CHAPTER FIVE

HEALTHY BODIES VERSUS DISEASED BODIES: ROMANCE AS A TROPE FOR IMAGINING SOCIAL ORDER IN KENYA

INTRODUCTION

This chapter looks at romance in the context of HIV/AIDS and discusses how romance is used by Kenyan writers as an avenue for imagining and suggesting a particular kind of social order. The chapter looks at how Geteria Wamugunda, Carolyne Adalla and Meja Mwangi have appropriated romance and sex within love relationships as a conduit to comment on the social order of the larger Kenyan society at a time when it is threatened by HIV/AIDS. Most romance stories can be seen as dealing with emotions but in these texts the writers focus on the bodies of the characters.

My main aim is to show how the bodies of characters who are involved in romance are used as markers of health and disease. The chapter proposes that romantic relationships are used by the writers selected as strategies of ordering and selecting the healthy from the diseased, consequently proposing some form of containment and maintenance of social order. Individuals who are HIV positive are represented as “polluting” the social order while those who are HIV negative are seen as upholding the social order by maintaining a “clean” and healthy nation-state. However it has to be noted that this prescription of certain lifestyles is framed within ideas that stereotype people as HIV positive and HIV negative, a point that I discuss towards the end of the chapter.
Romantic relationships occur between two people’s bodies in as much as it is also about their minds and emotions. I want to argue in this chapter that romance becomes a matter of two healthy bodies above anything else in the literature being examined. The focus of these romance narratives in the novels discussed is on the characters’ bodies. It is those people who carry healthy bodies who eventually succeed in their romantic pursuits while the ill experience failed romance. I propose that romance becomes a narrative of social order. Romance therefore can be interpreted as a positive imprint of an ideal concept of health and hence an ideal body, a body which is resistant to infection and consequently the ideal nation-state which is resistant to infection. The anxiety about illness as a danger to the collective is repressed in this model of health and beauty, illness and ugliness.

The battle to control the HIV/AIDS epidemic is the battle to control the meeting of bodies.¹ In romantic relationships, sick bodies are seen as dangerous and hence not able to fit into the ideal case of romance. A reading of The Last Plague, Nice People and Confessions of an AIDS Victim reveals that romance only succeeds between healthy protagonists. These healthy people are not a threat to the health of the nation and in some cases are seen as the people to take care of the sick ones and hence look after the health of the nation. There is a deliberate attempt to create boundaries between healthy and sick bodies and hence an attempt to control the meeting of bodies. What emerges clearly in the texts is that the body is privileged in the romance narratives. In this regard, the infected HIV/AIDS body also becomes a powerful text onto which various meanings are inscribed. The body becomes a marker of individuals who are accepted as validly

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¹ In this discussion, the meeting of bodies will be used to refer to coming together in intimate and sexual relationships and not so much as general social intercourses.
engaging in social relationships and those who are not. Also, the body becomes a learning tool, something to look at and “know more” about HIV/AIDS. The body emerges as the physical, visible sign that is an indicator of hidden diseases inside the body. The diseased body also becomes a marker of not only the outward physical illness but of character. It tells others about one’s morality and sexuality. As a result, the need to visualise the HIV/AIDS body also becomes essential in representing the danger of HIV/AIDS.

THE POWER OF VISION: PICTURES AND THE AIDS BODY

In *The Last Plague*, pictures are seen as having the capacity to communicate information regarding HIV/AIDS better than written accounts or the spoken word. This section looks at how the HIV/AIDS body becomes a powerful text from and onto which people can read the physical signs of HIV/AIDS and begin to comprehend it. I do this analysis as a preamble to the next part in which I look at how the HIV/AIDS body goes beyond being a mere text for understanding HIV/AIDS to being a body that becomes a text to “read” the infected person in general. For instance, in *The Last Plague*, Janet uses pictures of diseased AIDS bodies in an attempt to get the people of Crossroads to change their sexual behaviour and realise the importance of using condoms.

The centrality of the diseased AIDS body as a text that communicates information about the disease is shown in the text when Janet resorts to showing people pictures of diseased AIDS bodies as a way of shocking them into the reality of HIV/AIDS. The people of Crossroads are adamant that HIV/AIDS does not exist despite the fact that it is claiming several lives in their community daily, a fact testified to by the number of burials held
each day. In fact, because so many people are buried daily, people have set apart a funeral hour, a time dedicated to burying the dead. However, the Crossroads community would rather believe that it is witchcraft that is killing people and not AIDS. Early in the text, Janet and Frank organise a poster campaign where they use youth volunteers (led by Big Youth) to put up posters around Crossroads. The reader is told that “the posters reminded everyone that there was no cure for Aids and exhorted them to lead clean and decent lives; to refrain from animal behaviour and to protect themselves from the plague” (146):

A few days later, Crossroads woke up to the most bizarre sight. The land was covered with posters. Hundreds of posters hung from every tree, every door and every wall in Crossroads. Any surface that could support a sheet of paper had a poster stuck to it. Some of the posters were simple and comprehensible notices: Warning! Beware of Aids. But most of them were blatantly incomprehensible works of art, bearing crude and outrageously explicit illustrations. (146)

Other posters carry messages like, this land is dying from ignorance (146), Crossroads is dying (149) and Aids kills (149). The most interesting of these posters is written by Big Youth and he calls it the life and death equation: “Man plus Woman minus Condom equals Babies plus Aids. But Man plus Woman plus Condom equals Life minus Aids” (190). Although little is said about the effects of these posters other than that Janet and Frank get into trouble with the authorities for putting them up without permission from the authorities and some building owners, the posters did not make much sense to people because they had no pictures. For example “When Big Youth showed the posters to Mzee Musa, the posters had no pictures and therefore, made no sense to Musa and he was not at
all impressed” (191). Musa, like many other people in Crossroads cannot read and therefore cannot understand the message that the posters carry. People need something they can see. Pictures then become important for disseminating information about the destructiveness of HIV/AIDS. It is no wonder then that “when the old men received old newspapers, all Mzee Musa did was shuffle the pages in search of entertaining pictures” (103). On one such occasion, Mzee Musa is enthralled and amused by the picture of some woman in the newspaper as Uncle Mark reads him a story about a bank robber who is sought by the police:

Musa did not want to know. He was reading the picture of a barely dressed woman in the centre pages of the mid-week Nation. He wondered how any woman could have such long hair and such long legs that went all the way to her neck. There were other things about her that were more amazing and impossible to contemplate, but he dared not discuss them with his companion for fear of being thought decadent. So he stared at the picture until the woman appeared to sway towards him, and he blinked and moved back, startled, and the picture stopped dancing. He wondered out loud in which land the bewitching creature lived…. Musa turned the pages and read on. But he kept going back to the same page and staring at the picture in disbelief. (103 - 104)

For Mzee Musa, pictures seem to capture his attention and this is true for many other people in Crossroads. For the reality of anything (including HIV/AIDS) to get to Mzee Musa he needs to “see” something to that effect. To help people envisage the disease, the author creates visual imagery of diseased AIDS bodies. This attempt to get the reader to visualise the diseased AIDS body and as a result emphasise the disastrous effects of
HIV/AIDS on society compels Mwangi to turn to hyperbolic and melodramatic representation.\(^2\)

In *The Last Plague*, Mwangi stresses certain effects on society as a result of HIV/AIDS. For instance he writes of situations where whole homes have been depleted by the epidemic leaving only children in the homes. In other instances the children have also died leaving the homes occupied by rats. Although the use of the condom as a preventive measure against HIV/AIDS is advocated in the novel, its use is stressed so much so that it becomes almost satirical. Regarding the use of hyperbole, it is written that the coffins of people who have died of AIDS are said to be feather-light such that even children can carry them with no effort at all (119, 105, 255). On one occasion, Uncle Mark remarks on the weightlessness of the coffin in a burial he had attended saying that “the family of the dead man had to weight the coffin down with rocks to prevent it from blowing away in the wind” (150). The writer exaggerates certain situations as an attempt to shock people about the reality of HIV/AIDS. To many people, HIV/AIDS represents an affliction for those people far removed from “us” – which is the case in other texts such as *Nice People* and *Confessions*. Through the excess of representation, one can argue that the writer uses

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\(^2\) Melodrama is about the extravagance of certain representations. In this text, the melodramatic mode has been reworked and as such departs from the typical structures and ambitions of the genre that, for instance Brooks (1976) identifies with it. According to Peter Brooks in *The Melodramatic Imagination* (1976), melodrama is “about excess, about a mode of heightened dramatization” (Preface, ix); it is about “the extravagance of certain representations and the intensity of moral claim impinging on [the] characters’ consciousness” (4). In the melodramatic mode, “the world is subsumed by an underlying manichaeism… by putting us in touch with the conflict of good and evil…. The melodramatic mode in large measure exists to locate and to articulate the moral occult” (5.) In summary, Brooks notes that melodrama involves “the indulgence of strong emotionalism; moral polarization and schematization; extreme states of being, situations, actions; overt villainy, persecution of the good and final reward of virtue, inflated and extravagant expression” (11-12), among others. My argument is that Mwangi does not utilise all the aspects of melodrama. Instead, he picks on one aspect of the melodramatic mode: the excess in representation. Furthermore, *The Last Plague* does not follow the plot of melodrama where evil is played against good with the good triumphing in the end.
literature to induce some form of shock in the reader to take the reality of HIV/AIDS beyond the mundane.

In order to make as many people as possible aware of the reality of HIV/AIDS Janet uses the written and the visual media to reach the literate and the illiterate, the young and the elderly. For instance, Janet gets the youth interested in the condom campaign by using aspects of popular media, posters and pictures. As I have suggested above the novel makes use of the power of vision to communicate reality and hence tries in many instances in the text to make people visualise the wasting of the body caused by HIV/AIDS. It is only when Janet shows people pictures of diseased AIDS bodies\(^3\) in a book that Broker had bought her that a change is noticed in some people in Crossroads. Broker himself, a person who claims to have travelled far and wide and seen most things is horrified at the sight of the pictures:

He had perused it himself at the bookshop in Makutano and had thought about it for a long time before purchasing it for her. The book was filled with the most horrifying colour photographs of diseased human parts that he had ever seen. It was packed with comprehensible scientific and medical data, gathered to date from all over the world, on the nature and progress of the human scourge that was Aids, and was illustrated with the most shocking pictures of human beings that Broker had ever seen. [They were] \textit{colour photographs} of diseased human organs, bleeding body lesions and putrid genital sores…. The first time he had seen the pictures he had almost vomited. (295; emphasis added).

\(^3\) This visualisation of the body seems to be different from other novelistic narrative techniques because it captures the corporeality of the diseased body. In her book \textit{The Body in Pain: The Making and Unmaking of the World} (1985), Elaine Scarry talks of the limitations of language to express physical pain to the extent that people in pain will mostly make sounds to show their pain. Furthermore, Scarry speaks of the absence of literary representations of pain. Therefore the resort to the use of pictures seems to capture better the pain and damage that HIV/AIDS brings to bear on people’s bodies.
Broker advises Janet to show the pictures to people, telling her that if they saw them, “they will never laugh at your job again” (295). Broker is right that some people would change their attitudes about using condoms when they see the pictures of diseased AIDS bodies. After Janet shows the pictures to most people in Crossroads:

The women had cried out in horror and staggered away in shock. The men had braved the sight of ghastly organs and diseased human bodies for a moment. Then they too had turned away, shocked and disgusted, and accused her of showing them dirty pictures in public. Now she did not know what to do with the book. It worked, she knew it did, just as Broker had said it would, but she had no idea to what ends it worked and how to make it work to the desired ends. (297)

Hanna Habari’s husband is one of the men who change and accept to use condoms after seeing the pictures. When Hanna returns the book to Janet asking her for “those things” – condoms – Janet is shocked because she knows that Hanna’s husband does not use “those things”:

“Condoms?” Janet was incredulous. “But your man hates condoms. Hanna, my dear friend, what have you been up to?”

“Nothing”, Hanna laughed uncomfortably. “I have read your book, I have read it, from the first page to the last page, and it frightens me. I don’t want to die like that”.

She had shown it to her husband too.

“What did he say?” Janet wanted to know.

“Nothing”, she laughed again nervously. “He was shaken to his root…. I told him he would get the plague from her and die. Just like those people in the book…. He was so angry he wanted to kill somebody”, she said to Janet. “I was shaking like a coward, waiting for him to take his stick and beat me senseless. But he did not do
it. Instead, he told me not to leave him, and that he loved me… and he had decided to take action”. (358 - 368)

After Hanna had left, “Janet had enough reason to smile. Now she knew for certain that it was possible to make Crossroads use condoms” (359). Her hopes are confirmed when Julia, Kata Kataa’s wife, arrives also asking for “those things”: “Did you show him?” Janet asked her. “He was horrified.” She said. “Kata had been so shocked by the pictures in the book he had finally talked about those things” (386).

After viewing the images of diseased AIDS bodies, people begin to take Janet’s concern about HIV/AIDS seriously and accept the need to change their sexual lifestyles. The images they see force both men and women to read and visualise in real terms the damage that HIV/AIDS could do to their bodies. Therefore, in placing the manifestations of AIDS in pictures, the text articulates the profound power of vision: people’s mental eyes are opened; they finally begin to see and appreciate the reality and seriousness of the HIV/AIDS pandemic and also the legitimacy of Janet’s efforts. One notices that the writer says they were colour photographs, emphasising the visual aspect of the pictures. It is as if to affirm that the pictures were very clear and portrayed the diseased images quite powerfully. The pictures are used to point to the reality of HIV/AIDS by anchoring the stories in some visible reality in circulation among the public. The source of the pictures also testifies to the credibility and authority of the information provided and also to the universality of the pandemic: they were from “scientific and medical data, gathered to date from all over the world… illustrated with the most shocking pictures…” (295).
The positivist equation of visibility with truth is confirmed by the changes in the sexual behaviour of Kata Kataa and Hanna’s husband. Writing about the use of photojournalism in the press and especially during times of catastrophe and war, John Taylor (1998) argues that the press relies heavily on photography to illustrate the fact of news, observing that “photographs deepen the authenticity of the … written accounts” (4). He contends that viewers looking at photographs believe that the thing has been there. He further notes that “although differently expressed and often debunked, the notion that photography is a ‘window on the world’ has survived. Photographs depict what has been. Photographs are used as proof” (ibid). The diseased pictures therefore become a useful site allowing people to reflect on the reality of HIV/AIDS. As Taylor says, the photographs “invite viewers to reflect not only on the status of photographic evidence but also on their own relation to the reality it represents” (5). The pictures of diseased bodies then may be seen as warnings and invitations to respond to the reality of HIV/AIDS. The need to shock the reader into grasping the reality of HIV/AIDS is demonstrated to help people imagine and establish some form of social order and behaviour around sex.

THE HEALTHY EROTIC BODY AND THE DISEASED UNEROTIC BODY

In the preceding section, I have tried to show how the HIV/AIDS infected body becomes a text from which various meanings about HIV/AIDS can be read; meanings about the nature of the disease. HIV/AIDS is popularly seen as an invisible destructive force that brings with it chaos, disorder and breakdown of ordered society, family life and interpersonal relationships. According to Sue Scott and David Morgan (1993), “the body in its sexual mode is supposed to be a source of pleasure/power, not a source of disease
and danger” (10). The sexual pleasure that Scott and Morgan write about can be likened to the smooth running or ordering of society. The diseased HIV/AIDS body cannot be a source of pleasure or power but rather a source of risk, pain, danger and death. On the contrary, the healthy body can be taken to encompass safety and pleasure. In this section I look at how images of both the healthy and the diseased body are built around particular concepts of social order.

Sander Gilman (1995) writes of the “new vocabulary of image consciously associated with a ‘new’ disease, AIDS, which has wrestled with the discourse of the ugly, unerotic body and soul from the very identification of the disease” (115). Gilman suggests that the opposition of the healthy and erotic to the diseased and ugly has developed in new and surprising ways in the context of AIDS, especially with the “meanings of the ugly body as a sign of disease, not only of the body but also of the psyche and character” (ibid). The HIV/AIDS body is represented in these texts as not worthy of experiencing sexual pleasure because this pleasure cannot contribute to the well-being of society. It is also a body that is used to give the reader insight into how sexual pleasure is constructed within changing times because of the various meanings attached to this body. Tamsin Wilton (1997) sees the body as a text since “a text is any artefact which carries meanings” (6). Since we locate both gender and the erotic primarily and precisely in the body, Wilton writes that “what we say with this body-text largely concerns our gender identity and our sexual identity” (ibid).
Commenting on the arguments made by Butler (1990; 1994) that we perform our gender and sexuality, Wilton (1997) adds that “this performance is both a performing on and a performing with bodies” (ibid). The body therefore is very important in understanding how the erotic is constructed especially in the context of a disease like HIV/AIDS that can seriously affect the appearance of the body. According to Helman (1984),

> In every society, the human body has a social as well as a physical reality. That is to say the shape, size and adornments of the body are a way of communicating information about its owner’s position in society. This includes information about gender, social status, occupation and membership of certain groups, both religious and secular. (7)

From the foregoing, I argue that the diseased HIV/AIDS body is seen as an embodiment of certain attributes of the person infected. Since HIV/AIDS is still mainly associated with deviant sexual behaviour in many societies, an HIV positive body becomes a deviant body and the person who possesses it is ascribed a new and potentially dangerous sexuality which threatens the community and the norm. In keeping with the argument in this chapter, such a person is seen as “ugly” and polluting the social order. As a result, s/he cannot fully and successfully form enduring love/romantic relationships in society. On the other hand, the person with a healthy body is seen as conforming to societal expectations of the good citizen and therefore desirable and can successfully engage in romance. In addition the healthy person is seen as upholding the moral fabric of society.

In Adalla’s *Confessions of an AIDS Victim*, Catherine – the protagonist – cannot form any enduring romantic relationships with men because she carries a body infected with
the AIDS virus. She has disqualified herself from the romance trope because of promiscuity, which she suggests led to her infection with HIV, as she confesses to having been sexually intimate with many men. At the end of the story, Catherine has no intention of getting romantically involved with men again as her diseased body does not qualify her to get sexually intimate with men. Instead her desire is to find out which of the men may have infected her with the HIV virus. In other words she seeks fellow sufferers or deviants.

Geteeria Wamugunda’s *Nice People* (1992) looks at the HIV/AIDS pandemic from socio-political, economic and medical perspectives. The narrative of *Nice People* contrasts the altruistic but philandering Dr. Munguti with a money-grabbing group of doctors, Dr. Waweru Gichinga and Dr. Ding Singh, who set up an AIDS clinic for the rich. Dr. Munguti is a venereologist who believes that venereal diseases predispose people to HIV infection and later AIDS. In his view, if society can manage to control these diseases first, it would easily deal with HIV/AIDS. To him, the first step in curbing the spread of venereal diseases is to speak openly about them and to provide cheap medical care. Wamugunda’s text illustrates how morality has generally influenced the public’s views of venereal diseases, and by extension the HIV/AIDS discourse and phenomenon in Kenya.

The main argument presented by Wamugunda in *Nice People* is that Kenyans have bound up discourse on STDs and HIV/AIDS with morality, thus limiting the possibilities of opening up public discussion on the HIV/AIDS phenomenon. In the text, Wamugunda
raises various issues in medical ethics, including the controversy over anaesthesia, sex education, prostitution, corruption in the medical profession, love relationships and the opulence and decadence of the lives of the rich and the famous. Wamugunda strives to show that all categories of people are at the risk of contracting HIV/AIDS for it knows no social, physical or economic boundaries. Entwined with this narrative about the experiences of Dr. Munguti as a venereologist, is the story of his numerous love relationships with different women.

Embedded in the story of these numerous love affairs also is what can be read as a conventional romantic narrative between him and Sister Irene. When Dr Munguti first meets Sister Irene during his introductory tour of the hospital where he is sent as an intern, it is not suggested that the two experience love at first sight but it later becomes clear that Irene had some hope of the doctor wooing her from the first moments of their interaction. However, the doctor gets involved in different love affairs with three women during the course of the story: Mary Nduku (a daughter to Dr. Gichua Gikere one of his colleagues); Mumbi (a confessed Mombasa prostitute) and Mrs. Eunice Maimba; whose husband is as promiscuous as she is. Dr. Munguti conducts his love affairs with these three women, while Irene is the “sister” to whom he takes his many problems. Although the two go out for drinks frequently, he confesses that he could not bring himself to seduce Irene:

I had very often thought of Irene as the best of the companions I had, but for some very strange reasons, I could not bring myself to wooing her for anything else other than work, sitting and eating together. Whenever I had a date with Irene I
would take her back home then look for either Mary Nduku or Eunice Maimba if I required sexual gratification. (153)

Later, Dr. Munguti ends his relationship with Mumbi and Nduku. But the most interesting relationship in this love triangle is that with Eunice Maimba. Dr. Munguti prefers being with Eunice because, unlike Mumbi, she does not demand marriage and unlike Nduku on the other hand, she does not demand material support from him. Instead, she takes him to expensive places and buys him expensive clothes. However, after realising that Eunice’s husband is suffering from the “new plague” – AIDS – he ends his relationship with Eunice for fear of getting infected especially after Mr. Maimba threatens to rape her if she refuses to have sex with him. From this moment on, Dr. Munguti’s main fear is of coming into contact with Eunice’s body. Her body, which he had once described as having no “lesions, warts or even rashes in her private part and not a single pimple in any part of her body” (71) and consequently the most perfect body he had ever examined (71), now makes him shudder at the thought of it close to his: “with Mrs. Maimba things were even worse. The thought of her herpes zoster made my balls shrivel and bury themselves somewhere inside” (145). Therefore, Eunice’s body, which was once the most perfect and therefore erotic, now, becomes unattractive, ugly and undesirable because of the possibility of its being diseased with AIDS.

It is worth noting that the other women (Mary Nduku and Mumbi) that Dr. Munguti had love affairs with had histories of multiple sexual partners. I have pointed out that Mumbi

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4 Dr. Munguti ends his relationship with Nduku after having a confrontation with her white lover – Ian Brown. Later Brown dies of AIDS related illnesses. Regarding Mumbi, their relationship ends when Mumbi realises that she is carrying another man’s baby (a white sailor’s) and not Dr. Munguti’s as she had told him. Mumbi flies to the Netherlands with her white lover but she also dies of AIDS while abroad.
actually confesses that she is a prostitute in Mombasa while Nduku has other lovers besides the doctor. Dr. Munguti has doubts about how clean/healthy the bodies of these women are. When Nduku’s other lover dies of AIDS related illnesses and Mumbi dies of AIDS, which (it is insinuated) she got from her Finnish lover, he finally turns to Sister Irene who is free from disease for a lasting romantic relationship. He decides to be tested for HIV and when his results show that he is HIV negative, he cannot hide his joy and wishes to share the news with only one person – Irene (187). During Mumbi’s funeral, he informs Irene about his new job and the ensuing conversation leads to the conclusion that “they lived happily ever after”.

“I have been offered a job in Geneva, Irene.’
‘Oh! How good.’
‘And I am not taking it.’ I added.
‘Why, you stubborn man?’
‘I do not want to be taken away from you.’
‘You don’t have to.’
‘Can I have Geneva and you?’
‘I believe so,’ she simply said and I knew that all the sojourn with her at the KCH, River Road Clinic, Canaan Hospice and Tala had been leading me to her all along. We left for Geneva on April 22\textsuperscript{nd} 1987. (188)

Wamugunda’s text seems to follow after what Gilman (1995) sees as the classic model of health representing beauty and illness representing ugliness that accompanies many representations of the ill and healthy body. In this case, the healthy body is seen as beautiful/desirable and eroticised and the diseased body is seen as ugly and uneroticised and therefore unromantic.
In *The Last Plague*, Mwangi also appears to borrow from this model – of health representing beauty and disease representing ugliness – as is depicted in the relationships between Janet and Broker on the one hand and Janet and Frank on the other. When we are first introduced to the love relationship between Janet and Broker, it looks like the conventional romance story. Janet meets Broker while he is working at her father’s fuel filling station. The two fall in love but Janet’s parents do not approve of the relationship. However Broker and Janet remain intimately committed to each other and eventually get married. But after this Broker and Janet do not live happily ever after. We learn of Broker’s physical abuse of Janet and his unfaithfulness. The break-up of their marriage finally happens when Broker runs away to Mombasa with a prostitute. After making enough money but learning that he is HIV positive, Broker decides to return home to Janet. But unlike the conventional romantic narrative where the heroine overlooks the hero’s mistakes and accepts him back to live together happily ever after, Janet refuses to accept Broker back into her life. By the time Broker comes back, Janet has found happiness in her friendship with Frank. At the end of the narrative, when Frank realises that he is HIV negative it is intimated that he and Janet finally reveal their love for each other and probably embark on a life together (419).


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5 When Frank returns to Crossroads, he joins Janet in the campaign against HIV/AIDS. The two develop a close relationship and although they do not declare love for each other, their friendship is very strong and as one reads the story there is a feeling that the two will get romantically involved. In fact, at some point, Janet asks Frank to move into her home so they can stay together but Frank declines the offer. Probably Frank refuses to move in with Janet because he fears that he may not be able to form a happy romantic relationship with her because he thinks he is HIV positive. However, there seems to be some silent romance between the two that becomes public after Frank learns that he is HIV negative after a second test.
how Gymfuua-Fofie deploys this genre to comment on the position of women in contemporary Ghana. Stephanie Newell observes that in the process of resolving the issues that Gyamfuua-Fofie raises in her writing about love and romance, infidelity and unfaithfulness, the narratives are plotted in such a way that at the end, the fickle romantic heroes are transformed into ideal marriage partners and the “unfaithful men are shown to become repentant and monogamous, returning at last to the outstretched arms of faithful heroines” (148). But even if Broker is repentant and tells Janet that he left “with the best of intentions. To better myself, to make something of my future with you” (169); and even though he has come back a wealthy man, Janet does not accept him back into her life.6

One of the reasons why Janet rejects Broker, other than her bitterness that he betrayed her and the children, is because of his diseased body. His body, unlike that of Frank, is marked with the physical signs of infection with AIDS. When Broker returns to Crossroads, his body stands out as that of an “emaciated, old creature, of indeterminable age, with a shiny, bony forehead, thinning brown hair, large ears and eyes that were about to disappear back into their cavernous sockets.” (164). Janet is terrified by the potential harm Broker’s body symbolises and even gives him condoms telling him that “we don’t want you spreading whatever you brought back with you” (187). His body is thus seen as a pollutant and a risk to the health of other people in Crossroads. This is unlike Janet’s body which is desired by many men in Crossroads. Her body is described as

6 I want to observe here that context, subsequently, becomes an important signifier and analytic tool when speaking of [African] romance. The specific time and place within which romance operates should be taken into consideration because they determine the ways in which it is understood by society and performed by individuals.
... emitting a raw body odour that drove Musa mad.... It was a powerful and bewitching scent that drove men with excitement, without their realising exactly what it was, and sometimes inspired them to voice things from deep down in their tormented hearts; their innermost secrets that they would never, even dream of sharing with their very wives; their longings, their hungers, their fears; and some frightening thoughts that not even they themselves knew they were capable of. It was a strange bewitching odour and only one man in Crossroads knew it for what it was.... Uncle Mark, he who had travelled far enough and long enough to know of such things, knew it was the essence of life itself, the sweet-sour taste of mother’s milk and of home fires and of nursing lionesses, way out in the hot deserts; the scent of danger, the irresistible allure of the forbidden fruit, the call of the wild and unreachable places. It was the promise of bold, new adventures and untold thrills and unfathomable pleasures; the tangible aroma of the dry savannah – harsh and endless and eternally hungry and woefully thirsty and as hot and horny as hell. (14)

The smell of Janet’s body stirs up strong emotions and feelings of (sexual) desire in a lot of men in Crossroads. My proposition is that the attractiveness and alluring nature of Janet’s body is mainly because it is viewed as healthy. Her healthy body is a hallmark of the eroticised body.7 Referring to Butler’s (1990) observation that we perform our gender and sexuality Wilton (1997) advises that “it is crucial not to lose sight of the body as a site of sexed and erotic meanings that precede (and may take precedence over) any such performances” (15). Thus the HIV/AIDS body is a diseased body and cannot perform its sexuality satisfactorily since it lacks the sexual appeal that, in the context of HIV/AIDS is

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7 Note also that the picture of the woman that Mzee Musa admires is without disease. As a result, Mzee Musa cannot keep his eyes off it. It is an eroticised healthy body and that is why Mzee Musa desires it (102).
necessary to form intimate romantic and sexual bonds. On the other hand, the healthy body can perform its sexuality, as it is attractive, desirable and therefore eroticised.

**ROMANCE NARRATIVE AS A MARKER OF SOCIAL ORDER**

In the preceding section, I have shown that in the texts dealing with HIV/AIDS in Kenya that I discuss, romantic relationships take place or effectively happen only between healthy men and women. I now propose here that the romance narrative in these texts can be read as a means of imagining the creation of stable social order.

Since there is neither vaccine nor cure for HIV/AIDS, its causes tend to be thought of as effects of poor social order, which must be brought under control by a social reordering. Catherine Waldby (1996) explains this understanding of HIV/AIDS as associated with poor social order: “Because AIDS is understood to be a sexually transmitted disease and associated with particular sexualities, the anatomies and discourses of AIDS pathology can be seen to imply certain concepts of an ideal sexual ordering both of *particular bodies* and of *social relations*” (40). Waldby further asserts that “if images of the body act as diagrams of social order, so do particular bodies live out ideas of social order in their flesh” (89). In this regard then bodies that are diseased and marked with signs of HIV/AIDS fail to live up to or sustain social order. Instead, they are seen as contaminants of the social order and subsequently, if order has to be restored and preserved, there have to be restrictions barring the diseased bodies from contaminating the healthy bodies.

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8 See Jeffrey Weeks (1985); Catherine Waldby (1996) and Helene Joffe (1999).
It is the argument of this chapter that the romance narrative is used to articulate this desire to control and reduce the probability of diseased bodies contaminating healthy ones. Derek Hook et al (1999) observe that

The body is, simply put, and broadly understood, the target of countless regimes of control, whether we are speaking of the pressure to make it conform to normal bodily parameters of size, weight and shape, the requirements of physical presence in treatment procedures, the details of constraint in disciplinary operation of all sorts or the body’s capacity to reproduce these power relations. (136)

In the case of HIV/AIDS, the body is forced to conform to certain behaviours with regard to romance and sex. For example, the idea and practice of safer sex raises questions around what is appropriate for bodies to do or not do with other bodies in the context of sexual and romantic encounters. As a result, contagion becomes a major figure in social relationships causing what Jeffrey Weeks (1985) calls a “moral panic that arouses intimate questions about personal identity and touches on crucial social boundaries” (44). Other scholars have observed that HIV/AIDS has exercised a powerful influence on cultural and social meanings of sex and sexual relationships. In *Policing Desire: Pornography, AIDS and the Media*, Simon Watney for instance writes of the new equation of sex with AIDS, which stands to construct a new contagion theory (1987: 132). The equation of sex with AIDS has led to the alienation of people who have

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9 James Miller (1992) also argues that sex has been translated “into a kind of high-risk romance” (19) because of the presence of HIV/AIDS while Susan Sontag (1991) observes that AIDS marks a turning point in current attitudes toward illness and medicine, as well as toward sexuality and toward catastrophe (72). Sontag asserts that the assurance by medicine of the easy curability of sexually transmitted diseases made it possible to regard sex as an adventure without consequences. But now AIDS obliges people to think of sex
HIV/AIDS because their bodies are seen as potential carriers of death. This representation of HIV/AIDS infected individuals as dangerous has led to a further drawing of social, cultural and intimate boundaries between “healthy” bodies and “diseased” bodies. Judith Butler and Maureen MacGrogan (1993) say that the “sexual panic prompted by AIDS… has spawned a logic of contagion… an upsurge in the regulatory power that extends itself through the proliferation and production of more and different sites of erotic danger” (6). The Last Plague, Chira, Nice People, Confessions and “Reversed Dreams” all show that because of the presence of HIV/AIDS individual’s have to be wary of who they have sex with. Because of its close association with sexuality, and consequently issues of intimacy, HIV/AIDS has had a significant impact on how people understand sex, sexuality and romance as people have tended to draw more stringent boundaries between what bodies they can get “involved” with and those that they cannot. Linda Singer (1993) posits that “the emergence of AIDS has… forced a radical remapping of sexual boundaries, of the terms of sexual exchange [and] of the constitution of sexuality as a disciplinary object.” Of interest in this chapter is an examination of how the drawing of boundaries between people who have HIV/AIDS and those who don’t is employed to propose a kind of social order, one that will lead to the as having potentially dire consequences. This view is also espoused by Dennis Altman (2001) who remarks that “AIDS has transformed the ways in which we understand sex, linking it once again to concepts of danger, disease, and death” (77-78). In addition, he says that “AIDS becomes a new reason for increased surveillance of the most private of human activities” (80-81). In Love + Marriage = Death (1998), Sander Gilman discusses literatures that deal with the risk of STDs during marriage and goes on to show how the idea of risk and contamination pervade relationships, especially during this time of HIV/AIDS. He observes that “in the age of AIDS all love relationships become… suspect” (35). Norman Spinrad (1995) writes that AIDS “create[s] a baleful of new existential equation between sex and death, and that [this equation] alter[s] our psyches and our society on the most intimate and ultimate levels”. The writers studied in this thesis contribute to the meaning of sex, sexuality and HIV/AIDS in Kenya by showing how the three are linked.

socio-cultural, political and economic progression of society by maintaining the health of this society.

In *Purity and Danger* (1984), Mary Douglas proposes that bodies stand for social systems and social systems for bodies in many, if not most, societies. She adds that “various orderings of bodily attributes, particularly through pollution rules, help to anatomise social order, to render it corporeal” (34). Because diseased HIV/AIDS bodies are, in the popular imagination, perceived to be characteristic of certain traits in the infected person that are thought immoral and dangerous to the social order of society, the HIV/AIDS body is seen as a threat to society. Accordingly, the HIV/AIDS body becomes a site upon which signs of moral degeneration are scripted. As I point out above, the diseased body has to be restrained from coming into contact with the healthy body. This supposition parallels Douglas’s (1984) observation that “order implies restriction” (94) and that order “involves rejecting inappropriate elements” (35).

The practice of rejection and restriction however can be damaging to those people who are infected with HIV/AIDS as it implies discrimination and stigmatisation, although in another light, this can be seen as a positive move to restore social order. Susan Sontag (1991) would be uneasy with such an argument since her conviction is that “the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, and most resistant to, metaphoric thinking” (1991: 3). Although in *Illness as Metaphor* Sontag argues against the use of metaphor in the language of disease, in *AIDS and its Metaphors* she acknowledges that “Of course one cannot think without metaphors
…. As, of course, all thinking is interpretation” (5) and advises that people restrain from using metaphors that might be pernicious. Sontag’s movement from urging us to seek “the most truthful way of regarding illness” in *Illness as Metaphor* to proposing that we retire the most destructive metaphors in *AIDS and its Metaphors* is, as Brian Patton (1992) points out, an acknowledgement that a truthful way of regarding illness is not available to us: “where are we to look for this most truthful way of regarding illness…. Without relying upon metaphor, how can we think about illness at all?” (272) Patton questions. Although the nature of the diseases and the metaphors used may differ with regard to Cancer, Tuberculosis and HIV/AIDS Sontag sees metaphorical thinking with regard to these illnesses as having similar implications for those infected, which may not be the case. Furthermore, the metaphors used to refer to cancer, TB and AIDS will not be the same in all societies at the same time. Even within a particular society, the metaphors may differ over time.

Sontag therefore fails to take into account that imaginative or metaphoric thinking is intrinsic to human thinking as a way of discovering meaning in life and that the metaphorical language that she rejects can be used with affirmative results.11 For instance, Janet Bujra (2002) cites the case of Ghana where military metaphors were used to promote condom use. She notes that “the military produced posters that declaimed “combat ready, condom ready!” and used military terminology and brutal metaphors to

11 Research has shown that the use of metaphors, especially cultural metaphors help people in understanding and dealing with the phenomenon of AIDS. In addition these studies show how the use of cultural metaphors and myths in representing AIDS helps to place it within a specific context. This contextualising of HIV/AIDS can offer possibilities of imagining and (re)creating new forms and practices of social behaviour and intercourse in the prevention of HIV/AIDS (See Suzzane LeClerc-Matlala 2001 and Overgaard H. Mogensen 1997).
sell the message about fighting AIDS: “put the boot on AIDS!” and “take the firing squad to AIDS” Bujra says that this message got through as “sales leapt from 500 per month in 1992 to 7,000 per month in 1997” (227). Therefore, metaphors enable people to construct meaning from various situations and it also helps people deal with uncertain situations. Metaphors can help people to better understand the world and in the context of HIV/AIDS, metaphors are helpful when talking about the disease and its threat of harm to human bodies and also to societies since they capture the reality and appearance of HIV/AIDS in ways that purely medical and scientific language cannot. In The Last Plague, Chira, and Nice People, the particular image of body as waste, weight loss, skin infection and disfigurement are used to mark people’s bodies and consequently attain extremely powerful metaphorical significance in the service of society. As Hertfeld (1986) notes:

The meaning of health and disease as a condition of the individual is itself always conditioned by the social and cultural contexts of the individual affected. These contexts invariably give meaning to the experience and representation of disease in a manner reflective of received cultural conceptions of health and illness.12

Following Hertfeld’s assertion, I would add that the meaning that society gives to health and illness, and how it views people who are healthy or sick is also dependent on the purpose(s) for which these representations are constructed. The negative meanings that are given to HIV/AIDS could serve certain purposes for the benefit of society although this may be damaging to the individual.

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Stigma and discrimination, which may arise from investing diseases with metaphor and moral labeling of people with HIV/AIDS, are used to set the affected person or groups apart from the normalised social order and this separation implies devaluation. But it is by amplifying the difference between the healthy and the sick that a semblance of order is created in society. This differentiation between those who are healthy and those who are sick can be understood as a way of taking control of an illness that is beyond people’s understanding: a way of dealing with an illness that defies both scientific and traditional knowledge and understanding. Stigma and discrimination are therefore used to create “difference” and social hierarchy, consequently becoming cultural and social processes used to enhance distinctions between individuals. The society endeavours to achieve conformity by contrasting those who are “normal” with those who are “different” or “deviant”, thereby producing difference in order to achieve social control. Helene Joffe (1999) contends that when faced with an imminent danger, like that of a mass crisis, people forge various forms of control and one such form is to “set up representations that declare which groups and practices pollute the order and decorum of the community… in an effort to sustain a sense of orderliness” (26). The drawing of boundaries between the healthy body and the sick body in Kenyan HIV/AIDS fiction is seen as important in forming some semblance of order in society.

In Bodies that Matter (1993) Judith Butler writes, “not only [do] bodies tend to indicate a world beyond themselves, but this movement beyond their own boundaries, a movement of boundary itself, [appears] to be quite central to what bodies ‘are’” (ix). Butler’s outline presents an interesting perspective from which to interrogate the significance of
boundaries when we talk about bodies affected by HIV/AIDS. Discussing Michelle Cliff’s short story “Bodies of Water”, Diana Davidson has the following to say regarding boundaries and HIV/AIDS bodies:

Boundaries are useful when thinking about what HIV/AIDS means to bodies and in interrogating how HIV/AIDS is constructed in terms of boundaries: we talk in boundaries about which bodies are and are not ‘at risk’ for HIV infection, we are obsessed with how to create boundaries between infected and non-infected bodies to prevent transmission and control contagion, we place boundaries upon sexual activities in order to assess these activities as ‘safe’ and ‘unsafe,’ and we draw boundaries to distinguish different levels of HIV/AIDS infection (Window period, HIV+ness, asymptomatic and symptomatic HIV+ness, ARC, full-blown AIDS, post-protease inhibitors AIDS, end-stage AIDS).13

Although Davidson is particularly interested in how the HIV/AIDS body is abjected and silenced, her formulation on the drawing of boundaries and the HIV/AIDS body sheds light on my discussion of how the healthy body and the HIV/AIDS diseased body are divided. Discourses about HIV/AIDS have materialised in many different bodies and the very act of naming different bodies calls to mind the locating of boundary. In addition, the placing of boundaries between bodies that are infected with HIV/AIDS and those that are not shows the ways in which bodies (and sexualities also) are organised, regulated and normalised through space and time.

Stephen Whitehead and Frank Barrett (2001) in their discussion of how men construct hegemonic masculinity argue that in order to invest it with power, masculinity has been

13 [http://www.dur.ac.uk/postgraduate.english/davidson.htm](http://www.dur.ac.uk/postgraduate.english/davidson.htm)
constructed around the concept of alterity. Their argument is that “identity formation occurs through a process of “othering” – marking groups as different and excluded” (22) which is a process of empowering the “in-group”. The naming of the healthy and diseased body in *The Last Plague* and *Nice People* creates a boundary which can be seen as a revisionary tactic to invest power in the healthy body, the “body that matters” and one which is seen as capable of upholding the social order. Therefore, the attempt to create boundaries between healthy and diseased bodies is also an attempt to take control of the HIV/AIDS epidemic in Kenya.

However, the attempt by these writers discussed in this thesis to create some sense of order using the romance narrative is not without fault. For instance in both *Nice People* and *The Last Plague*, the healthy couples who eventually form a romantic union are composed of middle class professionals. These individuals are depicted as the care-givers who will take care of the sick and by implication the health of the nation. In *Nice People*, Dr. Munguti and Sister Irene are depicted as kind people who adhere to medical ethics in a trying environment and as people who have the interests of the underprivileged at heart. Sister Irene’s sympathy for the weak is depicted through her care for Gilbert, a mentally retarded patient who is ignored by other nurses and doctors at the hospital. The hospital itself can be seen as the ideal national space where the upper-class professionals – the privileged – take care of the underprivileged. On the other hand, Dr. Munguti’s main struggle is about how to convince the government to provide cheap medical care, especially to the disadvantaged, in order to curb the spread of STDs. He sets up a clinic in River Road to provide cheap medical care to people with Venereal Diseases. However,
his mission fails due to lack of resources. Therefore, although Dr. Munguti is portrayed as sexually promiscuous at the beginning, his promiscuity is curbed and later excused on the basis of the good work he is doing for society and at the end is rewarded with a healthy romantic union with the healthy nurse. The union between Dr. Munguti and Sister Irene in *Nice People* and Janet and Frank in *The Last Plague* also seems to portray middle class families as “risk free” and therefore protected from infection with HIV/AIDS. The writers take recourse to conventions of “normal” family and traditional notions of sex and sexuality as the anti-dote for the HIV/AIDS epidemic. They reproduce heterosexual romantic relationships and the heterosexual family generally as exemplars of sexual safety and health, a proposition that is not necessarily true (see Lorber and More 2002).

Another faultline with the representation of the infected HIV/AIDS body in *The Last Plague*, as well as in *Nice People* is that HIV/AIDS is associated with a thin, emaciated body. This kind of representation seems to be trapped in popular discourses on HIV/AIDS in Kenya where fat bodies are associated with health and wealth and thin bodies with suffering, poverty and disease. The popular image of wealth and success in Kenya is that of the pot-bellied man. Jean-François Bayart (1993) has written about this bodily idiom in *The Politics of the Belly* and Ngugi wa Thiong’o gives a good representation of Bayart’s “the politics of the belly” in *Devil on the Cross* (See James Ogude 1999). In Kenya, HIV/AIDS is sometimes referred to as “slim” while in other instances, people who are positive are said to have “eaten nylon” because they become emaciated and eventually die. Ironically, therefore, fat people are not seen as possibly
infected with HIV/AIDS, a perception that is medically inaccurate. For instance with the introduction of anti-retrovirals, many people are living positively and healthily with HIV/AIDS and therefore these writers’ recourse to the popular representation of fat people as disease free and the idea that people with HIV/AIDS must somehow be marked with the physical signs of the virus, hence the assumption that the body becomes the visual representation of disease is misleading. One also wonders whether the stereotypical representation of fat bodies as healthy has any meaning in this age and time where a slender body is portrayed as the acceptable form, a sign of control, discipline and therefore representing the prospect of a long-term love relationship while a fat body is associated with over-indulgence, laziness, lack of self control and ugliness among other negative associations (see Helen Bramley 2003: 8).\(^{14}\) The fact that an individual’s body can be used to judge his character could also mean that the sick bear some degree of responsibility for their condition, leading to rejection and stigmatisation. This is because the character of the sufferer, as Susan Sontag (1991) argues, becomes a metaphor for the disease they acquire.

A question that concerns me at this stage is whether one can also think of HIV/AIDS infected people as normal or whether the writers are entrenching stereotypes about “normal” order. Ann Jefferson (1989) posits that “one does not see oneself as one is seen by others…. More specifically, since the body is what others see but what the subject does not, the subject becomes dependent upon the other in a way that ultimately makes the body the focus of a power struggle with far-reaching ramifications” (153). Jefferson

\(^{14}\) However, it should be noted that although the representation of the thin body as the acceptable form has been popularised by different media, this is only acceptable within certain circles and classes. There are many places in the world where a lean/thin body is frowned upon and the fat body celebrated.
goes on to argue that this representation of the self by the other is a representation that denies the self “true” self-definition since one’s identity is controlled by the other (160). In other words, the other is empowered over the self. Therefore, the conservative representation of the diseased body as unerotic, asexual and disturbing the social order is employed to curtail and contain its social possibilities. What the writers discussed here fail to address is the interconnectedness between the healthy and diseased bodies.

Perhaps Moïra Gatens’s (1996) idea of the body as a double can shed light on the concept of interconnectedness. In discussing how critics have tended to label masculinity and femininity in differing – more specifically in opposing – terms, Gatens advises that critics bear in mind that this opposing differentiation draws attention to the antithetical yet complementary relation between femininity and masculinity and that each of the terms implies the other, which then combine to form a whole (30). In The Last Plague, Mwangi shows that people who are infected with HIV/AIDS and those who are not can and should work together to alleviate the spread of the disease. However, by depicting the HIV/AIDS body as unerotic, Mwangi perpetuates negative images of HIV/AIDS and people infected with it.

In Nice People, Wamugunda fails to address how different bodies, both healthy and diseased, occupy the same space and how their differences can be reconciled in this space. By placing the diseased body in a discourse with the society that disdains it and perceives it as a body that does not matter, the authors do not satisfactorily create positive acceptable diseased selves. Nice People marginalises those who are sick instead of
calling to both the healthy and the sick to work together in the campaign against HIV/AIDS. Again, this tendency to isolate certain “undesirable” groups can be read as society’s mechanism of denial for the responsibility of such groups/individuals. Furthermore, the establishing of boundaries between healthy and diseased bodies can also be read as a negative comment on the kind of social order that society privileges – an order of the “normal”. On the other hand, however, although this may be read as failure on the part of the writers to try and reconcile the existence of the healthy and diseased bodies within the same space, the writers could also be depicting the extent to which HIV/AIDS has put a strain on social relationships; specifically how HIV/AIDS has made people become less tolerant of social differences in their quest for order.

CONCLUSION

It is the argument of this chapter that romance and sex are used in the fiction of Meja Mwangi, Caroline Adalla and Geteria Wamugunda as tropes for a redefinition of intimate and social relationships and as a medium to comment on the responsibility of each individual in society in order to create a sense of order during a time of crisis in Kenya. Thus people who are diseased with HIV/AIDS are differentiated from those who are not diseased through romance. Since HIV/AIDS becomes a symbol of “deviance”, of the “irresponsible” member of society, health becomes a sign of “self-control”, “self-discipline” and accordingly leads to acceptability of the healthy individual in the society. In order to achieve orderliness, there has to be a limitation on the meeting of these two bodies – in sexual/romantic relations, since any unregulated meeting of healthy and sick bodies constitutes a site of contamination and endangerment. The romance narrative
seems to suggest control of this apparent “pollution” by regulating the meeting of healthy and diseased bodies and by allowing the meeting of healthy bodies only in order to uphold the health of the nation and accordingly, the social order.

Romance is therefore used by the writers as a ground to redefine new possibilities for society at a time when the social order is threatened by the presence of HIV/AIDS. Although the writers still maintain certain stereotypes of the conventional romance narrative, they can also be seen as rewriting it. Kenyan writers, both men and women can be read as continually seeking new ways of redefining sexual behaviour by engaging the different social and cultural meanings given to HIV/AIDS. Richard Parker (1999) has noted the social contexts in which discourses on sexuality are framed and says:

Sexual life takes shape less in the singular than in the plural. It is moulded by diverse social institutions as well as by multiple, and often contradictory, cultural discourses…. It is shaped by a number of analytical distinct systems of meanings or cultural frames of reference that tend to intertwine in the flow of daily life but that nonetheless offer a variety of diverse perspectives or vantage points for shaping sexual practices and interpreting their significance. (326)

Similarly, romance can be seen as constructed within different and shifting cultural contexts. The understanding of romance, like sexuality, keeps changing and is determined by different constituencies at various times and in various places. Erotic meanings consequently take form within a wider cultural context. This chapter proposes that
HIV/AIDS discourses contribute to the formation of “an ideology of the erotic”\textsuperscript{15} in Kenya, an ideology that presents the avenue for willing new possibilities of understanding sexuality into being. However, it is noteworthy that this ideology can also be read as conservative and entrenching certain traditional notions of romance that have come to be associated with control, discipline and therefore setting the limits of sex and sexuality in society.

\textsuperscript{15} I borrow this phrase from Richard Parker (1999) who defines it as “the system of cultural representations and symbolic constructs that shape a particular reading or understanding of erotic experience in the specific context of [a particular] culture” (326).