressed to discover the government dismantling the work of a lifetime? Hundreds of thousands had lost their lives, and for what?<sup>73</sup>

This would seem to be a further criticism of the unenlightened thinking of those who refuse the development of science, a way of making the blood on their hands more viscerally and immediately felt. Where the advance of medicine – here through the expertise of organ transplantation – has saved a life, wilful ignorance has wasted it. However, as the narrative unfolds the unquestionable good attributed to science is to some extent compromised when it emerges that Arif's actual murderer is his former student, Govin Mackey, the brilliant surgeon who originally performed the transplant. Arif had discovered that Mackey was involved in organ trafficking. Indeed the very first illegal kidney transplanted had been the one that saved Arif's own life. Despite this, however, he had wanted to write a letter to the Medicines Control Council and in the ensuing argument Mackey fired the bullet that killed him. What science gave, the blind pursuit of science took away. This blurring of the easy binary between those in favour of progress and those who are wary of it does not have to be read as giving any countenance to the views of the authorities whose suspicions of science were detrimental to the effective implementation of a strategy to address HIV/AIDS. It seems more generally an investigation of the ways in which modern medicine might meet resistance and the possible reasons for this; a meditation on the extreme objectivity that science might engender, its dislocation, and a way of remarking on the difference between the abstract universal body as it is mapped by modern medicine and the singular experience of the body as it is located in a specific time and place.

On a more quotidian level this disparity between the discourse of science, as it applies to the practise of medicine, and the body as we perceive and live it, is felt at various points in the novel. And what the literary account allows for is the voicing of those instances that are difficult to quantify, which elicit, despite our belief in the good of progress, an irrational response. This is made most explicit – and especially in the context of HIV/AIDS – when Nafisa slips during a medical procedure with an infected patient and catches her hand with a needle. Although the rational doctor in

---

<sup>73</sup> Ibid, p. 42

her recognises the need for emergency treatment she refuses to address the incident for days. She remarks that if you didn't know where to look there wouldn't be a puncture mark and in this way the wound can remain to some degree theoretical.<sup>74</sup> The way in which she dismisses the possibility of infection and her (lack of) response might point towards an explanation for the more general reluctance to test for the disease. This is perhaps because an idea is, in a literal sense, insubstantial and thus not as real as something that is proved in the very substance of our blood. The theoretical gap that opens between the idea of a disease and the confirmation of it also means it might be easier to contemplate in the abstract because it remains *over there*: under the microscope, in the pamphlets and diagrams.

Later she recalls an earlier experience of this inability to correlate what is known with the sensual experience of that knowledge.

Something like this had happened to Nafisa once when she had burned her hand on the stove and yet continued talking to her husband in the other room. She had been suspended between receiving the wound and accepting it, seeing the large burn with her eyes before she could feel it on her nerves. It had been half an hour before the flesh had begun to send back pain messages.<sup>75</sup>

Although here the discrepancy between the knowledge of a wound and the physical experience of that wound could be merely the effect of seared nerves or shock, as an analogy it seems a fitting description of the discrepancy between the science of disease and the sensation of it. What Arif describes as being blind, the fact that science – here medicine – because of its specialisation, excludes the majority despite it being about something very familiar to them – their bodies – is the experience of those not fluent in its language or familiar with its terms. The disease is difficult to fathom, the puncture mark, as such, invisible, because the majority remain scientists of their senses. Modern medicine offers an explanation that is too abstract, too much in the realm of idea rather than the world of recognisable things. This is perhaps because its advances – aided by technology which can take ever more finely calibrated slices of the body, in tissue or image – are away from the phenomenological as it appears to the evidence of the senses. For all their cleverness

---

<sup>74</sup> Ibid, p. 134.

<sup>75</sup> Ibid, p. 135.

the ability of the new doctors to judge by eye and hand has, as Arif complains, diminished to zero.<sup>76</sup> The close scrutiny that medicine now places the body under has the paradoxical and reverse effect of making it seem inscrutable. It works instead towards a representation of the body as data or statistic because by dividing the body into its various constituents – blood, bone, muscle – it becomes generalisable across individual bodies. On the one hand this is the rational progress of science, which looks for the law and not the story. And it is something that Nafisa notes in her husband.

Arif was better, a rationalist, who thought about people in their tens of thousands rather than one by one.<sup>77</sup>

This, she thinks, is also what makes him a good doctor. But on the other hand this gain is not without its conditions. Later on, at the funeral for Govin Mackey who has driven his car off the road to avoid being revealed a murderer, she returns to this theme from a different angle. Shakeer comments on the scale of a life and how this might determine the meaning of it or, rather, render it meaningless and Nafisa finds herself irritated by the thought.

She said, 'From far enough away everything is the same and, yes, it is useless. It is useless to get out of bed in the morning if you adopt the universe's point of view. But we don't live far away, Shakeer, like Govin. We're right here and the cosmic point of view, your cosmic point of view, is simply irrelevant.'<sup>78</sup>

The danger of a change in scale, whether to the very small or the very great, is that it might place us at such a relation to something as to render it in some sense meaningless. This is all very well for a doctor whose rationality depends on being able to adopt the universe's point of view. But to have a disease, for it to be *right here*, is another story, *is* story perhaps. I should be clear that this recourse to story is not an argument for the interpretation of disease as metaphoric or moral manifestation and neither is it a desire to credit any of the superstitions that surround HIV/AIDS. I am not suggesting a traditional or 'African' approach to the treatment of HIV/AIDS. It is merely the observation that modern medicine, by definition, might tend to neglect

---

<sup>76</sup> Ibid, p. 239.

<sup>77</sup> Ibid, p. 86.

<sup>78</sup> Ibid, p. 259

the body as a material and local experience. That because we experience our bodies as substantial – of substance – and *close* – in *this place* and not an idea on a slide – the conceptual leap that the objective distance demands is an alienating one. In the introduction to Lizzy Attree's book *Blood on the Page: Interviews with African authors writing about HIV/AIDS* she writes that in Zulu it is sometimes said 'u yi AIDS' which translates as 'you are AIDS' and not 'you have AIDS',<sup>79</sup>. There might be various explanations for this translation, it might, in the original instance, be a way of flinging insult and it would be a tenuous conclusion to read too much into the linguistic difference. But it also points out the difference between saying 'I *am* sick' and 'I *have* a disease' where the latter suggests a certain ownership, the control that modern medicine promises over illness as well as how it has progressed to the separation of subject and affliction. This is no doubt healthy and, really, the hope of health. But this is also, to the degree that we cannot see, touch, hear or smell a virus, the separation of an intellectual experience of the body and one that is measured by the senses, by, as such, sensation.

In South Africa this has wider implications. In his novel *Welcome To My Hillbrow* Phaswane Mpe writes of the use of euphemism in the context of HIV/AIDS. What can and cannot be said, however, is not equal across languages. The official experience of body is one that can only be stated plainly in those languages that have the neutrality afforded them by being associated with the ideas of science.

She did not know that writing in an African language in South Africa could be such a curse. She had not anticipated that the publishers' reviewers would brand her novel vulgar. Calling shit and genitalia by their correct names in Sepedi was apparently regarded as vulgar by these reviewers, who had for a long time been reviewing works of fiction for educational publishers, and who were determined to ensure that such works did not offend the systems they served. These systems were very inconsistent in their attitudes to education. They considered it fine, for instance, to call genitalia by their correct names in English and Afrikaans biology books – even gave these names graphic pictures as escorts – yet in all other languages, they criminalised such linguistic honesty.<sup>80</sup>

---

<sup>79</sup> L. Attree, *Blood on the Page: Interviews with African Authors writing about HIV/AIDS*, Cambridge Scholars Publishing, Newcastle upon Tyne, 2010: p. 10

<sup>80</sup> P. Mpe, *Welcome To Our Hillbrow*, University of Natal Press, Pietermaritzburg, 2001, p. 56.

The separating out of science and sensation, or more specifically the hierarchy that is established between the two, means that the latter might find itself nudged from sensation to sensational in the most shallow tabloid sense of the word. Because science claims a certain universal truth it can wipe the body clean of its context, of what happens in the instance of the body, be that sex or shit and their associated shame. The graphic pictures with their clinical labels are less offensive because they are more idea than real flesh. This intellectualisation of the body that has to some extent followed from the discourse of Western science perhaps goes further than the division of languages into the scientific and the vulgar. The pervasive myth that HIV/AIDS spread so vigorously in Africa because black Africans had greater sexual appetite seems the extrapolation of a logic that labels certain bodies scientific and other given over to sensation. It was, in part, this conception of black people being unable to 'subject passion to reason' that fuelled Mbeki's HIV/AIDS rhetoric and his unwillingness to embrace Western ideas of the disease.

Convinced that we are but natural-born, promiscuous carriers of germs, unique in the world, they proclaim that our continent is doomed to an inevitable mortal end because of our unconquerable devotion to the sin of lust.<sup>81</sup>

Apart from the problematic generalisations that this belief of inherent promiscuity is premised on what it also neglects is what HIV/AIDS fiction reveals, that a vulgar representation of the experience of disease is common in that the vulgar *is* common, understood in terms of the ordinary. At one point in Niq Mhlongo's novel *After Tears* the characters discuss the efficacy of modern medicine in terms of the way it is named.

'Read my lips! Like I was telling you the other day, bra PP, these modern medicines don't work. My mother used to have all kinds of different medicines when I was young. No one was ever sick in my home,' said Dilika, after taking a sip from his beer. 'I remember uswazi, umdubu, amasethole, umkhele, umusuzwane, ihlungunhlungu... Oh, man! I could count until tomorrow. These were helpful medicines. Not this modern stuff without a name.'<sup>82</sup>

---

<sup>81</sup> Thabo Mbeki qtd in D. Fassin, 'The Imprint of the past' in *When Bodies Remember: Experience and Politics of AIDS in South Africa*, University of California Press, Berkely, 2007, p. 154.

<sup>82</sup> N. Mhlongo, *After Tears*, Kwela, Cape Town, 2007, p. 87.

In reply to this, another of the characters, a nurse working at one of the big hospitals, offers a different series of names.

‘I could also mention Staduvine, Zerit, Zidovudine, Nevirapine... I can also count until tomorrow like you...’<sup>83</sup>

Both are ways of naming but the difference is not in the being able to count until tomorrow but rather in the making of things count. The attraction of a treatment called ‘ihlungunhlungu’ is perhaps because it carries traces of words that are more commonly used, that reference the familiar and can thus be made sense of. The related words ‘isihlungu’ (poison or venom) and ‘ubuhlungu’ (ache or pain)<sup>84</sup> allow the term a trade on its association with given things in a way that Staduvine or Nevirapine cannot. The scientific terms remain foreign in comparison with the common nouns because they are *too proper*, incapable of impropriety and thus unable to breed meaning. This is not to say that disease should necessarily breed meaning but that familiarity – and I return here to Cameron’s suggestion that we normalise the disease and its treatment – proceeds from association. Because, for those who are not scientists, terms like lymphocyte or antiretroviral must be taken on faith, they might not take on the substance of lived experience. Nomawethu Ngalimani, one of the women who took part in the *Long Life* collaboration and whose account demonstrates her clear knowledge of terminology such as ARVs, CD4 count and MTCT (Mother To Child Transmission) also describes the virus as a snake which moves in dark and secret ways. The word virus, which has in the progression of science gone from meaning ‘venom’ to the highly precise ‘submicroscopic infective agent’, does not suffice because, despite its accuracy, indeed *because* of its accuracy, it remains an idea. This vulgar – rather than strictly scientific – response is not in the sense of that word as uncultivated or undeveloped. But rather in that vulgar can also mean coarse or earthy.<sup>85</sup> In this way it recalls the substance of a body that has been lost in the ever finer refinements of scientific measurement; it is a certain gravity.

---

<sup>83</sup> Ibid, p. 88.

<sup>84</sup> CM Doke, DM Malcolm, JM Sikakana, BW Vilikazi (eds), *English – Zulu Zulu-English Dictionary*, Witwatersrand University Press, Johannesburg, 2006.

<sup>85</sup> *Merriam-Webster’s online dictionary* (11th ed.), definition of ‘vulgar’, viewed 11 October 2011, <http://www.merriam-webster.com/dictionary/virus>

This is evident perhaps at the very level of language itself. Where science strives towards a language where the signifier is as transparent to the signified as possible the language of story and poetry seems preoccupied with the materiality of words themselves, and with how this material might be contaminated (and here, to further my argument, how all material can be contaminated) by meaning (or disease). This is suggested quite explicitly in *High Low In-between* where Nafisa's world is described as being made utterly strange by the disease and death that she is confronted with and one of the ways in which Coovadia illustrates this is through an instance of linguistic confusion.

Nafisa had to concentrate to tell a *b* from a *p*, an *r* from the letter *t*. They turned around and gave the form the look of something which had been printed in a foreign alphabet. But the world was printed in a foreign alphabet.<sup>86</sup>

Here language, a fundamental way in which we order and systematise the world, breaks down. And this failure in communication follows from the fact that the material of language, its very letters, have been rendered foreign. The problem is *things* and how to express what is the matter with them. Where scientific explanation, for reasons already outlined, tends paradoxically towards the conceptual what fiction offers is a way of making flesh. It is interesting to compare representations of that institution of modern medicine that is the hospital. The aim of a hospital, to some extent, seems the removal of disease and the diseased from the scene of ordinary life. It establishes a boundary between the ill and the well. This line of control is more than the fact of its physically separating space through the walls or gates that surround the hospital building. It is also one that is manifested in how a hospital – and thus the place or state of being sick – is conceived. In keeping with the rational bent of modern medicine the way in which hospitals are designed, it could be argued, tends to discourage the ordinary variety of a sensory experience of the body; or at least in any overt sense. This is perhaps because the diseased body seems a body in rebellion and the work of medicine is to return it to a state of calm. This acts to discourage anything that might be seen to over stimulate the patient and potentially exacerbate the problem. But the idea of a hospital is not the material of it. Nafisa's experience of King Edward hospital is as much a making sense as it is a making science.

---

<sup>86</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 75.

Nowhere exercised Nafisa's nose like King Edward: the jelly and custard smells lingering around the paediatric ward, Omo detergent in the sinks and basins, the odours of toasting bread and talcum powder, peaty pink bottles of antibiotics, sickly sweet Erythromycin syrup in orange tablespoons, the vapours of mop buckets, and soiled and spattered sheets. It proved you could be nostalgic for anything.<sup>87</sup>

This is no isolated incident. Throughout *Hi Low In-between* the material world that the characters negotiate offers a means of expressing their experience of disease in a way that complicates and supplements the rational medical discourse. The very first chapter, 'The Broken Window', opens with Arif and Nafisa's home being cleaned for Arif's retirement party and the return of Shakeer.

In preparation for the visitors the house was being cleaned from top to bottom. Everybody was miserable. The professor was miserable because it was impossible to concentrate as mattresses were carted onto the patio, beaten with sticks, and abandoned in the sunshine.<sup>88</sup>

The image of the house being turned inside out, made inhospitable to its occupants, *unheimlich*, its interior exposed to outside view in an attempt to clean it, is an apt one to begin a novel about disease and its treatment. Disease disorders the body; it disrupts its ordinary functions. The healthy body is subordinate to our thoughts, making itself felt only in times of need such as pain or hunger. We occupy it as we occupy those other spaces we are familiar with, without thought, knowing them by heart. But the sick body inverts this hierarchy. It demands that we pay attention to it. Patricia C. Henderson, in a paper that outlines an ethical approach to HIV/AIDS and suffering, references Elaine Scarry's notions of the dissolution of language by pain.

She [Scarry, 1985] argues that pain (inflicted by torture) divests the sufferer of meaningful language and hence of the ability to communicate or give meaning to their pain. Here torture implies the literal and figurative dismemberment of a self, as well as a person's separation from a shared world.<sup>89</sup>

---

<sup>87</sup> Ibid, p. 126.

<sup>88</sup> Ibid, p. 9.

<sup>89</sup> P. Henderson, 'Mortality and the ethics of qualitative rural research in a context of HIV/AIDS' in *Anthropology Southern Africa*, 28 (3&4), 2005, p. 82.

Although it may be an extreme leap to link the effects of torture to the manifestation of disease it is nevertheless comparable in the fact of the body's precedence over the considered use of language. It might not include literal dismemberment, though here Arif's loss of a kidney gestures in that direction. But the pain and the symptoms associated with disease as well as the possible side-effects of treatment – the being so *in* the body – disallow, to a degree, the necessary mindfulness for considered speech. The objectivity demanded by scientific language might be difficult in a situation, like pain, which preoccupies the senses. Coovadia's use of the image of the house being cleaned from top to bottom mimics the disruption of disease and the way in which medicine attempts to restore order by bringing the interior of the body to light. But it does more than offer a shallow analogy for the work of medicine. It suggests a familiar, shared space that has been made strange, is out of its ordinary state. And at the same time the sheer exhaustive effort of putting it back in place, of making it better. It describes the misery of mute and beaten things and thus communicates the sensation of illness more substantially than the strict clinical language of science. In this it suggests a way of saying for a blunt tongue.

Henderson also recalls the fear of hospitals voiced by the subject of the paper, Mandla.

Lack of control over bodily processes and an inability to move and cleanse his own body called into sharpness the shame and exposure Mandla felt at the hands of medical personnel.<sup>90</sup>

The indignity of illness is a lack of control over the intimacy of the body, the body made public. That the things being beaten, in Coovadia's description, are mattresses, objects associated with the most intimate and private space of the home, that perhaps bear the imprints of the bodies that have lain on them, might be a means to communicate this shame and exposure on a level most of us would recognise, being as it is about familiar things. In a novel where one of the preoccupations is a sexually transmitted disease, which complicates issues of intimacy, and where one of the characters dies because of a husband's infidelity, the exposed mattresses are even more poignant. A page later in the opening description Nafisa returns to this image

---

<sup>90</sup> Ibid, p. 87.

and the way in which the physical presence concentrates and thus allows the expression of a more abstract sentiment is more firmly stated.

From the steps she spied further disorder on the veranda. After breaking the window Estella had brought out the beds to air. Something in the spectacle of the four Posturepedic mattresses, piled on the wall to reveal their discoloured undersides, made Nafisa's eyes fill with tears.<sup>91</sup>

Here the description of the mattresses is almost organic, their discolouration suggestive of bodily fluids and decay, the exposure of their secret undersides evoking some related vulnerability in the human experience: the unguarded sleeping body, the sick body. With the inclusion of the broken window this sense of the private made public is emphasised, the self-containment of the home – and by extension the body – is destroyed. In this way something intangible is given concrete expression, is made sense of in a way that science does not have the vocabulary for. Indeed Nafisa interprets her reaction as the type of superstitious thinking that science attempts to eradicate and that her more rigorously rational husband would condemn.

Nafisa believed that her ready tears were pre-emptive, the prediction of some circumstance of which she had no knowledge. Since her husband's operation she had sensed some catastrophe waiting to show itself. Of course it was such thinking, magical thinking, which Arif criticised in the country. He made judgements. So she had been unable to confess this sensation to him.<sup>92</sup>

Later, when it turns out that a catastrophe was about to happen, and Arif is found dead, this initial prediction – its past tense perhaps already signifying a sort of hindsight – serves less as a premonition and more as the continuous impossibility of expressing the rupture that Arif's illness and then death causes in the rational state of Nafisa's world. In the lines that lead up to the discovery of the body the sense of catastrophe is more powerful in that it pervades what appears to be a perfectly ordinary landscape, a routine day. The details of the scene are recorded matter-of-factly: the sun shines, the dog barks, the familiarity of the house is very evident in the way the layout and various gates are described. But it is in the details that the disturbance becomes apparent; the dog's name eludes her, the broken window litters the driveway and Arif is dead on their shared bed.

---

<sup>91</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 10.

<sup>92</sup> *Ibid*, p. 11.

The car glided through the still-strong sunshine into the driveway where glass from the window Estella had broken was scattered on the tiles like grains of bridal rice. The gate and the front door were unlocked. The dog, whose name she couldn't recall at that very moment, was barking at the back of the house. He couldn't come to the front because of the gate at the corner. They walked quickly into the house. Nafisa immediately went up to the bedroom in which her husband lay on the big bed shot dead by the pistol he had taken from the cubby hole.<sup>93</sup>

Once again the image of the broken window becomes a way of focusing the imminent sense of disaster, the wound it foreshadows both literal – the gunshot – and metaphorical – Nafisa's loss – the latter made keener by the way in which the broken glass recalls an image of confetti in a context that undoes the original associations of abundance and union and here only emphasises what has been lost. The very familiarity of the image is what gives the new, strange incarnation its effect and allows it to say something about this death, which is always more than the fact of a body. In this way we are able to make sense even when the world is rendered foreign, by exploiting strange resemblances, by using the familiarity of given things and known routines to convey the sense of estrangement.

In *Nobody ever said Aids: Stories & Poems from Southern Africa*, a compilation of fiction dealing with HIV/AIDS this tension between medicine and metaphor, between the desire to spread a more rigorously scientific and less emotive view of the disease and the way in which HIV/AIDS infects not only the body but the everyday order of things is very apparent in the short story 'Confetti'. The story is written from the point of view of a health worker stationed in a rural African setting and there are three events which stand out in the narrative: the recording of the death of a child, a meeting to discuss HIV/AIDS prevention and education strategy and, finally, a wedding. Although from the narrator's point of view it would seem to be a story about spreading the enlightenment of Western medical discourse from the outset what is most clearly communicated is the problem of location. Where scientific knowledge, in being true (which is to say it holds *everywhere*), must be without specific location the question arises of how to marry this to the way in which space is made place

---

<sup>93</sup> Ibid, p. 37.

through the experience of it. How, in *this* case, to bring the knowledge home. Different homes features strongly in the story and seem marked by their material presence, the material that recalls their presence, the intersection of these different places measured through the way in which familiar things are rendered foreign when out of their ordinary context. The narrator remarks on a woollen glove that she 'can't remember where we got such a thing in this tropical country, perhaps from one of the staff members who had just arrived from Europe'<sup>94</sup>. The medical team's Land Rover, donated by an Italian popstar, bears the inscription 'L'Umbelico del Mondo' curved around the Venus de Milo's navel. It is an intersection that, on a more general level, works well to describe the estrangement that disease and death enact.

While I file Innocent's death report and file it, I think of home, of walking down to the pub for a drink with my mates on a Sunday, and of taking turns to bemoan Mondays<sup>95</sup>.

It is not only the fact of being in a foreign geography that moves the narrator to remember the comfort of familiar places and people but it is also the strange intrusion of disease, its upset of the order of things that induces a desire for some sort of anchor in a familiar location. The language of modern scientific medicine, which is supposed to shed light on the dark experience of disease and to allow some control over it, which is indeed the reason for the narrator being where she is, to some extent fails her when it comes to recording the death of a child called Innocent. The attempt to record it begins clearly enough.

I used to write out the death reports, referring to the medical notes and adding details from my mental picture of the patient. Now there are new forms with fields for entries, so I write *Innocent* for name, draw a line for surname, *approx. 9* for age at time of death, *LIP* for cause of death. Next to this I write out *lymphocytic interstitial pneumonitis* and bracket it.<sup>96</sup>

This is the confidence of modern medicine, it gives cause to death, it brackets disease. However its cure is also its curse, in situating disease solely in the physical body it cannot describe the strange experience of it, the way it ruptures the world as we know it. In the anatomical model which makes of the human a general body there is no

---

<sup>94</sup> L. Emanuel, 'Confetti' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 73.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

room for singularity or locality, the stuff of our individual lives. Modern medicine, precisely by isolating disease complicates our coming to terms with the way in which it is not isolated but filters through into our lives as we live them. The clinical approach to illness that removes it to the hospital or encloses it in a scientific name makes disease and death something that happens outside of life. Rousseau writes that the progression of language is the multiplication of consonants, a fact that might be attested to in words such as lymphocytic interstitial pneumonitis.

To the degree that needs multiply, that affairs become complicated, that light is shed [knowledge is increased], language changes its character. It becomes more regular and less passionate. It substitutes ideas for feelings. It no longer speaks to the heart but to reason. For that very reason, accent diminishes, articulation increases.<sup>97</sup>

Scientific language, as has been discussed above, is the least open to association, to the contamination of meaning that happens to words that are part of our daily experience. This is not a side-effect but the pursuit of modern science, its accuracy. On the one hand it is a good thing, that we do not conflate a person with the disease they suffer from, but it is strange too, that this should be isolated from the rest of our experience. In his description of the plague Defoe notes repeatedly the awful moaning and weeping of those facing death. The streets of London, once a place of bustle and conversation, are unrecognisable as people avoid contact and hurry past marked houses whose windows echo with screams and wails. Such a communal experience of illness is almost inconceivable nowadays where there is a strict separation between the disordered body – giving birth, fighting disease, dying – and the controlled and functioning body which is presented to our community. However, by removing this body from sight and sound, from sense, which is the way in which we know our world on the most familiar level, modern medicine makes illness an intellectual knowledge more than a physical one. Something we know by books and diagrams rather than in the flesh. In ‘Confetti’ the excited sounds of a soccer game seem more vitally real than the death report that the narrator struggles to finish and file. And as they settle down for their weekly meeting she notes:

---

<sup>97</sup> Rousseau qtd by J. Derrida in ‘The Originary Metaphor’ in *The Derrida Reader: Writing Performances*, J. Wolfreys (ed), Edinburgh University Press, Edinburgh, 1998, p. 89.

Naomi is sitting on a box of HIV/AIDS pamphlets, resting her back against the Land Rover with her legs spread to get the best possible draught. She's a great believer in calamine lotion, smears it up there for relief against the chafing. I'm picturing the congealed, dried pink stuff on Naomi's inner thighs and I only catch the tail-end of what she is saying, something about AIDS education.

'Health workers are educators. Educators are liberators. It's through the word – the printed word – the leaflets, that we can, that we will. Educate. What is the point, you have to ask, what is the point finally, in handing out condoms when we don't look at the real problem?'<sup>98</sup>

In Coovadia's novel *Nafisa* makes a similar comment about her husband's reverence of book learning.

They read books and they think that books, and a large vocabulary, and whatever understanding you can find in a book, are a substitute for experience. But I have to say, I don't believe in books so much. They are no substitute.<sup>99</sup>

Despite the power of an education that is presented in words and diagrams and pamphlets what holds our, and the narrator's, attention in this passage is the powerfully physical presence of the body and the space it occupies. The knowledge contained in the HIV/AIDS pamphlets remains in its box when faced with the immediate demands of the body, their information less important, in the day's heat, than the seat they offer. We can imagine, from our own experience, the sweat and the chafe of a body in discomfort. It is the sensory images that best convey an experience of the body because they utilise the language of that body. It is not the abstract liberation of education but the feel of the cool draught and the congealed pink smear of calamine lotion that best reflects our being a thing in a world of things. This focus on the senses continues as the narrator describes the wedding in the valley below the camp. There is laughter and ululation and a throb of song, the afternoon is hot and bright with the brilliant colours of the clothes worn. There is sweat and the smell of acrid unwashed bodies. The narrator is handed a fat baby to hold. All about her are reminders of life made manifest in the workings of bodies and in their demands. A man throws his head back in laughter, a girl offers a glass of water to an old woman who touches her cheek in thanks, there is a press of bodies in the crowd as the bride arrives at the church.

---

<sup>98</sup> Ibid, p. 74.

<sup>99</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 34.

I'm nudged, pushed and then together we all surge forward: the bride has arrived!... She is a vision, a hologram of white satin with a blue sheen in the bright light, emphasised by her black skin and the polished car. She lowers her eyes demurely and studies her white silk roses, picking at the yellowing parts. Then she rests a hand on her pregnant stomach, arches her back, and sways to the church door. I hear her dress crackle as she walks past my section of the crowd. The satin pulls at her belly and tightens over the swell of it so that her navel protrudes. I think how her belly button will be the first part of her into the church.<sup>100</sup>

Although the problem is undoubtedly a lack of knowledge it is also a question of how it is possible to bring home this knowledge, to understand disease in the midst of such life. Although, as Zadie a young volunteer notes urgently to the narrator, the bride has been tested and is positive, and the given scientific information about HIV/AIDS is well established, in this instance the virus and its effects are invisible, the bride is bursting with life. The disparity between diagnosis and material manifestation cannot be bridged by the language of science. The story ends with what can be read as a striking metaphor for the way in which the idea of disease is made sense of by relocating it in the world of given things. The wedding done and the crowd dispersing, the narrator readies the child she has been left holding for the return of its mother.

His mother approaches us, smiling and holding out her hands to the baby. Her face is shiny and her skirt pleats are limp. I lick a finger and press it to one of the confetti bits, tidying the baby for her. Just before I blow it away, I recognise the fragment of text printed on it. It is from one of Naomi's pamphlets: *HIV*.<sup>101</sup>

As the glass from the broken window calls to mind an image of bridal rice when Nafisa discovers her husband's body here the familiar association of confetti with marriage and fertility is exploited to convey the magnitude of life's betrayal, here conflating birth with death. In Coovadia's novel Nafisa's ability to decipher the letters on various official forms is compromised by the way in which the letters themselves are made strange. In 'Confetti' the information, the ideas communicated by the HIV/AIDS pamphlets become the material object of the confetti, made substance in

---

<sup>100</sup> L. Emanuel, 'Confetti' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 76.

<sup>101</sup> L. Emanuel, 'Confetti' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 77.

place of idea. The confetti suggests, through its being both information and object, an experience of HIV that attempts to assimilate a scientific diagnosis into the experiential world, an attempt to find again a body that has been made strange. In this way the metaphor is a way of giving flesh to the invisible virus, a way of saying what is the matter.

Of all the sciences that have as their focus the working of the natural world, modern medicine must perhaps remain the one in which it is most difficult to achieve the necessary objectivity, being, as we are, on both sides of the microscope. Although it is no doubt good advice to be wary of the interpretation of HIV/AIDS in any way that might further stigma or prejudice against those suffering from the disease it seems impossible that the everyday experience of it be confined to the strict language and routines of medical science. This seems even more so in the case of HIV/AIDS which being thus far incurable means that the treatment of it must be integrated into the narratives of everyday life, must be lived with. To this end it seems unavoidable that illness will be understood in terms of metaphor and the extended metaphors that are stories, which is to say it will be made sense of, given substance, made to matter, because the experience of our bodies is a material one. Where the progression of modern science has been away from the local towards the universal and the scale on which it operates has rendered the human body a body of knowledge, fiction can relocate the body. This is not only instructive in understanding how disease might operate differently in different social and cultural contexts but it is also a way of communicating the tragedy rather than the statistic. To return to where we began, with the separating out of science and literature in de Certeau's maps and itineraries, we find some conclusion in considering at what point metaphor might fail.

Social delinquency consists in taking the story literally, in making it the principle of physical existence where a society no longer offers to subjects or groups symbolic outlets and expectations of spaces, where there is no longer any alternative to disciplinary falling-into-line or illegal drifting away, that is, one form or another of prison and wandering outside the pale.<sup>102</sup>

---

<sup>102</sup> M. de Certeau, *The Practice of Everyday Life*, University of California Press, Berkeley and Los Angeles, 1988, p. 130.

The danger is not in the use of metaphor but in believing that the fiction is true, that resemblance is a certain identity. That it is scientific rather than one of the symbolic outlets and expectations of spaces – here the body as a space – that de Certeau suggests for the functioning of a healthy society. But that would be missing the point, which is that stories are precisely not precise or to the point, at least not in terms of the language of science. What this chapter has attempted to demonstrate is that in its being capable of impropriety or contamination fiction can well convey the complicated experience of disease and the diseased body. Although contamination might have negative connotations and I have used it here to suggest infection, be it how language or the body might be made impure, I have also used it because the word originates in the sense of having contact. This is how meaning, like infection, is passed along. What science would place at a distance story brings into contact; it encourages the possibility of mixing which might be the beginning of empathy. Susan Sontag famously opened her discussion of the danger of using metaphors to discuss illness with the following metaphor.

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.<sup>103</sup>

Fiction, then, is the way in which we relate these two places, a way of maintaining contact and how we negotiate our way from the one to the other.

---

<sup>103</sup> S. Sontag, *Illness as Metaphor & Aids and its Metaphors*, Penguin Books Ltd, London, 1991, p. 3.

## CHAPTER TWO

### Too much in the blood: HIV/AIDS and generation

blood:

1. a liquid usually red and circulating in the arteries and veins of vertebrates, that carries oxygen to and carbon dioxide from the tissues of the body.
2. bloodshed, esp. killing
3. passion, temperament
4. race, parentage, of the same blood
5. initiate by experience<sup>104</sup>

i shout  
shout  
and scream  
for my blood  
to spring once again like rivers in summer<sup>105</sup>

'Dreamcatcher', an artwork by Cape Town based artist Chris Swift, borrows from the Native American Ojibwa tribe the idea of a dream catcher or web through which good dreams might pass but in which nightmares are trapped to die in the light. The work, which won a Spier Contemporary 2010 Judges Award, is constructed of approximately 4000 black condoms linked together to form what looks like a large chain mail circle, a net meant to catch the nightmares spread by unprotected sex. On the most simplistic level then it is an illustration of the way in which HIV/AIDS might be ended through an effective prevention strategy and gathers poignancy, perhaps, from the fact that dreamcatchers were originally used to protect young and vulnerable children from bad dreams, in this context a disease that is passed on to them when they are no more than dream themselves<sup>106</sup>. As such it is perhaps only obliquely relevant – as belonging to the side of metaphor rather than science – in a discussion that focuses on literature concerning HIV/AIDS. But in a more general sense the choice of metaphor, the intersection of dream and seed, seems a fertile way

---

<sup>104</sup> D. Thompson (Ed), *The Pocket Oxford Dictionary*, Eighth Edition, Clarendon Press, Oxford, 1992, p. 84.

<sup>105</sup> J. Nhlapo, 'ghost child' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 144.

<sup>106</sup> C. Swift, photograph of artwork on *Chris Swift* website, viewed on 22 October 2011, <http://www.chrisswift.co.za/dreamcatcher/>.

to begin a chapter that will be preoccupied with ideas of generation and imagination and how these are tied up in desire. And how, specifically, this might complicate the way in which HIV/AIDS is named or indeed whether it is named at all in fiction concerning the disease.

The reluctance to name HIV/AIDS takes various forms in the literature I have chosen to focus on. I will briefly outline some of these instances but my argument will be mostly preoccupied with the possibility that the way in which the disease borrows meaning from its association with sex and related ideas such as desire and productivity, means that explicit mention of it in fiction becomes a counter-generative act, is, to some extent, the end of the story. Not so much beyond imagining than the end of it.

An important question in HIV/AIDS research is the stigma that attaches to the disease and how this might encourage silence around it. This theme is one way in which literary fiction engages with the disease. Of all the outspoken authors it is Sindiwe Magona that stands out for her vociferous refusal to be mute in the face of stigma. Her voice is strident across genres, the collection of poetry *Please, Take Photographs* does not flinch from the challenge of being clear about what it is that is killing so many people. In the poem 'Speak, bones!' the disease is mentioned twice and in the second instance, in response to the denial surrounding HIV/AIDS deaths which are so often attributed to other diseases, the reality is unequivocally and inescapably stated.

Remember that and go tell the world, beginning  
With your dear self: Aids kills.<sup>107</sup>

This rejection of euphemism is a main concern in Magona's fiction which emphasises the open discussion of HIV/AIDS in a bid to spread knowledge about it and thus lessen its awful impact. The gift that gives her novel *Beauty's Gift* its name is precisely that of plain speech, of admitting AIDS. Beauty wishes her friends the gift of long life by openly acknowledging the disease she eventually dies from and so warning them of the dangers of remaining silent. In this way Magona addresses both the need to face up to HIV/AIDS as well as the possible reasons for why this might be difficult. In the short story 'Leave-taking' Nontando, a mother who has lost more than

---

<sup>107</sup> S. Magona, *Please, Take Photographs*, Modjaji, Cape Town, 2009, p. 42.

one child to the disease, asks for a more straightforward approach to talking about 'esi sifo sabantwana', the disease of the children.

'Why, what we always do when death visits any of our member's families,' said Nontando. 'I thought we could also start talking among ourselves about esi sifo sabantwana and perhaps warn those not yet infected.'  
'Dadewethu eNkosini, my sister in the Lord,' replied Mrs Seko, wrinkling her nose and curling her lips in derision and exasperation. When she saw Nontando would not easily be sent away, she resorted to church canon. She would put the matter before amagosa, at the next vestry meeting...  
'How can a true Christian suggest we talk dirty in church?' one wanted to know.<sup>108</sup>

In this case death from AIDS is separated out from more ordinary death and what marks its separation is the silence that accompanies it. Here it is shame that puts a stop to open dialogue about the disease. Because it is predominantly sexually transmitted it becomes associated with the social constraints and criticisms that apply to sex. And because in certain sectors of society sex outside of what is accepted within various social institutions such as marriage or religion is seen as sinful, AIDS is by proxy a sinful disease. As Nontando's husband later berates her for being open about their children's illness, 'Now people will think Thami, too, was loose. Just like this son of yours.'<sup>109</sup> Admitting to HIV/AIDS opens one to moral judgement and disgrace; it means being seen as dirty. For Magona, then, fiction is a forum for discussion, a way to educate people as well as defuse loaded myths. HIV/AIDS and how it might be said or not said is very much the subject of her literature; it is preoccupied with the silence surrounding the disease but it is not itself silent.

In Eddie Vulani Maluleke's poem 'Nobody ever said AIDS', the disease is subject in its absence. It is named, but impossibly so, in contradiction to what is being said. And, unlike Magona, the poet does not offer any possible reasons for this silence or any advice on how to overcome it. Instead, the tension between descriptions of vibrant life and terrible death suggest that this is less the silence of stigma than it is a refusal to accept the rein that the disease might place on being alive. Rousseau once wrote that as language progresses it gathers consonants, it speaks more to reason than passion.<sup>110</sup>

---

<sup>108</sup> S. Magona, *Beauty's Gift*, Kwela, Cape Town, 2008, p. 134.

<sup>109</sup> S. Magona, *Beauty's Gift*, Kwela, Cape Town, 2004, p. 136.

<sup>110</sup> Rousseau qtd by J. Derrida in 'The Originary Metaphor' in *The Derrida Reader: Writing Performances*, J. Wolfreys (ed), Edinburgh University Press, Edinburgh, 1998, p. 89.

Passion, I could then argue, is found in our vowels. And Maluleke's poem, after the negative avowal of HIV/AIDS that is its title, opens on an excess of vowels.

Oooh  
1994  
Friday night shebeen  
Sis Thandeka's kitchen  
Singing loud and rich  
To anyone who clapped<sup>111</sup>

The blood, so to speak, is up, bright with life and there is no way of reconciling this vital force with the contamination of HIV/AIDS. The danger of the disease is in infecting, not merely the blood, but how blood might signify passion or action. This passion is palpable in both a more general sense of people living lives full of colour and potential as well as in the specifically sexual undercurrent that lends the opening its energy.

In rouge red glossy lips  
Tight red dresses  
Waiting for Jimmy  
Petros  
Jabu  
To buy us a drink<sup>112</sup>

Life is loud and rich in the first few stanzas; there is laughter and excitement, tapping feet and swinging hips. The promise of the poem to come – promise of the future and promise of consummation – overflows itself in the opening exclamation; the music 'climaxing in a dance'<sup>113</sup>. But it is this very climax that HIV/AIDS threatens to disallow by sowing death instead of life. The clap and tap of the opening stanzas, the swing and heartbeat of the rhythm gives way to lists of the sick, where life's abundance is evident only in the very variety of the dead. Instead of the generation of the new what spreads through the poem, rampant as the virus it imitates, an insistent replication, is the refrain of 'coughing and dying'. The poem, which began in abundance, ends in a record of the waste, the wasting away that HIV/AIDS both causes and comes to stand for.

---

<sup>111</sup> E. Maluleke, 'Nobody ever said AIDS' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 17

<sup>112</sup> *Ibid.*

<sup>113</sup> *Ibid.*

All got sick  
And skinny like broomsticks  
They started coughing  
And couldn't dance any more  
They held up their pants  
With belts<sup>114</sup>

This might, no doubt, be the case for any disease that threatens untimely death but in the case of HIV/AIDS it is exacerbated by its direct association of sex with death. There will be no coming, nothing to come because of it. The generosity of life, its generation or generative possibility is compromised by the very degeneration apparent in the strapping bodies reduced to broomsticks.

That HIV/AIDS should infect life at its very inception, spread in life's germination, is one of its bitterest ironies. The way in which sex can be generative on the most literal level and how this is compromised by HIV/AIDS is an issue that emerges often in the fiction that addresses the disease. In the collection *Nobody ever said AIDS* the short story 'Baba's Gifts' describes the simultaneous joy and worry of a father's homecoming. The gifts are ambiguous; literally they refer to those he brings home for his two children and his wife. But the simplicity of this reading is disturbed by his wife's decision, on the advice of a nurse at the local clinic, to insist that he wear a condom when they have sex. Her husband, however, is having none of it.

And even though he is laughing, MaNdllovu knows she must do what he instructs, no matter what Nurse Margaret has explained. Dlamini has turned the lamp off now. In the darkness, without her small square package of protection, MaNdllovu gets into bed beside her husband.<sup>115</sup>

In its record of children and gifts and the threat of sex, the story suggests how this fundamental gift might be turned on itself, breeding, not a new generation, but death. There are other attempts to make sense of this unnatural coupling. In Leila Hall's 'Girls in the Rear-view Mirror' Luis, a truck driver, who has been having an intermittent four year love affair with Jotinha, a prostitute, discovers that she has died of HIV/AIDS, leaving behind her their baby son. His response to the boy vacillates

---

<sup>114</sup> Ibid, 18.

<sup>115</sup> J. Robson and N. Zondo, 'Baba's Gifts' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 98.

between the incredible fact of having a son, which his wife has been unable to grant him, and despair that this blessing is a poisoned one, at the awful gap between the dream and its fulfilment.

In the space of a few seconds, the seat in the truck beside his was filled with three different people. The first was Joaquim, sitting in his usual crouched position, with his hands resting on his lap and his eyes fixed on the road. The second was the son that he had always wanted, the one who had never been born. He recognised him from his many dreams, sitting up straight, with large muscles and a deep laugh. And then the third was his other son. A young boy wrapped in a thin blanket, with a spine that stuck out all the way down his back, with bony, hunched shoulders, and a look of helplessness in his almond-shaped eyes.<sup>116</sup>

This is the nightmare that Chris Swift's net of condoms would seek to prevent. But it would fall short in allowing the dream of a healthy, laughing son as well. It is a conflation of life with death made worse and brought cruelly home by the decision Luis makes to abandon the child on the side of the road, ending not only the baby's life but his and Jotinha's love-story as well. In Achmat Dangor's short story 'Skin Costs Extra' a similar dilemma plays out between Simon and his wife Nomsa. He gets a job promotion which means a move from Johannesburg to New York and while Nomsa ties up her life he flies ahead to sort out their new home. On the way he has a brief liaison with a stranger to find out, as he justifies it, whether he has any passion left in him. These few minutes result in him being infected with HIV/AIDS which he discovers after a routine medical examination. But, unwilling to accept that he has brought sickness into their union, Simon convinces himself that Nomsa contracted the disease first. As evidence he cites her recent behaviour, 'her tiredness, her moods, her attempts to improve her resistance, giving up alcohol, eating organically grown vegetables, fish instead of meat!'<sup>117</sup> His own guilt at his unfaithfulness and relief in believing that she has passed on this terrible disease fuels what he feels is a magnanimous decision to forgive Nomsa for her infidelity. He waits for the right time to confront her with his knowledge of the truth and his willingness to understand and move past such a betrayal. But the misunderstanding that works its way out in their final confrontation has confused beginnings with endings.

---

<sup>116</sup> L. Hall, 'Girls in the Rear-view Mirror' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 33.

<sup>117</sup> A. Dangor, 'Skin Costs Extra' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 68.

He felt that this was the right moment to broach the subject.

*I know.*

*Know what?*

*About you.*

*Have you been prying?*

She laughed.

*All right I didn't want to tell you until I was sure.*

*What's so funny?*

*Funny? I'm pregnant Simon, we're going to have a baby!*<sup>118</sup>

What Simon misread as symptoms of illness are in fact the very signs of quickening life. Such is the betrayal of HIV/AIDS, one that is also reflected in the titles of various stories in the collection. There is 'Confetti', where the original tradition of showering the married couple with handfuls of grain and its suggested fertility only emphasises the darkness of the harvest. And there is 'Harvest' too, a bleak indicator of how infection might be germinated.

This betrayal is felt on a less literal level too. Although the above examples have all referenced stories in which the literal act of procreation has been compromised by HIV/AIDS this would turn the argument too simply towards a heterosexual reading whereas it seems a blighted conception that manifests on a conceptual level as well. The words that Simon chooses to describe his reasons for cheating on Nomsa – freedom, chance, innuendo, hint – suggest less the act of sex than the promise of it, its opportunity.

He thought back to that night in Birmingham, to the freedom he felt wandering about the old city, the chance drink in the pub on the deserted square, the first time he had gone drinking by himself since he was a student. He remembered the woman at the bar, how they talked in innuendo, hints that were both mercenary – after all a bargain was being struck – and tender.<sup>119</sup>

His explanation recalls the full potential of a life when the future is only to be imagined; where not knowing what to expect is the very expectation of life. In *Three Letter Plague* Jonny Steinberg records Sizwe Magadla's reluctance to test, a reluctance bred of many things, including stigma and a fear of the foreign, but which also seems to stem from something more difficult to define.

---

<sup>118</sup> Ibid, 69.

<sup>119</sup> Ibid, p. 68.

‘If I know I am HIV-positive,’ he said, ‘I will no longer be motivated to do the thing I am doing now, I mean the thing I am doing right now, what I have spent the morning doing here with you – putting all my energy, every moment I am awake, into my shop. It will all be meaningless for me. I will stay in bed in the mornings.’

He said nothing more. It was senseless asking a question now, so we drove on in silence for some time.

‘I am doing all of this for my children,’ he finally said. ‘If I have AIDS, then all this work is no longer for my children.’

His love is of course selfish: it is his progeny, and no one else, for whom he wakes up in the mornings. But what fiery and desperate love; he must be omnipotent, it is all up to him, like the last man on the Titanic. If the virus has found his blood and he dies a young man, the entire ship that is him and his descendants will be ripped apart by hostile storms.<sup>120</sup>

It would be reductive to attempt an absolute conclusion out of the complexity of Sizwe’s explanation. On the one hand it highlights the importance of ARVs and a discourse of effective treatment in preventing HIV/AIDS from being seen as a death sentence. But on the other Sizwe’s reaction to testing positive is less easily explained away as the understandable fear of death. In *Witness to AIDS* Edwin Cameron talks about the ‘loss of expectation of life’<sup>121</sup> he experienced when learning his HIV positive status. Because it is bound up in ideas of generation it also threatens what it means to *look forward to*. In this way HIV/AIDS is tied to how we imagine the future, what it means to come. In an interview with Lizzy Attree, Steinberg interprets Sizwe’s reluctance as being less simply about the fact of death but that Sizwe believed ‘his semen was contaminated and that in the act of procreation, a sexual act, of course, he was going to kill his children and thus his posterity’.<sup>122</sup> And he believed that this, on some level, was because he was greedy.<sup>123</sup> The greed that Steinberg reads in Sizwe’s fear of testing is because more than sex HIV/AIDS complicates and is complicated by desire, the difference being that difference between fact and fantasy. It is contamination on a physical level as well as an imaginative one.

---

<sup>120</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball Publishers, Johannesburg, 2008, p. 297.

<sup>121</sup> E. Cameron, *Witness To AIDS*, Tafelberg, Cape Town, 2005, p. 48.

<sup>122</sup> Steinberg, J. in ‘Interview with Jonny Steinberg’ in L. Attree, *Blood on the Page: Interviews with African Authors writing about HIV/AIDS*, Cambridge Scholars Publishing, Newcastle upon Tyne, 2010: p. 163.

<sup>123</sup> ‘Interview with Jonny Steinberg’ in L. Attree, *Blood on the Page: Interviews with African Authors writing about HIV/AIDS*, Cambridge Scholars Publishing, Newcastle upon Tyne, 2010: p. 163.

That desire and attitudes towards desire are implicated in the experience of HIV/AIDS is hinted at in various ways. *Three Letter Plague* records the efforts of Kate Marranti, a health-care worker in the Transkei, to spread knowledge about ARVs. One of the issues that Steinberg picks up on is the way in which effective treatment is coupled with the denial of pleasures such as alcohol and cigarettes despite this not being an overt condition of ARV treatment.

But there is no sound medical motivation to prohibit all ARV users from drinking, still less from smoking. It does not hinder people from taking their pills, nor does it impede the drugs' work in the body, nor aggravate their side effects. AIDS doctors like Hermann do not tell patients that the success of their treatment requires them to stop smoking.<sup>124</sup>

He proposes various reasons for this prohibition including the possibility that the 'idea of the virus is linked to that of licentious lives, that to renounce smoking and drinking is also to renounce sexual adventure'.<sup>125</sup> What is being condemned is not drinking and smoking so much as it is wanting more than what is acceptable. This seems particularly relevant in the South African context where desire is both the fuel and the focus of the belief that HIV/AIDS is the result of witchcraft. Adam Ashforth, in his study of witchcraft in Soweto, notes that "[j]ealousy" serves as the name of the primary motive for witchcraft'.<sup>126</sup> And this form of desire – in the sense of wanting what the other has – is a prevalent one. In the book *'Letting Them Die': Why HIV/AIDS Intervention Programmes Fail*, Catherine Campbell's research centres on Summertown, a small South African community, and the reasons why, despite an awareness of the causes and effects of HIV/AIDS certain groups continue to knowingly take risks with their lives. One of the three major problems – the first two being the concrete concerns of housing and crime – that the community self-identified as having was that of jealousy.

The final negative attribute of the community, already referred to above, was jealousy and gossip. Although people helped one another in emergencies, it was generally acknowledged that, in conditions of great privation, people did not want to see others making a success of their lives. Those who appeared to

---

<sup>124</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball Publisher, Cape Town, 2008, p. 180.

<sup>125</sup> *Ibid*, p.182.

<sup>126</sup> A. Ashforth, *Witchcraft, Violence and Democracy in South Africa*, University of Chicago Press, Chicago, 2005, p. 70.

be improving their lot often became the focus of the hostility and jealousy of friends and neighbours.<sup>127</sup>

In *Three Letter Plague* Sizwe sees in a boyhood rival the figure of envy that threatens his own desire for success and, related to this, the succession that is a lineage.

Simlindile stands in for all the watching eyes he believes envy him, and the gun for all the countless instruments of destruction envy may deploy. He fears that he has broken a silent rule: becoming a success in the midst of a generation that is failing has been disallowed.<sup>128</sup>

That conditions of privation and successful generation are specifically complex in the context of South Africa will be returned to below. But first the more general question of how desire and story might intersect. Sizwe's fear of the envy that is likely to arise from his success seems the same fear that governs his reluctance to test: that he will be punished for his desire, for being greedy, and that his means of production will be taken from him. This loss is both concrete, in the way that robbery at gunpoint is, but it is also, in the context of HIV/AIDS, the poisoning of desire itself. Testing positive, for Sizwe, would compromise the way in which his life might be imagined, its possible story. It seems interesting that jealousy and gossip are yoked together in the quote from Campbell. Here too desire is the work of the imagination, desire, it would seem, breeds stories. In this way saying HIV/AIDS in fiction is more than merely the end of the story, it threatens the very generation of stories.

One of the first short stories to address the HIV/AIDS crisis through the means of fiction Susan Sontag's *The Way We Live Now* is a record of the voices surrounding someone diagnosed with the disease. The story takes shape out of the many stories told within a group of friends struggling to come to terms with the possible death of someone they love.

I've never spent so many hours at a time on the phone, Stephen said to Kate, and when I'm exhausted after two or three calls made to me, giving me the

---

<sup>127</sup> C. Campbell, *Letting Them Die*, International African Institute (in association with James Currey, Double Storey Books and Indiana University Press), Bloomington, 2003, p. 143.

<sup>128</sup> J. Steinberg, *Three Letter Plague*, Jonathon Ball Publishers, Johannesburg, 2008, p. 61.

latest, instead of switching off the phone to give myself a respite I tap out the number of another friend or acquaintance, to pass on the news.<sup>129</sup>

Rumour, opinion, fact and a myriad other responses illustrate the various ways in which the disease is imagined. At the heart of the story, however, there is silence. This might have been to highlight the silences associated with HIV/AIDS due to the lack of medical knowledge or the stigma and shame attached to announcing one's status. But the impression that the story leaves is also one that suggests that the act of saying HIV/AIDS constitutes a silencing in itself; stating it plainly here is a sort of hanging up. In this sense the story is generated only on the condition of not saying HIV/AIDS. In an essay exploring this unwillingness to utter it bluntly Sharon Oard Warner writes:

While Sontag's story may well have been the first to avoid the name of the illness, it certainly was not the last. The first volume of stories on AIDS, *A Darker Proof*, by Edmund White and Adam Mars-Jones, mentions the acronym only once in 233 pages. In the foreword to his newest collection of stories, *Monopolies of Loss*, Mars-Jones comments that the 'suppression' of the term in the earlier book was intentional. My own experience with writing about AIDS is similar. In writing a story about a foster mother to a baby with AIDS, I deliberately sidestepped the term until page 6, and thereafter used it only twice. My concern was that editors and readers would be turned off by the subject, so I made sure my audience was well into the story before I divulged the truth. Even in fiction, it seems, we are invested in keeping AIDS a secret.<sup>130</sup>

The emphasis *even* in fiction could here be amended to *especially* in fiction. Perhaps the reluctance is in part due to a fear of dating the fiction in question by putting it in too firm a category and one that may not be relevant in years to come.<sup>131</sup> This demonstrates the distinction made between fiction and literature where an author aspiring to the latter should write about 'ideas of permanent or universal interest'.<sup>132</sup> By writing more generally of disease instead of specifically of HIV/AIDS authors avoid being pigeonholed. Perhaps it is the fact that HIV/AIDS is still too new and

---

<sup>129</sup> S. Sontag, 'The Way We Live Now' arranged for the stage by E. Parone, in *The Way We Live Now: American Plays and the AIDS Crisis*, Theatre Communications Group, New York, 1990, p. 104

<sup>130</sup> S. Warner, 'The Way We Write Now: The Reality of AIDS in Contemporary Short Fiction', *Studies in Short Fiction* 30: 491-493, Newberry College, 1993, p. 492.

<sup>131</sup> S. Warner, 'The Way We Write Now: The Reality of AIDS in Contemporary Short Fiction', *Studies in Short Fiction* 30: 491-493, Newberry College, 1993, p. 498

<sup>132</sup> *Merriam-Webster's online dictionary* (11th ed.), definition of 'literature', viewed 16 November 2011, <http://www.merriam-webster.com/dictionary/literature>

unresolved, too much and too urgently a part of the discourse of the real, to translate easily into fiction.

In Imraan Coovadia's novel *Hi Low In-between* the sexually transmitted virus around which the story unfolds is identifiable with HIV/AIDS in a number of ways. It is implicated in the country's politics and the tension between traditional ways of healing and a suspicion of Western medical discourse recalls much of Mbeki's rhetoric with respect to HIV/AIDS. On a social level the disease is marked by superstition and a general reluctance to test. On a medical level, it is transferred in the exchange of bodily fluids, including blood and semen, and has reached epidemic proportions in South Africa. Coovadia goes as far as to include the following conversation.

'This is not a death sentence for you, Millicent. We have good drugs to manage it. We are in a far better position than we were just two years ago. At St Augustine's they have money from the European Union to fund anti-retrovirals, once we get you on the list. I have to ask the same question again. Is there anyone besides your husband?'<sup>133</sup>

The explicit mention of anti-retrovirals, especially with reference to external funding, the insistence that the disease can be managed and is not a death sentence and the focus on being faithful all draw quite literally from the experience of HIV/AIDS in South Africa. Elsewhere the diseases commonly linked to HIV/AIDS deaths – Kaposi's sarcoma and drug-resistant TB – are themselves plainly named. Yet despite the general acceptance, in reviews of the book, that it addresses AIDS denialism, Coovadia refrains from direct reference to the disease. It could be to avoid the close focus that this might enforce, the risk that the story might be overpowered by the pressingly real narrative. That the disease is already associated with official 'fictions' which have been detrimental to its effective treatment might also prompt a certain wariness towards its use in literary fiction. Its current context is one that prioritises clear and truthful representation of the facts and as such might complicate any fictional tweaks that the author might need to further the narrative. The incorporation of a real disease into a story means that the former must be made to fit in a way that might twist the truth of it. In *Hi Low In-between* specific claims are made about the disease, for example, that Arif is disillusioned with the government because he feels

---

<sup>133</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 85.

they have squandered his work in isolating the virus. It is confusing the truth which, in the case of HIV/AIDS, is too much the risk already. Thus it is perhaps easier to avoid the absolute identification that is naming, to allow room for the work of fiction. But also, and related to this, it is because fiction is the province of the imagination that the impossibility of saying HIV/AIDS arises. It is not in keeping it a secret that the problem arises but in that it threatens to remove all possibility of secrets, intrigue, mystery, suspense, of possibility itself. In some way this is the very aim of HIV/AIDS awareness, that stories should not be told about the disease, but it also serves to complicate how the disease might be rendered fiction. As I suggested in the case of *High Low In between*, Coovadia's decision not to explicitly name the disease might have been to allow room for story, to avoid being too held to truthful account. To define HIV/AIDS, to make it definite, is to put too strict a limit on it and the imagination, as Sindiwe Magona's poem of the same name suggests, is that thing that allows us to look past limits, to cross the boundary into what is not yet known.

Imagination is all the worlds that inhabit you  
The worlds that have swallowed you  
Since long before you were born.

...  
Timeless. Boundless. Beyond  
All you can conceive;  
Greater than the sum of  
Your highest hopes.<sup>134</sup>

The very faithfulness that HIV/AIDS discourse encourages, in the sense of being true to the facts as much as to a sexual partner, disallows the impropriety on which the imagination depends, the ways in which it might disseminate and the worlds, both dream and nightmare, that it might generate. The witchcraft of fiction is that anything is possible. In *High Low In-between* Nafisa, after an accident with an infected needle, reflects on the way in which not knowing something might be more compelling than removing all doubt.

In the townships the coffin-makers were flourishing. It was impossible not to know the cause and yet just as impossible to know. You pushed things to the margin of consciousness where it could do no harm. Her mind would never return to the existence of Rose the nurse and her morning in the ward which

---

<sup>134</sup> S. Magona, *Please, Take Photographs*, Modjaji Books, Cape Town, 2009, p. 17.

had stuck her in the arm. It occurred to Nafisa that this strategy was a form of witchcraft. To refuse to know, to postpone comprehension, was to obtain a hold over things. Life, love, music, just because they penetrated us before entering our understanding, were modes of sorcery.<sup>135</sup>

Despite the fact that she is a doctor and it is very much part of her philosophy to spread knowledge about HIV/AIDS, to postpone comprehension in this case, seems a way in which she might retain a hold over things, which might be to say she retains authority over her life. As later she reiterates that so long as she hadn't said anything nothing had actually happened.<sup>136</sup> In this sense to say HIV/AIDS as an author – and here I would like to suggest that the literary sense of the word might be blurred to refer to how each of us imagines ourselves as authors of our lives – is to relinquish authority over the fecundity of the imagination. Kgebetli Moele's novel *The Book of the Dead*, which I will return to in detail below, divides the life of its protagonist, Khutso, into the before and after of HIV/AIDS. The former is preoccupied with the way in which the possibilities of a life might be pursued, how its desires might be made to *tell*. The second half of the novel, however, is narrated by the voice of HIV/AIDS and the sole end of the account is the spread of the disease. The way in which HIV/AIDS, once it is named, appropriates the narrative so completely suggests the end, not so much of a life, as of a story, which means something slightly different. HIV/AIDS is implicated in the very act of storytelling so insistently that the book ends with Khutso's imminent death and the virus stating that:

Somewhere out there I have conquered another author of no mean talent, and we are starting another book together for the cause.<sup>137</sup>

In the context of South Africa questions of generation, desire and authorship are further complicated. That HIV/AIDS should come so quickly after the end of apartheid, that it should blight the birth of a country with unchecked death has given rise to various suspicions about where it might have originated. Steinberg records one belief, in the villages of the Transkei, that it is a white man's plot, designed to decimate the black population and win back power.<sup>138</sup> It is a belief that has thwarted the successful implementation of HIV/AIDS treatment plans as well.

---

<sup>135</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 143.

<sup>136</sup> *Ibid*, p. 136.

<sup>137</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 165.

<sup>138</sup> J. Steinberg, *Three Letter Plague*, Jonathon Ball Publishers, Johannesburg, 2008, p. 216

In 2003, Dr Hermann came. He started to tell us he has got help – ARVs. Nobody believed him. Some said this one has come to kill the people. Even the doctors didn't believe him. People thought he had come to destroy the people with his needle and his blood test. They believed AIDS was caused by politics, by white people.<sup>139</sup>

It is not difficult to identify with this logic. It seems unbelievable that having won the freedom of the country there might be no children to inherit it. But HIV/AIDS poses a threat to more than merely sexual productivity and genetic generation. The bleak irony of Chris Swift's 'Dreamcatcher' is that it uses condoms 'obtained both via the RSA/German arms deal and by the kind donation of De Waterkant Men's Health Centre'.<sup>140</sup> The condoms are all that remain of the promise, by a German company, to build a condom factory in South Africa in exchange for \$594m submarine contract. In a report of the deal observation is made of South Africa's newly opened market potential, that for the contractors the investment was well worth it for access to the South African defence industry after the lifting of economic sanctions.<sup>141</sup>

The intersection of economic productivity and HIV/AIDS is illustrated in a particularly macabre manner in the case of Fana Khaba, the youth icon and DJ known as Khabzela, who died from the disease in 2004. Not long before he died he was presented with the Nation Builder's Award in recognition of his fight against HIV/AIDS and his will to live. The award, however, was sponsored by Batho Batsho Bukopane Funeral Services and the prize was a free funeral, the publicity of which would be priceless advertising for the business.<sup>142</sup>

In a country where a large percentage of the population had been denied the means to be properly productive the lifting of apartheid signified a new generation in every sense of the word. In the preceding discussion I have already mentioned the creative energy of Maluleke's poem 'Nobody ever said AIDS' but what loads the initial exclamation, the 'ooh' with which it begins, is the date which immediately follows

---

<sup>139</sup> *Ibid*, p. 143.

<sup>140</sup> C. Swift, photograph of artwork on *Chris Swift* website, viewed on 22 October 2011, <http://www.chrisswift.co.za/dreamcatcher/>.

<sup>141</sup> S. Armbruster, 'South Africa's condoms for submarines' in *BBC News Online*, Wednesday, 5 December 2001, 10:35 GMT, viewed on 8 June 2011, <http://news.bbc.co.uk/1/hi/business/1672792.stm>.

<sup>142</sup> L. McGregor, *Khabzela: The Life and Times of a South African*, Jacana, Johannesburg, 2005, p. 25.

it, 1994. As the official marker of a new era of democracy in South Africa, it suggests that life, for those celebrating Friday night in Sis Thandeka's shebeen, is for the first time fully open to all possibility instead of being dictated and curtailed by the institution of apartheid. In *Khabzela* Liz McGregor notes the shrinking effect that apartheid had on South Africa.

By the eighties, all South Africa's immediate neighbours, except for Namibia, had been liberated: South Africa was in conflict with Zimbabwe in the north, Mozambique to the east and Angola to the northwest. Its borders were sealed off from the rest of Africa. The cultural, sport and economic boycotts isolated it from the developed world. But even within the country, people were confined to ever-diminishing patches of territory.<sup>143</sup>

Democracy, then, should have opened its borders to the potential of new worlds. In Maluleke's poem this sense of belonging to the international arena is hinted at in the way that it moves from the specific locality of Sis Thandeka's kitchen to a greater geographical context.

Other men died too  
Men in big cars  
Living in Cape Town  
America  
Britain  
France<sup>144</sup>

But this does not record the promised plenitude of a new South Africa, only a democracy of disease. In the poem all races '[w]hether black, white, Indian or coloured'<sup>145</sup> are finally equal but only in the fact of infection, in the impossibility of them making love. The relentless progression of death is itself a kind of shrinking, moving from other men in other countries to 'my sister's children', 'my brother' and finally 'I was coughing and dying'<sup>146</sup>. It is a literal shrinking in that it limits how people might interact, number of sexual partners being one of the ways in which risk of the disease is measured, but it is also a shrinking in terms of the imagination. The many possible paths a life could take, here attested to in the strange conflation of

---

<sup>143</sup> Ibid, p. 59.

<sup>144</sup> E. Maluleke, 'Nobody ever said AIDS' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 18.

<sup>145</sup> E. Maluleke, 'Nobody ever said AIDS' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 19

<sup>146</sup> Ibid.

Freddy Mercury, Boers and miners, are reduced to the single and irrefutable fact of HIV/AIDS. Apartheid policed and repressed desire (here I am thinking explicitly of the Immorality Act but also of desire in the less strictly sexual sense, being concerned with those things we might imagine having) because, as Deleuze and Guattari suggest, it 'is capable of calling into question the established order of a society'<sup>147</sup>, it is capable of overstepping limits and imagining other orders. That HIV/AIDS should mimic this very policing of desire might be one reason why it does not bear saying.

This fraught and thwarted desire is evident in HIV/AIDS fiction in South Africa. Stories which begin with the disclosure of HIV/AIDS are less frequent but it is often the way in which a story ends. A clear example of this is the progression of the short story 'Skin Costs Extra'. Although it ends in Simon wishing for death after he tells Nomsa that he has HIV/AIDS it begins with the news that he has been promoted to that heart of the commercial world, New York. It also notes another way in which his and Nomsa's scope of possibilities has widened.

Simon Mashaba accepted the New York posting reluctantly. It was so inopportune, barely two months after he and Nomsa had moved into their newly acquired home on a tree-lined street in Greenside, Johannesburg. How they had looked forward to lounging by the pool that summer, reading, listening to the different texture of sounds, falling asleep in the shade of the giant old jacaranda. They had earned all of this, after enduring life in the township for so long.<sup>148</sup>

In addition to the possibility, after apartheid, of living anywhere in South Africa what is also notable is that Simon can be reluctant, he is not forced to make do with what he is offered. It is not merely Johannesburg and the world that has opened up to him but also the directions he might go in, what he might aim for. Liz McGregor notes, after her visit to Khabzela's first suburban home, that the design of the townhouse complex reminded her of the township. The one difference she does explicitly mention, however, is that 'you could see for miles across the bare brown hills south of Johannesburg. I could see that their horizons from here would have appeared much wider, and that the sense of possibility would have outstripped anything the township

---

<sup>147</sup> G. Deleuze and F. Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, University of Minnesota Press, Minnesota, 2005, p. xxiii.

<sup>148</sup> A. Dangor, 'Skin Costs Extra' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 64.

had to offer'.<sup>149</sup> Although this might be a simplification of what the township could offer as a remark on the movement into a new South Africa it is a telling one. The end of apartheid widened the horizons of desire. Democracy made it possible to have things but more than that it made things possible. In *The Book of the Dead* Moele describes the conflicted scene of one of the many HIV/AIDS funerals.

At the funeral one could almost touch the anger confusion and fear of the older generation, and it didn't help that the younger generation had come dressed to the nines to honour their Casanova, to celebrate Nkululeko's life one last time. To them he was just another one who had hit the jackpot, and they came dressed to impress. What is that expression, Khutso? Ah, yes, they came 'dressed to kill'.<sup>150</sup>

In a paper about naming HIV/AIDS in African languages Tessa Dowling discusses the way in which the disease is incorporated into popular culture through the names it is given. One of the names mentioned is 'iLotto'. Dowling suggests that the connection between the lotto and HIV/AIDS is a statistical one, in the former there is a tiny chance of winning, in the latter, of living; both risk loss, of money or life; and both involve large numbers of people playing the game. It also serves a euphemistic purpose, being less threatening to talk of general risk than direct death.<sup>151</sup> It could be that this is the effect that Moele is aiming for, a terrible sort of cynicism appropriating great wealth to describe the sheer number of deaths caused by HIV/AIDS. However, the use of the phrase 'hitting the jackpot' in Moele's description suggests a more complex equation. The mingling of the fear and confusion of the older generation with the celebratory atmosphere of the young people, the Casanova reference in the face of sexually transmitted death, effectively evoke the way in which such death, especially of the youth, makes no sense. But it also, in the use of the metaphor, suggests a possible reason for this. The lottery is about the potential of dreaming, it says that anything is possible. The young people come not to mourn but to celebrate the fact that the dead man was open to the least possibility, that he pursued his desires despite the cost. To be afraid of life, to live carefully, to refuse opportunities for prestige and pleasure in a country that has only begun to offer those opportunities is

---

<sup>149</sup> L. McGregor, *Khabzela: The Life and Times of a South African*, Jacana, Johannesburg, 2005, 127.

<sup>150</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 146.

<sup>151</sup> T. Dowling, 'uQedisizwe – The Finisher of the Nation: naming and talking about HIV/Aids in African languages' on African Voices, viewed 25 October 2010, <http://www.africanvoices.co.za/research/aidsresearch.htm>.

not an option. This is evident on a material level in the emphasis on dress and, at other instances in the novel, the preoccupation with expensive cars. It is a desire for possession, for having stuff, that goes hand in hand with having sex. In *After Tears* one of the characters dissects that marker of achievement that is the BMW.

‘Read my lips, nkalakatha! Women love you because you drive a nice BMW. And I’m sure you know what BMW means,’ shouted Dilika, flicking his cigarette ash on the ground. ‘BMW is an abbreviation for Bring More Women; it’s the most powerful love potion known here ekasi.’<sup>152</sup>

But, in light of the discussion of fiction and HIV/AIDS, Moele’s account of the funeral suggests more than merely the acquisition of things as a reflection of the expanding horizons of productive desire and the unwillingness to relinquish the opportunities it might present. What is at stake is more than the sum of sex and cars. The extract is striking not only in the attitude of the mourners that constitute its subject but for the style in which it is written. The familiarity of the repeated clichés, ‘dressed to impress’, ‘dressed to the nines’, serves to emphasise the unnatural situation of the funeral and underscores how the final iteration ‘dressed to kill’ is anything but cliché. In refusing to be celibate, in the possibility of it being pregnant with meaning, language is generative. This turn of phrase is a refusal to mourn on the level of language itself, a celebration of language as creative and creativity in general. The play on words recalls the sense of that word that Derrida aligns with *jouissance*, a term which encompasses orgasm but is not reducible to the purely physical act of sex. I have already discussed how HIV/AIDS, in its association with desire and the imagination, with the means to be productive, might complicate creativity and thwart storytelling, whether in the sense of how we imagine our lives or in the literal case of writing fiction. This seems particularly evident in *The Book of the Dead*, both on the level of the protagonist as well as Moele as author. The novel is divided into two parts; the first ‘The Book of the Living’ details the success of Khutso who progresses from poverty to the fulfilment of all his dreams which culminates in the birth of his son. At this point his wife, Pretty, dies and he discovers he is HIV positive. Part two, ‘The Book of the Dead’, which is narrated by the voice of HIV/ AIDS itself, documents his rejection of his son and his quest to infect as many people as possible, the names of which he records in a book he has specially bound.

---

<sup>152</sup> N. Mhlongo, *After Tears*, Kwela, Cape Town, 2007, p. 101.

'In case you are wondering what I am going to do with the book,' Khutso finally said, making his way towards the door, 'I am going to record my paternal family history; the male lineage from 1840 to the present day.'<sup>153</sup>

Lineages and children, legacies and storytelling are all acts of generation and what Moele's novel seems to illustrate is the way in which HIV/AIDS is bound up with ideas of sexual production in the literal sense, through the continuation of children, but also with ideas of the productivity and possibility of a life and what it means to be the author of it. This is evident from its very first sentence.

He, Khutso, had been many things in his life. He had been a child, a teenager, a young man, a husband and a father. But the one thing he had never been was happy; he had never enjoyed his life. He knew the odds and he fought them. He had his dreams and he chased them. He had his goals and he worked hard to achieve them. But Khutso had never enjoyed his life; he had only ever endured the struggle that his life had been. There had never been a moment in his life that he felt fulfilled, that he felt true happiness, that he felt joy. There were always things in the way. Things to live up to: wants, needs, wishes.<sup>154</sup>

It is a conflicted opening and one that is difficult to reduce to a pat conclusion. On the one hand the reference to knowing the odds suggests the way in which Khutso is aware of the likelihood, or in his case unlikelihood, of living a successfully productive life. But the acknowledgement of odds also suggests that anything is possible, in the sense that recalls Moele's use of the phrase 'hitting the jackpot'. That this weighing of odds is immediately followed by citing Khutso's dreams and the possibility of chasing them establishes the central role that dreaming, which is another way of imagining, will play in the novel. Although it is made very clear that Khutso had never been happy or enjoyed his life it is not with happiness that my argument is concerned. I am more interested in the way in which dreaming, as a generative act, changes meaning, loses meaning in the context of HIV/AIDS. Despite the insistence on unhappiness in this opening description the section that follows documents how Khutso sets about fulfilling whatever dreams he might have had. The various ways in which life can be generative on a material level, through economic success or reproduction, all play their part in this section. Of all the people mentioned in the initial description of

---

<sup>153</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 82.

<sup>154</sup> *Ibid*, p. 9.

Masakeng, the village where Khutso grew up, it is the local businessman that takes precedence.

The home of the businessman was the centre of the community. Next door to the house was his shop/café and hardware store, which also acted as a post office – though letters could only be picked up there, not posted. Inside was the only television in the village, and every Saturday it was the hottest spot in the community, especially if there was a game between Chiefs and Pirates.<sup>155</sup>

The description of the home of the businessman recalls Sizwe's shop in *Three Letter Plague* and his desire to make something of his life. And the trajectory that Khutso's life traces out from success to the way in which HIV/AIDS takes over his life so completely seems very much the fear that Sizwe voices in his reluctance to test. That this fear is bound up with lineages is attested to by Sizwe's belief that should he have the disease the act of procreation would be a poisoned one. This too finds its parallel in Moele's novel. The birth of Thapelo is the ultimate and most beloved evidence of Khutso's productivity.

Thapelo was his father's pride and joy. There was nothing more important in Khutso's life than his son, and he soon became both Thapelo's mother and father – washing, dressing and feeding Thapelo before dropping him off at nursery school on his way to work.<sup>156</sup>

And his reaction to discovering his status is most vividly registered in his reaction to Thapelo after the fact. Khutso rejects Thapelo utterly, banishing him to boarding school at the close of the novel's first section. That HIV/AIDS complicates, for Khutso, something more than the physical act of sex is suggested by a comparison of how this act is imagined in the two sections. In the first section Khutso longs for and dreams of Pretty for a year before they finally sleep together. On their first date he stands her up, afraid of losing the possibility of her after his friend warns him that it is better to keep that kind of woman as an ideal, 'for fuelling dreams'.<sup>157</sup> Once Khutso is infected, however, his attitude towards sex is brutally mechanical. This is most viscerally recorded in the account of one of the conquests that he makes in the service of HIV/AIDS, the 'one-hour stand' already described in the Introduction to this thesis.

---

<sup>155</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 10.

<sup>156</sup> *Ibid*, p. 62.

<sup>157</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 46.

The sole generative purpose of sex in the second half of the novel is the spread of infection. Although the malevolence of this section could be read as Khutso's revenge on his wife for her betrayal, especially considering the quote that introduces the second half – 'And every bitch I ever loved, I wish an Aids-related death'<sup>158</sup> – it is more than revenge against Pretty that drives Khutso's project of infection, his book of the dead. It is also a way of taking revenge on all those who still have the means to dream and the desire to make something out of life. It is their fertility that must be punished. This is attested to by the ways in which he describes his conquests and the pleasure he takes in dwelling on the way in which it is this very desire for what life might offer that is their downfall.

Reneilwe had presence, learned quickly and wanted to learn more. You could feel her learning. I wanted to be with her all the time. She was funny. She was full of life.<sup>159</sup>

They didn't say anything, but the one in the front seat allowed me to reach down into her shorts to the fertile soil where one can only plant a life.<sup>160</sup>

That this is a reaction to how his own fertile life has been lost is emphasised by his reaction to seeing Thapelo, who has come to visit him, towards the end of the novel.

Khutso wasn't sure that he would recognise Thapelo, but in the end he picked him out easily. He saw a younger version of himself come through the sliding doors at the airport and immediately he got angry. Anger gripped him and he could not move. He despised Thapelo.<sup>161</sup>

It is incongruous that he should despise his son who is in no way responsible for his being infected with HIV/AIDS. It might be because seeing Thapelo reminds him of Pretty but that Moele specifies that Khutso sees a younger version of himself in his son suggests another reading. Khutso's anger seems most sharply to stem from the fact that Thapelo personifies what he has lost to HIV/AIDS, the sheer possibility of life. Where before Khutso's son meant everything to him, being the measurable evidence of his generative ability, his new generation, HIV/AIDS acts against this, it poisons the very idea of generation. Although Khutso is still alive he is possessed by a virus that proclaims 'I am alive, but I have no dreams or visions; I have only a

---

<sup>158</sup> *Ibid*, p. 87.

<sup>159</sup> *Ibid*, p. 122.

<sup>160</sup> *Ibid*, p. 113.

<sup>161</sup> *Ibid*, p. 159.

purpose'.<sup>162</sup> What the disease comes to limit in *The Book of the Dead* is desire and the power to dream these desires, which is the work of the imagination. The change in outlook from the beginning of the novel, which opens with a reflection on the 'wants, needs, wishes and dreams' of Khutso's life is made explicit in a conversation between him and his son towards the end.

'What is your dream car, son?' Khutso finally asked.

'I don't have a dream car,' the little gangster replied. 'I don't dream, Dad, I have goals, and the most important thing about my goals is that they have a time limit, something that dreams don't have. That way I know that I have to work hard to achieve my goal before its expiry date.'

We – Khutso and I – were impressed by the little gangster's little sermon. Khutso laughed, feeling like a fool because he had always had dreams and they had never had an expiry date.<sup>163</sup>

The limit that HIV/AIDS has placed on Thapelo's imagination is cruelly reminiscent of the account that McGregor gives of Khabzela's mother and her desire to be a nurse. Apartheid too was a way of putting boundaries on the imagination, on what was deemed possible.

'I had to educate and feed the kids so I went and worked as a domestic worker. All the time I was dying for a profession. I wanted to see my name on the list in Pretoria of the nursing profession. That's what I was dying for'.

I knew that nursing and teaching were the only professions open to black women of Mrs Khaba's generation. Of the two, nursing held the higher status. Nelson Mandela's first wife, Evelyn Mase, was a nurse. As was his cousin Albertina Sisulu. It was a profession to which all ambitious black women aspired.<sup>164</sup>

What differentiates dreams and goals is perhaps the question of limits. And the way in which HIV/AIDS compromises the imagination is doubly complicated in the context of South Africa after apartheid, a system which itself sought to limit the way in which people could be productive, access the full possibility of a life, pursue their desires and, in the service of all of these things, the way in which they could dream. This also offers a possible reason for why HIV/AIDS might remain unnamed in fiction. Moele's story of Khutso ends, so to speak, with the naming of HIV/AIDS and can be continued only through the voice of the disease itself, turned solely in the direction

---

<sup>162</sup> Ibid, p. 77.

<sup>163</sup> Ibid, p. 162.

<sup>164</sup> L. McGregor, *Khabzela: The Life and Times of a South African*, Jacana, Johannesburg, 2005, p. 43.

the disease would take it. What this suggests is that the final lines of the novel, in which the virus contemplates the new author it aims to conquer now that Khutso is dying, could apply as much to Moele himself. The reluctance to say HIV/AIDS in fiction, which is a space where the limits of what is possible are lifted, in some cases suggests a refusal of the limitations it might place on dreams and the desire that drives them.

That the discussion above focuses mainly on the male voice, whether in the actual example of Sizwe Magadla from *Three Letter Plague*, the fictional example of Khutso in *The Book of the Dead*, or that novel's author, Kgebetli Moele, makes it difficult to insist quite generally that HIV/AIDS constitutes a counter-generative force complicating the ideas of desire and productivity that attach to sex. And that this might motivate the unwillingness to name the disease. It could be that the importance of generation, of lineage and legacy, is an effect of the construction of masculinity, which prizes virility. This is borne out by the presence of sons in the various stories and the anxiety that attends them. It is also emphasised by how Khutso lies about recording his paternal history, the male lineage, in a book reserved for those he will infect with HIV/AIDS. That he asks for the book to be bound like a Bible, another record of fathers and sons, only sharpens the point. There are, however, some instances in which this problematic generation is given a female voice, for instance, in Norah Mumba's short story 'The Fire Next Time' which includes the correspondence between two cousins, Zondi and Thokoza. The story opens with a letter from the latter.

My dearest Zondiwe,  
You are right. The first letter I wrote to you when I'd just got here was full of enthusiasm. As you can imagine, I was full of the excitement of a first trip away from home, and so far away at that. Europe is everything that we always imagined it to be when all of us young friends back home sat under the African sun and dreamed about how we would get here some day...<sup>165</sup>

The promise of other possible worlds, the exercise of the imagination in dreaming are as evident in this extract as in the examples already cited. Between this and the letters

---

<sup>165</sup> N. Mumba, 'The Fire Next Time' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 50.

that finish the story Zondi both gives birth to a baby girl and tests positive for HIV/AIDS. She cannot, however, bring herself to tell her cousin of her status. Thokoza continues to send her congratulations about the child – especially that it is a daughter, which in her words allows a mother to feel she has completed the procreation cycle – until her letters are met with silence, the celebration of a new generation undone by HIV/AIDS.

Despite the possibility, in the context of gender, of differing attitudes towards HIV/AIDS, Roshila Nair's poem 'Fanon's Land' also suggests that on some general level HIV/AIDS, especially the experience of it in South Africa, is the experience of a conflicted generation in all the possible ways to which I have tried to turn the word. The poem is dedicated to members of the TAC and other HIV/AIDS activists who 'dare to remind us that freedom is a never-ending journey'<sup>166</sup> and begins with reference to blood.

Threadbare in the blood  
Bloody in the tongue  
Tongue-tied by the birth push,  
We have washed up on a word...<sup>167</sup>

In both reference to blood as well as birth it recalls Mongane Serote's *To Every Birth Its Blood*. However, whereas the blood of the novel was that of the difficult birth of South Africa's freedom, signifying a new generation and the possibility of a different story, the blood of the poem is compromised by HIV/AIDS. It is threadbare in fact, weakened by disease, as well as in fiction, in how blood might be made to signify. Being tongue-tied by the birth push suggests Thabo Mbeki's reluctance to address the HIV/AIDS crisis – blood on his hands, his bloody tongue – precisely because in being so newly born, so painfully won, freedom in South Africa meant that rejecting Western discourse was publicly possible. But the yoking of a mute tongue and the labour of new life in a single line is also a fitting place to end a discussion that has dealt with both the way in which HIV/AIDS remains unsaid and how this might follow from its association with sex and all that might be read into sex as a generative

---

<sup>166</sup> R. Nair 'Fanon's Land' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 179.

<sup>167</sup> R. Nair 'Fanon's Land' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 179.

act. This association is evident on a material level, as much of the fiction attests to, being preoccupied with reproduction as well as economic production and how this is threatened by HIV/AIDS. But that the disease compromises production on the level of fiction, that fiction sometimes washes up on a word, seems because of how both HIV/AIDS and fiction are associated, in opposing direction, with desire and the imagination and with how these might generate stories. With how, to paraphrase Nair's final lines, we might make everything out of nothing.

## CHAPTER THREE

### Strange remains: recognising the dead

I long to have such a memorial of every being dear to me in the world. It is not merely the likeness which is precious in such cases – but the association and the sense of nearness involved in the thing...the fact of the very shadow of the person lying there fixed forever!<sup>168</sup>

-thunzi (isithunzi, izithunzi n.)

1. Shadow
2. Moral weight, influence, prestige
3. Soul, personality<sup>169</sup>

Saturdays, writes Sindiwe Magona, are feasting days for the goats of Gugulethu. This is because it is the day that is usually reserved for funerals and the many wreaths laid on new graves offer food for cemetery scavengers.<sup>170</sup> Funerals, however, seem scarcely to stick to schedule in Magona's fiction as in many of the stories that address HIV/AIDS. Instead the overwhelming impression is of excessive death. In *Beauty's Gift* Magona describes how at the funeral of one of a set of twins a commotion breaks out around the car bearing the mourners. The reason for the upset is later made clear.

'No,' said Amanda, her voice low. 'Today, *one* of the twins was buried. The other twin is also ill. *Very* ill...'  
Thandi saw the disbelief in her eyes. 'The funeral party was on its way back from the graveyard when news reached them that the other twin had also passed away,' she explained.<sup>171</sup>

And then again in her short story 'Leave-taking' a funeral party on their way home from burying a son is met with the news that while they were intoning the final hymns for one child another has died.<sup>172</sup> The way in which burial may be thought of as laying to rest is threatened by images of cemeteries that overflow not only their physical limits but their semantic ones too; they can no longer contain the dead.

---

<sup>168</sup> Elizabeth Barrett qtd by S. Sontag, *On Photography*, Penguin Books, London, 1979, p. 183.

<sup>169</sup> CM Doke, DM Malcolm, JM Sikakana, BW Vilikazi (eds), *English – Zulu Zulu-English Dictionary*, Witwatersrand University Press, Johannesburg, 2006, p. 809.

<sup>170</sup> S. Magona, *Beauty's Gift*, Kwela, Cape Town, 2008, p. 14.

<sup>171</sup> *Ibid*, 68.

<sup>172</sup> S. Magona, 'Leave-taking' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 141.

It seems impossible to write about HIV/AIDS without looking at the ways in which the dead are written about or death is recorded. In the first chapter of this thesis I dealt with the desire to return substance to the abstraction enacted by medical science, the loss of the body as such, and the turning of metaphor to this purpose. This chapter will address a related material anxiety, the loss that first manifests as the uncanny instance of the uninhabited body, the tangible object, the corpse, in which we recognise ourselves but utterly altered; and then, as this body is laid to rest, the demand for a substitute body which might hold, or hold off, this loss. In his essay on the uncanny Freud writes that:

Many people experience the feeling in the highest degree in relation to death and dead bodies, to the return of the dead, and to spirits and ghosts. As we have seen some languages in use today can only render the German expression 'an *unheimlich* house' by 'a *haunted* house'<sup>173</sup>.

As Freud works his way through the various meanings of *heimlich* in his attempt to define the *unheimlich*, he finds among them 'the *heimlich* art (magic)'<sup>174</sup>. Adam Ashforth, in his study of witchcraft in South Africa observes that:

One of the most puzzling features of talk relating to witchcraft for Westerners in Africa is the attribution of agency and intention to substances in ways that seem to defy universal principles governing the nature of the material world. Most commonly, these agencies are posited either as possessed by invisible beings and analogous to the agency of human persons or as inherent in substances, objects, and images.<sup>175</sup>

Although, in Ashforth's consideration, it might seem puzzling for Westerners that the inanimate stuff of the material world be given agency or invested with spirit, it is not so big a leap from the surprise of our own animation – which we are perhaps too accustomed to – which presents itself, most terribly and like magic, when it is lost. Our keepsakes, those objects impregnated with the dead, and more specifically the uncanny manifestations that are images of the now dead only serve to remind us that we are all already haunted houses. This chapter will employ then, as its central

---

<sup>173</sup> S. Freud, 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey, The Hogarth Press, London, 1919, p. 241.

<sup>174</sup> S. Freud, 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey, The Hogarth Press, London, 1919, p. 224

<sup>175</sup> A. Ashforth, *Witchcraft, Violence and Democracy in South Africa*, University of Chicago Press, Chicago, 2005, p. 118.

metaphor, how photographs and the act of photography as they are written about in fiction allow or do not allow an expression of death and in particular that wrought by HIV/AIDS. But it will also be preoccupied with the question of whether the closure that might be offered by how photography can 'capture' an image, or how fiction is a way of ordering, is possible in South Africa where in reality the disease is still not yet under control, where there is no time, as Magona writes, to take the tent down between funerals.

Imraan Coovadia's novel *Hi Low In-between* begins and ends with a house being emptied out. The first description suggests this is a temporary emptiness in order for the house to be cleaned from top to bottom, an image that lends itself to the way in which the narrative will develop around questions of medicine and disease and how the body is opened up to the exterior, either through the various lenses of technology or quite literally, through the organs that are removed and replaced. The final description, however, gives a more lasting impression of abandonment, of a structure emptied of the meaning that made it specific, recognisable.

The house was vanishing around Shakeer. The title deed had been mailed to the tax inspectorate in Pretoria. The broken window had been replaced but this seemed to diminish the house. Soon, it seemed, the very walls would be demolished around him. Nafisa had cleared out the cupboards upstairs and downstairs. Leila was with her children in Cape Town. Jadwat was in Richmond. Meanwhile Estella had emptied the garage and discovered a supply of chemicals he had used to fix photographs.<sup>176</sup>

The details of the passage are ones that echo the way in which the dead body central to the text is dealt with. The relinquished title deed mirrors the official paperwork of the death certificate and the fixing of the broken window is a sort of cosmetic closure that recalls the ritual cleaning of the body of Shakeer's father Arif after he is shot in mysterious circumstances. The body is perceived as diminished, 'shrunken into itself'. Shakeer remarks that he has seen people dead before 'yet he had never seen the same alteration in someone he was close to. He couldn't conceive that this man had been his father'.<sup>177</sup> His attention is also drawn to the gunshot wound and the way in which this break in the body has been repaired and cleaned, rendered almost invisible but for

---

<sup>176</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 263.

<sup>177</sup> *Ibid*, p. 44.

a bruise. Both the description of the house and that of the body suggest the strangeness of the once animated entity now closed to the world, recognisable and yet unutterably different, indifferent.

At the same time they also gesture towards the alteration that time will enact, the vanishing demolished walls standing in for the more horrible decay that human remains are subject to. In its first instance the dead body is awful in its immediate vacancy, its *being there* but without the signs of life; mere human object. But once the shock has worn off and the evidence of remains is removed, hidden, burnt or buried, it is the body *not being there* that confounds and in its place prompts that repository of memory that is the gravestone in its various incarnations. It seems interesting that from his description of the soon to be abandoned house Shakeer moves immediately to the subject of photography and, more specifically, the element of photography that is occupied with 'fixing'. Shakeer is a photographer by profession. That this will be important in the novel is suggested by the manner in which he is introduced. Nafisa, his mother, waiting for him at the airport, fails to recognise his face or figure, those typical markers of identity. Instead she confirms that it is him through the evidence of his photographic paraphernalia.

The man was wearing a brown track suit with piping on the shoulder, similar to something she had bought for her son at a men's shop in Musgrave. He was pushing a cart loaded with luggage. From nowhere Nafisa remembered the suitcases, and the roped up black sleeves which protected lenses, cameras, tripods, flash batteries.<sup>178</sup>

Photography in this instance serves to fix an unfamiliar body, offers – here in the equipment that signifies it – some thing in the place of nowhere. As he contemplates the emptying house and the noise of the workers winching the bed from the window of the master bedroom Shakeer decides to develop the photographs that he has taken over the course of the novel. The remembered darkroom routine of his university days is a way of imposing some control over the situation. Coming as it does so close to the end of the novel this scene offers a fitting closure to the story. It suggests, in the literal act of developing photographs, the bringing to light and fixing of the various seminal events that have occurred in the novel and which Shakeer has recorded. The chemical

---

<sup>178</sup> Ibid, 35.

resolution matched by the finished story. In the context of *High Low In-between* the promise of photography is a double fixing, a means to mend the fractured narratives of the novel as well as a store against the loss at the centre of the story.

That the novel will be characterised by shifting and conflicting ideas and a refusal to be definite is apparent from the very beginning where Nafisa is torn between irritation and love for Estella.

There were mornings Nafisa couldn't stand to hear the young woman's voice outside the garage. She would leave for work early in order not to look at the girl and risk revealing her emotion. Simultaneously she very much wanted to reveal her feelings. She wished to fly on Estella and beat her around the head, to fling Estella with her red shoes into the street, laughing and crying, and be rid of her lorryload of trouble. Yet there were other occasions – this minute in the airport when Estella studiously avoided her gaze – when Nafisa felt something close to love starting up...<sup>179</sup>

It is a relationship that remains equivocal throughout the novel and it is far from an isolated example, many of the relationships described in the novel share this mutability. The different characters too refuse to be read as essentially good or bad while the line between science and superstition is continuously redrawn. Govin Mackey, the model of an enlightened surgeon, saves Arif's life by securing him a kidney transplant. He is then discovered to be Arif's murderer because of ethical complications surrounding the kidney. Nafisa swings between contempt for all those who refuse to accept the rational ministrations of biomedicine and her own sense of the intense mystery of life and her unwillingness to take treatment after she accidentally pierces her hand with a bloody needle. In this sense Shakeer's final turn towards photography seems a desire to render things once and for all definite, to force them into focus. A photograph, in that it stills movement, is a way of holding, offers something to hold on to. And this is doubly pertinent in a book that has a dead body at its heart, a body which signifies the ultimate rupture in the sensible progression of the story.

It is nothing new to associate photography with death, Susan Sontag's description of the photograph as *memento mori* is an often referenced insight. Indeed a photograph,

---

<sup>179</sup> Ibid, 33.

in that it is both a material thing as well as a record of missing things, effectively captures that uncanny mixture of presence and absence that is so strongly evoked by the contemplation of a dead body. In addition to this it allows a way of preserving the physical fact of the deceased's corporeality. In Coovadia's novel there are various instances that evoke the materiality of the photograph as a substitute for the body, and more specifically a body that is out of the ordinary, be it through disease or death. When Shakeer accompanies Estella – so that he may take photographs – on her visit to a traditional healer to procure a cure for her daughter's epilepsy it is expressly required that the girl not be present in the flesh but rather that they take a photograph along. Peter Dlamini, Estella's neighbour, is defined by the loss of his family and the way in which he seems 'to live among the seven of them still, counting through his photographs each evening on his unsteady bed'.<sup>180</sup>

It is this preoccupation with physical remains and how they might concentrate a sentiment that keeps Coovadia returning to the image of Nafisa's marriage bed and her unwillingness to part with it. Our objects, as an extension of that most intimate one, the body, are a way of saying what it means to exist and to cease to exist, that we are as much body as we are idea. Without this language of things loss is difficult to render definite. For Nafisa the image of the marriage bed stands in for the loss of Arif, without his presence the bed is unbalanced, but more fundamentally her life has been thrown off balance in a way that is impossible to say plainly. It is his weight, that evidence of presence, which is missed.

Since the funeral she had been unwilling to return to her old bed. She couldn't imagine getting into the bed without Arif on the right hand side. His weight on the mattress had reassured her. Without his presence the bed itself was unbalanced. She feared that she would fall off.<sup>181</sup>

It is no coincidence that the image of a bed should be invoked – and more specifically in the context of photography – in more than one of the narratives that will be discussed in this chapter. What a photograph traces out in light a bed wears in the imprint of a body's weight, what was once presence. It speaks so poignantly of our experience of being flesh perhaps because it recalls those acts in which we are most

---

<sup>180</sup> Ibid, p. 211.

<sup>181</sup> Ibid, p. 64.

purely material: sleep, sex, sickness. As Shakeer contemplates the emptying house and turns towards the idea of photography, it is the bed, that intimate object, that Nafisa decides to salvage from all that she has lost. And it is described almost like a body itself, growing wider and heavier over the years and trembling as it descends to meet its own shadow.

The workmen were removing the bed from the master bedroom. They had set up a winch in the garden. The bed was being removed out the window rather than through the house because it couldn't be disassembled. The dog stood underneath the bed and barked as it descended... Shakeer watched the bed tremble in the air. Somehow the width of a piece of furniture increased with each year it was undisturbed. The weight also increased. The bed was now a very heavy piece of furniture.<sup>182</sup>

Memory desires a location; it requires a substitute body, an embodiment without which it cannot focus. It is perhaps this that prompts our monuments, the heft of the tombstones that remember the very gravity of loss which is the loss of gravity. This *matter* of memory could be because material things have edges, they, quite literally, allow us something to hold on to, some thing which by virtue of being discrete allows for fixing and repetition, which is the act of remembrance. Photography is the expression of the finite but the finite is also its condition. It is finished. This is the closure that it offers; it gives us edges within which to enclose our loss. The drawing of a line around what is gone is also a way of forgetting. The concentration of loss in an object, the putting of it in place, is a way of allowing a return but it is also a way of moving past. Of all the characters in the novel it is Arif who seems the most definite, in contrast to the living, who Shakeer struggles to record. The way in which Shakeer remembers his father after Arif's death to some extent recalls the act of photography, the flash of light through which a camera makes sense out of darkness, the way in which it is a point of orientation for what is lost, bringing something to store out of confusion.

Since his sixtieth birthday, a decade earlier, his father had been the possessor of an utterly white head of hair. From a distance, and particularly from behind, it had been his father's most recognisable feature. It was like finding a lighthouse.<sup>183</sup>

---

<sup>182</sup> Ibid, p. 263.

<sup>183</sup> Ibid, p. 44.

In that they refuse to be resolved the living signify for him the failure of photography. Whereas his father suggests a lighthouse, a fixed point, Nafisa is impossible to capture on film.

As they walked it struck Sharky that no photograph managed to capture his mother's particular expression. She was rapid, fierce, fluctuating. Taking a photo meant understanding the situation on the far side of the lens. This he had never been able to do with his mother.<sup>184</sup>

That this is framed as a question of understanding already suggests the way in which Shakeer will turn to photography, at the close of the novel, in an attempt to understand where the trajectory of the story has led him. But these final images refuse to cohere, the image of Nafisa and Estella at the airport only reinforces their ambiguous relationship; they sit as close to each other as mother and daughter and yet at the same time seem as far apart as different planets.<sup>185</sup> Although this might seem a natural place to finish the novel, the packing up of the house suggestive of moving out and on and the development of the photographs offering both material and thematic resolution, it turns out to be a false closure, the failure of photography's promise to enclose.

The other photographs, still soaking in the trays, hadn't fixed. Shakeer picked up one of them in his hands. They were only half-formed shapes of black and white. You couldn't make out what the scene was supposed to be. It was a looking-glass photograph. Light was different through the looking glass. It couldn't be fixed into a clear image.<sup>186</sup>

It is failure on an individual level, the impossibility of fully capturing or holding the singularity of a person through the fixing of their image. It is the recognition that a photograph, in being fixed, is a simplification, a qualified consolation in the face of loss. At this moment Shakeer catches sight of his own face in the mirror and, Coovadia writes, is moved by his expression. What he finds most moving seems the very fleeting nature of the expression, the fact that it does not offer itself up for easy understanding or public consumption. That it is not something he can define, not

---

<sup>184</sup> Ibid, p. 203.

<sup>185</sup> Ibid, p. 264.

<sup>186</sup> Ibid, p. 265.

something to put into a photograph and thus will be seen only once pierces him to the centre of his being.<sup>187</sup>

But the failure of photography resonates on more than this intensely private level. It cannot offer any resolution in the context of the mass death in South Africa. Photography, being a sort of closure, is a way of resigning things to the past which is impossible in a context where death due to HIV/AIDS is so overwhelmingly immediate, where the scale of the loss overflows any attempt to enclose it. Shakeer, who visited a traditional healer with Estella so that he might take photographs, is moved to destroy the images as they are developing as earlier he could not take his 'camera out of the case in good conscience'.<sup>188</sup> Sontag writes that to take a picture 'is to have an interest in things as they are, in the status quo remaining unchanged (at least for as long as it takes to get a 'good' picture), to be in complicity with whatever makes a subject interesting, worth photographing – including, when that is the interest, another person's pain or misfortune'.<sup>189</sup> In this way any resolution that photography might offer is a problematic one, it is to collude in suffering which Shakeer refuses to do.

He tore up the photograph. None of them should have been taken. People were dying like flies.<sup>190</sup>

The novel ends not in the fixing of images in Shakeer's darkroom but in the religious ritual which directly follows it. The *taziya* is a ceremony of mourning begun out of the circumstances of the death of Imam Hussain ibn Ali, the grandson of the Islamic prophet Muhammad. It is driven, to some extent, by the same motivation that couples photographs with the dead, a way of concentrating what is lost through the presence of measurable, related, material remains. Because of his death in Karbala, away from India, the collection of soil on which he might have bled and the relocation of these physical remains was a way of reclaiming the lost body. The *taziya* repeats this symbolic relocation in the procession of a model of Hussain's tomb. In *High Low In-between* neither Shakeer's recourse to photography nor the ceremony of the *taziya*

---

<sup>187</sup> Ibid.

<sup>188</sup> Ibid, p. 203.

<sup>189</sup> S. Sontag, *On Photography*, Penguin Books, London, 1979, p. 12.

<sup>190</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 265.

offer any concrete resolution to the novel. The reader is left with the image of Shakeer with his back turned to the tomb as it is set alight, his observation that as long as he doesn't turn towards them the flames will never go out. But what the *taziya* does suggest is the impossibility of fixing things absolutely which seems reinforced by the fact that Shakeer originally wants to attend the ritual in order to photograph it but in the end leaves his camera behind.

Both ritual and photography are themes running through one of the short stories in *Nobody ever said AIDS: Stories & Poems from Southern Africa*, Ashraf Jamal's 'Milk Blue'. As in *High Low In-between* there is a preoccupation with the substance of intimacy, the things which come to stand in for the lost body. The story opens with a description of a bed which the narrator, having lost his lover to HIV/AIDS, cannot bring himself to disturb. The first few paragraphs return often to the play of light on the pillow and sheets of the bed. What this attention suggests is the terrible evidence of both absence and presence. That the body of his lover, once so substantial, should have become nothing more than light is only rendered more exquisite by what the light still reveals, which is the evidence of substance, the hollows of both of their bodies. It is to this that the title seems to gesture in that it evokes both our first introduction to life, our original sustenance, as well as the sky towards which we look for meaning after death; it recalls those various beds on which we are made and unmade, begun and ended. But despite the way in which the empty bed suggests loss it is also a way in which the narrator may hold off this loss by holding on to the lost body.

What, then, is this stirring he sees? A trick of light on a crumpled sheet? Is it the bed that speaks to him now? Out of milk and blue he wills meaning. If not meaning then comfort. Something. Anything. Never nothing. He is tired. He will not rest. The bed wills him. He cannot shift from the threshold. If he crosses, enters, he knows he will do so alone. Ross is no longer there waiting. Beside the bed he sees the porcelain basin and sponge. He will not empty the water; cannot. He will not puff the pillows, straighten the sheets. He will allow no one into the room, not even himself. For three and a half months this is what he has studied.<sup>191</sup>

---

<sup>191</sup> A. Jamal, 'Milk Blue' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 40.

The dread of death is, to paraphrase Larkin, not to be here, not to be anywhere. Death means being gone; it is the ultimate disappearing trick, making nothing out of something. And more than anything this is felt in the loss of the material fact of a person. It seems no coincidence that the word which most strongly suggests the bringing to mind of what is lost in death is not remind but rather remember which has, in its earliest usage and at its heart, heart itself, organ, flesh. By refusing to change anything in the room, by stopping time, the narrator refuses the specific loss that this change might represent, which is that of the body. The exact repetition, at 11:20 every day, of his vigil at the doorway of the room prevents the manifestation of loss in the measurable actions of making a bed and emptying a basin. It is an act that recalls Shakeer's search for a way of fixing, found here in the fixing of time.

Time is to play a central role in a story dedicated to Felix Gonzalez-Torres, an artist who, on the diagnosis of his lover Ross with HIV/AIDS, conceived of an artwork consisting of two synchronised clocks which, it is suggested, represent the perfect union of love.<sup>192</sup> However, after a while the clocks run fractionally out of time, suggesting not only an impossible union, the unassailable solitude that is the human condition, but also the ultimate playing out of time and the separation it enacts. In the context of the story this seems not only the separation between the two lovers but also between the material fact of a person and the memory of them. In Jamal's story it is this failure to prevent the slippage of the second hand that finally propels the narrative forward. However, what transpires is the swapping of one vigil for another, one mode of preservation for another.

At 11:10 the next morning he readies the tripod and camera, waits. At 11:20 he takes the shot. The light is blue upon a bed of milk. Now, months later, now that he has recorded the scene – a scene he thinks of as a testimony to illness, death, love, loss – now he knows he will live there.<sup>193</sup>

That the taking of a photograph allows the possibility of moving on, of continuing with the business of living recalls the earlier discussion of the closure that photography might allow. By offering a location for loss, by situating it, the recorded

---

<sup>192</sup> F. Gonzales-Torres, 'Untitled (Perfect Lovers)' on *MoMA: The Collection*, 2010, visited on 3 November 2011, [http://www.moma.org/collection/object.php?object\\_id=81074](http://www.moma.org/collection/object.php?object_id=81074).

<sup>193</sup> A. Jamal, 'Milk Blue' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 43.

image prompts both memory and forgetting. In this sense Jamal's story affords photography a greater power than Coovadia's novel in allowing it to resolve the loss that inspires both the story and the art and artist that it documents. Whereas in *High Low In-between* the images refused resolution, the description, in the short story, of the final act of photography betrays in its language the very focus that this act allows. At 11:10 readied, at 11:20 taken. And unlike Coovadia, Jamal ends the story with the photograph elevated to an artwork, framed but also a way of framing.

Before him, on the table, lies the photograph of their bed. He has met with the director of the gallery, made arrangements with a billboard company. Soon the bed of milk and blue will appear in locations throughout the city. The frames of the billboards will be painted the colour of larkspur. If, before, he'd wanted no one to see what he saw, feel the tenderness of his loss, now it is this tenderness, this loss he wants to gift to the world. He wants to part the curtain, say no to darkness.<sup>194</sup>

Here again the story borrows from the actual circumstances of Gonzalez-Torres's artistic endeavour, this being a description of one of his artworks. However, the closure that is suggested is perhaps less about the specific loss of a specific person, namely Ross, and more about the way in which the photograph allows a way of saying loss.

There are two other instances of photography that are mentioned in the story. The first is a picture of Ross alive and glowing with health, his face flushed and smiling, his body powerful. This, it would seem, might offer far more substantial evidence of his existence. The narrator, however, rejects this image, resigning it to a drawer, it remains too keen, too singular a loss to be expressed. There is too great a disparity between the life recorded and the death that the photograph brings home; this image, perhaps, is too real, which is to say too literal. A few sentences later the narrator recalls another photograph, taken on a walk with his lover. The photograph records the skeleton of a carp, pecked to the bone and the pattern traced out by birds' feet on the shore. In mentioning it the narrator dwells less on the direct evidence of death that is the skeleton of the carp and more on the beauty of the star shape that the footprints are transformed into. In this sense it becomes a way of describing what is no longer there, what is now mere trace, and more than merely describing, a way of

---

<sup>194</sup> *Ibid*, p. 44.

transforming this trace into metaphor. It seems this same sentiment that inspires him to share the photograph of the empty bed with the public. This is not Peter Dlamini's private ritual of communion with the photographs of his lost family. Instead what offers comfort in this case is the communal experience of grief, the expression of loss that the photograph records. In that it is a photograph of a missing body – the imprint of an imprint – it is a double absence, a more general statement about death that, as such, can be rendered artwork instead of keepsake.

That death is experienced as disappearance, as being gone, is vividly communicated in another of the stories in the collection, Paul Schlapobersky's 'Unclaimed'. The story describes the life of a street photographer and his encounter with a woman whose photograph he takes, who then never returns to claim the images. The manner in which she is described suggests her illness and although it is never explicitly said the inference in the ending is that she has died. The sudden rupture in presence that death signifies, the strange way in which presence persists in material remains is very evident in the photographer's uneasy contemplation of the portraits. His response is intensified by the fact that in comparison to his other subjects, who remain strangers, he felt some sort of kinship with the woman due to their shared country of origin and the fact that they were both foreigners in the place that they met. They confirmed each other's place in the world and thus her loss is the most keenly felt of all the unclaimed images that the photographer stores in his flat. That a photograph is evidence of presence, a way of claiming place; that it might speak most eloquently of what is lost is suggested in more than merely the final titular image. In opposition to being lost the story opens with the importance of placing.

His place is the low wall on Diagonal Street, in front of the diamond building. The photographers in Joubert Park do better business because they're near the Noord Street taxi ranks and Park Station, but there's too much competition over there, and too many dangerous boys. He is busy anyway, where he sits, and people like the special photos he can do here on the edge of downtown, with the glass diamond building as a backdrop for their portraits.<sup>195</sup>

---

<sup>195</sup> P. Schlapobersky, 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 45.

The abundance of place names in the first sentences already gestures towards the importance of place. That this should lead into a description of photography seems a natural progression. What is important is not only the portrait itself but the way in which it is held in place, the background that attests to the subject being *here*. As in both *High Low In between* and 'Milk Blue' photography, in 'Unclaimed', suggests a way of fixing, of holding things in place. In the former this is Shakeer's response to the events which throw his life into disorder and in Jamal's story it reflects the desire to fix time, to refuse the loss wrought by death. In Schlapobersky's short story photography is a way of not being lost. Susan Sontag, writing about how photography has developed alongside tourism, observes that it helps people 'to take possession of space in which they are insecure'.<sup>196</sup> That the story will address the way in which space might be insecure is quickly established in the mention of dangerous boys in Joubert Park. But it is most clearly evident in the people whose portraits are taken. The street photographer's customers are mainly those who are, in some sense, lost.

Mostly, though, his pictures are ordinary portraits; photos to send home or to give to boyfriends, girlfriends, husbands and wives, or to put on chests of drawers. Many are documents of the first day on the job; security guards and police in uniform, office workers in white shirts with ties, women in matching skirts and tops. People in church outfits or in traditional dress. The people are from everywhere: Zairians, Togolese, Zambians, Mozambicans and South Africans from all over the country.<sup>197</sup>

They are lost in the sense of being away from a customary place, being foreign, and the story emphasises the contingent existence that comes from not being a recognised citizen. But this strange place might also refer to the newness of a job. In this context the photograph means being part of a place. It is a way of belonging. That this might be dictated by more than geographical location is suggested by the way in which photographs confirm family, are given to loved ones, by how the police uniform, church outfit or traditional dress are also a way of belonging. To belong is to be placed, which is, most generally, to be recognised. Schlapobersky records the reluctance of the photographer to throw away his other unclaimed portraits.

---

<sup>196</sup> S. Sontag, *On Photography*, Penguin Books, London, 1979, p. 9.

<sup>197</sup> P. Schlapobersky, 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 45.

The photographer is always on the verge of carrying the boxes down to the pavement below for the rubbish trucks to take away, but can never do it. The unclaimed photos are a problem; not exactly precious, but impossible to throw away. Partly, it's because they are his workmanship, but also simply because portraits of strangers, like letters written by hand – even a strange hand – are difficult to put in the rubbish bin. Though he handles hundreds of photographs a week, he still feels strange when he finds someone's picture lying on a sidewalk in the city, as if its presence there is a mistake; as if it must have been lost by accident.<sup>198</sup>

The photograph of a person is difficult to throw away because it bears the traces of an existence; it serves as evidence of a life. It is as singular and strangely intimate as a handwritten letter because it is a witness to the material out of which we are made. This recalls the way in which the narrator in Jamal's story is unwilling to smooth away the imprint of his lover's body on their bed. To put a photograph in the rubbish bin is to re-enact the loss that is already recorded by the image, the absence that masquerades as presence. It is to acknowledge death. Despite the fact that for those familiar with photography it is not common to think of the photograph as a material part of themselves 'some trace of the magic remains: for example, in our reluctance to tear up or throw away the photograph of a loved one, especially of someone dead or far away'.<sup>199</sup> But in addition to this the photographer's observation that the discovery of a portrait on the sidewalk is strange, that it seems lost by accident, also suggests that it *belongs* somewhere else. It is this belonging, being a certain recognition, that confers worth on the portraits and prevents the photographer from throwing them away. Photography makes matter in the sense that it is the tangible record of a person, a measurable entity, but it also makes things matter. It means that someone once found value in the portrait recorded. It is a sense of recognition, of belonging, with all the intimacy that it suggests, that crystallises in his meeting with the woman from his home country. Until that point he has been anonymous despite being the subject of the story. Although his job is to render the occupants of the city visible he remains firmly behind the camera, resolutely invisible. The reader is offered neither name nor description of him; his tiny bachelor flat seems more a storage space than a home. He belongs to no one and nothing and 'works hard to hide his differences, to fit in as

---

<sup>198</sup> Ibid, 46.

<sup>199</sup> S. Sontag, *On Photography*, Penguin Books, London, 1979, p. 161.

much as possible and draw no attention to himself'.<sup>200</sup> That is until he photographs the woman in the orange dress.

His delight at recognising the voice of a person from home, and his natural friendliness, brought her out of the shadows momentarily, and they talked for a while of their faraway land.<sup>201</sup>

A photograph pays attention; it is a way of bringing something out of the shadows. And in the returned attention that the woman pays the photographer, in their shared land and language, he too is brought out of the shadows. Their mutual recognition is as a sudden photograph of the photographer himself. It is this that makes her photographs worth more to him than the other unclaimed images. And it is this that makes him feel her loss so keenly because he recognises his own potential loss in it. Coming as it does in a context in which he is so manifestly foreign the belonging that she signifies, the way in which he is found in their recognition of each other, only serves to emphasise what it might mean to be lost.

It was that woman who never returned whose absence disturbed the heavy silt of fear lining the bottom of him, swirling it through his being – fear of the dark things convulsing the city, of murder and car crashes and AIDS, of the wild and powerful forces that lay just beyond the frames of his innocent and optimistic pictures. That woman's photographs eventually joined the others in his room, but on the wall next to the stove, not in a box on the floor.<sup>202</sup>

Of all the photographs that take up space in his flat hers is the one that brings home the ephemeral optimism of photography. Ivan Vladislavic, in his novel *Double Negative*, describes the paradoxical nature of photographs as looking so solid, being so *there*, but also having a levity to them, a flimsy thing compared to the world, in danger of floating off or turning to ash.<sup>203</sup> For the street photographer it is as though an anchor has come loose from the bottom of him, stirring up the silt of his fear. The way in which we might be tied to a life, how we might belong, which is here embodied in photography, is suddenly called into question. In the beginning of the

---

<sup>200</sup> P. Schlapobersky, 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 46.

<sup>201</sup> Ibid.

<sup>202</sup> Ibid, 47.

<sup>203</sup> I. Vladislavic, *Double Negative*, Kwela, Cape Town, 2011, p. 152.

story the mechanics of the photographer's art were described in a way that suggested the fixing of a person in place.

For the double exposures he uses old lenses; the ones that wedding photographers once used to put the bridal couple's faces onto champagne-bottle labels. First, he takes a photo of the background – usually the diamond building, or the skyline, but sometimes a Mercedes, a taxi or a soccer logo sticker – and then he changes lenses and takes the portrait, without advancing the film, to create the composite image of the face merging with the background.<sup>204</sup>

However what the description also suggests is the way in which the opposite might be true, that a background might as easily exist without the person in it. It hints at the ease with which we might be effaced.

In all of the above narratives photography as a metaphor emerges in part as a desire to order or fix, to hold in place. Stories, with their beginning and endings – and here stories about photography which is itself a way of giving edges – are a means to close things. However, photography overflows its frames to various degrees in the different stories. Although it functions as an expression of loss, especially in 'Milk Blue', it fails on several accounts and especially in the context of deaths caused by HIV/AIDS in South Africa. Patricia C. Henderson, in a discussion to do with writing and speaking of the dead, quotes Adorno:

The reconciliation of life, as something rounded and closed in itself, with a death, a reconciliation that was always questionable and precarious and, if it existed at all, was probably a happy exception – that reconciliation is out of the question today (Adorno, 2003: 430-431).<sup>205</sup>

The reconciliation of life with death, as a story with beginning and end, is always precarious in the sense that it assumes or forces a completeness which is perhaps questionable. In the context of HIV/AIDS in South Africa where death defies any coherence, where it cannot be said to complete the story of a life but cuts it off at the tongue, it is out of the question. This impossible containment in the face of death is not isolated to stories that are preoccupied with photography. Sindiwe Magona's

---

<sup>204</sup> P. Schlapobersky, 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 45.

<sup>205</sup> P. Henderson, 'Mortality and the ethics of qualitative rural research in a context of HIV/AIDS' in *Anthropology Southern Africa*, 28 (3&4), 2005, p. 83.

'Leave-taking' documents the funerals of two of Nontando's children and the way it is structured suggests less the progression of a story than the impossibility of moving forward. It opens on an exclamation 'God – I hate you!'<sup>206</sup> and a description of Nontando collapsed on the soil of a newly gutted grave. This terrible expression of grief is followed by the conventional rituals of mourning, the grave is closed and 'gaily capped with fresh wreaths'. Both the closing of the grave and the way in which it is capped suggest a certain completion, a way of fixing how Nontando's blasphemy tore the story open. This is consolidated a bit later, once the soil on the grave has been patted flat. Magona notes:

The time was early afternoon, a little after two.  
The day was a Saturday in December.  
The place was the NY5 Cemetery in Guguletu.<sup>207</sup>

The explicit attention to time, date and place seems the same desire to fix, in the face of death, previously expressed through the literal fixative of photographic chemicals. However, that this is to be a futile control is already suggested in the use of the word 'gaily' to describe the funeral wreaths. The solemnity of a proper funeral is punctured by a word that suggests celebration, that recalls Kgebetli Moele's description of the youth attending funerals dressed in their most glamorous clothes, in celebration rather than mourning. The incongruity of the word, the way in which it does not fit, prevents the sense of completion that is the promise of a funeral. It is a failure to lay to rest that is reinforced by the story itself which ends:

And that day, the mother who had not uttered a word since she'd heard of her daughter's death finally broke her silence. Right at her daughter's graveside. And sent all who had heard her muttering and mumbling nervously as they hurriedly crossed themselves.  
'God, do you hear me? I don't love you any more. I hate you, God! I hate you!'<sup>208</sup>

The closing of the grave, the rituals and the wreaths, everything that has come between that first record of the exclamation and this last, are undone by the awful repetition of Nontando's inconsolable grief. Instead of the way in which a story, like a

---

<sup>206</sup> S. Magona, 'Leave Taking' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 124.

<sup>207</sup> Ibid.

<sup>208</sup> Ibid, p. 141.

funeral, might offer a way of finishing there is only an infinite regression, an end that turns the reader back upon the beginning to the moment that Nontando crumples to the ground in front of the gaping grave. The story opens with a grave and, in the end, leaves the grave open. It is a construction that suggests an impossible mourning, the impossibility of moving on, as well as the seemingly endless repetition of death, where the 'hired tent was not returned as the end of one wake marked the beginning of another'.<sup>209</sup> In the poem 'flakes of light falling' by Karen Press this impossible progression is also evident. Although the penultimate line laments 'we are ending, we are ending' it is an end that escapes the poem itself. The final line repeats the phrase of the title, returning the reader, in effect, to the beginning, to read again and again the record of loss. That the poem is barely punctuated reinforces how it refuses closure, here signified in the finality of a full stop and the way in which a full stop might leave the sentence behind, move on. In this poem, however, there is no completion, no final punctuation. The falling is a continuous and terrible present. That the poet refuses any strict poetic structure is already evident in the lack of rhyme or consistent stanzas but that it might reflect the subject matter is suggested the poem's initial lines.

approximately and here also  
one in four vanishing  
even as we speak –

lightly and without technique they are dying<sup>210</sup>

That the poem might only offer an approximation of loss is perhaps because of a refusal to apply technique, which is a way of controlling, to death which is so beyond control. In *Double Negative* Vladislavic contemplates the purpose of photography as a way of ordering the world.

'Perhaps I recognize something in the world as a "picture" when it captures what I've already thought or felt.'

'Evidence.'

'You make it sound like a crime, but it's not that. And it's not proof either, I'm not trying to demonstrate a proposition or substantiate a claim. I'm just looking for what chimes. Let's say there's a disequilibrium in me, my scales

---

<sup>209</sup> Ibid.

<sup>210</sup> K. Press, 'flakes of light falling' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 48.

are out of kilter, and something out there, along these streets, can right the balance. The photograph – or is it the photographing? – restores order.<sup>211</sup>

In this sense, the problem of open graves, of open poems, of picturing the dead in the context of HIV/AIDS, whether through the metaphor of photography or in the way that literature might frame, is that the scale of death throws things too out of kilter, there is no way in which it might be balanced or made to chime. Michael Cope, in his poem 'From The Air', tries to convey the snapshot that being airborne allows him to take of a cemetery. The futility of chiming is here manifest in the patterns of poetry, in the literal chime of the rhyming line. The poem begins with a regular rhyme every alternating line: air/there, free/see, said/dead, hill/still. This accords with the older graves which are described as being in their place and, as such, finished. The 'happy exception' of Adorno's quote. Once the poem reaches its description of more recent burial, however, the rhyme becomes the impossible reconciliation of names/graves. There is no way, it suggests, of naming this death, no way of framing it. The newer graves are either tenuously marked or gape open.

And all around them, file on file, the graves  
of the new dead, packed with red earth  
and marked with a cross or a stick or nothing,  
and the grass still not grown about them  
and the new ones, rows of pits,  
and the diggers digging more,  
fresh earth in raw heaps,  
dark rectangular holes...<sup>212</sup>

The ways in which death might be kept in place, the rituals of funerals, the closure of photographs, or here the monuments that mark the literal site of mourning are insufficient in the face of the scale of such death. These multiplying graves are marked with a cross, a stick, before the marking is given up, as is the poem which attempts to make something out of words but is cut short in mute disbelief. The poem continues past this disintegration and returns to the regular and very final rhyme of the last two lines.

And round these, fields of clear land, he said,

---

<sup>211</sup> I. Vladislavic, *Double Negative*, Kwela, Cape Town, 2011, p. 42.

<sup>212</sup> M. Cope, 'From The Air' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 178.

waiting to be cultivated with the dead.<sup>213</sup>

But this chime is allowed only in the progression from an impossible attempt to name the graves to the sure statement that they will increase in number. The only thing that can be said of the dead is that they will multiply. The graves, the already dead, however, are left open to the ellipsis; here the poem offers mute witness but no closure.

That the framing of death in the case of HIV/AIDS is an insufficient response seems particularly evident in how Sindiwe Magona turns photography to her purpose. The collection of poetry, *Please, Take Photographs*, is named for a poem which deals explicitly with the HIV/AIDS epidemic. In it photography is not so much a means to memorialise death or a way of remaining, although the poet does invoke this possibility.

Please, take photographs, and tell the children why –  
Take photographs, before the young perish to the very last.  
Take photographs! Take photographs, and put them on the walls  
So the image of the dear face will forever live on.

I know, small comfort is a picture, your son or daughter gone.  
Cold is a photo, from it comes not warmth, nor smile, nor hug.  
A photo does not laugh; it will not go to the shops for you  
Or be solace in your old age.

But, take photographs! Take photographs  
So on birthdays and other days of remembrance  
You can point to the picture on the wall and say –  
Vusi would've been thirty today, perhaps with a  
Young one and another on the way.<sup>214</sup>

That the photograph is conflated with days of remembrance suggests the way in which photography might locate loss, as other sites of mourning do, and in this way control the way in which it is experienced, how it is revisited. But the continuation that the photograph offers is qualified by the fact that this is small comfort, a witness to death. Indeed the insistent repetition of the exclamation 'take photographs' renders the sentiment almost ridiculous and only serves to emphasise the rate at which people

---

<sup>213</sup> Ibid.

<sup>214</sup> S. Magona, *Please, Take Photographs*, Modjaji Books, Cape Town, 2009, p.45.

are dying. This is not the photography of the previously discussed works of fiction. In *Hi Low In-between* Shakeer arrives laden with the expensive paraphernalia of photography and later takes the time to make his own darkroom and carefully develop the photographs himself. Magona, on the other hand, encourages the reader to:

Go to the nearest or cheapest electronic goods store  
And there, buy cameras by the score.  
Hurry! Go! Go! Go!<sup>215</sup>

That the poem is not preoccupied with the photographs themselves is evident in the command to get cameras that are 'nearest or cheapest'; the quality of the images is not the issue, though the issue is urgent. Whereas in Jamal's short story the final photograph is the result of a painstaking progression of time, its composition the subject of the entire story, Magona stresses haste and is careless of composition in her exhortation to take photographs of children playing, crying, doing chores, kneeling and a host of other quotidian activities. She is not interested in the way that photography might frame. That the real issue is something other than photographs is very evident in the way the poet contrasts their cold comfort with the immediate reiteration 'But, take photographs'. That the stanza turns on the 'but' suggests that to take photographs is avoiding the point; it is, as Sontag puts it, maintaining the status quo. Which in this context is the refusal to do something about HIV/AIDS, the refusal to wear condoms because it is like 'eating candy with the wrapper on'<sup>216</sup>. That Magona follows one of the instances of the phrase 'take photographs' with the qualifier 'and tell the children why'<sup>217</sup> suggests that in this case, contrary to Vladislavic's argument, photographs are to here serve as evidence, or at least part of an explanation, rather than to restore balance or chime in any way.

In this chapter I have gestured towards the ways in which it might be possible to write about the dead in fiction, specifically in the context of HIV/AIDS. Although I have discussed the closure offered by poetry or story more generally I have concentrated mostly on fiction that mentions photography because of the numerous instances, in the fiction under study, in which it intersects with death.

---

<sup>215</sup> Ibid.

<sup>216</sup> Ibid.

<sup>217</sup> Ibid, 46.

Henderson writes of *The work of mourning* that Derrida ‘outlines the dangers in speaking of the dead, dangers that are not easily circumvented. These include “using the dead...despite one’s own best intentions, for one’s own purposes” (Derrida, 1989: 6)’.<sup>218</sup> That this turning of the dead towards a purpose is found in the case of HIV/AIDS is borne out by the example of Fana Khaba’s funeral. Because of his fame as Khabzela the well-covered event offered the means for those speaking to reach a wide audience. Liz McGregor recounts the various messages, from Zackie Achmat’s rallying call to hold the government responsible for the distribution of ARVs to Gauteng MEC for Health, Gwen Ramokgopa’s recruitment of Fana’s popularity towards the end of getting young people to vote for the ANC. Even the Jehovah’s Witness minister used the occasion to warn people of the dangers of having sex and urge them to abstain until marriage<sup>219</sup>. As McGregor notes, the ‘fact that Fana was apolitical, didn’t believe in ARVs and had sex with hundreds of women he wasn’t married to appeared to be irrelevant to his alleged eulogisers’<sup>220</sup>. He got lost in the telling. The relevance of this in a discussion of fiction is debatable, being as fiction is not about real people. In the works discussed here writing about the dead can offer some way of moving on, as is the case in ‘Milk Blue’, but it is interesting that of all the stories this is the only one written about HIV/AIDS outside of South Africa in the figure of Felix Gonzalez-Torres. For the rest, the danger of turning the dead to the purpose of fiction seems a resolution that is perhaps not possible while the scale of HIV/AIDS death is beyond reconciling and there is still silence surrounding the cause of death. On the one hand this reluctance to turn the dead into metaphor makes them a lesson instead, as in the example of Magona’s *Beauty’s Gift*. On the other hand it is to be rendered speechless, to give way to ellipsis. But to say nothing, not to bear witness to the many dead, seems impossible.

In the short story ‘Unclaimed’ Schlapobersky writes of the woman’s urgency with respect to sending her portrait home.

---

<sup>218</sup> P. Henderson, ‘Mortality and the ethics of qualitative rural research in a context of HIV/AIDS’ in *Anthropology Southern Africa*, 28 (3&4), 2005, p. 83.

<sup>219</sup> L. McGregor, *Khabzela: The Life and Times of a South African*, Jacana, Johannesburg, 2005, 28-29.

<sup>220</sup> *Ibid*, 29.

She spoke to the photographer of the need to send these portraits home quickly, as a reminder. A reminder of what, he had asked. Had she left home so long ago that nobody would recognise her?<sup>221</sup>

Later, when she does not show up to collect the images, the photographer pins them up on the wall rather than leaving them in the box with the other unclaimed photographs. As this discussion of fiction has been preoccupied with photography it might borrow from Barthes the idea of a *punctum*. The *punctum* is that term Barthes uses to describe the way in which a photograph might pierce the viewer, the 'prick', 'sting' and also 'little hole' of the image.<sup>222</sup> It suggests, not the way in which a photograph might educate, which he calls the *studium*, but the way in which this knife of light is a strange sort of recognition, of something – or something missing – in the photograph. In the context of the story it is his encounter with the woman that wounds the photographer and opens him to what his box of unclaimed images represents, a million missing indifferent dead. He puts the photograph up, perhaps, in acknowledgement of his recognition of her. In this sense fiction might be less conclusion or resolution than a way of recognising the dead.

---

<sup>221</sup> P. Schlapobersky, 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 46.

<sup>222</sup> R. Barthes, *Camera Lucida*, Random House, London, 2000: p. 27

## CONCLUSION

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 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 dreamed.<sup>223</sup>

The stretching of truth that fiction allows recalls Susan Sontag's observation that the most truthful way of being ill is as far removed from the metaphoric as possible, although this is also to simplify her argument. But here, in search of some conclusion as to the use of fiction in the context of HIV/AIDS, what the quote from Lizzy Attree's interview of the author Valerie Tagwira highlights is how this manipulation of the truth might be turned to less harmful purpose in thinking about disease. That fiction and metaphor, fiction as metaphor might offer a way of empathising in the case of HIV/AIDS seems because of the way in which they allow us to recognise past how our lives are delimited and imagine alternative realities. What this malleable reality allows is a recognition of the different but also to see things differently.

The proliferation of information around HIV/AIDS as a reaction to its scale of devastation, the mobilisation of activism and the drive to say HIV/AIDS has resulted in a certain fatigue.<sup>224</sup> The repetition of the proper name of disease, which Sontag advocates as removing it from processes of signification, might also dull the edge of it. In the context of South Africa the way in which the urgency of the campaign against AIDS denialism has been tempered somewhat by the introduction of ARVs into treatment, might also prompt the false comfort of a battle won and a case closed. However, while there is no doubt that forgetting about HIV/AIDS might be the ultimate hope of health, the disease is still very much a part of many people's lives. Susan Levine, in her analysis of the *Steps for the Future* documentary project, writes

---

<sup>223</sup> V. Tagwira in 'Interview with Valerie Tagwira' in L. Attree, *Blood on the Page: Interviews with African Authors writing about HIV/AIDS*, Cambridge Scholars Publishing, Newcastle upon Tyne, 2010: p. 115

<sup>224</sup> S. Levine, 'Documentary film matters: the steps for the future media advocacy project in Southern Africa' on Resource Library, viewed 10 September 2011, [http://findarticles.com/p/articles/mi\\_hb6466/is\\_2\\_21/ai\\_n29439423/pg\\_9/](http://findarticles.com/p/articles/mi_hb6466/is_2_21/ai_n29439423/pg_9/)

about the way in which didactic approaches are less effective in conveying the full complexity of the experience of HIV/AIDS. She remarks on how this strictly defined understanding emphasises ‘the importance of facilitated screenings, and argues that the open-ended nature of the films has the potential to leave audience members perplexed about the facts of transmission, prevention and treatment’.<sup>225</sup> But what she discovers in her research is that the didactic approach, being so strictly limited, can exhaust itself and that opening the disease and its various aspects to interpretation prompts a far more engaged response.<sup>226</sup>

In Moele’s *The Book of the Dead*, the voice of HIV/AIDS remarks on the way in which people might be desensitised to the official discourse of the disease.

I have been talked about so much that people say my name like it belongs in a nursery rhyme. They have seen so many pictures of dying people that they eat their evening meal in front of the TV, undisturbed by the reports on the news. They have seen me take down gladiators – eat them up, put them in bed and leave them wearing nappies – and yet they are still not afraid. I have become...usual.

These people, they are so intelligent that they think I will never come for them.<sup>227</sup>

In this context the truth, no matter how terrible, has ceased to move people, shock and cliché are part of the same presence.<sup>228</sup> Moele makes his point emphatic by referring to the fact that *even* when faced with the degeneration of ‘gladiators’ people remain unmoved. But this is perhaps because these ‘gladiators’ are already too far removed from the ‘usual’, the ordinary existence measured here by the routine of dinner and the news. And the image offers no link, no transport between – as de Certeau describes metaphor and story – those behind and before the screen. That such strength reduced to incontinence is frightening is certain but perhaps not uncannily so, in the sense to which I have tried to turn that concept. It does not pierce the skin in the way that the street photographer in Chapter Three was pierced by the recognition of his own possible disappearance. In this way a metaphoric understanding of disease might reach the reader on various levels. It is a way of bringing home, in the sense of that

---

<sup>225</sup> Ibid.

<sup>226</sup> Ibid.

<sup>227</sup> K. Moele, *The Book of The Dead*, Kwela Books, Cape Town, 2009, p. 110.

<sup>228</sup> S. Sontag, *Regarding the Pain of Others*, Picador, New York, 2004.

phrase as both indicative of the things of home as well as conveying something important. And it is also a way of combining that homecoming with a sense of displacement.

In Antjie Krog's short story 'Visit to the Eastern Cape' this is vividly conveyed in how the narrator is overwhelmed by the sight of a sick woman in a rural hospital. The story opens with the journey to the hospital, a journey that is described as one into a different world. There is a sense of disintegration as the road goes from tar, to gravel, to stone and eventually ravine. The disintegration continues on their arrival at the hospital where neglect has resulted in mildewed walls and broken windows. In the hospital there are no sheets or blankets or towels. It smells of sewerage. The doctor is operating under terribly limited conditions, too few beds and far too many sick, one doctor where there should be five and no machinery for operations. And then there are the descriptions of the sick. There are descriptions of encrusted sores, welts and undignified fear. But throughout the terrible observation the narrator to some extent maintains her calm, continues onwards through the hospital until she gets to the women's ward.

The helpless, grim anger from the male wards overflows into the female wards, becoming a complete surrender to despair. I see the woman with the two-litre amasi bottle who passed us at the gate. She sits and drinks while tears wash across her cheeks. Out of her frightened eyes still stares the wish to love. Next to her lies a woman displaying almost no sign of skin or flesh. Black bone splint there. No need for tongue. Only breath turning the ill blood over and over. And helpless, despairing eyes. Another turns her enlarged gaze towards me. Not for help, not to blame, but as if remembering herself as a woman, lovely in her bones, living her whole heart's life through days when what she loved was near at hand. Before she came to know only this darkness of flailing flesh, of falling hair. They wait like ferns to die. This is the end of the world. And I have nothing to make sense.

...

Doctor Kabir keeps on opening doors. I turn around and walk, and then I am running down the long passage out of these Novilin-clad vaults of misery and dry death. I gasp out into a night transient with dew. Around me the flowers have grown fangs, but I breathe.<sup>229</sup>

---

<sup>229</sup> A. Krog, 'Visit to the Eastern Cape', in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 147-8.

Despite the horror of the rest of the hospital it remains to some extent at the distance established by the opening progression from the narrator's world to this world of death and neglect. The images spin before us like so many awful images on the television. The exhaustion that such sustained exposure to suffering might elicit seems apparent in the way in which the sentences seem to merely be marking off the various diseased. 'Another ten beds. Heat and fever. Another'.<sup>230</sup> This is reinforced by the use of facts and figures to frame her interaction with the doctor. There are only one hundred and forty beds for a population of 169 000, there are eleven clinics and ten mobile points, there is an X-ray machine, but the anaesthetic machine broke in 1998. People are being educated about nutrition, water purification has been looked at. The attempt to reason the experience is evident too in the many questions with which the narrator holds the horror at bay. 'Why do you live here? Where did you qualify?' 'So these limitations do not daunt you?' 'Why are there no South African doctors?'<sup>231</sup> Such answerable questions allow her some control over the situation. But what ends her world completely and undoes the sense she can make is the collision between these two disparate worlds. It is this that drives the reality home and sends her running for the exit. In the way the woman looks at her, not for help or to blame, not as a frightening signifier of disease, but as a woman, lovely in her bones and longing for her life, the narrator recognises herself. But it is an uncanny recognition, yoking as it does the narrator's own sense of their shared womanhood with the real decay of the woman in front of her, the falling hair and flailing flesh. It is the synchronicity of breath, the one turning the ill blood over, the other attempting to turn the world back to right, that crystallises a final question, one that asks by grace or God.

The way in which the story turns on this overturning, of the narrator's given sense of things, of her familiar world, is mimicked in the various images used. As she gasps into the outside air the freshness suggested by the dew is undone by the fact that 'the flowers have grown fangs'. Everything that was once associated with softness has been rendered awfully other, nothing is as it should be. This is continued in the image with which Krog closes the story, the 'stacked away brooms of bone'<sup>232</sup>. The comparison effectively conveys the wasted nature of the bodies in the hospital. But it

---

<sup>230</sup> Ibid, p. 147.

<sup>231</sup> Ibid, p. 146.

<sup>232</sup> Ibid, p. 148.

does more than this. That the reference to brooms is domestic, of the home, as well as suggestive of order and neatness, the very opposite of the neglect that is so rife in the hospital, gives the metaphor its sharp edge. It turns this homeliness against itself. The conventional safety of brooms, that they are so nondescript, makes their marriage to bone that much more harrowing. It throws into stark relief the way in which familiar objects might be incomprehensibly altered. Here the familiar broom, the even more familiar body. The effect, as of the story, is both recognisable and utterly strange. It is the same effect that is generated by the commemorative stone in front of the hospital's entrance.

*This hospital has been donated by the NG Church Congregation of Robertson.  
For the love of Christ. 1961.*<sup>233</sup>

The inscription, 'for the love of Christ', might be read as signifying devotion to a beneficent God, confirmation of the comforting order of religion, the phrase made familiar by long practise. But in its being found amidst pools of stagnant water, rubbish and malnourished children it might also be turned towards a curse, an expression of rage against the blank and pitiless sky above the narrator's head. It is in this way that the metaphor, the story, pierces the skin and draws blood.

This turning of cliché back towards shock is one that is exploited by various authors. Chapter Two has already addressed Moele's use of the language of the lottery, the phrase 'hitting the jackpot', to convey the effect of HIV/AIDS. But this is also demonstrated in a short story like Vivienne Ndlovu's 'Ladykiller' which ends:

In his short life he had 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. He laughed to himself as he walked down the street. Lady-killer. That was him. Only now it was for real.<sup>234</sup>

The familiar phrase, which ordinarily denotes how attractive a man might be to women, is rendered terribly literal here. The more benign ruthlessness of the Casanova the protagonist believes he is is here rendered fatal. That the word is worn

---

<sup>233</sup> Ibid, p. 145.

<sup>234</sup> V. Ndlovu, 'Ladykiller' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004, p. 168.

smooth and usual by repetition makes its new use that much more effective. Moele, in the quote taken from *The Book of the Dead*, compares the familiarity with which HIV/AIDS is taken for granted with a name in a nursery rhyme. This is to reduce it to a childish fear, one without the gravity of adulthood. But what it neglects is the way in which the innocent flower might grow fangs, the very familiarity of the nursery rhyme be given teeth, as 'Thabo's Tongue' by JJ Eli demonstrates. While the title hints at the reality behind the tale the story itself takes the form of a fable, the 'once' with which it begins recalling stories from childhood. But this familiarity is turned to the vividly imagined account of a King with a swollen tongue.

Slowly, surely, as the days passed, he became weaker and weaker. He could not eat and mumbled like a fool. At last, all had to admit the horrible truth: the King's tongue was rotting in his mouth. After this he was left mostly on his own as the smell that rose up from his putrid flesh became intolerable. On his throne his skew head bent towards his chest and the pink, swollen, stinking tongue hanging from his mouth.<sup>235</sup>

The transformation of the tongue, that is both sensory organ as well as the way in which we make ourselves heard, is an intimate invasion. The description literally turns the King inside-out, his traitorous tongue hanging terribly from his mouth, so heavy and swollen that he must, quite literally, hang his head. The visceral nature of the adjectives used stresses the senses in a context where the intellect has been rendered suspect. And at the same time they suggest the way in which what is at stake is a question of bodies, a problem of bodies. In this way the story is far more successful in conveying the effect of Mbeki's AIDS denialism than might have been evident in his own erudition. Thus a metaphoric approach to HIV/AIDS, how stories might be told about it, is a way towards empathy but it is also a means to pay attention against the numbing effects of the often repeated official discourse of the disease.

But what this thesis has also been occupied with are the specific instances in which metaphors might attach to HIV/AIDS and what we might learn from this. It has been interested in what it is about the disease, about disease, that prompts story. Levine's recognition of the efficacy of an interpretive response is also the recognition of the

---

<sup>235</sup> J.J. Eli, 'Thabo's Tongue' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004. p. 181.

complexity of experience, which cannot be reduced to the short sentence of truth.<sup>236</sup> In this sense what this thesis has also attempted to show is that paying attention to the interpretation of HIV/AIDS through the metaphors that might attach to it, through the way it is made into fiction might reveal attitudes towards the body and towards disease that are less easily articulated in plain speech. That the strictly defined discourse of modern medicine might not be enough to describe the experience of the sick body, no matter how well taught the official terms of HIV/AIDS, was the subject of Chapter One. Although its point of focus was the specific disease the chapter was also a more general investigation of how we talk or write about the body as well as a theorising of the different modes of thinking that are the scientific and the literary or fictional.

The problem of the body before modern medicine was its opacity, the fact that you could not see inside it, could not see the actual disease. It was because of this that disease was understood through inference and analogy, through the tangible experience that 'gave clues for body processes – food simmering on the hob became a natural symbol for its processing in the stomach – while magic, folksong and fable explained how conception and birth, growth, decay and death mirrored the seedtime and the harvest'.<sup>237</sup> Modern medicine, however, having followed the trajectory of modern science, has made the body visible through the improvements of technique and technology. But despite this progress the way in which bodies are fictionalised, the metaphors that still attach to them suggests that modern medicine cannot fully describe the strange place that is the sick body. What this demonstrates is not a primitive, ignorant approach to the body but rather the way in which modern medicine has gone to the opposite extreme in describing it.

Advances in medicine have made the body visible but only under the microscope, accessible as idea and not something to be confirmed by the evidence of the senses. The very accuracy of medicine, in terms of both its measurement of the body, the ever more intricate operations it might perform, as well as its specific language disallows any singular or complex expression of the body and its experience of disease. It

---

<sup>236</sup> S. Levine, 'Documentary film matters: the steps for the future media advocacy project in Southern Africa' on Resource Library, viewed 10 September 2011, [http://findarticles.com/p/articles/mi\\_hb6466/is\\_2\\_21/ai\\_n29439423/pg\\_9/](http://findarticles.com/p/articles/mi_hb6466/is_2_21/ai_n29439423/pg_9/)

<sup>237</sup> R. Porter, *The Greatest Benefit to Mankind*, Fontana, London, 1999, p. 38.

disallows the manner in which the body might seem equivocal. Medicine to some extent claims a universal body, removed from its time and place. What this thesis has attempted to argue is that this very progression also opens a space for metaphor in describing disease because, as Aristotle argues, metaphor is itself equivocal, between the commonplace and the unintelligible. In this way it might mediate between the substance of the familiar world and the way in which the official explanation of the disease and its treatment might be unintelligible. It might, alongside the knowledge offered by projects like Médecins Sans Frontières in Khayelitsha, explain the virus as a storm because a storm describes the substantial nature of disease, how here symptom upon symptom buffets the body. Noyoliso, one of the women to tell her story in *Long Life... positive HIV stories*, reflects both medical and metaphoric approach in her account. Her description of the disease is both abstract, dots and lines representing the virus and its manifestations, as well as attached to a more recognisable world.

If a storm comes there is heavy rain, thunder, storms, lightning and wind. I represent HIV like that. I did have rash, thrush, falling of hair, coughing and headaches.<sup>238</sup>

What this suggests is also the satisfaction of finding a way of communicating, a way of matching the experience of disease with an experience that is already understood, which affords some control in an otherwise uncontrollable situation. That this was evident in the fiction used in this chapter, Coovadia's *High Low In-between*, and Emanuel's 'Confetti', seems borne out by the way in which they were preoccupied as much with the information of HIV/AIDS and its treatment as with the things that might recall the body in its physicality, with how houses and beds and confetti might describe the complexity of what it is to be embodied.

That looking to the metaphors of HIV/AIDS within the context of fiction might offer unique insight into the disease was the argument of Chapter Two. In this case it was not so much about investigating how HIV/AIDS was named than it was about how and why HIV/AIDS might not be named, and especially in fiction. That this might be due to the stigma attached to the disease was briefly addressed but was not the chosen

---

<sup>238</sup> Noyoliso, quoted in Morgan, J. and the Bambani Women's Group, *Long Life...positive HIV stories*, Double Storey, Cape Town, p. 63.

direction of the argument. I suggested that the unwillingness to say the actual name of HIV/AIDS despite the very recognisable use of it in some of the fiction under study could have been due to the reluctance to be tied too tightly to a pressingly official discourse. That this official line prioritised a truthful approach would subvert the very purpose of fiction, which is a way of lying. But I also suggested that not saying HIV/AIDS in fiction was due to the association of both with a certain set of metaphors. In the quote that began this conclusion Valerie Tagwira refers to the way in which fiction offers a way of dreaming, the seed of future realities. That both sex and fiction are creative acts, that they might be seen as generative means that the fact of HIV/AIDS compromising the former might also compromise the latter. This was the argument I pursued in Chapter Two by examining the role that desire, dreams, the imagination and authorship might play in interpreting HIV/AIDS and how this might be manifest in the unwillingness to name it in fiction, which intersects with all of these things. In addition to this I suggested that this problematic generation might be reinforced in the context of South Africa where the means to production on a material as well as imaginative level had been compromised already with apartheid, the end of which intersected with the spread of HIV/AIDS. Moele's novel *The Book of the Dead* seemed an excellent example of this through the way in which the first 'book' of the novel, the one which dealt with the protagonist's dreams and desires, was ended by a virus whose final word was about the defeat of authors.

And finally I addressed the question as to whether metaphor, the fictionalising of HIV/AIDS, might offer a way of mourning or at the very least a way of expressing the terrible loss that HIV/AIDS has wrought. Coovadia, in *High Low In-between*, writes about death that:

[W]e would all move into a slum, into the withered form of a paraplegic old man, into the brain of a millipede, rather than surrender all feeling. We would curse ourselves to survive. We would fall through all the levels of being and, given a choice, would never consent to non-existence.<sup>239</sup>

That this unwillingness to let go of the physical fact of existence, to surrender all feeling, might be reflected in the way in which we contemplate death as well as the

---

<sup>239</sup> I. Coovadia, *Hi Low In-between*, Umuzi, Cape Town, 2009, p. 58.

dead was suggested by the metaphor around which I structured Chapter Three. That photography might allow a way of expressing death and mourning the dead seemed evident in the number of works in which it appeared in conjunction with these ideas. To some extent, photographs did offer a way of framing death. They allowed some hold against its existential threat. But this was most obvious in a short story that dealt with death outside of South Africa. In the context of a country in which the scale of death is so great and the need to do something about it very pressing, photography, and in a wider sense the fiction in which it was found, did not offer a way to fill in the graves. In the failure of photographs to fix or come into focus, in that they elicited anxiety rather than any sense of completion, the metaphor suggested a reluctance to end the story.

That all of the chapters of this thesis have to some extent dealt with experiences that are difficult to fully articulate, where words might fail us, seems evidenced by the turn to metaphor. Fiction, the fictions that are metaphors, are unbound by truth and thus allow some play in the way in which we might use language to communicate. This play is not a lack of seriousness, not at all, but rather in the sense of not being too rigidly fixed, allowing some movement. In this way they offer a means to express or access the complex experience of HIV/AIDS. This thesis has attempted to demonstrate how paying attention to HIV/AIDS fiction might offer its own way of understanding the disease. But it has also been a literary response to the disease, taking as it has fiction as its evidence. That I have already concluded what insights fiction might offer us into HIV/AIDS leaves me to conclude what insights HIV/AIDS might offer fiction. That the definition that I have used of literature suggests its preoccupation with ideas of permanent or universal interest prompts the question of whether HIV/AIDS fiction, in being so directly focused on a specific subject, will be relevant should a cure be found for the disease. It is a concern that has already been considered as a possible reason for the reluctance to say HIV/AIDS in fiction, namely the dating of it too firmly.<sup>240</sup> Ndebele, in his foreword to the collection *Nobody ever said AIDS: Stories & Poems from Southern Africa* writes that the power of the collection is ensuring that we did not remain silent in the face of such loss. But will it

---

<sup>240</sup> S. Warner, 'The Way We Write Now: The Reality of AIDS in Contemporary Short Fiction', *Studies in Short Fiction* 30: 491-493, Newberry College, 1993, p. 492.

remain powerful beyond the context that prompted it? Jonny Steinberg writes of the way in which one of the aspects of the disease stimulates dialogue between people.

And I will discover, as I meet more and more people on ARVs, that to embrace indefinite treatment is indeed to recalibrate one's relation to the world, and that the primary tool of recalibration is dialogue. There are networks of ARV takers in many of Lusikisiki's villages, and they talk. Their talk is about far more than drugs: it encompasses sex and love and work and the course of life; it is about the relation between all these things to one's body.<sup>241</sup>

That HIV/AIDS fiction is about the disease itself is certain. But it is also about sex and love and desire and life and how we might make sense of these through metaphor and story. It is about the loss of all these that death represents. And it is about the strange experience of being both body and idea. Susan Sontag remarks on how HIV/AIDS means that sex is 'not about coupling outside of the social, but about histories, relations, transmissions, networks'.<sup>242</sup> Which might be an alternative description of literature.

---

<sup>241</sup> J. Steinberg, *Three Letter Plague*, Jonathan Ball Publishers, Johannesburg, 2008, p. 89.

<sup>242</sup> S. Sontag, *Illness as Metaphor & Aids and its Metaphors*, Penguin Books Ltd, London, 1991, p. 147

## List of References

- Armbruster, S 'South Africa's condoms for submarines' in *BBC News Online*, Wednesday, 5 December 2001, 10:35 GMT, viewed on 8 June 2011 <http://news.bbc.co.uk/1/hi/business/1672792.stm>.
- Ashforth, A. *Witchcraft, Violence and Democracy in South Africa*. University of Chicago Press, Chicago, 2005.
- Attree, L *Blood on the Page: Interviews with African Authors writing about HIV/AIDS*, Cambridge Scholars Publishing, Newcastle upon Tyne, 2010.
- Barthes, R *Camera Lucida*. Random House, London, 2000.
- Brown, K 'The Harvest' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Cameron, E *Witness to AIDS*. Tafelberg, Cape Town, 2005.
- Campbell, C 'Letting them Die' *Why HIV/AIDS prevention programmes fail* International African Institute (in association with James Currey, Double Storey Books and Indiana University Press), Bloomington, 2003.
- Chinhanhu, E 'Our Christmas Reunion' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town.
- Coovadia, I *High Low In-between*. Umuzi, Cape Town, 2009.
- Cope, M 'From The Air' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Dangor, A 'Skin Costs Extra' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- de Certeau, M *The Practice of Everyday Life*. University of California Press Berkley and Los Angeles, 1988.
- Defoe, D *A Journal of the Plague Year: being observations or memorials of the most remarkable occurrences, as well publick as private, which happened in London during the last Great Visitation in 1665*. Oxford University Press, 1990.
- Deleuze, G. and Guattari, F. *Anti-Oedipus: Capitalism and Schizophrenia*. University of Minnesota Press, Minnesota, 2005.
- Deignan, A 'The cognitive view of metaphor: Conceptual metaphor theory' in *Metaphor Analysis: Research Practice in Applied Linguistics, Social Sciences and the Humanities*, L. Cameron and R. Maslen (eds). Equinox Publishing Ltd, London, 2010.
- Derrida, J 'The Originary Metaphor' in *The Derrida Reader: Writing Performances*, J. Wolfreys (ed). Edinburgh University Press, Edinburgh, 1998.

Dictionary.com, etymology of 'ease', viewed 11 May 2011,  
<http://dictionary.reference.com/browse/+ease>

Doke, CM. Malcolm, DM. Sikakana, JM. Vilikazi, BW (eds), *English – Zulu Zulu-English Dictionary*, Witwatersrand University Press, Johannesburg, 2006, p. 809.

Dowling, T 'uQedisizwe – The Finisher of the Nation: naming and talking about HIV/Aids in African languages' on African Voices, viewed 25 October 2010,  
<http://www.africanvoices.co.za/research/aidsresearch.htm>.

Eli, J.J. 'Thabo's Tongue' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.

Emanuel, L 'Confetti' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.

Farren, T 'The Death of a Queen' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.

Fassin, D 'The Imprint of the past' in *When Bodies Remember: Experience and Politics of AIDS in South Africa*. University of California Press, Berkeley, 2007.

Foucault, M *The Archaeology of Knowledge*. Routledge, London, 2007.

Foucault, M *The Birth of The Clinic: An Archaeology of Medical Perception*. Vintage Book Edition Random House, 1994.

Foucault, M *The History of Sexuality: Volume 1: An Introduction*. Vintage Books Random House, New York, 1990.

Freud, S 'The Uncanny' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, translated J. Strachey. The Hogarth Press, London, 1919. 220.

Gqibitole, K 'Fresh Scars' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.

Gonzales-Torres, F 'Untitled (Perfect Lovers)' on *MoMA: The Collection*, 2010, visited on 3 November 2011,  
[http://www.moma.org/collection/object.php?object\\_id=81074](http://www.moma.org/collection/object.php?object_id=81074).

Hall, L 'Girls in the Rear-view Mirror' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.

Henderson, P 'Mortality and the ethics of qualitative rural research in a context of HIV/AIDS' in *Anthropology Southern Africa*, 28 (3&4), 2005, 78-90.

- Jamal, A 'Milk Blue' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004.
- Kota, N 'When You Died' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Kozain, R 'Crossing From Solitude' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Krog, A 'Visit to the Eastern Cape', in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Levine, S 'Documentary film matters: the steps for the future media advocacy project in Southern Africa' on Resource Library, viewed 10 September 2011, [http://findarticles.com/p/articles/mi\\_hb6466/is\\_2\\_21/ai\\_n29439423/pg\\_9/](http://findarticles.com/p/articles/mi_hb6466/is_2_21/ai_n29439423/pg_9/)
- Magona, S *Beauty's Gift*. Kwela, Cape Town, 2008.
- Magona, S 'Leave-taking' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Magona, S *Please Take Photographs*, Modjaji Books, Cape Town, 2009.
- Maluleke, E 'Nobody ever said AIDS' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- McGregor, L *Khabzela: The Life and Times of a South African*. Jacana, Johannesburg, 2005.
- Merriam-Webster's online dictionary* (11th ed.), definition of 'virus', viewed 11 January 2011, <http://www.merriam-webster.com/dictionary/virus>
- Merriam-Webster's online dictionary* (11th ed.), definition of 'vulgar', viewed 11 October 2011, <http://www.merriam-webster.com/dictionary/vulgar>
- Merriam-Webster's online dictionary* (11th ed.), definition of 'literature', viewed 16 November 2011, <http://www.merriam-webster.com/dictionary/literature>
- Mhlongo, N *After Tears*. Kwela, Cape Town, 2007.
- Moele, K *The Book of the Dead*. Kwela Books, Cape Town, 2009.
- Morgan, J. and the Bambani Women's Group *Long Life...* Double Storey, Cape Town, 2003.
- Mpe, P *Welcome To Our Hillbrow*. University of Natal Press, Pietermaritzburg, 2001.
- Mumba, N 'The Fire Next Time' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004.

- Mzobe, S *Young Blood*. Kwela, Cape Town, 2010.
- Nair, R 'Fanon's Land' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Ndlovu, V 'Ladykiller' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004
- Nhlapo, J 'ghost child' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Nolen, S *28 Stories of AIDS in Africa*, Portobello Books, London, 2007.
- Press, K 'flakes of light falling' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Porter, R *The Greatest Benefit to Mankind*. Fontana, London, 1999.
- Robson, J and Zondo, N 'Baba's Gifts' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds). Kwela, Cape Town, 2004.
- Ricoeur, P 'The Metaphorical Process as Cognition, Imagination, and Feeling', in *On Metaphor*, S. Sacks (ed). The University of Chicago Press, Chicago, 1980.
- Sapir, JD and Crocker, JC (eds), *The Social Use of Metaphor: Essays on the Anthropology of Rhetoric*, University of Pennsylvania Press, 1997.
- Schlapobersky, P 'Unclaimed' in *Nobody ever said AIDS*, N. Rasebotsa, M. Samuelson, and K. Thomas (eds), Kwela, Cape Town, 2004.
- Sontag, S *Illness as Metaphor & Aids and its Metaphors*. Penguin Books Ltd, London, 1991.
- Sontag, S *On Photography*. Penguin Books, London, 1979.
- Sontag, S 'The Way We Live Now' arranged for the stage by E. Parone, in *The Way We Live Now: American Plays and the AIDS Crisis*. Theatre Communications Group, New York, 1990.
- Steinberg, J *Three-Letter Plague*. Jonathan Ball Publishers, Johannesburg, 2008.
- Swift, C photograph of artwork on *Chris Swift* website, viewed on 22 October 2011, <http://www.chrisswift.co.za/dreamcatcher/>.
- Thompson, D (ed), *The Pocket Oxford Dictionary*, Eighth Edition, Clarendon Press, Oxford, 1992, p. 84.
- Vladislavic, I *Double Negative: A Novel*. Kwela, Cape Town, 2011

Warner, S 'The Way We Write Now: The Reality of AIDS in Contemporary Short Fiction', *Studies in Short Fiction* 30: 491-493, Newberry College, 1993, 491-500.

**Certification of Corrections**

I, the undersigned, supervisor hereby certify that

\_\_\_\_\_  
[STUDENT'S NAME & NUMBER]

has completed the corrections to his/her Masters dissertation to my satisfaction and as required by the Masters Dissertation Examinations Committee.

SUPERVISOR	SIGNATURE	DATE

Chair - MDEC	SIGNATURE	DATE
Prof. D Foster		