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Romance, love and gender in times of crisis: HIV/AIDS in Kenyan popular fiction

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CHAPTER THREE

THE POLITICS OF NAMING HIV/AIDS IN *CONFESSIONS OF AN AIDS VICTIM* AND "REVERSED DREAMS"

INTRODUCTION

Carolyne Adalla's *Confessions of an AIDS Victim* (1993) and Macharia Mwangi's short story "Reversed Dreams" represent the experience of having HIV/AIDS as a painful experience that threatens one's physical and social identity. In *Confessions* the narrator decides to go public about her positive HIV status while in "Reversed Dreams" the narrator does not name his illness. This chapter examines the use of the confessional mode in *Confessions* and attempts to show that Adalla adopts the textual practices of the confession as a literary ploy to negotiate a cluster of cultural meanings and practices that surround HIV/AIDS in Kenya. I do this analysis by showing that the confessional mode is used as an ambivalent mode of narrating the self (and the community) beyond confessing the truth. The chapter also looks at Macharia Mwangi's failure to name HIV/AIDS in his story as a way of negotiating cultural practices and inhibitions that surround HIV/AIDS in Kenya. HIV/AIDS bodies are named through discourses of marginality. As a result, the decision both to name and not to name HIV/AIDS, as I demonstrate, has greater individual, socio-cultural and political implications for representing disease in these texts as the writers review and revise popular discourses around HIV/AIDS.

THE "TRUTHFUL" CONFESSIONS OF AN AIDS VICTIM

Confessions is centered on the protagonist, Catherine's, experience of being HIV positive and her past life highlighted by love, sex and pregnancy. As she is about to leave Kenya to further her studies abroad, a blood test reveals that Catherine is HIV positive and her world begins to crumble around her: "I am like a dry leaf hanging loosely on a tree waiting to drop down as the wind blows in my direction", she says (80). She is in a state of panic and several questions cross her mind: who infected her with the deadly virus? What can she do about the situation? How long does she have to live? How will she tell this to her family and friends? How will she explain to her employer that she cannot carry on with the plans to go abroad? How will she handle the stigma that AIDS victims face and many other questions that she cannot answer with clarity. In a heart breaking confession, she makes the revelation to her long time friend, Marilyn, in the form of a letter.

Catherine makes a decision to disclose her experiences of being HIV positive as a form of truth telling or confession. The blurb of the novel reads: "The confessions are frank and provide a lot of factual information about the AIDS infection as Njeri's story unfolds". At one point in the narration, Catherine says: This is a true account of how I spent one evening in town" (55). She therefore seems to demand that her letter be read as a personal testimony that speaks to the experiences of many other people in a similar situation and which she hopes can change the lives of many:

> I am aware that the story of my life is not so extraordinary as to warrant attention; rather, it is its similarity with the day to day lives of other girls growing up that

> makes it worth narrating. It is a clear demonstration that AIDS is a reality, and that it is not far removed from our pattern of life. I have mentioned that mine is a human tragedy. Let me also add that it is in particular, the tragedy of youth and women in Africa who risk being exposed to the virus daily. Mine is not a selfish lament or cry for my shortened life and obliterated future. It is a cry for the masses who fall victims yearly, and a decry for those among us who stick to high risk behavior. It is like a cry of a nation which has been defeated at war. I write so that you – and hopefully through you many others – may benefit and learn to avoid the mistakes I have made. And the first lesson is that AIDS is a reality, a terrible disease whose wages are death. (4)

The narrative in *Confessions* is organised around two confessions; the confession of the discovery that Catherine is HIV positive – "I have tested positive for HIV" (2) – and the confession of what she believes are the possible means through which she contracted the disease. Thus, her confessions include personal memoirs of childhood, adolescence, first experience of being in love, university education, her numerous love affairs and her parenthood. In the process she narrates issues of lack of sex education, gender relations, sexuality and a lack of parental guidance throughout her life. She presents these aspects of her life as an explanation for the eventual infection with HIV. Catherine shows that the extended period of lack of parental guidance and their excessive authority, which meant lack of individual choice and agency in matters of sex, validates the interchangeable causality between sexual transgression and being HIV positive. Her infection therefore frames the confession of sexual excess.

What is also interesting in this novel is that the narrator is portrayed as both a confessant and a victim. The title of the novel, "Confessions of an AIDS Victim" points to this

portrayal. Her confessions entail guilt and blame. She feels guilty for the kind of sexual lifestyle she led (which she implies led to her infection with HIV) while on the other hand she blames society for her infection with the AIDS virus. She sees herself as a victim of society because it perpetuates certain practices and types of behaviour that lead to the marginalisation of women. The subject status accorded to the woman led her to make (sexual) choices that predisposed her to infection with HIV/AIDS.

Confessing in the traditional sense implies that the confessant has transgressed culturally and socially accepted codes and has therefore sinned.[1] The confessant accepts his/her wrongdoing and is remorseful at what has happened. A confession also denotes the existence of a confessor and therefore an audience. The confessant in this case has a somewhat privileged position as s/he speaks out about her/his sins. On the other hand, being a victim supposes suffering and in the case of HIV/AIDS, a stigmatised and marginalised identity. Being marginalised signifies a lack of agency in the main occurrence. Catherine embraces both identities in her attempt to deal with her "human tragedy". Therefore, it is this rather ambiguous relationship between the confessor and the victim that frames Catherine's narrative in *Confessions*.

Assuming the identity of a confessant and a victim also points to the complexity of the decision to disclose one's experience of infection with HIV since HIV/AIDS is horrendously magnified by the multiple and often contradictory discourses which influence the construction and significance of HIV/AIDS and shape society's response to

[1] See Paul Ricoeur (1967); David Foster (1987); Peter Brooks (2000); Susan Gallagher (2002) and Einat Avrahami (2003) for a discussion of the confessional mode in literature.

the people that have it. Einat Avrahami (2003) argues that "In a society where health is upheld, paradoxically both as a normative, a regulating category and as an ideal state of personal utopianism, one's disclosure of a seriously debilitating illness is itself transgressive, verging on admittance to a state of sin" (166). HIV positive bodies are named by the discourse of marginality that isolates and stigmatises them as the 'other'. Confessing to being HIV positive therefore has greater consequences for one's personal and communal identity for, as Susan Sontag observes in *AIDS and its Metaphors* (1991), "to get AIDS is precisely to be revealed … as a member of a certain 'risk group', a community of pariahs. The illness flushes out an identity that might have remained hidden from the neighbors, jobmates, family, friends" (24-5).[2] HIV/AIDS is understood as a disease not only of sexual excess but of perversity" (ibid, 111). Catherine is aware that by disclosing her HIV positive status she is exposing herself to (negative) judgement from society. She knows that she will have to "bear the scorn and the stigma" that attends her declaration of being HIV positive although she claims that "it is the only sane thing to do" (83). By testing positive for HIV she acquires a new identity and thus "she has to start thinking as somebody who is at the end of life" (*Confessions,* blurb). Feelings of shock, rage and anger fill her as she feels she has been "recruited to the world of the dead" (2); "she is at the end of life" (6) and therefore "need[s] plenty of time to reflect

[2] Sex is not simply a set of behaviours and with time, it has become one of the most telling components of one's [sexual] identity. As Wilton (1997) rightly notes, "Since that … historical moment immortalized by Foucault as the birth of 'the homosexual' as species… sexuality has become instrumental in the constitution of subjectivity. What we do sexually and what sort of people we prefer to do it with, names us as a particular *kind* of person: a homosexual, a bisexual, a heterosexual, a pederast, a sadomasochist, etc. And this taxonomic project of the self has enormous implications for self-esteem, for sexual behaviours, for social infrastructures which organize sexuality" (Wilton 14). With the advent of HIV/AIDS the construction of identity through one's sexual orientation has gained greater urgency. This is especially true for people who get infected as the disease seems to give them a visible sexual identity.

and get used to *my new self***,** just as a prisoner who with time, becomes fond of a spider" (6, emphasis added).

Confessing allows Catherine to reach beyond her pain, fear, shame and anger caused by her HIV positive status. Through her confessions, she is able to reexamine her past life in order to deal with her current identity of being an AIDS victim. Consequently, narration for Catherine becomes paramount in her search for an identity. "The self," Finnegan argues, "is essentially constructed by or through narrative … by the stories we tell ourselves or that others tell about us" (Finnegan 4).[3] "This implies that any verbal expression of identity already intertwines narrative and identity by representing an individual subjectivity, a life story. Narratives are a way of making sense out of seemingly incoherent experiences, and even the lived life is a storied life" (Kruger 2004: 110). Examining the confessional mode and autobiography in South African literature, Susan Gallagher (2002) also remarks on the importance of narrative in recreating identities for the marginalised in society. She talks of

> the value of narratives and the power of discourse to work against oppression … to allow a number of different voices to speak from a variety of different situations….. [S]uch concerns [are] expressed by various feminist, black and postcolonial theorists who argue that autobiography is a crucial genre in which marginalized people can discover, create and proclaim their identities. (14)

Confessing for Catherine is an attempt at self-explanation and self-justification and is therefore an attempt to seek forgiveness and acceptance back into the society as her

[3] Quoted in Marie Kruger (2004: 110)

current identity threatens exclusion from society: “Pretty soon I will be faceless and nameless**.** Catherine, the beautiful name my mother gave me, will only be mentioned in hushed voices and by wagging tongues” (2-3), she laments. It is only through writing that Catherine can reclaim her physical and social identity by writing her shattered self back into an articulate narrative that can be lived: “Writing proves to be the only way I can emotionally vent my feelings and probably the feelings of many others in a similarly awkward position for mine is a human tragedy” (1). Writing also becomes a coping mechanism. She says: “Writing has been relaxing in a way; it has also transformed my way of thinking such that I have almost come to terms with the fact that I am an AIDS victim”, she writes. It is her belief that “if this letter were to be made public after you have gone through it, it would help transform the sexual behaviour of a section of our Kenyan society” (83). Catherine therefore demands that her confessions, her letter, be read as educative, hence giving more weight to her confessions. Writing helps her (re)create a new identity for herself and in this regard writing becomes an attempt to “normalise” her potentially ruined identity: writing therefore becomes an act of liberation as it gives her agency to reclaim her human identity.

One reading of *Confessions* reveals that the narrator’s confessions collude in and reinforce dominant cultural metaphoric constructions of HIV/AIDS. However, another reading shows the way in which the confessional structure paradoxically also gives the narrator authority to evoke the sick body not as textual construction, as a metaphor, but in terms of embodied experience. Although Catherine at one point in the narrative asserts the commonplace medical knowledge that HIV/AIDS is not selective in the least about its

carrier, the confessional structure that dominates her narrative consistently conflates her contraction of HIV with her own prior sense of sexual transgression and guilt for which her illness is seen as punishment. Her equation of HIV/AIDS with a fatal secret that needs to be revealed or confessed transforms the experience of being positive with HIV into sin. Furthermore, feelings of regret, shame and self abjection dominate her telling of the experience of having HIV. She says, "I want to rewind the clock of my entire life so that I could start anew next time, careful enough not to make the mistakes I have made" (2). In another instance she writes to Marilyn, "Writing to Brian, the father of my son is ridiculous and out of the question. He sounded the AIDS alarm which I did not heed. He would only laugh at me" (5); while in another instance she reminds Marilyn of her warning to "watch out for the cunning man [who] like a guerilla… lies in the thick forest, waiting in ambush. Do not fall for their honey talks and professed love. Fall for reason and for moral strength but never let emotion guide you" (41-42). One can discern from the above quotations that Catherine blames her current predicament on her carelessness since many people had already sounded the AIDS alarm to her. In fact, Catherine admits to leading a loose sexual life that exposed her to the AIDS virus. This is seen through her confession to Marilyn about the numerous love affairs she has had with men.

Catherine's first juvenile love begins with her stepbrother, Maina. She falls madly in love with him while at primary school but as fate would have it, her parents learn about their affair and they are both severely punished and separated. Back at school and heartbroken, Catherine joins a number of school clubs with the hope of going out to find herself another boyfriend. Her first outing does not bear fruit. After this outing she gets

infatuated with her Mathematics teacher and instead of the teacher taking a liking to her as the "good" decent girl; he goes for Sarah who had spent the whole lesson with her blouse completely open exposing her naked chest.[4] After this incident, Catherine has had enough of disappointments with men and comes "to the conclusion that being a good girl did not quite pay. A little aggressiveness here and there was desirable. After all hadn't it won Sarah a handsome teacher?" (20). Her next outing is successful as she meets and falls in love with a cool "saint"; [Henry] a tycoon's son who declares he "could have easily mistaken her for an angel had it not been for [her] school uniform" (22). For Catherine, it is love at first sight and that night she scribbles in her diary "welcome into my life Henry. Maina can now rest in peace" (23). At the end of the term Henry and Catherine plan to meet in a hotel without the knowledge of their parents. However, Henry takes Catherine to a bar where, after getting her drunk, he takes her to a room and rapes her. Worried that she might be pregnant and seeking reassurance from Henry about their love, she writes him but Henry's reply shocks her as he calls her an unprincipled girl who takes alcohol and goes to hotels with men. Thus what begins as an ideal romantic relationship turns out to be the beginning of her life-long nightmare. After this nasty experience with Henry, she vows not to get "involved" again, her motto being "Keep away from men if you want to keep out of trouble" (38). However, as she writes, "her heart secretly yearned for a boyfriend to fill in the emptiness left by Henry". Therefore when she meets Brian, it is love at first sight again although she undertakes to guard her

[4] Here Catherine points to the relation between disease and men who go after 'indecent' girls: "Marilynn, after this incident, men have never stopped intriguing me. Just when you expect a perfect gentleman to go after a decent girl, he does quite the reverse. Does this also explain why some seemingly good husbands abandon their decent and faithful wives and go for scantily dressed, crazy-looking girls picked by the roadside, in the bars or some other ungodly places? No wonder there is a speedy circulation of AIDS and other STDs" (20).

every moment with him (42). Things seem to be going well between them until she discovers that she is pregnant. Her parents are incensed by this and will not allow her to marry Brian since he comes from a tribe they dislike. Frustrated and faced with the pressures of schooling, a baby to care for and with no source of income she becomes an alcoholic and can only manage short-lived relationships with men. She says:

> That is when I took to the bottle. For days I lived at the bottom of a bottle, seeking answers to the misery that had plagued my life. Before long, I entered into a relationship with Bernard who also had misguided notions about life. Hardly two months later our relationship fell through after I met Morris who was a lawyer in town…. Through a classmate I met Moses, an elderly man in his late fifties. To call a spade a spade, he was what Kenyans will call a sugar daddy, already married with two wives and children my age…. We shopped at the Sarit Centre, Uchumi, Ebrahims and other big supermarkets. My clothes were straight from boutiques of my choice. This life was good while it lasted. (69)[5]

But like all such relationships, the affairs come to an abrupt end. Later she meets Alex during her graduation and by the time she discovers she is HIV positive they have been lovers for three years. When she informs Alex of her infection, he becomes verbally and physically abusive before abandoning her. Her attempts to convince him to be tested for HIV are futile; he would prefer not to know his HIV status because he might have to

[5] The theme of alcoholism and its dangers for those people who turn to alcohol to escape from their problems is a common theme in Kenyan popular writing. Writers like David Maillu, Mwangi Ruheni, and Charles Mangua, among others, have dealt with it, although Maillu seems to have written more on this topic for instance in books like *My Dear Bottle* and *Unfit for Human Consumption*. Note also, from the passage quoted above, the link between alcoholism, a loose sexual life and disease. I have discussed this theme in detail in chapter two of this thesis.

change his sexual behaviour.[6] During her affair with Alex, she confesses that she has not been faithful to him. She writes Marilyn:

> But I am no angel. I will be damned if I fail to mention that despite this tranquility, Alex has not been my sole lover. Within these three years I have had a short lived affair with a university don; spent one weekend out of town with a prominent businessman; had a sexual experience with a gynaecologist and a secret affair with a manager in a leading textile company here in Eldoret. (72)

After these confessions, the story ends with Catherine wondering who of these men would have infected her with the virus, as they all are respectable people in dignified positions.[7] "When you started to read this letter", she says to Marilyn, "I am sure you were shocked to learn that I am an AIDS victim and all through I guess you have been determined to find out how I could have contracted the virus. Now you know how…. These then are my confessions" (80-82).

It is clear from her confessions that Catherine lays the blame for the spread of HIV/AIDS at the doorsteps of the immorality of Kenyans. She laments the lack of morality and the prevalence of sexual excess in Kenyan society and sees this as one major weakness in a society under attack from a destructive socio-medical phenomenon. She leaves no doubt about her perception of Kenyan society as morally degenerate: "The AIDS virus seems to be taking advantage of the moral weakness in our society and all other imbalances.

[6] Catherine hints that Alex was also promiscuous. She suspects that he separated from his wife because of his extra-marital affairs and also that besides her, he had another 'steady' [girlfriend] in Nairobi" (32).

[7] This assertion is quite significant. It points to the commonly held view that "nice people" (educated and wealthy) are not at risk of infection. The irony of it all is that these "nice people" are engaged in sexually risky behaviour and could be the carriers of HIV.

Hardly three decades from the time we gained independence, our Kenyan society is morally degenerating, caught at a crossroads between Western behaviour and African morals" (74). She sees sexual overindulgence as one of the factors that led to her infection with the deadly AIDS virus.

Catherine's story conforms to the traditional discourse-based view of confession as "a rhetorical process, of assimilation of the transgressive into the normative" (Bernstein, *Confessional Subjects* 32).[8] The goal of autobiography according to James Olney is to "develop a theory of one's life; an explanatory narrative that makes the life appear coherent and meaningful" (12-13) The act of writing an autobiography, says Georges Gusdorf, allows one to become conscious of one's past, which then functions to alter one's present (47). The confessional mode therefore allows the speaker/narrator "to testify concerning and admit guilt about certain events in the speaker's life story in order to construct or reconstruct a "self within a particular community" (Gallagher, 17). However, Catherine does not only confess her sins in order to gain societal acceptance as a "normal" person. She distorts the confessional mode and assumes the role of a confessor to inscribe her own judgment on society. This is made possible by situating herself as a victim. She consciously exploits the highly charged contents of her confession by rejecting her society's view of HIV/AIDS to express her personal, embodied truth of being HIV positive which stands outside the restricting public discourses on HIV/AIDS. Foucault (1991) argues that confessional narratives are not about truth but power:

[8] Quoted in Avrahami (2003).

> The confession is a ritual of discourse … that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console and reconcile. (61-62)

Other critics however take issue with Foucault's conceptualisation of the confession from the perspective of its inherent power relations. Avrahami (2003) for instance argues that

> Focusing exclusively on the confession as a discourse of power … mistakenly presumes the political regulation of the sick body as the only tenable discourse on the body, one which focuses on the body as a conceptual object of discourse and thereby rejects any attempt to recall the body in terms of material action and intersubjective experience. (182)

Gallagher (2002) also contends that by talking so much about the power that the confessor wields, Foucault seems to imply that the confessant is always an innocent subject in the confessional practice (26).[9] Accordingly, he cancels out the possibility of the subject's intentionality and, with it, also the related concepts of individual agency and resistance (Avrahami, 169). It is this view of the confessional as an ambivalent rhetorical mode[10] that allows Catherine to speak as an authoritative agent and subsequently negotiate between the ways HIV/AIDS is felt and the constraining socio-cultural narratives that frame the understanding of HIV/AIDS, the treatment of people who are infected and the prevailing gender regimes that lead to women's subjugation. By publicly

[9] See Gallagher (2002) for an extended criticism of Foucault's ideas on the confession.

[10] See David Foster (1987: 16-17) for a discussion of this.

declaring that she is HIV positive and by regarding her status as something important to write about, Catherine challenges popular representations of HIV/AIDS and HIV positive people that depict them as individuals whose narratives are not worth being heard. She writes Marilyn about gendered power relations in her society, which she notes have a lot to do with her infection – and the infection of many other youths and women in Kenya/Africa[11] – with the AIDS virus.

She sees the factors that drive the epidemic as entrenched in the very power relations that define male and female roles and positions, both in intimate relations and the wider society. "Placing [AIDS] entirely in the hands of the medical authorities is the simplest way of asking the world to commit genocide" (79), Catherine warns. As a result, she engages the ideological and material apparatuses that define and engender the dominant male ideology in Kenya and Africa by extension. She takes issue with the lack of and need for sex education in Kenya and especially in relation to young girls. In most cases, she suggests, the future of young girls – mostly adolescents – is destroyed because they have not been given any form of sex education either at school or by their parents and as a result these girls end up with unwanted pregnancies which in turn lead to other problems like prostitution: "I can confidently attribute to this [lack of basic sex

[11] Catherine says, "I have noted that mine is a human tragedy. Let me also add that it is in particular, the tragedy of youth and women in Africa who risk being exposed to the virus daily. Mine is not a selfish lament or cry for my shortened life and obliterated future. It is a cry for the masses who fall victim yearly, and a cry for those among us who stick to high risk behaviour. It is a cry of a nation which has been defeated at war. I write so that from my experiences, you – and hopefully through you many others – may benefit and learn to avoid the mistakes I have made. And the first lesson is that AIDS is a reality, a terrible disease whose wages are death" (4). Catherine presents her story as not one of individual but collective suffering, further justifying her narrative by directly pointing to its educative potential. Although Catherine claims identity with many other victims of HIV/AIDS, she is more privileged than they are; her level of education enables her to write, and hence speak out unlike many women in Africa who are illiterate.

education] the increase in abortions and pregnancies among adolescents. Now with the AIDS dimension added, the picture is pretty grim" (18). Catherine also points to the lack of guidance for young people from their parents regarding love relationships. When her parents find out that she and Maina are in love, they are beaten and her mother delivers a stern lecture warning her that "befriending a boy was tantamount to getting pregnant" (17). Many of the girls she went to school with, she says, "complained of deteriorating relationships between their parents and themselves especially during the adolescent stage" (17). Of her father she says, "He does not stir any memories in my early childhood. When I started being aware of him, he was always the cold unfriendly stranger who sat quietly in an armchair with one eye on the newspaper and the other on trouble makers" (10). Her mother was afraid of him too and they never involved him in any of their discussions for he was always uninterested: "He was the kind of male chauvinist who believed nothing good could come out of a woman" (70). In her lamentations, Catherine especially blames mothers who are rated poor sex educators by girls (17).

The novel calls for an end to all the "traditional" notions regarding sex as a taboo topic and urges society to shed all misconceptions and mythologies that surround sex. Instead, the writer suggests that young people should be educated on matters of sex from an early age because their lack of knowledge on sex and the silence surrounding sexuality – which the narrator presents as resulting from male desire to control and dominate women – are some of the causes of the spread of HIV/AIDS in society.

The narrator depicts the plight of women in Kenyan society as caught in the throes of traditional beliefs about sex and sexuality and subject to the moral and material power of husbands, lovers and family. She observes that the economy in Africa favours men while women are discriminated against at job places. In addition, she decries the low status of the woman in African society where "A majority of women still have their rights downtrodden and denied them" (39). The woman is regarded

> as some sort of sub-species which was created to serve him [the African man] in all capacities in the house, entertain him in bed and procreate the number of children he would want. This same sub-species should be able to withstand the man's high affinity for other women, the man's thirsty throat for alcohol which can only be quenched at the expense of the household budget, and accept their rightful place, over the centuries, remains the kitchen where she can only be seen and not heard. (39)

When it comes to safer sex, Catherine argues that men will not use condoms because they understand this to be unmanly. It reduces pleasure from what they believe is their manly right to enjoy sex, even if it may be at the expense of their health and/or that of their wives/lovers. Thus the use of condoms is likened to the deduction of income tax from one's pay or eating a sweet with its wrapper on (48). Because of such culturally entrenched social mechanisms of control that dehumanise and marginalise women, Catherine portrays women as "passive recipients of the virus [who] die for the sins of their spouses, often leaving behind children, rendered orphans as an AIDS consequence" (74). It is clear that she blames the spread of HIV/AIDS mainly on men for their lack of self-control in matters to do with sex. She characterises men as being driven by their

egotistical and never-ending pursuit of sexual fulfillment in the disguise of love and romance.[12] Men are seen as victimisers and women as victims, as losers in a system that practices double standards, whether the men are husbands or lovers. I take issue with this representation of women in the text. It is inaccurate for Catherine to paint a picture of femininity and masculinity in binary dualism. In fact, her claim that her experiences are representative of those of many girls and women in Kenya may not be the case. It is clear that the experiences of girls and women who are illiterate, unemployed and from a different locality from hers will experience patriarchy differently. This also goes for those people who are infected with HIV/AIDS. They may not face stigma and discrimination, or even the physical experience of living with the disease as she may.

In *Confessions*, the body acts as an important site of signification for the inscription of cultural and medical narratives, and the body that interests Catherine is that marked by its gender and disease. Gender marks the body and gives it particular characteristics that conjoin with the significations made by HIV/AIDS to make this body a recognisable and key narrative sign.[13] Feminist commentators have written about the tendency to pathologise women's bodies and argue against the seemingly coherent relation between woman and disease: "Disease and the woman have something in common – they are both socially devalued or undesirable, marginalized elements which constantly threaten to

[12] She says that "after my long experience with boys (call them men if they want), I have not come across one other who will not have sex at the top of his mind once we are left alone in the privacy of the bedroom; … none… has been content enough to stop at kissing or holding hands " (15). Interestingly, Catherine blames men's lack of control in sexual desires on anatomical differences between men and women: "It was only much later, after I had read about the anatomical differences between men and women with regard to sexual arousal and response that I began to understand why boys just won't stop at kissing" (15). This seems to contradict her claim that it is culturally entrenched gender relations that privilege men's sexuality over women's.

[13] See Peter Brooks (1993) for a discussion of how the body is embedded in narrative to embody meanings.

infiltrate and contaminate that which is more central, health or masculinity" (Doane, 1985: 152).[14] "In its close association with disease", Kruger notes, "women's physical presence translates into social absence, and thus effectively neutralizes the female body's destabilizing potential for "a healthy patriarchal organism" (111). For Catherine therefore, gender, or femininity to be precise, conflates with the notion of victimhood. She sees herself as a victim of dominant cultural scripts that privilege patriarchal ideologies at the expense of women's needs, wishes and desires and attributes her infection with HIV to these. Although Adalla's representation of men and women as being on different and opposing sides is questionable, her confessions reveal how dominant social discourses on gender and HIV/AIDS control women through their bodies. As Marie Kruger notes, "the sign of gender and the mark of AIDS map social, moral and physical inferiority onto the female body, an inferiority that precludes social agency and requires male control" (111).

Confessions reveals a moralistic manipulation of popular romantic discourses to address the harsh reality that women face daily and also to warn against unguarded romance.[15] The novella is a warning to other men and women to avoid casual sexual relationships as their consequences could be profound and horrendous. For Adalla, the discourse of romance, love and marriage presents her with a position to argue for space and agency of women. She appropriates the discourse of romance and employs it to dramatise changes in the understanding and performance of gender relations, and the conceptualisation of

[14] Cited in Wilton (1997: 66).

[15] See Stephanie Newell (2000) for a reading of how the romance formula can be/is used by women writers to depict the position of women in society and to subvert patriarchal practices and discourses that undermine their existence.

sexuality in a socio-cultural and economic context of a universally destructive medical condition. By locating herself as a victim and through appropriating romantic discourses, Catherine creates possibilities to challenge the culturally accepted definitions and roles of masculinities and femininities, while simultaneously maintaining the space to negotiate appropriate sexual behaviour. Romance offers her the opportunity to explore personal experiences and allows her to articulate her wishes and desires that she probably may not be able to in other forms. The employment of romance to rescript modern female and male relationships in the novel also supports the claim made by Newell (2000) that romance is used to propagate claims of inequality between men and women: that it opens doors to condemn men's behaviour as husbands, fathers and lovers (147).

Importantly, confessing for Catherine acquires greater urgency due to her desire to revise dominant discourses around HIV/AIDS and thereby address the overwhelmingly negative cultural constructions of the disease. She rejects as inadequate the existing HIV/AIDS narratives and identities that only serve to silence and marginalise those infected. Initially, Catherine thought true popular social and cultural attitudes that considered HIV/AIDS an affliction only for the society's dispossessed, "for 'those' people far removed from healthy intelligent and beautiful persons like myself" (2). It is no wonder that she slept with men she thought to be decent and privileged unlike the poor she talks about in her story. But now she knows better because like the poor, uneducated, prostitutes and the ignorant or the dispossessed she is now an AIDS victim. She has learnt the hard way that HIV/AIDS "closes its eyes to beauty, intelligence, wealth, status and

what-have-you. Like a blind beggar, it can stop by anybody" (2). She therefore asks society to rethink existing stigma and prejudice surrounding those infected:

> You know the scorn with which people treat the AIDS victims – as though they were suffering from leprosy. All their friends disappear from the scene, and nobody wants to associate himself with the victim, with the exception of a few relatives. Have you stopped to ask yourself how lonely these people get? Or is it assumed we have had a fair share of company in the past and thus do not deserve it any more? Don't we pass for human beings deserving love, attention and company for as long as we still love – or have we degenerated so much as to drop the human status? Please answer me, Marilyn, does one's possession of HIV alter all other facts so that one is considered outcast from one's community of dear friends and relatives? Then why do I feel so neglected and dejected even before I pronounce that I am an AIDS victim? (51)

Although Catherine argues for a place in society for those infected with HIV/AIDS by identifying with their suffering, she is more privileged than the victim she claims to be all the same. Her efforts to confess have elevated her above the position of a sinner, a stigmatised figure to that of an activist; a public figure who decries existing narratives and treatment of people infected with HIV/AIDS. Her confessions privilege her voice and therefore her opinion over the potentially negative constructions of HIV/AIDS in her society. Subsequently, she is not just an ordinary victim; she positions herself as a victim (and a confessor) in order to be able to articulate issues on sex and sexuality that are considered taboo in the Kenyan society. Catherine's narration/confession of her suffering and pain and life experiences make the reader identify with and even pity her. The reader admires her courage to speak out against the different constraining discourses that frame the experiences of women and those suffering from HIV/AIDS. Accordingly, the

confessional mode is employed as a subversive rhetorical practice with the aim to undermine the popular constructions of HIV/AIDS shared by her own audience. Catherine can be seen as an activist in the sense that she refuses to accept existing narratives on HIV/AIDS and those infected with the disease. Furthermore, by writing to someone located in a different cultural matrix, she is able to discuss and critique issues that she otherwise would not be able to with someone located in the same cultural space.

I have argued that writing allows Catherine to transform the experience of terminal illness into embodied experience. Various studies have shown the centrality of the body in the configuration of relations of power that define social reality.[16] Brooks (1993) observes that the work of feminist studies from different disciplines has also been influential in studies of the body. These works according to Brooks aim

> to recover the experience of women, often silenced by traditional histories, to rediscover the published and unpublished texts that voice that experience, and to rediscover the place of the feminine in … culture. [As a result], feminist scholars have redirected our attention to bodily experience, including the stereotypes of the feminine perpetuated in much literature and art in a male-dominated tradition. (xii)

The metaphor of silence[17] recurs frequently in feminist discourse (D'Almeida 1994) and feminist writers have underscored the primacy of the woman writer in articulating the

[16] See, for example, Sander Gilman (1986); Hook et al (1999).

[17] In the context of HIV/AIDS, Catherine can be seen as answering to the activist call to ACT-UP and recognise that SILENCE=DEATH. This is also true of Macharia Mwangi as I shall show, although he 'speaks' out in a different way.

concerns of women.[18] Women writers are called upon to speak out against the discriminations and oppressions that they face daily. Adalla seems to be heeding this advice because through writing, Catherine can be read as "killing" those systems and ideologies that oppress women – and also those affected by disease. Nawal Al Saadawi says that "writing is like killing because it takes a lot of courage, the same courage as when you kill because you are killing ideas, you are killing injustices, you are killing systems that oppress you" (Quoted in D'Almeida, 2). Writing is not only a way of coming to terms with disease, but it is, for Catherine, a weapon to destroy the ideas that perpetuate the subjugation, inequality and "othering" of women and those ill with HIV/AIDS. In addition, the confessional narrative in this text is a statement of identity that Catherine uses to reclaim her self. Sidonie Smith argues that "Autobiography has continued to provide occasions for the entry into language and self narrative of culturally marginalized peoples, of people who are assigned inauthentic voices by the dominant culture" (15). Writing in Confessions can also be read as an act of defiance or social subversion because Catherine defies social and cultural codes that see the HIV/AIDS infected person as someone whose life does not matter and whose stories are not worth telling. By presenting herself as both confessant and victim, Catherine makes possible the expression of subjectivity and voice denied by the dominant culture in her society while at the same time claiming the worthiness of those infected by HIV/AIDS.

SILENCES AND "REVERSED DREAMS"

[18] Molara Ogundipe-Leslie (1994).

Macharia Mwangi's short story "Reversed dreams" (1996), aptly demonstrates the dilemma, the tensions, despair and desperation that face people who are in romantic relations because of the fear of HIV/AIDS. The story opens with Munga having a terrible day dream. We are presented with the physical pain that Munga experiences which also reflects his inner anguish:

> There is nobody here. Strange forces keep turning him. And the fire; the scorching flames lick him on all sides. His body turns and twists in rhythm with concomitant squeaks and squeals of excruciating pain. His body swells and boils. He prays that he may burst out in a single explosive bout. He does not. The fire gets hotter. He gulps in air, but the smoke chokes him. He struggles to cough in vain. Something sharp like a pick axe stabs him at the chest and turns him over. He howls. Someone is coming. It is a seven-horned demon. He tries to bolt away, but he is chained. The demon is approaching him. It gets hold of him and roars with laughter. (1)

When Munga wakes from his reverie, his girlfriend, Salome is in the room and this adds to his anxiety and confusion. Through Munga's internal monologue we learn that he is suffering from an illness that he has kept secret from his family, friends and Salome, and one that may kill him. He recalls his visit to the doctor:

> He had gone to see him for the fourth time in a week, hoping against hope that the doctor might have made a mistake. But it was the same sad story.
> "I can't help it, Munga", the doctor had said, despairing too.
> But … but…"
> "Munga had gulped in air, swallowing the words. Silence had reigned for a moment, pricking their collective conscience....
> "Does it mean, you mean I am really going to die?"

Munga had asked, like a small helpless child.

"Not necessarily young man. You see …"

The doctor was now eager to retrieve some hope for Munga, but he had given up as Munga slouched out of the office, dragging his feet in a petrifying stupor….

Nobody else knows about his fate. He has not told anybody at home.

"Let them cry and mourn after I am gone, not as I watch. But Salome, Salome must know". (2-3)

However, although he has vowed to tell Salome about his suffering, he cannot muster enough courage to tell her when the time comes. As he is going home accompanied by Salome, he makes several attempts to tell her that he has been diagnosed as HIV positive, but courage fails him many times. Finally the two reach Salome's house where he makes the final attempt and fails. This failure is exacerbated by the attraction between them as they lie on the bed and by the fact that whenever Munga starts to say something, Salome interrupts and misinterprets his line of thought. They speak at cross purposes:

"I was coming to tell you that… that…,"

"That you will need me tonight? Come on say it!" … "Salome", Munga starts, " I have always loved you with all my heart.

This, you know I'm sure …. Yet I'm afraid, I'm… afraid to…" Munga stops again.

"Afraid?"

He feels her grip tighten on him. He breathes heavily and hardens his stomach muscles to contain the storm within. He holds her on the shoulders and squeezes her against his chest…. A pang of guilt and remorse stabs his conscience, making him shiver. She thinks it is the heat of passion. (6)

Finally, overcome by emotions, they fall into each other's arms and make passionate love. As Munga makes love to his girlfriend, the horror and terror of this modern tragedy and its repercussions on social relationships and the general welfare of society is realised. Not only is the reader petrified that Salome is likely to be infected with HIV but one is also forced to think of what will happen to Babito, her baby, as he is heard crying calling his mama from outside the house (7).

What begins for Salome as a romantic evening ends with disastrous consequences, with the possibility of contracting HIV, developing AIDS and finally death. The love making between Salome and Munga is described through images of death, of despair, of dreams shattered, and helplessness, that encompass the themes in the story:

> He dives and swims with vigour. Her body rocks in immensely wild rhythms – virulent rhythms of death. As if in the high seas of time, their boat rises and falls with the waves of troubled waters of fear, of sorrow of emptiness. It is now falling sinking fast down the bottomless sea where finally it settles in pieces. Munga falls down and whimpers. Salome collects herself, hides her head in his chest and sobs. Somewhere in the dark outside another house, Babito cries, calling his mama. (7)

"Reversed Dreams" begins and ends with a sense of doom. The story begins with Munga in a trance dreaming he is in hell where he is undergoing severe physical pain. As the story ends he is in a trance overwhelmed by his actions. He has just made love to Salome and may have passed the AIDS virus to her, thereby destroying both her life and that of her child.

The linking of Munga's and Salome's sexual experience through images of water becomes important. By representing sexuality in the imagery of water the writer points to the fluidity of the sexual experience and the joining of bodies/body fluids with the possibility of dangerous consequences for the people involved. He establishes a metaphor of sex that begins with passion only to end with the possibility of death. It is deadly swimming in this lake of pleasure; the couple is swimming in the troubled waters of HIV/AIDS and by suggestion death. The lake, symbolising sex, is therefore invested with powers of pleasure and also death. It (the lake and metaphorically sex) can change bodily identities from healthy bodies to diseased/dying bodies.

Mwangi shows how easy it is to move from being HIV negative to HIV positive. He therefore challenges the negative identity given to people who are HIV positive by suggesting that it may take just one sexual encounter to be infected with HIV. In this regard we also note that HIV/AIDS has affected ways in which people conceptualise sex and romance because in this story sex is equated with HIV/AIDS and death. Patricia McFadden (1992) appositely remarks on the effect of HIV/AIDS on sex and sexuality, and one could add romance. She says,

> The AIDS pandemic has brought to the fore the essential and extremely problematic nature of sex and sexuality. Perhaps for the first time in living memory, we are faced with the imperative of having to examine what sex and sexuality mean in their numerous social-cultural contexts; how sexuality is constructed and played out in both the public and private areas of life…. We also have to question assumed sexual norms, practices and behaviour patterns which

> may actually be underpinning the explosive issues surrounding the transmission of HIV virus (sic) that is posing a serious threat to human survival. (158)

"Reversed Dreams" depicts the tension, confusion and anxiety that face people in a romantic relationship when a partner tests positive with HIV/AIDS. Through the use of romance and sex Mwangi offers insight into the expectations and hopes that men and women hold for each other in romantic relationships and the danger that HIV/AIDS poses in such relationships. He suggests that romantic passions should not override people's inherent predisposition toward caution and shows that it may take just one sexual encounter to contract the AIDS virus.

Whereas Caroline decides to go public about her HIV positive status in *Confessions of an AIDS Victim*, Mwangi decides to leave the illness unmentioned by his protagonist. In "Reversed Dreams", HIV/AIDS is therefore not explicitly named and the reader is left to use available knowledge from popular public discourses and representations of HIV/AIDS to construe what Munga is suffering from. Because Munga does not name his illness, the reader is forced to make deductions from the hints given in the story. His illness is talked about as a secret, a guilt that strangles him, (2) a beast (4). It is an illness that brings to his mind "Images of a wounded past. Images of a shattered present. Images of death" (2). It is a death causing illness (4). His doctor also does not say what Munga is suffering from, although the poster in his office with the words "HELP CRUSH A.I.D.S." makes the reader deduce that Munga has been diagnosed to be HIV positive. Further, by asserting that he feared "he had passed the dreaded thing to her" (3) and also due to the

fact that he is afraid of having sex with his girl friend, the reader is led to the conclusion that Munga has HIV/AIDS.

This failure to name HIV/AIDS or rather, this silence on HIV/AIDS can be read as a literary strategy to comment on the (negative) meanings given to HIV/AIDS and individuals infected with the disease in this society. Foucault says the following regarding silence and discourse in *The History of Sexuality* (Volume One):

> Silence functions in discourse: silence itself – the things one declines to say, or is forbidden to name, the discretion that is required between different speakers – is less the absolute limit of discourse, the other side from which it is separated by a strict boundary, than an element that functions alongside the things said, with them and in relation to them within over-all strategies. There is no binary division to be made between what one says and what one does not say; we must try to determine the different ways of not saying such things, how those who can and those who cannot speak of them are distributed, which type of discourse is authorized, or which form of discretion is required in either case. There is not one but many silences, and they are an integral part of the strategies that underlie and permeate discourses. (27)

What Foucault is suggesting is that rather than opposing discourse, silence is one of the ways or strategies of discourse. Perhaps a question that needs to be asked is why HIV/AIDS is presented in the story as an unspeakable/unnameable secret to be spoken about in metaphors. As I have intimated above, the failure to name HIV/AIDS in the story signals to the political, socio-cultural and personal meanings and consequences the words HIV/AIDS carry in the Kenyan society; the possibility of loss of friends, relatives and alienation when one declares their HIV positive status. One can read Macharia

Mwangi as communicating the social, cultural and psychological effects of HIV/AIDS by choosing not to mention what Munga is suffering from in the story. This can be read as an attempt to revise the negative meanings given to HIV/AIDS and the stigma that attends to people infected with the disease by helping society realise what it entails to construct HIV/AIDS or to talk about HIV/AIDS in ways that are detrimental to the victims. Although it is not mentioned whether Munga shows physical signs of the disease, he is already experiencing alienation from the public. As he sits waiting for Salome,

> The lady seated closer to him moves to the farther end of the bench and Munga just stares, refusing to feel hurt. Soon, he believes, everyone will be sitting away from him. Others will scorn or pity him from a distance and soon forget him. Perhaps his workmates will make fun out of it…. He drops his head, closes his eyes to withhold the tears that threaten to flood the waiting room. (1-2)

The question of not naming HIV/AIDS is thereby linked with the dangers of public exposure of one's infection which gives the infected person a different, alienated identity. He is seen as an "other" who threatens the health of society with contamination. In *Bodies that Matter* (1993), Judith Butler discusses the implications that identity categories may carry. She argues that "As much as identity terms may be used… these same notions must become subject to a critique of the exclusionary operations of their own production" (227). She further asserts that

> As much as it is necessary to assert political demands through recourse to identity categories, and to lay claim to the power to name oneself and determine the conditions under which that name is used, it is also impossible to sustain that kind

> of mastery over the trajectory of those categories within discourse. This is not an argument *against* using identity categories, but it is a reminder of the risk that attends every such use. (227-228)

By failing to identify himself as having HIV/AIDS, Munga refuses to be defined by society's readings of HIV/AIDS that see the infected person as carrying a degraded body, a contaminating body, a dying body: a body that does not matter. To quote Butler again, she asks,

> What qualifies as a viable body?; what challenges does that excluded and abjected realm produce to a symbolic hegemony that might force a radical rearticulation of what qualifies as bodies that matter, ways of living that count as 'life', lives worth protecting, lives worth saving, lives worth grieving? (16)

It seems that within contemporary Kenyan society as constructed in Mwangi's and Adalla's stories, a person who has HIV/AIDS is not viewed as a person with a life worth cherishing, talking about and protecting or one that contributes to the kind of social order preferred by the symbolic hegemony of society. That is why Adalla and Mwangi in their different ways urge society to understand the social and personal trauma that these individuals undergo and thereby accept them as people whose presence in society matters.

Although Mwangi argues for a rethinking of the harmful ways through which HIV/AIDS is conceived in the popular imagination, he, like Adalla, also possibly perpetuates this way of thinking. For example, the diagnosis of HIV/AIDS in the story is equated with death. From the moment that Munga learns he is HIV positive, images of death fill his

mind. In addition, HIV/AIDS is again equated with a fatal secret and with guilt as I mentioned of Adalla's *Confessions*. In fact, Munga's body is constructed in a ghost-like form. His body is talked about as a body in limbo between life and death. He affirms that ever since he was diagnosed with the virus, he has "been in a trance, in the shadow of death" (2). Although such a representation may point to the mental suffering that the victim faces, it also perpetuates negative associations of HIV/AIDS with death, thereby failing to give hope to people who are sick.

CONCLUSION

I have examined Catherine's pronouncement of having HIV/AIDS in *Confessions of an AIDS Victim* through the use of the confessional mode and discussed how Adalla adopts the textual practices of the confession as a literary ploy to negotiate the cluster of cultural meanings and practices that surround HIV/AIDS in Kenya and which serve to alienate and stigmatise people who have HIV/AIDS. I have also discussed the trope of not naming HIV/AIDS in Mwangi's "Reversed Dreams" and showed that this strategy functions within the narrative to negotiate and correct the multiple negative meanings associated with HIV/AIDS and people who get infected with the disease. Adalla's novella and Mwangi's short story reflect individual and social meanings around HIV/AIDS and at the same time they help intervene in how HIIV/AIDS is experienced. Both writers employ the language of romance to "further the cause of the people by opening their eyes to their objective situation in society" (Bryce 1997: 123). In this sense, their writing becomes part of a "practice of conscientization …" (ibid). As Bryce says of romance writing, Adalla and Mwangi use the romance narrative to suit the local needs of the people through

interrogating their own social reality (123). These writers interrogate the social realities surrounding HIV/AIDS in contemporary Kenya and make important interventions in the representation of this reality in different ways and informed by different social conditions. Adalla, through “speaking out in writing” and Macharia through “silence in writing”, all make important interventions in the representation of HIV/AIDS in Kenya.