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Emerging HIV Communities and Self:
The representation of Self and Community in South African
HIV/AIDS literature

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COMPULSORY DECLARATION

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.

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Abstract:

HIV/AIDS is a prominent part of contemporary South African experience that has found expression in many forms, one of which is literature. This thesis analyses the relation between self and community as it is represented in South African HIV/AIDS literature. The argument of the thesis is underpinned by a dual theoretical strand. The first thread is Jean-Luc Nancy's notion that a community is constituted by the relations and sharing between selves, that being is being-in-relation, enabling a being-in-common, and further that 'I' is always plural because of this interconnectedness. The other thread informing the thesis is Ubuntu, an African communitarian conception of community, which asserts that the self gains identity and community from its relation to other selves. Necessary to both ideas of community is the participation of the person in the community and, in turn, the power of the community to offer identification and identity through sharing.

This conception of community and self is employed to explore the way the relationship between self and community is affected by HIV/AIDS. Arguing that due to the stigma and discrimination which many HIV-positive people experience there is an interruption of this otherwise interdependent relationship, whereby HIV-positive individuals are pushed to the margins of the community or removed from it.

Literature provides a unique opportunity to demonstrate this relation between self and community and how it is affected by HIV/AIDS, because it brings within its purview both science and narrative. The selection of texts for analysis are four South African poems; Kgafela oa Magogodi's 'Varara', Karen Press's 'flakes of the light falling', Vonani Bali's 'Going to See the Doctor' and Phaswane Mpe's 'elegy for the trio'. The two novels are Magona's *Beauty's Gift* and Phaswane Mpe's *Welcome to Our Hillbrow* and the non-fiction novel is Jonny Steinberg's *Three-Letter Plague*.

Hence it is through a close reading of these texts that firstly a rupture between the self effected by HIV/AIDS and the community is evinced and secondly that a new HIV community emerges in reaction to the self's need for identification and belonging.

Abbreviations:

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
ARV	antiretroviral
HIV	human immunodeficiency virus
MSF	Médicines Sans Frontières
TAC	Treatment Action Campaign
TRC	Truth and Reconciliation Commission
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

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Chapter One:

Introduction

I

Illness and disease are an inseparable part not only of how one views the self but also how one views community and one's place within it. Our experience of disease is often mediated through language, and as Sontag asserts in *Illness as Metaphor and AIDS and Its Metaphors*, the language with which we talk about HIV/AIDS is riddled with bias and agenda.¹ HIV/AIDS has been referred to, for example, as plague, epidemic, pandemic, or simply catastrophe. Plague tends to imply a biblical connotation of the disease, as if it is somehow the judgement of God. In a similar way, pandemic and epidemic have been utilised to foster images of far reaching and devastating illness. The function of each word within the metaphor of illness is to create a perception of something beyond the ordinary realm of experience.

HIV-positive people throughout the world have often been ostracised and victimised – removed from the communities within which they belong and in which they find identity. This has in large part been due to a lack of knowledge about HIV/AIDS, prejudice and stigma. However, increased accessibility to knowledge, has led to violent contestations resulting in a confusing and dangerous public debate about what has already been proven to be the cause of HIV and its connection to AIDS.

Given the confusion around the cause of HIV/AIDS, in addition to the complex social and communal responses to it, it is unsurprising that this illness has such pervasive effects not simply on the body or on science but on the conception of self and the community. Thus I argue that HIV/AIDS has an effect on the relationship between self and community, and demonstrate how it is represented in South African HIV/AIDS literature. Attention will initially focus on what effect the community has on the self and then on what effect the self has on the community. The primary texts for discussion are divided between three chapters. The second chapter is a selection of four South African poems; Kgafela oa Magogodi's 'Varara', Karen Press's 'flakes of the light falling', Vonani Bali's 'Going to See the Doctor' and Phaswane Mpe's 'elegy for the trio'. The texts for the third chapter are Sindiwe Magona's *Beauty's Gift* and Phaswane Mpe's *Welcome to Our Hillbrow* and in the fourth chapter, Jonny Steinberg's *Three-Letter Plague*. Each chapter will develop the understanding of the relation between self and community and offer the possibility of an emerging HIV community.

¹Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (London: Penguin Books, 2002), 3.

In chapter two, I employ Jean-Luc Nancy's complex relationship between literature and community as a means of discussing the role of literature in a community and the implications this has for HIV/AIDS literature. The poems mentioned above, are utilised to demonstrate this.

In chapter three I engage with Phaswane Mpe's *Welcome to Our Hillbrow* and Sindiwe Magona's *Beauty's Gift*, and raise several issues regarding the establishment and erosion of community and the implications on the formation of an individual's identity. It also enables discussions of the difference between urban and rural responses to HIV/AIDS and the role of migration in this, and further the laying of blame on 'foreigners', Africans from outside of South Africa.

Chapter four is concerned with the text, *Three-Letter Plague*, Jonny Steinberg's reportage of the epidemic in Lusikisiki, a rural area in the Eastern Cape, and the individuals thus affected. This grounds the discussions of the self in relation to community, community identity and the creation of boundaries and definitions, as well as representations of stigma and the place of witchcraft in communal perceptions of HIV/AIDS.

II

It is necessary at this juncture to define what is meant by community. The Oxford English Dictionary defines community as 'a group of people living together in one place'. That is, 'people of an area or country considered collectively: society' or 'a group of people with a common religion, race, or profession'.² This definition is insufficient, for while it defines community as a collection of people bound together by location or common interest, it does not explain what it is that binds people together as a community. Therefore, to glean a satisfactory understanding of community, I utilise a double theoretical strand. The first strand is the African notion of Ubuntu and the second Jean-Luc Nancy's philosophy of community. As this is a discussion of African communities, it is important to ground the discussion in an understanding that can enhance the reading in ways that Nancy cannot. Nancy offers a continental philosophical argument of the basis of community, a basis found not in labour or economic relations but in the sharing of singularities, echoes of which can be found in Ubuntu. But unlike Nancy's sophisticated philosophical argument, Ubuntu is the expression of a proverb: a proverb with complex and far reaching implications, but still as a proverb it is unable to sustain the same philosophical argument employed by Nancy. There are a number of theorists and philosophers that have extrapolated fuller conceptions of Ubuntu, which I discuss in due course. While the notion of Ubuntu does not hold the same analytical force that Nancy's philosophy does, it is nonetheless possible to discern that Nancy's philosophy is permeated with the ideas that underpin

² *Oxford Dictionary, Thesaurus and Wordpower Guide* (Oxford: Oxford University Press, 2001), 236.

Ubuntu. And thus the dual theoretical approach is intended to strengthen both strands of the theoretical framework.

Conceptions of the ideas of Ubuntu are not exclusive to South Africa; they can be found in many other cultures. In South Africa, one such conception is understood through a Xhosa proverb, *umuntu ngumuntu ngabantu* which translates as follows: a person is a person through persons.³ This deceptively simple proverb underpins an entire conception of community and of the place of the individual in it. Like the idea of ‚the rainbow nation‘, Ubuntu has been seen as a resource for national unity and pride. In this form it has been manipulated and distorted, but the idea of Ubuntu that I draw upon here is rather one utilised as a philosophical tool, removed from such nationalistic interpretations. What the proverb explains is the interconnectedness between persons. Within this concept a person is defined and conceived of in relation to other persons not merely as an individual separated from others, but as an integral part of the make-up of the community. A person’s identity is multifaceted; it changes as it encounters different people and develops through these interactions and time. The ethical responsibility of a person within Ubuntu is to become as full a human person as possible. This is determined in large part by one’s treatment of others, one’s hospitality and respect; in essence one’s positive participation within the community. Setiloane, an African theologian, explains the relation between persons and community thus,

The essence of being is ‚participation‘ in which humans are always interlocked with one another... The human being is not only ‚vital force‘, but more: ‚vital force in participation‘. The all important principle is this, ‚vital participation‘ which forms the very soul of the community body and accounts for the miasma which attaches to the group, the clan or the tribe. ‚Participation with its concomitant element of ‚belonging‘ is made possible by the ‚seriti‘.⁴

The ‚vital force‘ Setiloane is referring to is a person’s ‚seriti‘: force or energy. The vital force not only connects you to other persons but also urges a person forward in their life. This abstract force marks the individual, both differentiating and instantiating belonging; a community of different vital forces existing together.

Taking Ubuntu and Seriti as roots of African notions of self and community, it is clear that the relationships between the two are mutually beneficial and developmental. The force that brings a human into being as a human person is the same force which allows him or her to belong to the community. One feeds off the other so that while the person is defined by other people, the community is also defined by the force of the people who inhabit it. A person’s value in the

³ Augustine Shutte, *Philosophy for Africa* (Cape Town: Cape Town University Press, 1993), 46.

⁴ Gabriel M. Setiloane, *African Theology: An Introduction* (Johannesburg: Skotaville Publishers, 1986), 14.

community is determined by his or her participation in it and his or her interactions with other people. Unlike Western ideas of the self, in Ubuntu a person cannot be conceived of or understood simply as an individual, a person's very identity and selfhood is inseparable from that of the community.

The inseparable nature of the relation between self and community is also found in the Continental philosophy of Jean-Luc Nancy. Nancy seeks to show that what binds a community is in fact a being-in-common: „The place of a specific existence, the existence of being-in-common, which gives rise to the existence of being-self.”⁵ The „place’ Nancy mentions is community which is the space of the political. However it is in this „place’ that being-in-common arises. This does not mean that all people are the same, rather that we share an experience that exposes us to the other as a community. There is no „origin’ for the identity of the self, which permits this sharing, it is however the sharing of „singularities’ which demonstrates to the self who and what is other, and thus who and what the identity of the self is.⁶ Nancy shows that being is relational, and that singularity enables us to relate and to constitute a community. This relation is mediated in at least one way through mythology.

Nancy explains that a community is,

constituted not only by the fair distribution of tasks and goods, or by a happy equilibrium of forces and authorities: it is made up principally of the sharing, diffusion or impregnation of an identity by the plurality wherein each member identifies himself only through the supplementary mediation of his identification with the living body of the community.⁷

Thus the community is constituted by the relations between selves, as the community is constituted by the identities of the selves who contribute to it. This is the interdependence that is the basis of Ubuntu. Nancy says explicitly, „community means... that there is no singular being without another singular being.”⁸ He develops this idea further in *Being Singular Plural*, in which he argues that „existence exists in the plural, singularly plural. As a result, the most formal and fundamental requirement is that „Being’ cannot even be assumed to be the simple singular that the name seems to indicate. Its being singular is plural in its very Being”⁹ or put another way, „every „I’ is already a „we”.”¹⁰ The plurality of the singular is asserted both in terms of the self and in terms of the community of selves.

⁵ Jean-Luc Nancy, *The Inoperative Community* (Minneapolis: University of Minnesota Press, 2008), xxxvii.

⁶ Ibid, 33.

⁷ Ibid, 9.

⁸ Ibid, 28.

⁹ Jean-Luc Nancy, *Being Singular Plural* (Stanford: Stanford University Press, 2000), 56.

¹⁰ Carrol Clarkson, “Who are „we”? Don’t make me laugh.” *Law Critique* 18 (2007): 373.

Firstly a community is made up of persons, of beings who share a singularity which enables the identification of difference and therefore being-in-common. This can also be understood as the „seriti“ which both unites and individuates persons. Secondly the community is constituted by persons who participate in it and thus it is a body of mediation to which the individual turns for identity, identification and belonging. A community conceptualised in such a way highlights the interdependence of persons: a person is a person through other persons; „there is no singular being without another singular being“. ¹¹ The symbiotic relation between beings, between persons is what constitutes a community. Literature also plays a role in the relation between self and community, because as I demonstrate in the coming chapter, literature functions to bring a community of readers and listeners together, by presenting to them a possible vision of their community.

In the chapters that follow, the central question is whether HIV/AIDS has a negative effect on the relationship between the self and the community. I argue that stigma does indeed force people out of the community or at the very least move them onto its boundaries. Distanced as these individuals are, is there then a construction of a different community, one of HIV-positive people or people on antiretroviral (ARV) treatment separated from the rest of the community? Is that shared experience enough to constitute an HIV community within the definition of community as one in which persons participate, and through this participation find identity and the sharing of singularities? For this I distinguish between the original community and the HIV-positive community where the original community, is the larger community to which the characters supposedly belong, while the HIV community is the grouping of HIV-positive people, those with AIDS and on ARVs. The HIV community constitutes a „new“ community.

The reason for embarking on this through an analysis of literature is that literature provides a site for rethinking the relationship between self and community, particularly as it is affected by HIV/AIDS. As I demonstrate literature presents discursive possibilities which statistics and figures cannot, and further it is able to engage the pathos of its audience by giving narrative expression to personal experiences of HIV/AIDS. The function of literature in a community will be elucidated in the following chapter. I expand my understanding of literature to include not only written but oral forms and in either form literature is also storytelling. Further, proverb, myth and storytelling have long been used as a means of socialisation. Story telling is a means of orientating a child within the social mores of their community. Storytelling and myth also have a concomitant function: to construct a story around a new element in the community that will allow people to become accustomed to it. As HIV/AIDS testimonials and narratives are becoming more common, their function as socialising tools is also becoming more pronounced. To create a story around dying, sex or HIV/AIDS is an attempt to

¹¹ Nancy, *Being Singular Plural*, 56.

remove the taboo, to mediate peoples' response to it in such a way that a positive outcome is gained. Setiloane emphasises the importance of myth as a tool of communal belonging. „Every culture has its fund of mythology. In myth there is something of a communal memory of the group as it grappled with the questions of its and all human origins, life on this earth, being (what is the human person) and even hereafter.’¹²

Thus myth offers a story of shared and unified beginning, around which the identity of the community can be formed, which also enables the identification of difference. While myth therefore is central to community formation and identity, it also contains underlying biases. Nancy contends that it is necessary to be suspicious of myth as a tool of communal identity, as a myth is carefully constructed not necessarily around reality but around shared events of pride and suffering. Hence the ‚retrospective consciousness of the lost community and its identity’,¹³ cannot be trusted because it reaches back to a fictionalised past.

Nancy is critical of the same element of Ubuntu previously criticised, namely the way it is harnessed and manipulated to suit certain nationalistic or social ends. That is to say that Nancy's notion of myth is utilised to extend particular histories or values to a community. What Nancy is drawing attention to nevertheless is the constructability of community and its possible manipulation. The salience of this to the argument at hand is that whether it is myth or storytelling, the act of telling or retelling orientates the community around common mores and in so doing removes possible taboos. As Amanda Stuart Fisher writes, ‚this process of collective meaning-making, exchange, and story-weaving is an action that enables the community to forge a coherent understanding of collective identity and intersubjective agency.’¹⁴ Further, Stuart Fisher suggests that individuals are able to navigate and interrogate their own relationship to the community through storytelling and narrative.¹⁵

By knowing and being able to retell the stories and myths of the community the individual is able to belong. In addition it is this ability to construct narrative that facilitates the individual's relationship with the community. Storytelling is furthermore an important method of catharsis. Storytelling as narrative is what Kearney calls *mimesis-mythos*, because it offers ‚a newly imagined way of being in the world. And it is precisely by inviting us to see the world *otherwise* that we in turn experience catharsis: purgation of the emotions of pity and fear.’¹⁶ In this formulation the balance between *mimesis* and *mythos* creates a distance that enables the reader or listener to feel removed and therefore

¹² Setiloane, 3.

¹³ Nancy, *The Inoperative Community*, 10.

¹⁴ Amanda Stuart Fisher, „The Playwright in Residence: A Community's Storyteller” *TDR* 48, no. 3 (2004): 136.

¹⁵ *Ibid*, 136.

¹⁶ Richard Kearney, *On Stories* (London: Routledge, 2002), 12.

„safe’ enough to identify with the characters in the story. It is the careful balance created by the writer or storyteller that enables the listener or reader to feel catharsis.

In the South African situation this is a particularly important function of storytelling and therefore literature. The ability of literature to engage with the negative counter-narratives of HIV/AIDS as a plague of the guilty or a disease sent by God, opens up these narratives to inspection and also fertilises positive narratives about the disease. Thus not only does literature slowly remove the layers of taboo and promote HIV/AIDS as a topic for social discussion and norm making, it also presents the possibility of working through some of the social, cultural and personal issues that the disease has given rise to. As forms of literature myth, storytelling and narrative are important to the formation of the self and the community. In the next chapter I employ Nancy to unite these threads as I discuss the particular function of literature in a community. These aspects are invaluable to present and future discussions around HIV/AIDS and yet little has been written about it.

Other than literature about HIV/AIDS there are sociological studies tracking the changes in communities and psychological studies analysing the changes the individual goes through as a result of having HIV/AIDS. I utilise such studies in the discussions to follow in order to elucidate the specifically South African contexts of the texts. There have also been analyses of aesthetic responses to HIV/AIDS, for example, the „Body Maps’ project which Ingrid de Kok writes about or the many responses to the South African National Gallery’s exhibitions of HIV/AIDS related art. What I present is in many ways a cross section of these debates, utilising social science research to underpin discussions about literature and its place in the epidemic. This will begin to open up the discussions of how HIV/AIDS has impacted the relationship between the self (the individual) and the community.

III

As such it is important to gauge the current scale of the epidemic as well as the political and social responses to it. Current surveys of the South African population have determined that the prevalence of HIV appears to have reached a plateau. While that plateau is still high, the rate of infection has stabilised. According to the AIDS Epidemic Update 2009, the number of people living with HIV in sub-Saharan Africa is 22.4 million, while the number of those newly infected is 1.9 million; both of the figures being lower than previous years.¹⁷ In South Africa, the number of people infected ranges from 5.2 to 5.6 million depending on the source of the report. The *National HIV and Syphilis*

¹⁷ UNAIDS and WHO. *AIDS Epidemic Update*: December 2009, http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf. Accessed 27 March 2010, 21.

*Antenatal Prevalence Survey in South African*¹⁸, conducted by the Department of Health between 2001 and 2007, shows the prevalence rate has declined slightly to an average of 28% from 29.1% the previous year.

The scale of HIV infection is immense. What figures like this do not show are the individual, communal and social effects of the epidemic. Many disciplines attempt to analyse these issues: psychology, sociology, politics, to name but a few. What I take as my focus however are the literary presentations of HIV/AIDS in South Africa, because literature alone offers both fiction and fact as its domain. Statistics convey information about numbers and as such provide an understanding of the extent of the infection, and yet literature about HIV/AIDS is able to impart a personalised, intimate and therefore more accessible dimension of the disease. Enabling the reader to identify and sympathise with those who are HIV-positive, to a greater degree. Literary responses to HIV/AIDS in South African are numerous, with each offering a different story of how individuals and communities deal with HIV/AIDS and because these stories are based in some way on lived experience, the context becomes paramount.

There are many facets of this discussion which are peculiar to the South African situation, such as Thabo Mbeki's foray into the world of AIDS Denialism and the devastating delays of a full governmental roll-out of ARVs.¹⁹ Both of these are well documented elsewhere, most concisely in Nicoli Nattrass's *Mortal Combat*. Led by Mbeki, the ANC's public ambivalence about the connection between HIV and AIDS and the toxicity of ARVs have done irreparable damage to cohesive knowledge about the disease.²⁰

This extremely brief account of HIV/AIDS in South Africa and the levelling out of the rate of infection would suggest that knowledge about the disease and community education has succeeded in teaching people how to protect themselves. That being said, ARV treatment is still not reaching the majority of those who need it, which is not surprising given the scale and the country's dysfunctional health system. HIV/AIDS in South Africa is not merely a disease. It is a national and communal condition embedded in the most intimate aspects of its peoples' lives.

Yet, one of the most detrimental social aspects of HIV/AIDS is stigma. As Maughan-Brown asserts „AIDS is a stigmatised disease because it is a transmissible lethal and incurable condition that is

¹⁸ Department of Health. *National HIV and Syphilis Antenatal Prevalence Survey in South African*, September 2009, <http://www.doh.gov.za/docs/reports/2009/nassps/index.html> Accessed 17 March 2010.

¹⁹ Nicoli Nattrass, *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007).

²⁰ Ibid, 23.

typically assumed to be the responsibility of the infected person'.²¹ It is also associated with unacceptable social behaviours such as drug use, homosexuality, promiscuity and witchcraft. What is so telling about stigma is that it represents the social judgement of the community and within this the stigmatiser and stigmatised perform particular roles: that of accuser and accused, where the accused is now a 'spoiled identity'.²² Communities and groups function through a set of rules which include some and exclude others. Communities with widespread stigma enact rules of exclusion based on social judgement, such that if an HIV-positive person is seen to have acted in a way not accepted by the community, stigma is used as a means of excluding them. This is discussed in greater detail throughout the thesis.

One organisation, the Treatment Action Campaign (TAC), has fought vociferously against the stigmatisation of HIV/AIDS and is a vital part of HIV/AIDS history in South Africa. TAC has initiated many of the positive moves taken against the government's response to HIV/AIDS and the treatment of the disease. From civil disobedience to marches, TAC has ensured that South African citizens finally have access to ARVs. It has also made sure that communities are knowledgeable about HIV/AIDS and that those who are on ARVs know as much about their treatment as is possible. Through all this however, perhaps the most remarkable of TAC's achievements, is the creation of a united group of people, who, through their shared experience have begun to constitute a community as they have become distanced from the original community to which they previously belonged. This has been done by creating support groups of people who not only have shared experience – but also a shared fear – of sickness and rejection. Such an outcome may not have been their original intention, for TAC has tried to create a space for HIV-positive people within their communities, rather than outside it. While the new and original community may exist side by side, there are those who are able to remain within their communities and those who are pushed to the margins. In response to those removed to the margins of their community, Steve Robins questions the safety of encouraging all HIV-positive people to disclose their status. He notes,

Experiential dimensions of belonging that TAC is able to provide for HIV-positive people who, once they reveal their HIV status, are often exposed to stigma and rejection from their families and communities. Such trauma highlights the limits of ideological mobilisation in terms of shaping people's understandings of their identities and their place in the world. Nationalism or

²¹ Brendan Maughan-Brown, *Experiences and Perceptions of HIV/AIDS-related Stigma Amongst People on Antiretroviral Treatment in Khayelitsha, South Africa* (Cape Town: Centre for Social Science Research, University of Cape Town, 2007), 2.

²² *Ibid*, 3.

„imagined communities’ cannot easily be conjured up in the absence of experientially based understandings and social realities.²³

Many HIV-positive people would perhaps have been able to remain within their communities free from stigma had they not disclosed their status. Thus while TAC encourages this practice as a means of education and removing social taboos, the negative reaction by an individual or the community is often what leads people to find support and community elsewhere. While the TAC community may not be beyond criticism, it certainly has something to offer. By harnessing the shared experience of HIV-positive people TAC has been able to create a support system to which people want to belong. Once they do, the resultant cohesive group begins to resemble a community.

Literature has emerged in response to this history and continuing interaction between HIV/AIDS and society. Developing from the definition of community and self established above and the influence of HIV/AIDS upon this conception, in the following chapter I argue that literature performs a specific function within the community. A function demonstrated through South African HIV/AIDS poetry.

²³ Steve Robins, „Long Live Zackie. Long Live’: AIDS Activism, science and citizenship after Apartheid” *Journal of Southern African Studies* 30, no. 3 (2004): 662.

Chapter Two: 'Literary Communism' and HIV/AIDS in South African Poetry²⁴

In the previous chapter the relationship between literature and community is introduced. Consequently in this chapter I develop the understanding of this relationship through a reading of Nancy's notion of „literary communism’.²⁵ I pose the question of what function literature performs in a community and how is it altered by HIV/AIDS? I argue that a particular vision of the community is represented and that a community of readers or listeners is brought into being as a result. Sontag's discussion of the metaphors of illness will assist in this discussion and finally I apply this understanding of the function of literature to four poems responding to HIV/AIDS in South Africa. My intention is not to offer a complete analysis of each poem but rather to draw out the particular concerns which are relevant.

Literary Community

As I have mentioned in the preceding chapter, stories and storytelling are a vital component of how the self positions itself within the community, how it forms its identity, and also of how the community understands and presents itself. For community, then, storytelling is functional. Stories about the community function to help socialise its members around common mores and practices, and also provide points of identification for the self. The second function of storytelling is myth making. Myth is a form of storytelling which necessarily depends upon a conception of the past. Myth is exercised as a tool of communal identity as it is used by the community to construct a history either of pride or strife, or both. But this construction is driven by the current needs of the community, either to foster a sense of pride or to unite against a particular foe. Speaking of an imagined communal gathering before their storyteller, Nancy states,

They were not assembled like this before the story; the recitation has gathered them together... He recounts to them their history, or his own, a story that they all know, but that he alone has the gift, the right, or the duty to tell. It is the story of their origin, of where they come from, or of how they come from the Origin itself... And so at the same time it is also the story of the beginning of the world, of the beginning of their assembling together, or of the beginning of the narrative itself.²⁶

²⁴ All of the poems can be found in full in the appendix section of the thesis.

²⁵ „Literary communism’ is not a political term but rather explains the experience of writing, and of speech is offered to the community as an experience which is shared in-common and thus initiates a literary community.

²⁶ Nancy, *The Inoperative Community*, 43-44.

In the act of speaking, the speaker gathers the people together; as he tells his tale, he begins to offer an idea of an origin. He shares a story of common experience with which the group can identify and in this way he establishes a community of listeners. The myth that he tells is the basis for this gathering, the foundation of a common identity and belonging. However, because myth is constructed and utilised with particular biases in mind, its truthfulness is called into question. For Nancy this is where the myth „interrupts’ its value as a tool of community formation.²⁷ In this void, literature takes the place of myth by offering a version of the past or present. Unlike myth, which seeks to impose an idea, literature seeks to open up the possibility of an idea and of meaning. Literature does not seek to present one unquestionable vision dictated by one speaker, as Nancy’s notion of myth is seen to do. Rather literature offers the choice of identification, not seeking truth, but instead offering a vision.

Thus, once myth is interrupted, writing recounts our history to us again. But it is no longer a narrative – neither grand nor small – but rather an offering: a history is offered to us, without its unfolding being imposed upon us. What is offered to us is that community is coming about, or rather, that something is happening to us in common. Neither an origin nor an end: something *in common*. Only speech, a writing – shared, sharing us.

In a sense, we understand ourselves and the world by sharing this writing, just as the group understood itself by listening to the myth. Nonetheless, we understand only that there is no common understanding of community, that sharing does not constitute an understanding, that it does not constitute a knowledge, and that it gives no one, including the community itself, mastery over being-in-common.²⁸

Just as myth instantiates a community of listeners, so too does literature or writing instantiate a community of being. The difference being that literature offers an idea to the community while myth seeks to impose the view of the teller. In both cases a community is formed initially through a group of listeners or readers. This develops into a community of beings who begin to comprehend a particular sharing of experience; that something is happening to them in common. This, as I have indicated, is a foundation of community – a sharing which enables a being-in-common. Further it is a sharing of literature (stories) which facilitates the beings’ understanding of themselves and the world.

Nonetheless, literature, like myth is bound to the teller or writer and therefore is subject to a similar issue of bias and interest, so that literature cannot be separated from myth; „... myth is simply the invention of literature... Literature interrupts itself: this is, essentially, what makes it literature

²⁷ In practice, the fictional nature of myth does not mean that it has no value as a tool of community formation and socialisation, rather Nancy’s conception of myth is limited in order to highlight the *choice* that literature offers and consequently, the community which is brought into being.

²⁸ Nancy, *The Inoperative Community*, 69.

(writing) and not myth.²⁹ Myth is interrupted from without by a realisation that myth is not truth; literature, taking off from where myth is interrupted accepts that it is not truth, internalises this and therefore is responsible for its own interruption. Literature then offers the community a notion of itself, like an image seen through purposefully tinted glass, it is presented as an opportunity for a shared experience. The function of the writer then is to facilitate the relation of beings to themselves, the community and each other,

The interruption of the myth of the writer is not the disappearance of the writer... On the contrary, the writer is once again there, he is if you will more properly... there whenever his myth is interrupted. He is what the withdrawal of his myth imprints through the interruption: he is not the author, nor is he the hero, and perhaps he is no longer what has been called the poet... rather, he is a singular voice, (a writing: which might also be a way of speaking). He is this singular voice, this resolutely and irreducibly singular (mortal) voice, *in common*: just as one can never be “a voice” (“a writing”) but *in common*.³⁰

The writer, or speaker, like other beings, is located and identified by his or her limit, by their mortality and by the possibility it provides of being-in-common. Thus while the writer may offer an idea of the community, he is not necessarily separated from it. The role of the writer – and literature then – is as a force which brings readers or listeners together.

Literature mobilises notions of shared experience and in South Africa this takes on a particular significance in response to HIV/AIDS. Literature presents the community with an idea of itself, an idea which persons may choose to identify with or belong to. Literature instantiates specific communities but what influence might HIV/AIDS have on the conception of such communities? Literature which presents to the community a particular view of itself, a view generated by a community's interaction with HIV/AIDS, presents the community with something they may not wish to acknowledge, or that may challenge common perceptions. Perhaps most importantly, however, the narrative community mirrors a living community and so HIV/AIDS narratives of community echo the lived community's search for meaning. Therefore the literary community which is instantiated by this literature is one of sympathetic readers; moreover it differentiates between the community and an emerging HIV community, both within the text and without. This shall be elaborated on in the chapters to follow. The role of HIV/AIDS literature in this formation of community is to offer the community a counter-narrative of itself; a narrative which exposes the weaknesses and strengths within the community.

²⁹ Ibid, 72.

³⁰ Ibid, 70.

The question now arises: what does Ubuntu brings to this notion of a literary community? The traditions out of which Ubuntu and other similar ideas have grown are bound to an oral literary tradition rather than a written one. In *Oral Literature in Africa*, Ruth Finnegan gives extended critical attention to the intricacies of oral literature but what she acknowledges at the outset is the particularly didactic and social function of oral literature.³¹ Hence while there is certainly an aesthetic aspect of this kind of literature, which is explored in Finnegan's text, its functionality mobilises this literature at a socially didactic level rather than at a purely aesthetic level. Thus oral literature would appear more in line with Nancy's notion of myth, presenting a view of the community which must be believed in contrast to the offering literature attempts, already acknowledging that it is not and cannot be the whole truth. The spirit of Nancy's literary community finds an echo in Ubuntu, because literature for Nancy offers a chance of identification and a shared singularity which enables being-in-common. Similarly in Ubuntu that which is paramount is the interaction between persons which permits one's personhood. Ubuntu cannot offer the intricacies Nancy does on this issue, nevertheless what is relevant here is the shared concern for the self's relation to other selves in the community, a relation aided by literature, written or spoken.

Accepting Nancy's opinions on the role of literature in a community and the implications it has for HIV/AIDS literature in South Africa, the language with which this literature is constructed bears a heavy rhetorical weight. As it not only seeks to bring a community together but also to provide a language with which that community is able to speak about HIV/AIDS.

HIV/AIDS, Language and Community

Susan Sontag takes on this issue of language in *Illness as Metaphor and AIDS and Its Metaphors*. Sontag unpacks the metaphors of illness which underpin common perceptions of HIV/AIDS. She exposes the power of the metaphor to take hold of an imagination and a way of seeing the world. And in doing so she argues that the metaphors found in the language used to describe HIV/AIDS are a projection of a social fear around death and illness, as well as an attempt at rhetorical control over the illness.³² The metaphorical language employed in descriptions of HIV/AIDS is inscriptive as much as it is descriptive. Under the forces of HIV/AIDS the body is said to be a battle ground where the body's defences fight against the invaders and fail or as a site of plague.³³

Firstly, the denomination of a body as a battle ground serves to dehumanise the HIV-positive person to such an extent that they are merely a physical body and nothing else. The use of this metaphor is

³¹ Ruth Finnegan, *Oral Literature in Africa* (Oxford: Oxford University Press, 1970), 12.

³² Sontag, 179.

³³ *Ibid*, 130.

particularly problematic because as in the language of war, the body is subjected to any and all means of eradication. In practice this is very rarely the case due to the rights of the patient, but the dehumanisation implicit in the metaphor touches on what Sontag believes to be the most terrible consequence of HIV/AIDS, „The most terrifying illnesses are those perceived not just as lethal but as dehumanising, literally so.³⁴

Secondly, in contrast to the battle ground metaphor, plague seems to want to delineate a particular kind of humanity. A humanity determined by morality because plague implies a biblical judgement, a judgement of wrong-doing on the part of a person or community. This metaphor is employed to distance those who are seen to have sinned from the community.

Posel too unpacks the metaphorical language of sex and HIV/AIDS, exposing the politicisation of sex and HIV/AIDS in the nationhood of South Africa. Discussing the metaphor of a nation being represented as a wholesome family unit or a healthy body has interesting implications as Posel outlines the influence of HIV/AIDS on this metaphor. She states,

This repertoire of images and metaphors – particularly those of the body and the family – in turn provide symbolic recipes for the ‚healthy‘ containment of sexuality within the community of the nation... If unruly... sex destabilises the family and corrupts the body. Within this symbolic schema, therefore, aspirations to nationhood are intimately linked to the productive disciplining of sexuality as a force of order rather than chaos, life rather than death. If the body or family of the nation – the domain of the familiar and the intimate – is contaminated or soiled, then the image of the nation is similarly tainted.³⁵

Common metaphors like family and the body cast the project of nation building within recognisable parameters. Within these boundaries an attempt is made to bring sex under control in order to avoid contamination of the national community. One representation of this contamination is expressed in the metaphors of HIV/AIDS. By deploying this understanding of metaphor and language, in conjunction with my established views on community and literature, I utilise four South African poems to demonstrate that a community is brought into being as a response to representations in the poems.

The four poems for discussion are Kgafela oa Magogodi’s ‚Varara‘, Karen Press’s ‚flakes of the light falling‘, Vonani Bali’s ‚Going to See the Doctor‘ and Phaswane Mpe’s ‚elegy for the trio‘. Each poem offers a different perspective on HIV/AIDS in South Africa. As Nancy argues, literature in written or

³⁴ Ibid, 124.

³⁵ Deborah Posel, „Sex, Death and the Fate of the Nation: Reflections on the Politicization of Sexuality in Post-Apartheid South Africa.” *Africa: Journal of the International African Institute* 75, no. 2 (2005): 146.

spoken form, seeks to offer the community an idea or a representation of itself, opening up the opportunity of shared experience and identification which will enable the being-in-common which constitutes community. All four of the poems for discussion offer the reader a unique view of South Africa's heterogeneous community and its divergent response to HIV/AIDS. As previously stated, the community these poems inscribe is firstly one sympathetic to the issues being raised and secondly a group willing to identify with the particular vision being presented. This does not mean a willing acquiescence with all that is written but rather the willingness to share in the singular experience of this representation; an engagement, both critical of and open to what is being offered.

Oa Magogodi's 'Varara' is the most aggressive of the four poems. The title of the poem has several meanings originating from Zulu. *Varara* is slang for gonorrhoea but also for disease, and has become a colloquial term for HIV/AIDS. What the term implies is a 'sweeping away of human lives',³⁶ a virus or parasite slowly eating away at the foundation of the community. The term is imbricated with social and political implications, as the poem lists the many ways a person might be infected with HIV/AIDS. The social erosion implied in the term emphasises the damage *varara* inflicts on the community. The metaphor of *varara* encapsulates a contamination of the community and a contamination of the persons which make up that community:

at school they say she kissed
some bloody fool. some say
she was whoring got varara
& gave it to him. some say
they saw he had coffie
with a moffie & that's where
he got varara...³⁷

The truncated lines and repetition of 'some say' and 'they' create a mechanical rhythm in the poem, as if the poem were a catalogue of the rumours associated with HIV/AIDS. The repetition in the poem has another effect. 'Some say' indicates an unknown body of people, a group to whom all the information in the poem is attributed, without a definitive identification the information provided by this 'some' degenerates to the level of gossip and hear-say. Moreover, without a specific designation there is no one to take responsibility for the information spread by 'some say'. The short, staccato explanations become more ridiculous as the poem develops, deflating the validity of the statements in

³⁶ Kgafela oa Magogodi interviewed by Kush Khoza. 11 July 2005.

<http://www.kush.co.za/workarea/show.asp?articleno=55> Accessed 7 June 2010.

³⁷ Kgafela oa Magogodi, *Thy Condom Come: Untamed Love Lines* (Amsterdam: New Leaf, 2000), 56-57.

the poem to the extent that lines such as ‚they saw he had coffie / with a moffie’ become quite a comical explanation for how one might be infected with HIV.

The opening lines of the first stanza situate the information in the poem in rumour and scandal, ‚at school they say she kissed / some bloody fool’. The description of the man as a ‚bloody fool’ makes reference to the risk of contaminated blood causing infection, however the rest of the statement does not hold with accepted knowledge about the transmission of HIV. What it does indicate is a judgement on the part of the anonymous ‚some say’. If this girl was not infected by kissing then she was infected because she was promiscuous. In the view of ‚some say’, the girl’s sexual conduct becomes the reason for her infection. Perhaps the girl is not infected at all but has incurred the anger and judgement of ‚some say’ because she has behaved in a way that is seen to be unacceptable. This is repeated in the next scenario, where the man is said to have been infected simply by having coffee with another man: ‚they saw he had coffie / with a moffie & that’s where / he got varara’. The pejorative use of ‚moffie’ to describe a gay man, implies disapproval from the ‚they’ of the poem. The use of a common social scene as a site of infection contaminates this simple interaction. The repetition of the ‚ie’, in ‚coffie’ and ‚moffie’ serves to unite the two words, and destabilises the severity of such a statement by forcing a sing-song like rhyme. In both scenarios ‚they say’ locates the contamination in the bodies of the persons mentioned and yet the repetition of ‚some’ is in many ways a contamination of the poem, indicating that the gossip provided by this ‚some’ is a source of social contamination. Thus the danger to the community is not only from HIV/AIDS but from the stigma and gossip which breed discrimination in the community.

they say varara will get us all
even if you paid to get laid.
some say varara ke lekwerekwere
came galloping down the hillbrow
to eat our women. some say no
varara is a white man’s lie comes
from the west...

some preach & teach about varara.
some say varara is the wrath of badimo.
some say it is satan’s hand
fiddling deliciously with earth’s thighs.
some say jesus will save them from varara.
some have more faith in femidom.
some day horizons are so viagra varara

will not stop til thy condom come.

The second and third extracted stanzas offer possible origins of HIV/AIDS, yet each is fraught with social implications. In the opening line of the second stanza „*varara*’ is compared to a monster, „they say *varara* will get us all’. In the lines which follow „some say’ describes the many explanations of HIV/AIDS which remove culpability from the community itself. Either it is from *Makwerekwere*, a derogatory term used for migrants from other parts of Africa in South Africa, or it is from the „west’ or from God or the Devil: „some say *varara* is the wrath of badimo. / some say it is satan’s hand / fiddling deliciously with earth’s thighs.’

In every case the cause for HIV/AIDS is found outside of the community and outside of the self. Blame is firmly set outside of the group delimited by „some say’. This group is varied; representing not one opinion but many, a reflection of the multitude of views which are part of South Africa’s complicated response to HIV/AIDS. In this poem no one view takes precedence; all are undermined by the repetition of „some say’. In the third stanza the inversion of the biblical phrase, „Thy Kingdom Come’ in „thy condom come’ seeks to implode the biblical understandings. Clichés such as „*varara* will get us’ and „jesus will save us’ further degenerate the validity of the account provided by „some say’. As clichés they seem to revert to a cautionary children’s tale, undermining the theological and religious structures to which they refer. These religious structures become facile, as do the words presented by „they’. Words which can no longer be believed as the use of satire in the poem withhold their efficacy. Thus while „*Varara*’ certainly seeks to present a view of the South African community, a view of a community interested in scandal and rumour, what is offered is experienced as a criticism of current popular approaches to the disease. Oa Magogodi is known for challenging his audience and in this case the vision he offers the community of readers or listeners is one of blame and antagonism.

In contrast, Karen Press’s poem „flakes of the light falling’ is experienced as a lament for the lives lost to HIV/AIDS.

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

lightly and without technique they are dying
slowly and beyond the duration of love

good citizens of a good country, dying modestly

embrace of the infected is a national project
rejection the prerogative of the intimate circle...³⁸

„Approximately’, which refers to the statistic that one in four South Africans are HIV-positive, seems at odds with the tone of the poem. Though the first word of the poem indicates a numerical study, Press counter-poses the statistics with the adverb ‚here’ locating these numbers within a particular time and space – that of the poem. This spatio-temporal element is developed to offset the clinical numbness of statistics. ‚Here’ indicates the space and time immediate to the reader, so that while these experiences may be foreign, the injunction of ‚here’ forces the reader to at the least be present in this moment. The primary expression of the poem is one of loss, in an attempt to create a shared experience of loss between the speaker and reader. This loss is immediate, ‚even as we speak’, and yet we, the reader and the poet are helpless. The repetition of the opening two lines later in the poem, ‚approximately and here also / one in four vanishing’, serves once again to ground the poem in such a way that it seems to ask what a poem can offer to a greater understanding of a disease so often represented in figures and charts.

In the same way that statistics imply a need for study, so too does technique imply something which is learned. However, there is no skill in dying; it is not an experience which can be controlled, ‚Without technique they are dying’. The dying are distanced from the speaker through the use of the pronoun ‚they’, indicating that the speaker is not part of the group and that the horrors that follow are experienced from a distance. ‚Good citizens of a good county, dying modestly’, in this line, the qualification of ‚good’ seems to refer to the injustice of ‚good citizens’ dying. An indication that unlike the ‚they’ of ‚Varara’ the speaker of this poem does not see the disease as a punishment, it is simply borne by good people. In the following lines, ‚embrace of the infected is a national project / rejection the prerogative of the intimate circle’, the irony of the social implications of HIV/AIDS come to the fore. The government and civil society have made sure that the country is not only informed about HIV/AIDS but also that people offer help and support where they can. However, while the nation is concerned with helping those with HIV/AIDS, it is the family of those infected who have the choice to reject them or turn them away. These two lines are particularly important because they mention the alienation of those with HIV/AIDS which I argue often results in the search for a new community. While national help is useful, an ‚intimate circle’ is an important point of identification and comfort for an HIV-positive person. And yet, in the following stanza the members of the ‚intimate circle’ also fall prey to the disease.

very close to the ground children and their mothers

³⁸ Karen Press, „flakes of the light falling.” In *Nobody Ever Said AIDS*, edited by Nobantu Rasebotsa, Meg Samuelson, and Kylie Thomas, (Cape Town: Kwela Books, 2004).

and then also their fathers die here
in the way of poor people, struggling
for small dignities and the simplest food
astonished softly over and over
I touch my lips to each death...

In a gesture of farewell and of mourning, the speaker, no longer at a distance, touches her lips to each death, a gesture emulated in the poem itself as it offers homage to those who have suffered and died. As whole families are killed by HIV/AIDS there is no grandeur in death or in love, only the ordinary struggle for each day and so the clichés about romantic deaths and love become trite and unwelcome. As in the opening stanza, 'here' forces the reader to be present.

metaphors of love crack open

suddenly one day you will hear
how silently the black sky blazes
how wildly the empty street is searching
for a footstep

we are ending, we are ending
flakes of the light falling away

The world conjured in the closing stanzas of the poem relays an image of emptiness; empty streets and a black sky, a world empty and in mourning; metaphors exposing a community in trouble. Thus what Karen Press offers the community of readers is a representation of themselves coming to an end, coming into a world which holds no hope. Combined with the lamenting tone of the poem is a feeling of helplessness, as if all of this were beyond the speaker and the poet's control. Merely an audience to the end, and yet 'ending' belies the finality of an end because in itself it is incomplete. In opposition to the aggression presented in 'Varara', this poem presents to the community a view of themselves in mourning, approaching each loss as a flake of falling light, illuminating, ephemeral and doomed. And yet the end is not held in the poem but in an unknowable future. The community of readers brought into being by Press's vision is done so through a shared experience of loss and fear, repeated in each new reading and reader of the poem.

Unlike the broader, macroscopic subject matter of the previous poems, Bila's poem 'Going to See the Doctor' takes as its subject the very personal decision to test for HIV and the resulting turmoil, both emotional and mental. In this poem, the speaker has learnt that one of his earlier sexual partners has

HIV/AIDS, and so he must decide whether or not to test himself. Manipulating the tradition of romantic poetry, Bila describes not an adored lover, but a previous lover wasting away with no one to care for her. Instead of beauty, the woman is described by the symptoms of her illness.

my heart pounds
my head is heavy
thoughts linger
i think
of half the city men you've slept with
i see you coughing strenuously
all alone
your single bed shaking in the shack
can't find solace in sleep
you struggle to lift your head
i see blue sunken eyes
half the city men with cash
cellphones and flashy cars have vanished
you can't even run to the toilet³⁹

The speaker's anxiety is apparent in the opening lines of the poem, „my heart pounds / my head is heavy / thoughts linger’, a feeling which is present throughout the poem. He presents imagined moments or memories of the woman who he now knows is HIV-positive. The narrative thread of the poem denies any firm knowledge of the speaker's decision. The poem is concerned then not with the act of testing or the final decision to do it, but rather with the anxiety and fear that are part of the decision making process. The speaker's apprehension exists at two levels: first the woman's promiscuity, and second the deterioration of her body.

The striking lack of punctuation in the poem means that there is no hierarchy of words or ideas. And while the enjambment of the lines echoes the transition from thought to thought, the distinction between these thoughts is undermined by the lack of capital letters or full stops. In addition, the absence of punctuation causes the words in each line to run together and it is only at the line-break that a thought ends and a new one begins. This outwardly seamless connection between thoughts is emulated in the lines of the poem, indicating a conceptual link between lines.

³⁹ Vonani Bila, *Handsome Jita: Selected Poems* (Scottsville: University of KwaZulu-Natal Press, 2007), 13.

For instance ‚i think / of half the city men you’ve slept with / i see you coughing strenuously’. In these lines the woman’s promiscuity becomes conceptually tied to her illness. Her solitude too is expressed as a consequence of her promiscuity. She is ‚all alone’, which is again positioned on a single line, mimetic of her position alone on the single bed. The nameless woman is almost incapacitated by her illness; she is defined by the many ways in which her body is failing her; a failure which terrifies the speaker. The juxtaposition between the men with means and her inability to even get to the bathroom is not only grotesque and a reminder of what she has lost; it also serves to highlight the distinction between materialism and humanity. For without the materialistic trappings of her former life, all she has is herself. Her sexual partners, the number of which the speaker seems to blame for her infection are not present to care for her. Her actions have been wasteful, and the woman portrayed in the poem is one whose sexual promiscuity has led to her downfall. The judgemental and saddened tones are evident in the closing line of the stanza. But perhaps the speaker includes himself in this censure. The anger shown in his criticism of the other men, does not exclude him. Rather, as he counts himself among the woman’s lovers seems to indicate that he is in some way complicit in her suffering. Yet, we, the readers are also brought into the trauma of the poem by the continual reference to ‚you’. Both the woman and the readers are then HIV-positive and an object of fear for the speaker. By exposing the reader in this way, the poet opens up the experience of an HIV-positive person, forcing the readers to acknowledge their own fears and prejudice.

The experience of Bila’s poem is one of dread and anxiety conveyed onto the physical body of the woman, now infected with HIV/AIDS. Mpe’s ‚elegy for the trio’ is studded with a more subdued fear, and the blame is to be found not in the body of a woman but in the persons at the fore of public discussions about HIV/AIDS in South Africa.

the sounds of night
awakened the night of my heart...⁴⁰

Stimulated by the noises of the night around him, the speaker becomes concerned with the choices before him. The title of the poem ‚elegy for the trio’ indicates that the poem is one of mourning. However ‚the trio’ has two possible implications, the first is that the trio is HIV. Like the title of Steinberg’s novel *Three-Letter Plague*, this title refers to the colloquial interpretation of the acronym HIV. A second interpretation is that the trio is one mentioned in the poem, ‚thabo manto mokaba’, and perhaps the speaker is in mourning for the mistakes that they have made.

echoes of thabo manto mokaba

⁴⁰Phaswane Mpe, „elegy for the trio.” In *Nobody Ever Said AIDS*, edited by Nobantu Rasebotsa, Meg Samuelson, and Kylie Thomas, (Cape Town: Kwela Books, 2004).

haunted the hall of my skull
druggs drugged
the west tore nkosi apart
& devoured parks
hiv does not cause AIDS
but let thy condom come
anyway...

Mpe draws on South Africa's complex political history of HIV/AIDS as his speaker is tormented by the „echoes of thabo manto mokaba / haunted the hall of my skull'. Thabo Mbeki, Manto Tshabalala-Msimang and Peter Mokaba were high ranking members of the ANC, who came to represent the ANC's denialist stance towards HIV/AIDS. Ironically, it is accepted that Mokaba died of respiratory problems – an opportunistic infection commonly associated with AIDS. Similarly Parks Mankahlana a spokesperson for the ANC and a supporter of Mbeki's position of HIV/AIDS, died of AIDS-related illnesses.⁴¹ It is the echoes of these people and their mistakes which haunt the speaker.

The names which inhabit these lines are joined by others prominent in South African responses to HIV/AIDS, and what follows is a catalogue of some of these events and people. The allusions are not merely to events and people but also to South African literary texts. „hall of my skull' refers to Antjie Krog's novel *Country of My Skull* about her time as a reporter covering the Truth and Reconciliation Commission proceedings and oa Magogodi's poem „thy condom come' which presents troubling images of sex in the bible and the contemporary consequences, as an assault on religious notions of sex. With these allusions Mpe draws into the poem the history that each text addresses and a juxtaposition between the hopeful, forward-looking but troubled period of the TRC hearings and the struggle between sex and notions of morality.

Placed in opposition to the Denialists is Nkosi Johnson, an HIV-positive child cum activist who fought until his death for ARV treatment. In these few lines Mpe alludes to the history and politics of HIV/AIDS in South Africa, where the rhetorical power of HIV/AIDS was and is still being viciously fought over. For the speaker in this poem, the fear and blame is levelled again at another; no longer a woman but government and the influence of this history on the speaker is demonstrated in the following lines,

the fear the flame continued
my body blackened

⁴¹ Natrass, 76.

like charred coal
as i lulled myself back to sleep
i heard the echoes scream
my dreams into nightmares
i turned grey & cold like ash
no test tomorrow
i said again

There is little overt structure to the poem, each line reads as if it is its own thought, and yet connects to the next. In the closing lines, quoted above, the lines are joined together in conceptual couplets, as if the speaker is having difficulty focusing on one thought and therefore moves from one to the next in quick but distracted succession. ‚i heard the echoes scream / my dreams into nightmares / i turn grey & cold like ash’. Like Bila’s poem, the lack of punctuation in this poem causes the words to run together but also eludes any attempt to impose a hierarchical order on the ideas. This coupled with the repetition of the small ‚i’ indicates perhaps a self-deprecating speaker filled with doubt and indecision. There are also personal implications to this poem, as it is thought that Mpe himself died of AIDS-related illnesses.⁴² Thus while the poem extends beyond the author to speak of a common experience, the tension and anxiety of the poem are heightened by the realisation that Mpe is speaking of an intimate and personal ordeal.

Hence the fear and doubt of Bila’s poem is echoed in the words and structure of Mpe’s, yet in this poem there is a resolution, ‚no test tomorrow’. A statement ostensibly final and yet the following line indicates that this is not a singular event, it appears as a process which the speaker undergoes regularly, the worry of infection constantly with him, as is the fear of testing. Once again the fear overcomes him. Mpe and Bila’s poems offer a representation of a personal experience, a private moment enclosed within the structure of the poem. And so, unlike ‚Varara’ and ‚flakes of the light falling’ which present a macroscopic view of the epidemic, ‚Visit to the Doctor’ and ‚elegy for the trio’ offer a microscopic view of private fear and decision making. What is presented to the community is not only a representation of itself in the prejudices that delineate the fear of Bila’s speaker or the political controversy in Mpe’s poem, what is shown is the individual. The individual responding to the pressures and experience of his or her community, internalising that experience and adapting in accordance with it. The speaker in each of the latter two poems demonstrates the complex relation between the individual and the community, a proposition made all the more difficult by exposure to HIV/AIDS.

⁴² Liz McGregor, „Phaswane Mpe: Young novelist of post-apartheid South Africa.” In *The Guardian*, 22 December 2004. <http://www.guardian.co.uk/news/2004/dec/22/guardianobituaries.southafrica> Accessed 15 August 2010.

Thus as Nancy has helped me argue, and as the above poems have evinced, literature, in written and spoken mediums performs a vital role in how a community identifies and understands itself. The four poems each offer a different vision; each is changed by the experience and style of the poet and yet what each offers to the community of readers is a view of themselves. This view is more critical than it is redemptive, and exposes a side of the community not readily seen or accepted. A view made possible through the metaphorical use of language. The consequences of the presentation of the community are twofold. Firstly it presents the opportunity of bringing this narrative into the open, into public discourse. Secondly it offers a possibility of identification whereby an individual might share in the experience and vision offered by the literature. In this way literature exposes the possibility of a community of beings, sharing in a singular experience. And perhaps, poetry of this kind extends the community of readers who are concerned with the lives of HIV-positive people in South Africa, sensitising them not to the statistics but to the personal experiences of the disease.

University of Cape Town

Chapter Three:

Storytelling: the erecting and collapsing of boundaries in *Welcome to Our Hillbrow* and *Beauty's Gift*

As I have outlined in the introduction, the primary understanding of community is determined by a dual theoretical strand. The first thread is Nancy's notion that a community is constituted by the relations and sharing of singularities between selves, enabling being-in-common and further that 'I' is always plural because of this interconnectedness. And the other thread is Ubuntu which asserts that the self gains identity and community from its relation to other selves. Necessary to both ideas of community is the participation of the person in the community and in turn the power of the community to offer identification and identity through belonging. I employ this theoretical understanding of community and self to explore the way the relationship between self and community is affected by HIV/AIDS. In this chapter I demonstrate firstly the difference between a community at the beginning of its creation and a community in the throes of destruction, and the place of the self in this. Secondly that there is a shift; a change in how the self, the individual and the community relate to one another, and that this shift occurs as a response to HIV/AIDS. I use these notions of community and relation of the individual to the community to discuss Phaswane Mpe's *Welcome to Our Hillbrow* and Sindiwe Magona's *Beauty's Gift* as texts that reveal the erecting and collapsing of boundaries between self and community.

Magona's *Beauty's Gift*, is an account of five women's experience with HIV/AIDS and how this changes their outlook on life. The novel explores the relationship between the women, the FFF, 'five firm friends'; Amanda, Cordelia, Doris, Edith and Beauty. Each of the women finds comfort and understanding through this group and when Beauty dies, this relationship develops into something greater, a community. It is possible to trace this development as the novel begins with Beauty's funeral, allowing the reader to follow her friends' reactions to her illness. Particularly when they are told she has died of AIDS. Through Beauty's death the other women become determined to protect themselves against HIV/AIDS, and their belonging to this supportive group makes it all the more possible. *Beauty's Gift* enacts the possibilities of Ubuntu, of creating an inclusive, supportive and symbiotic community.

In contrast, Mpe's *Welcome to Our Hillbrow* traces the destruction of a community as the people of Tiragalong pull apart the members of their community and eventually the community itself. Thus what is presented is the breakdown of the ideals of Ubuntu, perverted by the community of Tiragalong where those who are different are excluded. The novel follows first Refentše and then Refilwe as they move from their rural home of Tiragalong to Johannesburg and Oxford respectively. Like migrants before them, Refentše and Refilwe travel between urban and rural areas and with them travel the

stories and gossip of the community. As they travel and the judgements of the community become harsher and more destructive, the relationship between Refentše and his community erodes. Through all of this the presence of HIV/AIDS and its perception by the community further impact the connection between the individual and the community.

There are particular concerns which come across in both texts; the first is the supposed dialectic between urban and rural areas in South Africa. In many ways urban and rural have become synonyms for modern and traditional but such monolithic terms do not do justice to the complexities of this dualistic relationship. In fact migration between the two areas and what it means in terms of the dissemination of information and the drawing of boundaries is central to the history of South Africa, and with HIV/AIDS, is made only more relevant. Developing from this, particularly with reference to *Beauty's Gift*, I explore the ways in which tradition and modern needs are seen to collide, specifically around the issue of women in the community and in the epidemic. For example, as all the main characters in *Beauty's Gift* are female and the story traces the beginnings of their self-awareness and community, there is a strongly feminist approach.

In contrast to Magona's developing community, Mpe relates the experiences of an already established community, and through the narrative exposes the tremendous cleavages that exist below the public façade of the Tiragalong community. These cleavages are revealed by the pressure the presence of HIV/AIDS inflicts on the community. All of these issues are exposed as the boundaries erected by the community are called into question. Further I analyse what *Makwerekwere* means in the context of community boundaries and blame. Arguing that the hostility towards this group is an attempt to distance any blame from the community. Underpinned by this, it is possible to evaluate the process of storytelling within the community and what effect it has on exclusion and inclusion of the individual who has transgressed those boundaries. My analysis begins therefore with the discussion of urban and rural.

Stories: Shifting Boundaries, 'Shifting Selves'⁴³

Urban areas of South Africa over the last century or so have experienced an influx of people who have come to the city to find employment. Some of the migrants are from foreign countries, however many are from the rural areas of South Africa where employment opportunities are limited. The pull of the city as a place of opportunity, wealth and higher education has meant migration between urban and rural centres has become an integral part of South African life. A most notable example is that of the mining industry which depends almost completely on migrant labour. Men leave their homes in

⁴³ Herman Wasserman & Sean Jacobs, eds., *Shifting Selves: Post-apartheid Essays on Mass Media, Culture and Identity* (Cape Town: Kwela Books, 2003)

the rural areas, for several months at a time, living in single sex hostels at or near the mine. This practice is thought to have had serious consequences in the spread of HIV/AIDS, as single men in hostels are prone to have more than one sexual partner, and then return home to infect their wives or girlfriends. However, as unemployment has risen and mine workers have become sick with opportunistic infections, there has been what Ruth Hall calls a ‚reverse migration‘,⁴⁴ where those who are sick and can no longer work are forced to return home to be cared for either by immediate or extended family. Hence travel between urban and rural centres moves both ways.

The traffic is not only human but also viral, in that as people travel so too do diseases, money, goods, stories and grudges. And as urban and rural centres fight to maintain their boundaries and health *Welcome to Our Hillbrow* shows that such boundaries are a fiction. Nevertheless they are used to maintain communal morality and identity. Hillbrow is teeming with people, most of whom are migrants from rural areas and abroad. It is a city in and of itself, with the cartographic borders marked by streets and boundaries of behaviour determined by its inhabitants. As the borders of Hillbrow and Johannesburg shift and buckle so too do the borders between the other urban areas in the novel. Lagos, Oxford, Cape Town and Hillbrow collapse into each other as its children travel, find and tell stories. It is these stories that facilitate the collapse of boundaries, as Meg Samuelson observes, ‚For Mpe, story-telling generates the energy driving bodies across borders. Stories of migrants, for instance, prod others to propel their bodies across the boundaries between rural and urban; and, states the narrator, that between the living and the departed is continually crossed and re-crossed by stories.‘⁴⁵

While stories can aid in the collapsing of boundaries, they also have constructive possibilities. And as Nancy argues communities are constructed through ritual and symbol, but also through the stories the community uses to define itself. He states,

The lost, or broken, community can be exemplified in all kinds of ways... always it is a matter of a lost age in which community was woven of tight, harmonious, and infrangible bonds and in which above all it played back to itself, through its institutions, its rituals, and its symbols, the representation, indeed the living offering, of its own immanent unity, intimacy, and autonomy.⁴⁶

⁴⁴ Ruth Hall, „Rural Livelihoods and Land.” In *HIV/AIDS and Society in South Africa*, edited by Angela Ndinga-Muvumba and Robyn Pharoah (Scottsville: University of KwaZulu-Natal Press, 2008), 131.

⁴⁵ Meg Samuelson, „The City Beyond the Border: the urban worlds of Duiker, Mpe and Vera” *African Identities* 5, no. 2 (2007): 248.

⁴⁶ Nancy, *The Inoperative Community*, 9.

The community Nancy initiates is self-sustaining; always feeding back to itself, strengthening itself and the bonds of its members through rituals and common practices. But this community is also a construct, an idea of a nostalgic, lost community, created to reinforce the boundaries and unity of the current community. This constructed, lost past as much as it is may be fictitious, it is also a story constructed for the benefit of the community, illuminating a glorious past behind which the current community can join. Like the stories of Tiragalong however, the fiction of the lost community is not to be trusted and as it unravels so too do the identities of its members. This can be seen explicitly in the character of Refentše as he moves to Johannesburg, his head filled with the stories of home.

When Refentše moves from Tiragalong to Hillbrow he is already aware of the dangers of Hillbrow, but nevertheless feels he must do so.

By the time you left Tiragalong High School to come to the University of the Witwatersrand, at the dawn of 1991, you already knew that Hillbrow was a menacing monster... The lure of the monster was, however, hard to resist; Hillbrow had swallowed a number of the children of Tiragalong, who thought that the City of Gold was full of career opportunities for them.⁴⁷

Hillbrow is portrayed as a monster which devours migrants from the rural areas. The devouring is not oral but moral as Hillbrow is seen to offer all that may tempt a person away from his or her home and home values. While Hillbrow is often considered one of the most dangerous areas of Johannesburg, it is nonetheless part of the city and in *Welcome to Our Hillbrow*, Hillbrow is not merely an area but representative of the city itself and all that it has to offer, good and bad. Although the stories told by Tiragalong residents show the dangers of Hillbrow, and Nancy argues that such stories cannot be trusted, some of the dangers of Hillbrow are shown to be true as the novel progresses. The mistrust Nancy argues for exists at the level of myth, where the teller seeks to present his or her vision as truth to the community of the listeners. However the stories, or gossip that travel between Hillbrow and Tiragalong are closer to what Nancy calls literature, where the teller seeks only to offer an idea of the community, which the reader or listener can choose to share or not. Such stories aid in the construction of boundaries because people choose to share in the idea being presented. Thus the stories of Hillbrow, representing it as a monster, as dangerous are based in some truthful experience, seeking to offer a warning to visitors and further garner the fear with which the community of Tiragalong is able to construct a boundary between it and Hillbrow.

Moreover, stories dissolve the boundaries between urban and rural, between local and international, stories offer definition and circumscription. The people of Tiragalong tell stories of the city, of

⁴⁷ Phaswane Mpe, *Welcome to Our Hillbrow* (Scottsville: University of Natal Press, 2001), 2-3.

Hillbrow, the monster, the devourer of people, and so it is defined as that which is unacceptable and feared by the community, a monster which will take a person's will and soul. By defining Hillbrow and therefore the city with such language, Tiragalong attempts to maintain a moral superiority. The narrator exposes the folly of such an attempt as he shows that place is determined by the actions of its people,

And while we're so busy blaming them for all our sins, hadn't we better also admit that quite a large percentage of our home relatives who get killed in Hillbrow, are in fact killed by other relatives and friends – people who bring their home grudges with them to Jo'burg. *That's what makes Hillbrow so corrupt...* [italics in original]⁴⁸

The permeable boundaries between rural and urban spaces are salient to descriptions of HIV/AIDS in the novel. For Tiragalong HIV/AIDS is always something with its origins outside of the confines of the community. Integral to this narrative construction of the city as evil is the need to allocate blame outside of the boundaries of the community so that moral and social integrity can be maintained. Thus in the stories told by migrants, HIV/AIDS is perceived as a city disease, a disease which is caught as a consequence of immoral behaviour. In many ways it is understood as a punishment visited upon those who have succumbed to the temptations of the city. The dichotomy created between urban and rural, modern and tradition is exacerbated by perceptions of HIV/AIDS, which pits nostalgic representations of the rural against catastrophic representations of the city. When describing how a Tiragalong man died, such perceptions become apparent.

He died, poor chap; of what precisely, no one knew. But strange illness courted in Hillbrow, as Tiragalong knew only too well, could only translate into AIDS. This AIDS, according to popular understanding, was caused by foreign germs that travelled down from the central and western parts of Africa... Migrants (who were Tiragalong's authoritative grapevine on all important issues) deduced from such media reports that AIDS's travel route into Johannesburg was through *Makwerekwere*; and Hillbrow was the sanctuary in which *Makwerekwere* basked.⁴⁹

I discuss the *Makwerekwere* in due course. What is vital here is the attempt by the community of Tiragalong to create boundaries between itself and the city, and how these boundaries crumble as its people travel back and forth. As information and stories are disseminated by people, so too does HIV spread, showing these ill-constructed boundaries to be at the least permeable and at the most irrelevant. So that while Tiragalong refuses to see HIV/AIDS as part of its own community, those

⁴⁸ Ibid, 18.

⁴⁹ Ibid, 3-4.

who carry the disease are tied conceptually with Hillbrow and the degradation that it stands for. Samuelson notes “However, [that] the authorial voice actively deconstructs the moralizing dichotomy of city versus countryside... insisting that the „moral decay of Hillbrow, so often talked about, was in fact no worse than that of Tiragalong.”⁵⁰ Collapsing the moral dichotomy so rigorously erected by the community necessarily destabilises the other boundaries erected by the community. One such boundary which is closely tied to that of the urban and rural is that between the modern and the traditional, whereby urban and modern and rural and tradition have become conceptually tied to one another. A dichotomy which is explored *Beauty’s Gift*.

The women of the narrative begin to disassemble the dichotomy as they attempt to find a balance between traditional expectations and modern needs brought into question by the experience of HIV/AIDS. The engagement between the traditional and the modern is played out through the identities and choices of the five women who inhabit the text. In terms of the text, „modern’ and „traditional’ have a particular meaning. Firstly tradition is represented in the patriarchal control and expected subservience of women in the story. All of the women are married or engaged and in addition to their work they must maintain the house and take care of the children and in many cases cannot refuse their partners sex. These traditional values are brought into conflict with the women’s need to protect themselves from HIV/AIDS to the extent that they must refuse their partners sex, until they have had an HIV test. The men are not interested in having an HIV test and are shocked by their partners’ decision to withhold sex. Undermining the rule of patriarchal order and expectation, the women come to express an ideology in line with Feminism, and this is one of the representations of modernity in the text. As they assert agency and claim the power to choose and protect their own lives, each of the women challenges the traditional, patriarchal system. The shift is not complete; it is more an attempt to find balance between the two, which as becomes evident, is a difficult task.

All of this is set into motion when Beauty reveals to Amanda that she has AIDS, only then does the FFF made the decision to fight for their own lives. She says,

“Don’t die a stupid death, like I am doing! Live!” she says. “Live till every hair on your head turns grey. Earn your wrinkles and, damn you, enjoy them! Enjoy every wrinkle and every grey hair on your head. Tell yourself you have survived! Sur-vived! Her voice drops. “Live!” she says. “Don’t die...”⁵¹

Beauty’s injunction to her friends to reach old age is bred out of her sorrow at dying so young, solely due to her contracting HIV from her philandering husband, Hamilton. Realising that the only way

⁵⁰ Samuelson, 251.

⁵¹ Sindiwe Magona, *Beauty’s Gift* (Cape Town: Kwela Books, 2008), 74.

they can honour Beauty's wish is to become vigilant about HIV/AIDS, the women set about convincing their partners to have an HIV test. The novel is highly critical of men and their behaviour. Other than Hamilton's infidelities, the novel is littered with men who cheat on their wives or who refuse to use condoms. Examples include the principal of the township school, and church deacon, Mr Magama who was seen with a young ,girl who couldn't have been one day older than sixteen'.⁵² As well as Amanda's brothers in whom ,More and more, [she] was not only disappointed...but disgusted and angry with. Only bhuti PP didn't have "outside children" or "grass children", as they were sometimes called.'⁵³ Amanda's husband, we are later told has six ,grass children', none of whom Amanda knew about.

The novel is told primarily from Amanda's perspective; hence it is through Amanda that we, the readers, are able to trace the development both of her decision making and the support group she creates. In good faith Amanda asks her husband Zakes to have an HIV test. She does not yet know of his many infidelities and it is only once he has agreed to a test that she finds out, from her sister-in-law. Amanda is completely shaken by this information and the betrayal by Zakes and his family who kept the information and his other children from her. Amanda is confounded most by the women of Zakes's family as they seem to all have experienced a similar betrayal and yet they choose to believe that they must accept it. Against the wishes of the family, Amanda refuses to reconcile with Zakes and it is her friends, her support group who sustain her during this time. Thus as Amanda distances herself from the traditional expectations of Zakes's family, she is embraced by the safety and comfort of the FFF. As I mentioned the text of *Beauty's Gift*, traces the development of a community, the FFF community. Thus when Amanda and the other members begin to define for themselves what it means to live and protect themselves, they are distanced from what I call traditional expectations, and the community which upholds them.

Yet the most scalding representation of men and patriarchy is in an exchange between Cordelia and local township men which is precipitated by the death of the Sonti twins; brothers who died of AIDS within days of each other. I quote at length to highlight the force of the attack as well as the misconceptions about HIV/AIDS.

Cordelia had heard enough. "Hey, broer!" she shouted. "You are just assuming the twins were infected by their girlfriends."

"Everybody knows that is how men get AIDS," said Gabula.

"But if a man sleeps with more than one partner, how can he be absolutely sure his girlfriend is the one who gave the disease to him?" Cordelia asked.

⁵² Ibid, 116.

⁵³ Ibid, 77.

The men were silent.

“Personally,” Cordelia continued, “I am more concerned for their girlfriends. I hope those women protected themselves.”

“You mean, use condoms?” Asked Moses scornfully...

Both men gave disparaging laughs. Thandi and her female friends twittered self-consciously.

“Jaa!” roared Moses. “The brothers say using a condom is like eating sweets with the wrapper on!”

“Aids is not a black thing,” countered Moses.

“Uh-huh? How many white Aids orphans have you counted lately?” Cordelia shot back. “African mothers, faithfully married women, are killed by men who will not stop sleeping around!”...

“Only a fool goes to bed with the enemy – an armed enemy, at that. What do you think the black man’s penis is? I’ll tell you what it is. It is a deadly weapon!”⁵⁴

Cordelia is shocked by Gabula’s belief that it was their girlfriends who infected the Sonti twins with HIV. Gabula is presented as a drunk, narrow-minded idiot as he spouts all the misinformation about HIV/AIDS. Unable to rely on his own opinion, he continually substantiates his claims by saying that ‘everybody says so’, or ‘the brothers said so’. Not only is this one of the angriest portrayals of men in the novel, it is also a scathing attack on the women who accompany them. In castigating this group of people, Cordelia demonstrates her newly found feminist determination. At no other time would any of the women have spoken so openly about sex in front of man who was not her husband. In the traditional values of the community sex is private and to speak about it in a public way is a taboo. But for Cordelia and her friends, values which keep sex and HIV/AIDS a secret can no longer be accepted and rising against this Cordelia’s actions are as much a tribute to Beauty as they are to the modern, feminist woman she is embracing.

However, nothing compares to Cordelia’s assessment that the ‘black man’s penis’ is a ‘deadly weapon’. What she is referring to is the seeming inability of black men in the novel to be faithful to one woman. Her indignation and anger have foundation when one considers that in South Africa, as in many other developing nations, women bear the greatest burden of HIV/AIDS. One reason for this is that women have a substantially higher rate of infection than men; which is thought to be due to a women’s physiological make-up and to the social dimensions of womanhood in patriarchal communities, where woman have little or no control over their bodies. In a study that examined marital condom use between urban and rural areas, condom use in the latter was infrequent and

⁵⁴ Ibid, 69-71.

women found it very difficult to ask their husbands to wear a condom.⁵⁵ HIV/AIDS has a strongly gendered aspect, well reflected in Cordelia's exchange with Gabula. While blame is often laid at the women's feet, it is in fact men who have multiple sexual partners and who are primarily responsible for infecting their wives and girlfriends. This occurs in the majority of cases, but not all.

In the novel each of the FFF husbands betray their wives in some way, and it is this that comes to the fore when the women begin to consider how Beauty was infected. Determined to honour Beauty's wishes the FFF create a community for themselves, removed from the patriarchal control which led to the death of their friend. In contrast, their new community continually enacts and supports the modern, feminist decisions they have made. The highly gendered aspect of HIV/AIDS, depicted in *Beauty's Gift*, is however optimistic, presenting a group of women who have risen above their troubles to live their lives according to their own choices, and are now able to better protect themselves from HIV/AIDS. Mpe's portrayal of women and of all his characters is much darker, as he explains, not the formation of a community but its disintegration.

One fissure which Mpe highlights is the treatment of outsiders and how this reflects on the health of the community itself. For the community of Tiragalong „outsiders' are from two distinct areas, one group is from across the borders of South Africa, from any other African nation and the other is from urban centres, be it Hillbrow, Alexandra or Johannesburg. In one instance at least the communities of Tiragalong and Hillbrow agree, outsiders are dangerous and in this case outsiders from across the borders are called *Makwerekwere*: „a word derived from *kwere kwere*, a sound that their unintelligible foreign languages were supposed to make, according to the locals.⁵⁶ *Makwerekwere* is a pejorative term indentifying a particular group as different and unwanted. The indicator of difference instantiated in the term *Makwerekwere* is language. The irony of this seems lost on the inhabitants of Tiragalong, whose own language was an integral method of separation for the Apartheid government. Nevertheless, this marker of difference allows Tiragalong and other South Africans to see foreigners as invaders who bring sin and disease. This is shown repeatedly in the novel, as the narrator explains of the Tiragalong community, „Some said it didn't matter, that whether you died because of a Lekwerekwere or a Johannesburger did not make much difference. Were the two not equally dangerous? Immoral... drug dealing... murderous... sexually loose... money grabbing...⁵⁷ It is apparent that the *Makwerekwere*, in addition to the city dwellers are repositories of blame, made to hold all that Tiragalong believes is wrong and immoral. Yet what Mpe demonstrates through the text is that in truth the immoral aspects of Johannesburg and Hillbrow are bound up in the people of Tiragalong as much as in any other people. And that the migration and mixing of people means that

⁵⁵ Pranitha Maharaj and John Cleland, "Condom Use within Marital and Cohabiting Partnerships in KwaZulu-Natal, South Africa." *Studies in Family Planning* 35, no. 2 (2004).

⁵⁶ Mpe, *Welcome to Our Hillbrow*, 20.

⁵⁷ *Ibid*, 46.

there is not one homogenous morally, righteous community but rather, as people travel and move they take their homes and communities with them.

When speaking of Refilwe the hybridity of community and identity come to the fore. As the dual theoretical strands of Nancy's philosophy of community and Ubuntu show, being is relational which means that the individual exists in relation to other individuals and this relation contributes to the formation of a community. Thus as Refilwe travels her identity is mediated and changed by the other individuals she meets and the other communities she participates in. Furthermore, as a community is dependent on its members for creation and meaning, the community too is suspect to the kind of hybridity and development as the person of Refilwe.

The semen and blood of *Makwerekwere* flows in your Tiragalong and Hillbrow veins. Now you are the talk of the town and the village, and there is no Refentše to add his voice to the few voices of reason who say that disease is just disease. That choice is choice, and no one in particular can be blamed for the spread of AIDS. That Tiragalong should know well enough that its children are no better than others... [italics in original]⁵⁸

Refilwe is of both places, Hillbrow and Tiragalong and later of Oxford and Nigeria. In Refilwe and in Refentše the places that they have made home have become part of how they constitute their identity. Refentše is first a child of Tiragalong, then of Hillbrow. While Refilwe, also a child of Tiragalong, becomes a child of Oxford and then finally both become children of heaven. As I demonstrate later Refentše's identity is shattered when he feels his connection to home is lost, yet what is relevant currently is that the semen and blood, that has infected Refilwe with HIV is the blood and semen of her Nigerian boyfriend, a *Makwerekwere*. Refilwe is infused with the places she has travelled to and people she has met. Thus once again the boundaries erected to protect the integrity of the individual and the community crumble, and those considered to be outsiders, considered to be the immoral element are shown to be no different than the righteous people of Tiragalong. In the same way, no foreigner can be blamed for the spread of HIV/AIDS because it is the children of Tiragalong, and of Hillbrow who traffic the disease with their movements.

Therefore, as Mpe nullifies the differences created by the people of Tiragalong, the „Welcome' of his title no longer seems ironic, but rather hopeful. The meta-narrative of Mpe's text lives up to the warmth of the title's „Welcome' and yet it is a hope and not something fully realised. This is made apparent in the final chapter of the novel where the only honest and open community is created through narrative. What *Welcome to Our Hillbrow* seeks to demonstrate is that the boundaries so

⁵⁸ Ibid, 123.

carefully constructed by the community, through stories and gossip are a fiction, and are as permeable as the spaces that they inhabit. And further, that like the boundaries of the community, the boundaries of identity are also open and changing and as I argue stories also have a large part to play in the formation of identity and community.

Storytelling: Constituting self and community

The constructive value of stories is that they can be internal and external; told by others and internalised by the individual as in the case of Refentše or told by the individual and embraced by the community as in the case of Beauty. Kearney explains that, „You interpret where you are now in terms of where you have come from and where you are going to. And so doing you give a sense of yourself as a *narrative* identity that perdures and coheres over a lifetime [italics in original].”⁵⁹ The individual then understands his or her place in the world and in themselves through the story of how they came to be there. The individual locates him or herself in the historical continuum of their community and family, a history which is told and understood through narratives, either in the form of myths or stories. These stories mediate the individual’s experience of themselves and aids in the formation of their identity. This is seen clearly in Refentše and in the stories of his life that are constructed outside of himself and which he then internalises.

Refilwe rewrote large chunks of the story that Tiragalong had constructed about you, which was that you committed suicide because your mother had bewitched you. In an attempt to drive your heart from the Johannesburg woman, Tiragalong had said, your mother had used medicines that were too strong. They destroyed your brain. Twisted its thinking and made you see life as a hideous monster clawing you to death, trying to get a grip on your heart. Tiragalong’s story was constructed when your mother slipped and fell into your grave on that hot Saturday morning of your burial... So the Comrades of Tiragalong, in order to cleanse the village, had necklaced your mother to death.⁶⁰

This passage exposes the malleability of stories to fit the needs of its audience and its creator. We are informed that the story being told is not told by Refentše, but by Refilwe who is reworking the story that Tiragalong constructed. The story is third hand at best and yet it is told as if it were law. The story is retold in this way because the community needs to be cleansed. The general wellbeing of the community is maintained by its members and as I have argued this is accomplished through the erecting of particular social and moral boundaries. Refentše has transgressed a moral boundary of the community. In taking his own life, Refentše has transgressed the basic power structures of life and

⁵⁹ Kearney, 4.

⁶⁰ Mpe, *Welcome to Our Hillbrow*, 42-43.

death which are upheld by the community. Just as a murderer would be punished for killing another, Refentše's action forcefully removes a being from the community. Unable to punish Refentše, the story of his mother bewitching him is only constructed after she falls into his grave. This action, caused by a misstep is taken as a sign of witchcraft and in an attempt to cleanse the community, they necklace her. The community of Tiragalong are trying to protect themselves, to remove those who are seen to transgress the moral boundaries of the community and one way in which this is done is through accusations of witchcraft. Thus the particular story that the community has created about Refentše and his mother is a means of purification and catharsis. Kearney proposes that catharsis „is a matter of acknowledging painful truths... is a matter of recognition, not remedy.”⁶¹ Thus while the necklacing of Refentše's mother is meant as an act of cleansing, the pollutant is not easily separated from community. The immediate danger to the integrity of the community may have been removed and a certain sense of catharsis achieved, it is the stories and gossip which the community itself spreads which are so dangerous to its members.

A further aspect of stories and storytelling, which makes their malleability so treacherous, is their mobility. As the villagers of Tiragalong travel to and from Johannesburg they carry their stories with them, and not just their stories but other people's stories as well so that the stories once removed from the protagonist take on a life of their own, and as we have just seen, the consequences can be terrible. It is perhaps disconcerting to note that the entire text is not told by Refentše but by an anonymous narrator, so that the gestures of malleability and mobility are repeated in the text itself. Speaking for Refentše, the narrator explains thus,

You are fascinated by the stories of your home boys and girls, talking about your suicide as if no thought had gone into it, their stories moving with ease to and from Tiragalong and Hillbrow and all the other corners of the Gauteng Province where fellow villagers are to be found. It was minibus taxis and migrants' cars that transported the news... And credit must be given, too, to the villagers' abilities to imagine well beyond the known and the possible, in order to embellish the story of your suicide.⁶²

The role of storytelling then, is not only to form an individual narrative but also a communal narrative. The difficulty becomes what to include and exclude from a communal narrative. What Mpe demonstrates is that the same methods of protection used to keep people in or out, are also used in the transmission and use of stories.

⁶¹ Kearney, 142.

⁶² Mpe, *Welcome to Our Hillbrow*, 30- 31.

As stories moderate and reveal experience, it is apparent that the stories of Tiragalong and Hillbrow and therefore of Refentše and Refilwe are altered by the presence and experience of HIV/AIDS. Stories filled with hatred and blame have found rich fodder in a disease with such complex social manifestations. Thus HIV/AIDS is utilised in the stories created by the community as a barrier, as a boundary against the evils of the outside world. What Mpe shows so successfully is that the stories do not simply ward off the unwanted, as barriers they also expel family and friends creating unforeseen exclusions. And that it is these barriers that do the most harm, leaving Refentše no other community than the community of Heaven, a loss repeated in his mother and in Lerato. Once they are all in Heaven, looking down on the mistakes of the living, the walls so carefully constructed seem destructive and futile. While the loss of community is explicitly presented through Refentše, it is in Refilwe that the reader is given a firsthand account of being HIV-positive.

Refilwe is told at the end of the novel that she is HIV-positive, and has been for almost a decade. The same is true of her Nigerian partner, though the duration of infection is not stated. When Refilwe returns to Tiragalong, very ill, her family supports and takes care of her. The rest of the community of Tiragalong, however blame her *Makwerekwere* boyfriend and her promiscuity for her infection, choosing to distance themselves from her and her disease. And yet Refilwe's illness and her openness about it perhaps create a fraction of doubt in the minds of Tiragalong members who believe that HIV/AIDS has not yet touched their children. „They were going to see AIDS incarnated. They did not realise that several of the people they had buried in the past two years were victims of AIDS. It was easy to be ignorant of this, because this disease lent itself to lies.”⁶³ Thus Refilwe, as „AIDS incarnated’ is slowly pushed out of the community, a reality which is echoed in the fiction of Refentše's story about an HIV-positive woman.

Her first resolution was to stop going home, to Tiragalong, where the wagging tongues did their best to hasten her death. But then she discovered, like you did, Refentše, that a conscious decision to desert home is a difficult one to sustain. Because home always travels with you, with your consciousness as its vehicle.⁶⁴

Refentše, the woman of his story and Refilwe are all joined by their experience of loss, a loss caused by their dislocation from their community, from their home. Ubuntu shows that the relation of the self to the community is vital for self understanding as it enables the self to be placed in the narrative continuum of the community. Thus the dislocation of the self from the community is not only violent but traumatic as well. So that when Refentše and Refilwe are distanced from their communities, this

⁶³ Ibid, 121.

⁶⁴ Ibid, 55.

loss is not a loss of place, it is a loss of identity and identification. This is presented clearly in Refentše,

The first sign of your growing loss of control occurred after you went home one weekend to Tiragalong. You soon returned, having been told by your mother that you must leave Lerato – leave her, or you were no longer her son. The shocking precision of her words and the determination in her voice had drawn your heart away from Tiragalong. You discovered, on arriving in Hillbrow, that to be drawn away from Tiragalong also went hand-in-hand with a loss of interest in Hillbrow. Because Tiragalong was in Hillbrow. You always took Tiragalong with you in your consciousness whenever you came to Hillbrow or any other place. In the same way, you carried Hillbrow with you always.⁶⁵

As the novel progresses there is a continual conflation of place, to such a degree that the distinctions between places collapse and what remains are the people who travel between them and the consciousness that they carry with them. Once the spatial boundaries are collapsed, what remains for Refentše are his connections to people. His memories and spatial identity are bound up in Tiragalong as a place but his identity as an individual is bound up in the people of Tiragalong and particularly his mother and Lerato. Thus it becomes clear that what determines Refentše's connection to home is his connection to the community through his mother, and when this is taken away from him all the other connections fade away too. Refentše's loss of interest in Tiragalong and Hillbrow, also draw him away from Lerato. Without the foundation that his identification with the community provided, Refentše has lost his way.

Enacted through the characters of Refentše and Refilwe, the text of *Welcome to Our Hillbrow*, traces the dissolution of spatial boundaries, of communities and of identities, and yet there is one location which remains intact. In Heaven those who have peopled Refentše's universe meet, but they meet freed from their earthly prejudices, aware now of all the damage they have caused. Like omniscient narrators they are able to watch the folly of their loved ones below, able to narrate and comment but never to act. But perhaps it is this limitation which enforces the newly earned knowledge they have acquired. Able to see the wrong they have committed and those still being committed, Refentše's mother and Lerato exist simply as people, kind and generous to one another. The humanity of each individual is expected and celebrated in Heaven. Removed from the prejudices and hatred the people of Heaven are now bound by their humanity, not by cracked and failing walls. And thus it is in Heaven, finally that a community is constituted by common humanity, kindness and patience. Removed from the weight of daily life, Heaven is able to exist in an idealised form. It is in Heaven

⁶⁵ Ibid, 48-49.

finally, that the possibilities of Ubuntu find expression. As the characters of Mpe's story recognise that it is in each other that they are able to find identification and a welcoming community. However, even the community of Heaven, the narrator reminds us, is constituted, at least in part by stories.

You would chat with them about the continuation of life. You would share with each other your understanding of what the reality of Heaven is; that what makes it accessible, is that it exists in the imagination of those who commemorate our worldly life. Who, through the stories that they tell of us, continue to celebrate or condemn our existence even after we have passed on from this Earth.

Heaven is the world of our continuing existence, located in the memory and consciousness of those who live with us and after us. It is the archive that those we left behind keep visiting and revisiting; digging this out, suppressing or burying that. Continually reconfiguring the stories of our lives, as if they alone hold the real and true version.⁶⁶

Heaven is constituted by boundaries less permeable than those of Hillbrow or Tiragalong, as they can only be crossed in death. However its inhabitants are still subject to the stories told and retold in varying permutations. Like in life though, those about whom the stories are told have no control over the telling. Refilwe too joins this community removed from her diseased body, still bound by the stories of others but freed from their consequences. For her, Heaven is a space without stigma, ridicule or fear.

While Mpe's characters are only able to find the promise of Ubuntu in Heaven, Magona's characters try to create it in the domain of the living. At the funeral of the second of the Sonti twins, the family takes it upon themselves to educate the rest of the community. In contrast to the subdued funeral of the first twin, this funeral is frenetic with activity, „Every breast sported a red ribbon. The Sonti family was on a mission. United, they were not only openly declaring the cause of Lungile's death, they were seizing the chance to educate the community.'⁶⁷ Unlike the community of Tiragalong, the community of Magona's imagining is proactive in its attempt to spread awareness about HIV/AIDS and stop stigma. At Lungile's funeral a respected member of the community Mrs Mazwi gives a compelling speech about HIV/AIDS in their community:

“This is how it is going to be with Aids. Very soon, all our families will have at least one person infected with HIV. One, if we are lucky. What has happened to the Sonti family will happen to many others. The same way a family may have two or three or more daughters who

⁶⁶ Ibid, 123-124.

⁶⁷ Magona, 83.

become mothers before they are married, or sons who become fathers before they are married, so it will be with Aids. Our families will all be infected, in exactly that way!”...

Mrs Mazwi raised a hand in salute, like the anti-apartheid leaders of old. “Let us fight back! Don’t let the busy-tongued gossip stop you from testing! Don’t let him stop you from getting the medicine you need! There is no stigma to fighting to stay alive. There is no stigma to illness. If you’re ill, you’re ill, not dirty! The stigma belongs to those who gossip!”⁶⁸

Mrs Mazwi’s speech is both a critique against the community gathered at the funeral and an injunction to it, much like the text of the novel itself. Like the story of the novel, her speech attempts to call into being a community which will rise to the challenges she presents. Thus her critique is aimed at the silence and lack of action on the part of the community, for while they choose not to see or act young people are dying. Her injunction then is to disrupt the silence and inaction that have determined the community’s response to HIV/AIDS. Mrs Mazwi calls upon a common but unspoken experience shared by the majority of those gathered, and in so doing she opens the topic up for public discussion. The frankness of her speech is in stark contrast to Gabula’s interaction with Cordelia. When Gabula speaks, he is unsure of himself, and yet when Mrs Mazwi speaks, the frankness and honesty of her speech counteracts such ignorance. In speaking of HIV/AIDS as she does, she exposes a topic which is whispered and gossiped about but rarely spoken about publically. Mrs Mazwi’s speech is an attempt to lift the social taboo around HIV/AIDS; she is trying to bring the discussion into the public domain.

Mrs Mazwi’s speech strengthens the FFF’s resolve. Witnessing the events of the funeral, the FFF realise that they are not alone in having had a friend die from AIDS. They further realise that they are not the only women conscious of the risk to their lives. The community drawn into being by the inclusions of Mrs Mazwi speech resonate with the FFF. And the community they create for themselves as a result of Beauty’s death is similar to that instigated by Mrs Mawzi. In both cases what is shaped is a community founded on a shared experience and a common desire for action. These fledgling communities are unstable and though they may be formed from positive intentions the means they employ may be no different from that of the Tiragalong community. *Beauty’s Gift* does not allow the reader access to such information in the same way as *Welcome to Our Hillbrow*, and thus the infant communities remain hopeful, a gesture Mpe continually withholds.

The community represented by Mpe, is long established but riddled with problems, as I have demonstrated, but what of the community brought into being by the persistent repetition of ‘our’ and ‘we’ throughout the novel? Clarkson explains:

⁶⁸ Ibid, 85.

„We’ and „Our’ cannot refer to a void, a total absence of commonality. Instead, these pronouns obliquely, but inevitably, call up expectations of a community – but then again, this community, in an ideal, or even in a positively viable sense, never seems to have taken place. Thus „we’ and „our’ gain an elegiac resonance, and the relationships (to places and to people) that they simultaneously evoke and erase, become an indelible part of consciousness... By the end of the novel, the „community’ of Tiragalong seems barely any more viable than that of Hillbrow, but in a poignant sense, Mpe offers us a fleeting glimpse of what a functional community might be like.⁶⁹

Our first experience of the expectation of community is in the title, *Welcome to Our Hillbrow*, in which the reader is made to suppose through the use of „our’ some sense of belonging, either spatial or communal. We are made to register the possibility of community and possession, the possibility of belonging and identification before it is undermined. For as the title evokes notions of community, so too does the text reveal the reader’s failed assumptions. „We’ and „our’ must refer to something – this is the expectation – but what it refers to is not the empowered community of Magona’s text, but rather a community which is unceasingly undermined from within. The instability of the anticipated community is echoed in the instability of place. As Hillbrow, Tiragalong and Oxford collapse into one another the boundaries which once insulated the community and the individual also crumble. The foundations upon which these structures have been built are eroded by the migration of people and the stories they tell. It is only in Heaven that all this falls away and the possibility of a viable community is created. HIV/AIDS is not the cause of the dissolution of the community; it is merely one of the many cracks created by the intolerance and fear of the Tiragalong community. If anything, HIV/AIDS is used as a weapon against those who transgress the communal boundaries, so vigorously erected. The community is thus mobilised into gestures of exclusion, which is where the community ultimately fails.

In *Beauty’s Gift* however, the community is mobilised in a positive direction. An attempt is made to expand the boundaries of the community to include those who are HIV-positive and try to put an end to stigma so that being HIV-positive does not necessarily mean transgressing the moral boundaries of the community. It is only in Mpe’s Heaven however, that at the very least the possibility of a viable, flourishing community is allowed. Consequently the distancing of the individual, shown so devastatingly in *Refentšhe*, need not be the case. As I have argued, if the community is feasible, so too is the relation of the individual to it, permitting the kind of symbiotic relationship that Ubuntu requires and is expressed in Nancy’s „being-in-common’. In this chapter I have demonstrated the power of

⁶⁹ Carrol Clarkson, „Locating Identity in Phaswane Mpe’s *Welcome to Our Hillbrow*.” *Third World Quarterly* 26, no. 3 (2005): 455.

stories to both strengthen and cripple a community; facilitating identification or alienation of the self. Further stories and the people who tell them are able to erect or erode boundaries, a danger that Mpe and Magona seem to agree on. The exclusion and alienation which enforce boundaries have negative consequences for the FFF, Refentše and Refilwe. And while Magona leaves some intact, Mpe shows that even the boundary between Heaven and earth is permeable.

The last boundary or perhaps the first which Mpe brings into question is that between non-fiction and fiction. In the epigraph to *Welcome to Our Hillbrow* W E B du Bois states, „Reader, be assured this narrative is no fiction.”⁷⁰ Through this epigraph the reader is made to question which parts of the narrative are fictitious and which are not. Perhaps Mpe was speaking self-reflexively, for like Refentše, he too suffered depression and although the cause of his death is unknown, as I have mentioned, it is commonly thought that he died of AIDS related illnesses.⁷¹ Mpe’s own words appear prophetic. „He died, poor chap; of what precisely, no one knew. But strange illness courted in Hillbrow, as Tiragalong knew only too well, could only translate into AIDS.”⁷² The similarities between Mpe’s life and that of his characters indicate that there are elements of non-fiction in the text. Thus Mpe seems to indicate that even the boundaries created for literature are limited and porous, a contention taken up in the following chapter with Steinberg’s non-fiction novel, *Three-Letter-Plague*.

⁷⁰ Mpe, *Welcome to Our Hillbrow*, epigraph.

⁷¹ McGregor.

⁷² Mpe, *Welcome to Our Hillbrow*, 3.

Chapter Four:

Emerging Communities and Identification of the Self in Steinberg's *Three-Letter Plague*

Emerging from the discussion of the previous chapter which trace the formation and collapse of two fictional communities in the novels *Welcome to Our Hillbrow* and *Beauty's Gift*, I take as the concern of this chapter not the formation of community as such, but rather the relationship of the self to the community and the effect this has not only on the self but also on the community. I argue that the presence of HIV/AIDS in this formulation has implications for the self and for the community. One of which is the emergence of a new HIV community, which comes about as a reaction to the original community's response to HIV-positive persons. The community and its members which will enable this discussion are found in Steinberg's non-fiction novel *Three-Letter Plague*.

Unlike the previous novels, Steinberg's text is a work of reportage, not fiction. It takes the form of the novel in its structure and limited character development. However by encompassing both the elements of reportage and those of the novel, a possible category for this work is that of the non-fiction novel. While the main element of the non-fiction novel is that it is a reported work, Steinberg's own interpretation of events (and the development of his understanding and Sizwe's) makes this a rich and interesting text. Steinberg uses fictional names for the main character, Sizwe and the village, Ithanga to protect the identity of real people involved. *Three-Letter Plague* is a narrative of Steinberg's experiences in Lusikisiki, a rural area in the Eastern Cape, one of the poorest areas in South Africa and also one of the areas with the highest prevalence rates of HIV/AIDS in the country. Steinberg's experiences related in the non-fiction novel, though particular to the communities represented in the text do represent similar experiences in communities elsewhere in South Africa and beyond. The focus of this chapter however is limited to the community of Steinberg's text.

Steinberg is a well known journalist and writer, and though *Three-Letter Plague* is non-fiction it is still open to critical analysis as a novel since Steinberg chooses to present his experiences in narrative form. In addition what we, the readers are privy to in this novel is Steinberg's interpretation of events. Because, for Steinberg this novel is an exploration of Sizwe's decision not to test for HIV/AIDS and the motivation for this, based in fear, shame and the possibility of losing his place in the world he has created for himself within his community. Steinberg's creative engagement with his experiences and Sizwe's, appeal to the readers' sensibilities. By using pathos, the reader is drawn further into the text and into the interplay between self and community.

Through this exploration, and particularly through Steinberg and Sizwe, the reader is given access to many interactions between the self and community and the kind of fear that can potentially distance

the individual from their communities. The focus is not only on Sizwe but also on Kate Marrandi, known to her community as MaMarrandi. Through these two characters the reader is able to glean two very different approaches to HIV/AIDS and to the communities themselves.

When Steinberg arrives in Lusikisiki he meets Sizwe who agrees to become his guide and translator. As Sizwe accompanies Steinberg on his various investigations and interviews around the area Sizwe begins to express his own feelings about HIV/AIDS and his community, a process which is described in the text. MaMarrandi is a woman they meet in one of Steinberg's interviews. She lives in another Lusikisiki village called Nomvalo and has taken it upon herself to become an HIV counsellor and support group organiser in her village. Her remarkable relation to her community and her establishment of an HIV community will be discussed in greater detail.

This chapter is focused on the particular relation of the self to the community. As Nancy argues, „*Being singular plural* means the essence of Being is only as coessence. In turn, coessence, or *being-with* (being-with-many), designates the essence of the *co-*, or even more so, the *co-* (the cum) itself in the position or guise of an essence.⁷³ The self, the being, does not exist alone – the self is brought into existence by the plural, by its interaction with the community. This Nancy designates through the repetition of *co-*. For *co-* represents the co-being or being-together which constitutes the self and therefore the community. We are made to understand therefore that a self cannot exist alone, a self is the sum of many parts, initiated by the *co-* of coessence. Thus the characters of Steinberg's text cannot be conceived of in isolation. Instead they must be seen in relation to other beings in the community of the text. Sizwe and MaMarrandi will demonstrate this, as their identities are intricately bound to their communities and their participation within those communities.

HIV/AIDS, Stigma and Witchcraft

Steinberg frames his text as follows: „A story about shame [and] also about privacy, for who wants others to witness their shame? And yet [he says] precisely what privacy means in the midst of an epidemic is far more complicated than I ever imagined.⁷⁴ As part of the community of Ithanga, Sizwe, like others has a degree of privacy but in truth every action, decision and mistake is seen and catalogued by the unforgiving in the community. It is understandable then that Sizwe is reluctant to test for HIV, as his status would soon be common knowledge. Thus as I argue, Sizwe's experience of HIV/AIDS is mediated not only through his own knowledge and fear but more importantly through the knowledge, fear and stigma of his community.

⁷³ Nancy, *Being Singular Plural*, 30.

⁷⁴ Jonny Steinberg, *Three-Letter Plague* (Cape Town: Jonathan Ball Publishers, 2008), 8.

When Sizwe is introduced he is one of the wealthiest men in Ithanga, owning a shop which sells food, beer and other items to his customers. His success has allowed him to expand his business and to save towards his unborn child's education. However it has also brought the watchful eyes of jealous people, who Sizwe feels wish him harm. Sizwe is very aware of this and therefore does his best not to draw any further attention to himself. He feels that if he tested positive for HIV, it would be a powerful weapon in the hands of those who are jealous of his success. Sizwe says, "It would be the end of my business, the end of my future. It would be the same as if my enemies tied me to a chair in front of my shop, and forced me to watch while they took it apart brick by brick, and carried away my merchandise item by item. That is what would happen."⁷⁵ Sizwe believes that if he tested positive the customers who keep his business running would vanish and that those who wish him harm would do what they could to help to ruin him. Whether this is the case or not, Sizwe's belief is grounded in his understanding of the community's perception of HIV/AIDS.

Steinberg recounts one of the first testing days organised by *Médicines Sans Frontières* (MSF),

The following morning, the people of Ithanga awoke to a different village. In the course of a few hours, eight or nine healthy, ordinary-looking villagers, most of them young women, had been marked with death.

Such information is not easily absorbed. In the weeks and months that followed, those who had tested positive were silently separated from the rest of the village. They were watched. Nobody told them that they were being watched. Nobody said to their faces that their status was common knowledge. But everything about them was observed in meticulous detail: whether they coughed, or lost weight, or stayed at home ill; whether they boarded a taxi, and if so, whether that taxi was going to the clinic; above all, with whom they slept. These observations were not generous; they issued from a gallery of silent jeerers.⁷⁶

Médicines Sans Frontières went to Lusikisiki to prove to the government that it was possible to institute an ARV treatment programme in a rural area lacking infrastructure. The programme included counselling and testing as many residents of the area as possible and treating them accordingly. When MSF came to Ithanga, to test the community many came; some to test and others to watch. For those watching, it became clear that anyone who stayed longer than the test requires was having counselling and must therefore be HIV-positive. As a result, private information very soon became public, and what is recounted above is the careful but deliberate removal of those who are assumed to be HIV-positive from the community. Ordinary, healthy-looking people are singled out, and where once they were considered a part of the community, now these people are marked as different. Not by any

⁷⁵ Ibid, 33.

⁷⁶ Ibid, 31.

physical or outward sign but by the moral judgement and fear of the community. From Steinberg's description there seems to be some initial trauma for the community in realising that its members are ill, but this changes into a methodical and almost silent exclusion of those members. Communal knowledge of their status is kept from those infected, as is the constant watching and judging. Thus, these newly diagnosed people, ill but not appearing to be and permitted only the façade of privacy are forced to inhabit a liminal space, not only medically but socially.

They are forced into this liminal space by stories in the form of gossip which are spread through the community. These stories create a narrative of disease in which those who are infected present a threat to the community and its members. Thus like the stories told by the Tiragalong community, the gossip about Ithanga community members who are assumed to be HIV-positive has a negative effect on their place in the community. They are ostracised and pushed to the margins of the community, as once again stories become a means of exclusion and blame. Robins asserts that this distancing is part of a psychological process HIV-positive people might undergo.

Using Turner's ritual process, Robins offers a possible trajectory that an HIV-positive person might follow once they know their status.⁷⁷ This is a threefold process; firstly there is a ritual separation from the community where the individual becomes ill. This is followed by a period during which treatment is sought and third where the individual is reincorporated into their original community or into an HIV community.⁷⁸ The trajectory of this process is not absolute, and the experience of individuals may differ, but what Robins offers is a way of understanding the possible path an HIV-positive individual might follow in coming back from death to affirm life, self and community. This trajectory can be seen in Steinberg's text, as the initial phase of separation and exclusion is demonstrated many times in the text. One such example is when a girl returns home from Durban,

⁷⁷ Steve Robins, "From "Rights" to "Rituals": AIDS Activism in South Africa." *American Anthropology* 108, no. 2 (2006).

⁷⁸ During the first phase the individual becomes sick, either with opportunistic infections or full-blown AIDS. The community interprets the illness as a sign of witchcraft or simply of terrible illness, this often results in the withdrawal of the person from the community, voluntarily or otherwise. Individuals with full-blown AIDS are often thought of as the „walking dead', on the brink of death and therefore beyond help or attention. This leads to the second phase where the sick individual will seek out treatment and depending on their CD4 count will begin ARV treatment or treatment for opportunistic infections. An integral part of treatment is counselling and support groups, particularly as this phase is defined by the individual's liminality, as the future of their health is as unknown as is their place in the community. Recruitment into TAC support groups is also of vital importance during this time, offering a supportive community in which the potentially recovering individual is able to find comfort and belonging. The third and final phase of this ritual process is reincorporation where the individual begins to get well, mentally and physically; the CD4 count increases, the person picks up weight and no longer looks as if they are dying, in short the person becomes a person again, not an isolated leper. This period of reincorporation marks the return of dignity and personhood and is often offset by a life-affirming HIV-positive outlook in which they now begin a „new' life.

“I remember a girl from Durban. The people in Durban put her on a bus to Nomvalo. When she arrived at Nomvalo station, the people were told they must not touch this girl: she has AIDS. Once you touch someone with AIDS, it is transmitted to you. So they did not touch her. They used blankets to hold her, as if she was a corpse, but she was still alive. They put her in a wheelbarrow and took her home.”⁷⁹

The girl, unwanted by her community in Durban is sent back to her family, who is expected to take care of her. We are not told how her status is known, merely that she is very ill. When she arrives in Nomvalo, people are scared to touch her, she is held as if she were a corpse. Unlike a clinical situation where gloves are worn to prevent contact with bodily fluids, here it is merely contact with the girl's body which is feared. Thus the girl is excluded from her own community and the community which she has been sent to. What seems to pardon this behaviour is the perception that she is so close to death that it does not matter how she is treated. Because this girl looks like she is about to die, they treat her as such and even carry her in a wheelbarrow as if she were dirt or cargo. According to Hermann, the doctor running MSF in Lusikisiki, this is one of the main causes of stigma. For as the family sees the person get sicker and thinner and soiling themselves, they cannot help but think that this person is dead anyway so why waste their time.⁸⁰ Removing the girl from her community and treating her as though she were already dead also creates a social death before the physical death. The result is that the sick person is no longer a person able to fully participate in the community and is thus reduced to a body without dignity or hope. Hence the sick girl is separated from her community so that the boundaries that keep the community protected can remain intact.

This is but one instance of stigma. Though stigma is external to the self, enacted by others it is felt by the individual. Shame on the other hand, which feeds stigma is the internalised moral strictures of the community. Steinberg explains, „At its (shame) root lie myriad watching, judging eyes that look at one and see a disgusting and gluttonous figure. They are the eyes of others, but one has internalised them. They are stranger's eyes whose watchfulness is nonetheless experienced in secret on the inside.”⁸¹ The internalisation of stigma creates shame, and this shame is based on feeling as if you have been disgustingly and grotesquely greedy,⁸² and that you are also contaminated. Thinking oneself to be greedy is entrenched in the idea that one has had more than what they ought, and that perhaps someone has been the victim of their greed. In the language of stigma about HIV/AIDS to be greedy is to have had too much sex, to have behaved in a way that put one at risk of infection.

⁷⁹ Steinberg, 140-141.

⁸⁰ Ibid, 265.

⁸¹ Ibid, 293.

⁸² Ibid, 294.

While greed is constructed around the moral biases of the community, the feeling of contamination however, is internal. Edwin Cameron, a high-court judge openly living with AIDS explains to Steinberg why he felt contaminated.

He had not known, he said, that in the eleven-year period between testing positive for HIV and starting antiretroviral treatment he had all the while felt that his blood was contaminated; that the contamination was at once moral and physical, a self-reproach that ran through his bodily fluids. “I only began to understand these things,” Cameron told me, “when I realised that the drugs were working. Once the viral activity had been stopped in my body, I stopped feeling contaminated.”⁸³

For Cameron, in hindsight the contamination he felt was fuelled by the virus multiplying in his blood, a process he was not even aware of at the time. And yet the shame and contamination were enabled because he felt a connection between the virus and some moral and physical deficiency. The shame and stigma of being gay is internalised as much as the shame and stigma of being infected. The implicit connection made by Cameron between moral and physical contamination demonstrates the internalisation of shame, mentioned above. This passed though for Cameron, as his body began to fight back and the viral count in his body lowered – as his physical health improved, and his outward signs of health so did his perceived moral health. Cameron, self-aware and self-reflective articulates what it means to be ill and to feel as if you have somehow brought it on yourself. This, once again is internalised shame but what Cameron seems to suggest through his own choice is that disclosure and treatment will help in reducing it. Cameron outlines his own experience of being HIV-positive in his memoir *Witness to AIDS*.⁸⁴

Sizwe too feels contaminated by illness. He is afflicted with serious stomach pain, which may or may not be as a result of AIDS. Sizwe accepts the possibility that he may be HIV-positive but still refuses to test because he feels that testing positive would be the end of his life. For Sizwe his contamination is physical and social. Socially, he believes his illness to be sent to him by jealous members of the community using witchcraft. Thus Sizwe is threatened from within his own body and from without as social jealousy can also bring him harm. Sizwe’s fear of witchcraft causing his illness is part and parcel of a traditional belief system which also grants witchcraft the power to inflict and cure HIV/AIDS. This is however part of a larger social project to understand HIV/AIDS in terms that the communities of Nomvalo and Ithanga are familiar with.

⁸³Ibid, 301.

⁸⁴ Edwin Cameron, *Witness to AIDS* (Cape Town: Tafelberg Publishers, 2005).

Isak Niehaus argues that the discourse of witchcraft in South Africa is mediated through a discourse of sexuality.⁸⁵ Witchcraft, Niehaus, shows is a manifestation of social and communal strife which is expressed in various forms of witchcraft. Thus taking into account the harmful effect HIV/AIDS has had on South African communities it is reasonable that it should become fodder for the discourse of witchcraft. Ashforth discusses the parallels between the language of witchcraft and that of HIV/AIDS.

The language of viruses attacking the immune system parallels the common talk of witchcraft as an attack, as does the fact that the victim of the virus, as the victim of the witch, is said to be in a constant struggle against the invisible forces depleting his or her life. Moreover, witches are particularly keen on attacking the generative capacities of family and lineage, so an affliction that specialises in fertile victims and is passed through sexual contact is tailor made for their craft.⁸⁶

This has important implications for the discussions that arise in the novel which draw a connection between HIV/AIDS and witchcraft. This connection is made, as Ashforth says through sex and its role in the community. Contestations over the role of sex in the community revolve around controlling the meaning of sex – its meaning in the community, to the individual and to witchcraft. With the influence of HIV/AIDS, Steinberg describes how issues of greed, sex and shame are combined in understandings of witchcraft in the text. He states,

It takes many months before it sinks into my head that those who speak of the shame of the HIV-positive are a hair's breadth from speaking of the shame of witches. Like the witch, the HIV-positive woman has a sexual appetite, and, again like the witch, her sexual appetite is murderous. As much as people try to strip AIDS of evil by giving it a strictly biomedical explanation, it nonetheless remains lodged in an old and poisonous well of fear, of suspicion, and of misogyny.⁸⁷

In Ithanga the shame of being a witch is tantamount to the shame of being HIV-positive. Because what the witch and the HIV-positive person have in common is that they have transgressed the moral boundaries of the community. The boundaries that have been crossed are those of communal morality and expectation. Like the fictional community of Tiragalong, such boundaries are created in order to protect its members from the outside world. Further such boundaries, as Mpe demonstrates are also erected to locate blame and danger outside of the borders of the community. Within these borders

⁸⁵ Isak Niehaus, "Perversion of Power: Witchcraft and the Sexuality of Evil in the South African Lowveld." *Journal of Religious Studies in Africa* 32, no. 3 (2002).

⁸⁶ Adam Ashforth, "An Epidemic of Witchcraft? The Implications of AIDS for the Post-Apartheid State." *African Studies* 61, no. 1 (2002): 133.

⁸⁷ Steinberg, 133.

witchcraft is an evil which exists at the margins of the community. It is employed by the community as a means of formulating and categorising transgressions.

Under patriarchy, women are not meant to have a large sexual appetite, as it is seen to challenge the dominance of men. Similarly violence or murder destabilise the foundation of a community where one person's selfhood is tied to the next. Thus like witchcraft which is seen to transgress certain communal boundaries so too does HIV/AIDS. In both cases the transgression is felt by the individual but also by the community. What is contested is who has the power to create meaning around the disease. When asked what witchcraft has to do with HIV/AIDS and ARVs an anonymous woman at a support meeting tells Steinberg that, "They are saying that there are two ways to get AIDS. One is through sex. The other is through people, people who hate you. They say that with this much AIDS, it can't just be sex... They say people have learned to make AIDS." When asked how you get this kind of AIDS the woman answers, "While you are sleeping, their demons come holding a syringe and inject you. You are sleeping deeply. You do not even know it has happened."⁸⁸

Whether this power is given to witchcraft or it is asserted is unknown, what is evinced in this exchange is that witchcraft has taken on the power to inflict an incurable disease. The result is that the sheer scale of infection of HIV/AIDS is brought into an explanation that this community is able to comprehend. Within this understanding witchcraft has become more powerful, stepping outside of the confines of traditional medicine to create a collage of medical terminology where HIV/AIDS is created by a witch, and injected through a needle carried by a demon. A further source of HIV/AIDS revealed in this meeting is that of a *Makwerekwere* sangoma who uses parts of a baby's body to manufacture HIV/AIDS. These ideas are not shared by all the women in the group. However there is a very thin line separating medical explanations about HIV/AIDS and communal attempts to make sense of the disease.

Significantly the manufacture of HIV/AIDS is done by those either outside of the community or on the boundary in the case of witches and sangomas. The problem is however, that accusations of witchcraft are mediated by social agendas and are therefore part of the inner workings of the community's defence of its boundaries. It is the individual that must bear the consequence of such a communal punishment. Thus the correlation between perceptions of witchcraft and HIV/AIDS is grounded in the threat that they bring to the community. But at this point, Nancy would argue that the community is becoming totalitarian; a place where no difference is allowed or acknowledged. He states that it is 'being-in-common which makes possible being-separate',⁸⁹ thus it is what we share that enables us to identify difference. This difference is necessary to the positive functioning of the

⁸⁸ Ibid, 189-190.

⁸⁹ Nancy, *The Inoperative Community*, xxxvii.

community but in a totalitarian situation the difference falls away and being-in-common is reduced to being-common. As I argue it is the relational aspect of being which constitutes a community and if those who are different are removed, then there will be no relation, only sameness.

Thus while witches are removed to the margins of the community, as are the HIV-positive, witchcraft remains a vital part of the workings of the community. As they distance those who are different, the community itself suffers. Because the relation between selves is the basis of community, any interruption is a possible risk. Organisations like MFS and TAC have endeavoured to create awareness about HIV/AIDS in Lusikisiki so that HIV-positive people can be reintegrated into their own communities and if this is not possible then they are brought into an HIV community. However popular understandings of the power of witchcraft are very dangerous to this project as they draw HIV/AIDS back into the unknown, into the mysterious and secretive.

The influence of witchcraft on HIV/AIDS is not resolved in the text. Rather Steinberg explains that a wall of science has been erected around HIV/AIDS by TAC and MSF in an attempt to protect it from the discourse of witchcraft.⁹⁰ This is necessary because the discourse of treatment and salvation offered by TAC and MSF is vulnerable, as are the treatment communities they have helped to create. For as HIV/AIDS and witchcraft are transgressive in their very nature, policing these boundaries is made all the more difficult. As Steinberg states, „It is surely the sex itself, the surfeit of sex that has spilled over the boundaries of orderly categories. As if corrupt human practices are quite literally diseased.⁹¹

Changing Definitions, New Communities and Their Limitations

In order to overcome the limitations of stigma and witchcraft and develop their treatment and support groups, TAC together with MSF have embarked on a project not only to treat people with HIV/AIDS but also to change the definition and meaning of HIV/AIDS in the Lusikisiki area, by creating a discourse of HIV/AIDS initiated by TAC, MSF and support groups.

A person suffering from shingles – a common opportunistic infection triggered by immune-deficiency – was said to have had a witch’s snake crawl over her skin while she slept. It was only much later, when people with shingles went to the clinics and the nurses diagnosed their condition as an AIDS-related infection and treated them successfully, that the definition of AIDS in Ithanga began to expand.⁹²

⁹⁰ Steinberg, 131.

⁹¹ Ibid, 198.

⁹² Ibid, 29.

Previously common illnesses, such as shingles were thought to be the work of witches and therefore imbued with the kind of social significance, discussed above. However through TAC and MSF the community learns to associate shingles with HIV/AIDS and with the opportunistic infections indicating the deterioration of the immune system. Such a shift is not easily gained and its development begins in the clinics. As those with shingles have been treated and have returned to their communities healed, the community is seeing first-hand the connection between shingles and HIV. Thus the community's definition of HIV/AIDS and illness begins to expand. Knowledge has enabled the change in the community's perception of the connection between HIV/AIDS and illnesses previously thought to be the work of witchcraft. A nurse who attended an MSF seminar explains the change, "When MSF came and gave a seminar. It changed everything. Suddenly, I was looking at something new. Before then, if you knew that a patient in a ward was HIV-positive you had to keep it a secret; it had to be highly confidential. It was dangerous to ask."⁹³ The dissemination of information is central to MFS's agenda. The social implications and stigma associated with HIV/AIDS meant that the nurse was fearful to ask if someone was HIV-positive. Yet, now that MSF has taught the nurses how to deal with the disease and that it is not a death sentence, the fear of negative reception is diminished. In addition, the knowledge the nurse now has is also being spread across the community.

This knowledge is limited however, as it cannot force someone to act. Nor can it immediately change social perceptions that have existed for many years. For instance, Sizwe has made the decision to be faithful to his girlfriend. In his youth he enjoyed the attention of many women but when his friend who shared these adventures died of AIDS, Sizwe rethinks this lifestyle and chooses to be faithful to only one woman. Sizwe's decision is alien to his family and perhaps even to the community. „Sizwe's father and grandfather both had many extra-marital lovers, as was expected of men of their times. His decision to be monogamous was thoroughly modern, and without pedigree in his world."⁹⁴ In this way, Sizwe is making his own choice, a choice not common in his community. Sizwe is called an *isishumane* by some members of the community, a man who is frightened to look at women who are not his girlfriend. In Ithanga, this is a profound insult to a man because a man's virility is closely tied to his sense of self. Simlindile, Sizwe's nemesis presents this attitude vividly, „Three?" Simlindile laughed. "No, man, not just three! I am a playboy. I play without condoms. A playboy does not have three children" He jumped onto his counter and poked his head out, scanning the entire village with his gaze. "My children are everywhere."⁹⁵ The test of Simlindile's manhood is how many children he has fathered and also how many women he has slept with. He proudly announces that he is a playboy and that he does not use condoms. Simlindile, like Sizwe is not the norm in Ithanga, rather they

⁹³ Ibid, 94.

⁹⁴ Ibid, 249.

⁹⁵ Ibid, 67.

present two sides of the community's perception of sex and manhood. A connection fraught with social implications as Hermann, head of MSF in Lusikisiki explains,

On the contrary, Hermann seems to suggest, when there is nothing else to do, when, for instance, one cannot give expression to one's manhood by becoming a household patriarch or careerist, the whole of manhood becomes endowed in sexual performance. It is made to do too much work, it is a source of anxiety.⁹⁶

Hermann's comment does not apply unquestionably to the entire Ithanga community, but what he draws attention to is the complex function of sex within the community and the ramifications for a sexually transmitted disease which erodes the lineages that the community is based on. The contexts to which his remarks refer further challenge the stability of the community's future. In Ithanga where unemployment is high, a man is not able to provide for his family properly. He may not be able to have children and if he does, he may not have anything to pass onto his children, and thus the chain of patriarchy is disrupted. „The corrosiveness of AIDS was expressed in the wasting away, not only of one's body, but of one's lineage, and, thus too, of the lineage of the dead ones who walked this earth in years gone by... Their fate is to fail to procreate as patriarchs do. AIDS represents this failure as a disease.'⁹⁷

The social significance of HIV/AIDS reaches beyond the boundaries of illness, economy and labour to touch the very basis of life: the ability to procreate, to create a new generation that will build upon the legacy of the ancestors. The English translation of Nancy's book *La communauté désœuvrée* is not merely *The Inoperative Community* but the idle community – the community without work or the unemployed community. In attempting to theorise a philosophy of community which depends upon beings appearing together at the same time („compearance')⁹⁸ and therefore being able to share in singularities and identify with a shared vision, Nancy moves away from labour relations as a possible unifier. In doing so Nancy's theory focuses on the relation between selves, a relation which is necessitated only by the possibility of selves being able to procreate, to participate and to contribute to the community. HIV/AIDS undermines this very basic human quality, and in doing so interrupts the self's connection to its community, narrative history and to the trajectory of communal memory and identity. Nancy states,

A community is the presentation to its members of their mortal truth... It is the presentation of the finitude and the irredeemable excess that make up finite being: its death, but also its birth,

⁹⁶ Ibid, 80.

⁹⁷ Ibid, 251-252.

⁹⁸ Nancy, *The Inoperative Community*, 28, 38.

and only the community can present me my birth, and along with it the impossibility of my reliving it, as well as the impossibility of my crossing over into my death.⁹⁹

The community presents to the self its mortality, its finitude. It also gives meaning to the experience of life and death by locating it in a shared experience which has already happened and will continue to happen. The community is witness to the birth and death of the individual and in bearing witness the community becomes part of the individual, part of its narrative progression. But as the community chronicles and witnesses birth and death, the expectation of this process to be repeated as a necessary process of the community is also expressed. This is repeated in Ubuntu, where a relationship to the ancestors is paramount in locating your place in the community. The necessity of a new generation is expressed in the need to participate in the community, which is determined by how one relates to others and also what one brings to the community in terms of lineage. Therefore, for Sizwe and the community of Ithanga, testing HIV-positive is not only about the self but also about the self's relationship to his or her lineage, community and history. In the face of this, programmes like TAC and MSF are all but powerless. There is no way to emulate this kind of patriarchal and communal heritage which is why Sizwe refuses to test, and why he is probably not alone. The choice that Hermann offers is simply not enough for Sizwe, Hermann says,

“Your friend Sizwe, if he goes to test and he tests positive, then yes, people in his community will know, and he will make some enemies. But the friends he makes will be more important than the enemies. The people testing positive develop meaningful relationships, the sort of relationships they have never had. Before, they were sitting around and doing nothing. Now, their lives become meaningful.”¹⁰⁰

The judgement Hermann is making is clear: people who have tested positive now have a purpose in life, a purpose given to them by the support groups of TAC. This implies that these individuals had no purpose before this, which in the case of Sizwe is not true. But Hermann is also very blunt about it; like Robins, he believes that there is a process of coming to terms with infection, one which will end with the individual in a support group or making a difference in the communities of Ithanga or Nomvalo.

One woman who is trying to do this almost single-handedly is Kate Marrandi. She is not HIV-positive, although she tells people she is. Believing that those who are HIV-positive would not feel as comfortable relying on her or sharing their experiences and fears with her if they thought she had not experienced it herself. She has already raised her children and now lives on her own in Nomvalo

⁹⁹ Ibid, 15.

¹⁰⁰ Steinberg, 88.

trying to do the work of an entire institution, getting some support from MSF and TAC. In Nomvalo it seems no one is talking about HIV/AIDS, the local clinic does not treat it, so when people become ill or test positive, the community does not have the means to process this information, except through MaMarrandi,

Every fear that had ever been whispered came out onto the village paths. Demons with their injections, ARVs and their toxins, foreign sangomas and their dead babies: each splinter scratched out its own tale, but all bore the same warning – evil intentions. Nomvalo had awoken to an epidemic of murder... MaMarrandi's task was to gather together the splinters, to clean up the surplus of thoughts and fears, to restore to the virus a simple and coherent meaning. Yet the meaning she gives to AIDS cannot take the form of a well-told story or a crisp definition: it comes alive only through a medical process. A clinic whose nurses accept patients who come to get their blood tested; a doctor who visits weekly; two full-time adherence councillors who shepherd the ill onto treatment – these are the tools that carve out MaMarrandi's definition of AIDS. A long thirty kilometres separated her from these things. She was trying to stand in for an institution.¹⁰¹

Nomvalo bears the same stigmas as Ithanga but here there is not as great an influence of TAC or MSF to cushion the blows or to provide coherent knowledge about the disease. All of this falls to MaMarrandi, and how she is able to help is through a process of tests and treatment which are not in her hands, but in the hands of a struggling and under-staffed health system. So MaMarrandi's definition of HIV/AIDS, dependant on this health system is already limited. However, in the work she does one-on-one, the definition she provides is based in shared experience and support. Additionally, MaMarrandi is attempting to create a discourse of HIV/AIDS in Nomvalo which is based in accurate knowledge about HIV/AIDS. Describing her visit with one of her patients currently on ARVs, Steinberg explains,

He sat down and turned to MaMarrandi and in a long, steady stream began describing the state of his body, beginning with his head and ending with his feet. As he spoke, it became clear that there was nothing in particular to report to her: he was well stocked with drugs, reasonably healthy, and in good spirits. And yet MaMarrandi's visit had been absolutely vital... It was as if describing the state of his body to her were as much a part of the treatment as the drugs themselves.¹⁰²

¹⁰¹ Ibid, 191.

¹⁰² Ibid, 176.

For Leonard, MaMarrandi, and her visits are part of his treatment. By chronicling the various parts of his body to this woman, Leonard is recounting his interaction with his own body and with the disease. In doing so Leonard is able to reassert some control and ownership over his body and therefore also himself. Thanks to MaMarrandi and MSF, Leonard is on ARV treatment – he has passed the phase of separation by moving to this village where he knew he had family to support him. He is now in the second phase of coming into physical and psychological health. For him, this entire process is mediated through MaMarrandi. She fulfils this purpose in her one-on-one visits and also in the support group meetings she holds in her home. Still, her work is not always so well received.

Those who test positive need to be found quickly so that they can be met with support and sympathy not stigma and fear. MaMarrandi has erected her own protective boundaries around her patients and within this boundary questions are asked and answered without judgement, and old and new members help and support each other through the different stages of illness and treatment. MaMarrandi's group constitutes a newly formed community, founded and bound by shared experience and singularity. However, MaMarrandi occupies a complex space; for as she brings these isolated beings into the community, she offers only one, medically based idea of HIV/AIDS and yet she permutes this definition to forbid drinking and smoking, which have not been shown to hinder treatment. Though it may be to her patients overall benefit, MaMarrandi imposes her own meaning onto the disease and its treatment. She provides identity and identification for these vulnerable selves and offers herself as friend, protector and provider of meaning.

I thought also of MaMarrandi herself: she is able to play the role that she does because she has emptied herself of meaning. She is elderly and unimplicated and did not come of age in this village. She has envied no one, competed with no one: she arrived here fully formed. To do her work, she must guard her blankness with vigilance. She must never, for instance, close the door behind her in the home of a man who lives alone.¹⁰³

MaMarrandi is able to perform as she does because she came to Nomvalo as a stranger, able to define herself and her work without the biases of past relationships and impressions. This is what Steinberg alludes to when he says MaMarrandi is „empty of meaning’. It enables her to become the repository for definitions of HIV/AIDS and for her patients’ stories and treatment. MaMarrandi is a special case and the community of HIV-positive people and people on ARVs has emerged largely as a result of her efforts. She is their gravity, the central identifying force of the community, pulling them towards her. The HIV-positive communities which are brought into being by TAC seem to have a different gravity, a kind of treatment mission which underpins the dialogue and driving force of these communities.

¹⁰³ Ibid, 194.

Hermann touched on this when he speaks of Sizwe potentially joining this group, offering a life of purpose where there has been none. The purpose he mentions is helping people come to terms with HIV/AIDS, those infected and affected. What he is presenting is a new way of life, one experienced through an acknowledgment of HIV/AIDS and its effects on the self. But even these communities are split into those who are HIV-positive and those who are on ARV treatment. As head of the MSF in Lusikisiki Hermann is able to witness first-hand, the HIV communities which are created and their new ethos.

He is saying that a mass treatment programme will fail if secrecy and shame predominate, that a medical assault on a plague will only work when animated by the people it serves. 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. As public talk, it is by definition political and ideological: it carves out friends and enemies, it scorns and it praises and it excludes. But it is not a church. It is contradictory and messy and often wildly eccentric, and its content varies from village to village.¹⁰⁴

The recalibration Hermann refers to is a change in how the self orientates and perceives itself. From Ubuntu we come to understand that self is determined by its relation to other selves and so as an HIV-positive person or a person starting ARV treatment begins to orientate themselves, more within the communities of treatment than in their own communities, their very notion of themselves shifts as well. The reorientation is enabled by communication, as people are pushed away or willingly distance themselves from their original community, what offers the possibility of a new community are the shared experiences expressed in dialogue, rather than in statistics or medical jargon.

The relationship between the self and the body then is also mediated through this expression in language. By talking about the change in the self's relation to love, life and work, others are able to orientate themselves together through a sharing of singularities. This is particularly clear in the case of Leonard. Having now reached the third and final stage of Robins's progression, the individual has reached mental and physical wellbeing, allowing them to re-establish their relationship with themselves and with the community, new or old. While reintegration into the original community is possible, the focus here is on the emerging HIV community. Unlike being born into a community an

¹⁰⁴ Ibid, 88-89.

HIV-positive person joining the HIV community experiences a gradual feeling of belonging. This is facilitated through support groups where the individual is made to feel part of a sympathetic group, who also share his or her experience. This is further carried out as a feeling not only of belonging but also of ownership is established – ownership over one’s body, over one’s treatment, over the community itself. For as the self becomes invested in the progress and development of the community, so they become active and fully participating members. Within the notion of community presented by Ubuntu, positive participation in the community determines how one is viewed by others and consequently one’s standing within the community. This is what MaMarrandi and TAC seek to offer their patients and members, a community which they can actively participate in and contribute to. But as a group, the community must also have boundaries, rules of inclusion and exclusion that both identify those who belong and those who do not.

Sizwe calls the members of the HIV community, „treatment missionaries”.¹⁰⁵ He calls them this because of the language they now use to describe their experiences; they have been reborn, given a second chance. Jean Comaroff explains it thus,

AIDS can also authorize strong new associations and visions of the common good. Those who embrace a politics of “positive” identity defy silence and invisibility by becoming emphatic embodiments of the disease... In these contexts, claiming positive identity can be tantamount to a conversion experience: quite literally, a path to salvation, since identification can bring access to medication and material support.¹⁰⁶

Instantiated by this common positive identity is a community built on common need, common fear and shared singularities. It offers a new way of being in the world, founded in an acceptance of illness. At a funeral where the person has openly died of AIDS, the HIV community congregates, as Steinberg describes:

They assemble under the funeral tent and they sing old freedom songs, the lyrics no longer about guerrillas and machine guns, but about blood tests, CD4 counts, ARVs and viral loads. The voices and T-shirts of the singers become the ceremony’s emblem; it is now an AIDS funeral, the one being mourned has died of AIDS: visibly, audibly, undeniably.¹⁰⁷

The assertion of identity embedded in the singing of songs and wearing of T-shirts defies and perhaps even challenges a negative reaction from the original community. It is an insistent demonstration of

¹⁰⁵ Ibid, 88.

¹⁰⁶ Jean Comaroff, “Beyond Bare Life: AIDS, (Bio)Politics, and the Neoliberal Order.” *Public Culture* 19, no. 1 (2007): 203-204.

¹⁰⁷ Steinberg, 203.

the existence of the HIV community: showing up in large numbers, singing in loud voices, as if to say that in this group, in this community there is safety and belonging. Further, the appropriation of songs used during the Apartheid struggle indicates that the HIV community identifies stigma as a form of discrimination which they have chosen to fight against. They are demarcating a new battle ground, a new opponent, against whom they must struggle and in struggling come together as a unified group.

This is however also the limitation of the HIV community, for it cannot and will not embrace everyone. Like the community in the text, all groups have criteria for entry and in this group if you are not HIV-positive you are different. You may be sympathetic to the cause and volunteer, but you will be missing part of the experience of the community which is founded on the back of support groups. To accept one's dependence on life-long treatment, as Hermann has observed, is to reorientate one's self in the world. All ARV users share an experience like this, unique to their group, while HIV-positive people share a different experience. Outside of both groups are those who are HIV-negative, and within a community defined so strongly by personal affirmation and illness, those who are uninfected cannot truly belong.

Nancy has demonstrated that the nostalgic element of myth breeds mistrust as it recounts a past tinted by the pride and current needs of the community. This element is found too in storytelling, yet because the vision presented is not imposed but offered those who read or listen to the story are able to identify with and remain critical of it. As I have argued in the previous chapter this understanding of storytelling, comparable to Nancy's understanding of literature, aids in the construction of a community; of its boundaries and its identity. The HIV community, though quite new is also based on a series of stories which provide a point of identification for its members and a story behind which to unify. This can be seen enacted in the funeral scene, but its workings are in the promises the HIV community makes to its members.

Their message to those who walked into their testing centres was this: Yes, there is ill feeling out there, but it doesn't matter. Yes, your community will know your status, but you will be okay. Once you realise that the hostility will not hurt you, you will have walked through an invisible barrier. You will have shaken off an unspeakable burden and an intolerable pain. Come with us, there are many of us, we will protect you.¹⁰⁸

While the HIV community acknowledges the dangers of the „outside' world, they promise protection from it – protection from the malice but also protection from the disease through treatment. Yet both promises central to the identity of the group are called into doubt by the realities of intolerance and

¹⁰⁸ Ibid, 314.

stigma. While TAC has been instrumental in providing a national treatment programme, the programme is dependent on the government's will, not on TAC's. Further, there are documented cases of TAC members disclosing their status and being assaulted or killed for it. Perhaps the most extreme is that of TAC activist Lorna Mlofana, who was gang-raped and beaten to death by a group of men after she revealed her status to them. The invisible barrier protecting the HIV community from the hostility of the others is imagined to make its members feel safe.

Sizwe is already suspicious of the protection the HIV community can offer him, because Sizwe realises he will not only be losing his health and community but he will also be losing an intricate part of his own identity – his ability to contribute to his lineage, a price he is not willing to pay.

For the choice they were offering was unacceptable to him. Come in and test, they said, and if you test positive, you will either walk out alone into a world of ridicule and condemnation, or you will come into our circle where we will protect you. He did not believe them capable of protecting him: not from the sense that there is dirt in his blood, not from the theft of his children's inheritance.¹⁰⁹

Although the HIV community can offer treatment and support, they cannot protect him from the sense that he, in himself is contaminated. Sizwe does not want to acknowledge that he may have a disease ravaging his body and yet he is able to acknowledge a contamination which he feels is related to witchcraft. Because, by using witchcraft as protection he can gain control, at least in part, but from a contamination from within he feels there is no protection or control.

Unable to offer sufficient protection, the HIV community is also susceptible to the influences of the original community. Mpe elucidates that the boundaries between communities, places and people are permeable and as the people and communities interact, one cannot help but be influenced by the other. But for a community which is founded as an alternative to the hostility in the other and which seeks to offer an alternative life and community what are the implications of this connection? The reality of such a situation is that even the HIV community which is based on affirmation and support is vulnerable to the opinions of the outside community. MSF but particularly TAC have created a counter-narrative to negative perceptions of HIV/AIDS, whereby fear and stigma appear as some kind of trial or initiation into the HIV community, and in order to belong, this is a trajectory which must be enacted. The effect of this on the self is that they are pushed out of one community, which represents animosity and then moved into a community which appears to wholly represent protection and support.

¹⁰⁹ Ibid, 315.

However, as shown these promises and boundaries are limited, circumscribed by the wider social and communal network of the group. The purpose of the stories and promises of the HIV community are to instantiate a particular kind of community, which means letting some in even as it keeps others out. Thus while an HIV community is certainly established and discussed in Steinberg's text, the community that is brought into existence is susceptible to the same issues of boundary and self already seen in *Welcome to Our Hillbrow*. For all the good intentions and hard work of Hermann and MaMarrandi, the communities that they have created are not insulated from the fear or praise of the broader community. No community can exist in a vacuum and what the HIV-positive people represented in *Three-Letter Plague* have accomplished is to create for themselves a community within which they can belong and one with which they can identify and find support – community within which knowledge about HIV/AIDS had been utilised to create particular understandings of the disease and a discourse which represents this to the community. In effect what this emerging HIV community is enacting is Ubuntu, a philosophy of community where the wellbeing of one is inextricably and permanently tied to the well being of others. Or as Nancy says, "Self" does not mean in itself, or by itself, or for itself, but rather "one of us": one that is each time at a remove from immanence or from the collective, but is also each time coessential to the coexistence of each one, of "each and every one."¹¹⁰ Thus the emerging HIV community of Steinberg's text demonstrates the possibilities of a community where 'I' is not a sovereign self but implies the plurality of being and the interdependence not only between selves but between self and community.

¹¹⁰Nancy, *Being Singular Plural*, 66.

Chapter Five: **Conclusion**

This thesis has analysed the representation of the relationship between self and community in literature that has arisen in response to HIV/AIDS in South Africa, through the ostensibly divergent theoretical lenses of Ubuntu and Jean-Luc Nancy's conception of community. While Nancy's arguments have offered a strong philosophical foundation, I employed Ubuntu in order to ground these discussions not only in a continental philosophy but also in an African understanding of the conception of self and community. What has become evident as a result of this theoretical pairing is that there are commonalities between Nancy's theories of the relation between self and community and those found in Ubuntu.

The interdependence between selves and between self and community are invaluable tools in the analysis of HIV/AIDS literature. The literature chosen for analysis encompasses different genres; poetry, fiction and non-fiction. Each genre offers a distinctive way of looking at the consequences of HIV/AIDS. Where poetry and perhaps Mpe seek to overcome the limits of expressibility and the fiction and non-fiction novels offer a personalised view of the disease, a view to which the reader can identify and sympathise. Literature offers a remarkable interdisciplinary scope for discussion exposing sociology, politics and medicine to the analytical domain of literature.

As I established in chapter two, literature fulfils an important function in a community by offering a vision of the community that enables a sharing of singularities and a point of identification through which a being-in-common is made possible. Being-in-common, as Nancy asserts is the foundation of a community as he seeks to present an explanation of the relation between selves. Thus literature is not simply aesthetic but contributes to the formation of a community and its idea of itself. The implications for texts seeking to present political or social visions is one that affirms the value of these texts, evaluating their role in the community rather than as an art object. In South Africa, a community with a rich history of protest art and social comment, such ideas are significant, particularly to the present discussion of HIV/AIDS literature. Arguably what is brought into focus by Nancy's view of literature is the potential of literature offering a community the possibility of greater identification and development, and further bringing into being a community which accepts difference.

As the South African poets mentioned in chapter two endeavour to present a side of the South African community not readily seen, they challenge preconceived communal notions about HIV/AIDS, self and the overlap between public and private debates. The vision offered by oa Magogodi, Press, Bila

and Mpe is one of a nation in crisis: community of selves participating and reacting to the world around them, and consequently identifying themselves in relation to the anxiety of the community. The influence of the poets' visions reaches beyond the text to the readers and listeners creating a community of being. A group of selves brought together to listen to or experience a vision – a vision which exposes the community to the criticism and praise, not only of the poet but of the listeners as well.

The salience of this notion of literature is broached when storytelling is brought to the fore in the analysis of *Beauty's Gift* and *Welcome to Our Hillbrow* in chapter three. Hillbrow, the *Makwerekwere* and HIV/AIDS of Mpe's text are introduced to the imagination of the community of Tiragalong through the stories of its inhabitants and framed within the moralistic paradigms of the community. Thus the visions or stories that Tiragalong's migrants offer the community are ones which erode the foundation of the community. The foundation, as Nancy has shown, is the possibility of selves relating to one another, of sharing in singularities and therefore enabling being-in-common. However, the community itself is jeopardised as the stories undermine the very relationships which constitute it. Mpe presents a vision of a community in the throes of self-destruction and the detrimental effect this has on his characters' sense of identity and self.

In contrast, Magona offers a view of the beginnings of a community. One formed as a consequence of five women's experiences of patriarchy and HIV/AIDS. The women's identities are altered by these experiences to such an extent that they seek belonging and identification in a community of their own making. Like Mpe's community of heaven, the FFF's emerging community is not insulated from the happenings and perceptions of the original community. Refentše and the FFF choose to remove themselves from their original communities – Refentše because his notion of himself is irrevocably damaged by his mother's decision to disown him and the FFF because through Beauty's death, they have found a new, empowered sense of their own identity.

HIV/AIDS thus acts as a catalyst, through the genres of poetry and the novel, by creating stories and images which expose the cleavages in the communities' formation and dissolution. The symbiotic relationship between community and self is evinced in these two novels; as one flourishes and falters so too does the other. The connection introduced by Mpe and Magona is demonstrated further in Steinberg's *Three-Letter Plague*, where the focus is on the self's relation to the community. Sizwe and MaMarrandi represent two opposing views of HIV/AIDS. Sizwe refuses to test even though he is aware of the options available to him if he should test positive. For Sizwe testing positive means ill health, being unable to participate fully in his community and the possibility of being unable to expand his lineage, foregoing the life he has built for himself, and the identity which accompanies it.

Contrastingly MaMarrandi pretends to be HIV-positive because she feels it will better serve her work in the community. While Sizwe is unwilling to risk his relationship to the community of Ithanga, MaMarrandi establishes her place in Nomvalo's community by becoming an HIV-positive community counsellor. Sizwe and MaMarrandi hold different positions within their respective communities and yet they share conceptions of themselves that are founded almost exclusively on the community they choose to belong to. Sizwe's identity is bound to the relationships he holds in Ithanga and the place he has created for himself. MaMarrandi, on the other hand acts to establish her own community, an HIV community, created to offer her patients a place of identification, both with MaMarrandi's doctrine and with the other members of the HIV community. MaMarrandi's HIV community, along with those created by the support groups of TAC and MSF seek to re-orientate the HIV-positive person's idea of themselves to include a view of an HIV-positive life, being a life of purpose not simply of illness. This is accomplished in large part by expanding the definitions of HIV/AIDS held by the community and thereby changing knowledge and perceptions of the disease. In effect, what emerges through Steinberg's characters is the reorientation of the self around a new discourse of HIV/AIDS, as an illness not as a social or physical death. Whether in the HIV community or in the original community the self seeks a connection, a relation between it and other selves, a relation made possible through the sharing of singularities.

The poems and novels chosen for analysis each offer a view of HIV/AIDS in South Africa; the social, political and personal toll the disease has taken on the country. In the texts, HIV/AIDS is drawn to the fore not merely as a disease but as a social phenomenon, revealing fissures in relationships and in the community which may otherwise have not been exposed. The social vectors of HIV/AIDS explored in the texts have enabled certain observations about the relationship between self and community in this context. Firstly each text has evinced a shift in the relation between self and community in response to HIV/AIDS. The shift does not necessarily lead to a rupture, but HIV/AIDS appears to act as a catalyst, forcing the selves to reconsider their place and their identification with a particular community. The visions presented by the authors offer an image of a self questioning their respective communities' response to HIV/AIDS. In some cases this questioning leads to a complete dislocation between the self and their original community, as in the case of Refentše, the FFF and even MaMarrandi to a certain extent. Such questioning is evinced also in the poems of chapter two.

One consequence of the challenge presented by the self to the community is the separation of the self from their original community and the development of an identification with another. The shift to an HIV community is a process, a development tied to the self's awareness of firstly, the separation between him or her and the original community and secondly of the need to find a space of belonging. Filling this void are HIV communities, some tied to TAC and MSF but others started by figures like MaMarrandi. What established these groups as communities are the relationships which develop,

relationships based on shared experiences and identification with a view of the disease which brings purpose rather than despair. That there is a dislocation or at least a fracture between the self and the community caused by reactions to HIV/AIDS has been demonstrated. But the relevance of these works is heightened by their connection to the real, lived experience of HIV/AIDS in South Africa.

Literature concerned with the subject of HIV/AIDS still has a place in the South African community. For literature as Nancy has shown, offers the reader or listener a presentation of their community, a presentation which in recital instantiates a community of being; a community opened up by literature to the praise and criticism of its members, reinforcing the symbiotic connection between the two. By providing a view of the community not often seen, literature and writers of this kind contribute to how the community is viewed from within and without and further provide a narrative to which members may choose to identify, reinforcing the possibility of being-in-common. Additionally by bringing these narratives into public and private discussion there is both catharsis and the lifting of taboos around the subject of HIV/AIDS, sex and community.

Thus the new communities established on the page are mirrored in life. Narratives representing their emergence highlight the effect of this on the self and the community and may contribute to further analysis of this occurrence. Without literature, and its creative possibilities, such an exploration would be hindered. Having discussed nuances peculiar to the South African situation, a comparative analysis between South Africa and other societies of disadvantaged peoples, such as the first nations in Canada or the USA or developing nations like India could elicit different preoccupations with the disease and how this is played out in the relationship between self and community. An additional avenue of discussion would be whether there will continue to be a place for HIV/AIDS literature as the disease becomes better managed and understood. Tuberculosis and Cancer once held the literary imagination in such a way, but have become more common place. How long does it take then to generate a ‚new‘ literature and what may determine its life span? And further what community is instantiated by the readership of HIV/AIDS narratives? Such questions only alluded to by this thesis may find expression elsewhere. Nevertheless what has emerged here is the primacy of the connection between self and community, a symbiotic relationship facilitating the construction and identity of self and community alike. Within this paradigm, HIV/AIDS has had an irrevocable effect on this relationship, the consequence of which is the establishment of an HIV community where the personhood of one is inextricably and immutably tied to another.

Bibliography:

- Ashforth, Adam. "An Epidemic of Witchcraft? The Implications of AIDS for the Post-Apartheid State." *African Studies* 61, no. 1 (2002): 121-143.
- Bila, Vonani. *Handsome Jita: Selected Poems*. Scottsville: University of KwaZulu-Natal Press, 2007.
- Cameron, Edwin. *Witness to AIDS*. Cape Town: Tafelberg Publishers, 2005.
- Clarkson, Carrol. "Who are „we’? Don’t make me laugh." *Law Critique* 18 (2007): 361-374.
- . "Locating Identity in Phaswane Mpe’s *Welcome to Our Hillbrow*." *Third World Quarterly* 26, no. 3 (2005): 451-459.
- Comaroff, Jean. "Beyond Bare Life: AIDS, (Bio)Politics, and the Neoliberal Order." *Public Culture* 19, no. 1 (2007): 197-219.
- Department of Health. *National HIV and Syphilis Antenatal Prevalence Survey in South African*, September 2009, <http://www.doh.gov.za/docs/reports/2009/nassps/index.html> Accessed 17 March 2010.
- Finnegan, Ruth. *Oral Literature in Africa*. Oxford: Oxford University Press, 1970.
- Hall, Ruth. "Rural Livelihoods and Land." In *HIV/AIDS and Society in South Africa*, edited by Angela Ndinga-Muvumba and Robyn Pharoah. Scottsville: University of KwaZulu-Natal Press, 2008.
- Kearney, Richard. *On Stories*. London: Routledge, 2002.
- Magona, Sindiwe. *Beauty’s Gift*. Cape Town: Kwela Books, 2008.
- Maharaj, Pranitha and Cleland, John. "Condom Use within Marital and Cohabiting Partnerships in KwaZulu-Natal, South Africa." *Studies in Family Planning* 35, no. 2 (2004): 116-124.
- Maughan-Brown, Brendan. *Experiences and Perceptions of HIV/AIDS-related Stigma Amongst People on Antiretroviral Treatment in Khayelitsha, South Arica*. Cape Town: Centre for Social Science Research, University of Cape Town, 2007.
- McGregor, Liz. "Phaswane Mpe: Young novelist of post-apartheid South Africa." In *The Guardian*, 22 December 2004.
<http://www.guardian.co.uk/news/2004/dec/22/guardianobituaries.southafrica> Accessed 15 August 2010.
- Mpe, Phaswane. "elegy for the trio." In *Nobody Ever Said AIDS*, edited by Rasebotsa, Nobantu, Samuelson, Meg and Thomas, Kylie. Cape Town: Kwela Books, 2004.
- . *Welcome to Our Hillbrow*. Scottsville: University of Natal Press, 2001.

- Nancy, Jean-Luc. *The Inoperative Community*. Minneapolis: University of Minnesota Press, 2008.
- . *Being Singular Plural*. Stanford: Stanford University Press, 2000.
- Nattrass, Nicoli. *Mortal Combat: AIDS Denialism and the Struggle for Antiretrovirals in South Africa*. Pietermaritzburg: University of KwaZulu-Natal Press, 2007.
- Niehaus, Isak. "Perversion of Power: Witchcraft and the Sexuality of Evil in the South African Lowveld." *Journal of Religious Studies in Africa* 32, no. 3 (2002): 269-299.
- oa Magogodi, Kgafela interviewed by Kush Khoza. 11 July 2005.
<http://www.kush.co.za/workarea/show.asp?articulo=55> Accessed 7 June 2010.
- . *Thy Condom Come: Untamed Love Lines*. Amsterdam: New Leaf, 2000.
- Oxford Dictionary, Thesaurus and Wordpower Guide*. Oxford: Oxford University Press, 2001.
- Posel, Deborah. "Sex, Death and the Fate of the Nation: Reflections on the Politicization of Sexuality in Post-Apartheid South Africa." *Africa: Journal of the International African Institute* 75, no. 2 (2005): 125-153.
- Press, Karen. "flakes of the light falling." In *Nobody Ever Said AIDS*, edited by Rasebotsa, Nobantu, Samuelson, Meg and Thomas, Kylie. Cape Town: Kwela Books, 2004.
- Robins, Steve. "From "Rights" to "Rituals": AIDS Activism in South Africa." *American Anthropology* 108, no. 2 (2006): 312-323.
- . "„Long Live Zackie. Long Live’: AIDS Activism, science and citizenship after Apartheid” *Journal of Southern African Studies* 30, no. 3 (2004): 651-672.
- Samuelson, Meg. "The City Beyond the Border: the urban worlds of Duiker, Mpe and Vera” *African Identities* 5, no. 2 (2007): 247-260.
- Shutte, Augustine. *Philosophy for Africa*. Cape Town: Cape Town University Press, 1993.
- Setiloane, Gabriel M. *African Theology: An Introduction*. Johannesburg: Skotaville Publishers, 1986.
- Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. London: Penguin Books, 2002.
- Steinberg, Jonny. *Three-Letter Plague*. Cape Town: Jonathan Ball Publishers, 2008.
- Stuart Fisher, Amanda. "The Playwright in Residence: A Community's Storyteller” *TDR* 48, no. 3 (2004): 135-149.
- UNAIDS and WHO. *AIDS Epidemic Update: December 2009*,
http://data.unaids.org/pub/Report/2009/JC1700_Epi_Update_2009_en.pdf. Accessed 27 March 2010.

Wasserman, Herman & Jacobs, Sean, eds. *Shifting Selves: Post-apartheid Essays on Mass Media, Culture and Identity*. Cape Town: Kwela Books, 2003.

Appendix I

„Varara’ by Kgafela oa Magogodi

at school they say she kissed
some bloody fool. some say
she was whoring got varara
& gave it to him. some say
they saw he had coffie
with a moffie & that’s where
he got varara. some say
you don’t have to be a bitch
to get varara cos she got varara
from ntate moruti & he got it
at first bite from the nun next door.
some get varara from the
dance floor. some standing
some lying warm in lovetime
making promises on futon beds.
they say varara will get us all
even if you paid to get laid.
some say varara ke lekwerekwere
came galloping down the hillbrow
to eat our women. some say no
varara is a white man’s lie comes
from the west. some think it is best
to taste the flesh. some wear
the raincoat cos varara doesn’t rain
it pours. some visit masangoma.
some pay white coated doctors a day
to keep varara away. some rape babies
to cheat varara. some say you can’t
police varara cos varara is more slippery
than chauke. some are waiting to see
varara on cctv. they say varara
is a prostitute with an artytude. it

doesn't care of you stare at its public hair.
some preach & teach about varara.
some say varara is the wrath of badimo.
some say it is satan's hand
fiddling deliciously with earth's thighs.
some say jesus will save them from varara.
some have more faith in femidom.
some day horizons are so viagra varara
will not stop til thy condom come.¹¹¹

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¹¹¹ oa Magogodi, K. *Thy Condom Come: Untamed Love Lines*, Amsterdam: New Leaf, 2000. (pp. 56-57)

Appendix II

„flakes of the light falling“ by Karen Press

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

lightly and without technique they are dying
slowly and beyond the duration of love

good citizens of a good country, dying modestly
embrace of the infected is a national project
rejection the prerogative of the intimate circle

metaphors of love crack open,
out of their varnished shells
people emerge, dying

howling is not possible where children sleep
and their mothers, dying blossoms of blue light
inside the cloudbursts of men’s love

very close to the ground children and their mothers
and then also their fathers die here
in the way of poor people, struggling
for small dignities and the simplest food
astonished softly over and over
I touch my lips to each death

approximately and here also
one in four vanishing –

how many little pallbearers for one coffin?
to wrap your father in a sheet takes days and days
tangling yourself in the web of bones
who will bury him if you don’t?
you saw helplessly at the tree

all night my little clock makes a vastly solemn noise
like a child treading the long dark passage
in her grandfather's shoes

among blades of grass, against crumbled walls
let cows offer their udders to the babies
lying upturned, helpless as beetles

metaphors of love crack open

suddenly one day you will hear
how silently the black sky blazes
how wildly the empty street is searching
for a footstep

we are ending, we are ending
flakes of the light falling away¹¹²

¹¹² Press, K. „flakes of the light falling’ in *Nobody Ever Said AIDS*, Cape Town: Kwela Books, 2004.

Appendix III

„Going to See the Doctor’ by Vonani Bila

my heart pounds
my head is heavy
thoughts linger
i think
of half the city men you’ve slept with
i see you coughing strenuously
all alone
your single bed shaking in the shack
can’t find solace in sleep
you struggle to lift your head
i see blue sunken eyes
half the city men with cash
cellphones and flashy cars have vanished
you can’t even run to the toilet

i think of all these things

beautiful woman
when i penetrated you
how you grabbed me, screaming
when i came, gasping
i insist, i used the condom
it was ten years ago
i insist, you were a virgin
you did not ask me for cash
cellphones or cars
now i hobble like a drunk
mind gnawed by doubts
as i turn back home
to read you last love letter
in silence.¹¹³

¹¹³ Bila, V. *Handsome Jita: Selected Poems*, Scottsville: University of KwaZulu-Natal Press, 2007. (p. 13)

Appendix IV

„elegy for the trio’ by Phaswane Mpe

i saw things
as i lay in the blanket
of night
my eyes piercing through the roof
watching twinkling stars
i heard the wind howling
jackals too
& the hooting of owls
the sounds of night
awakened the night of my heart
echoes of thabo manto mokaba
haunted the hall of my skull
druggs drugged
the west tore nkosi apart
& devoured parks
hiv does not cause AIDS
but let thy condom come
anyway
the fear the flame continued
my body blackened
like charred coal
as i lulled myself back to sleep
i heard the echoes scream
my dreams into nightmares
i turned grey & cold like ash
no test tomorrow
i said again¹¹⁴

¹¹⁴ Mpe, P. „elegy for the trio’ in *Nobody Ever Said AIDS*, Cape Town: Kwela Books, 2004.