

CHAPTER 1: INTRODUCTION

This study critically examines the depiction of the nexus between HIV&AIDS, the body and identity in Philip Chidavaenzi's *The Haunted Trail* (2006) and Tendayi Westerhof's *Unlucky in Love* (2005). Writers tend to concentrate more on the disease and the soul or spirit ignoring the body; yet, it is an important site for further analysis in cases of the HIV&AIDS scourge. The Conradian curse on the African continent and body can be seen to be the backdrop from where conceptions about the disease have been analysed, depicted and looked at even by the Africans themselves. Africa, perceived in the Global North situatedness as a source of disease and lack, has been blamed for the spread of the disease on a global level and the African woman has borne the blunt of the blame as a carrier or vector in spread of HIV by the society yet all social power to control women's bodies and sexuality have been vested in male power. Susser (2009) has seen it apt to call this crisis a, 'contemporary tragedy' and she has gone on to note that confronting the threat of HIV&AIDS in their most intimate relations, women, like men, confront tragic dilemmas, but the dilemmas are not the same for women as for men. It is a tragedy when more people between the ages of 0-35 are dying men and women, children left to look after each other, families are devastated, husbands and wives blaming each other for being the vector and generally wreaking havoc on identities that had seemed impregnable in different societies. Susser (ibid) goes on to aver that there are social determinants at the centre of the scourge and things are breaking apart economically, socially and physically. The society's constructions of masculinity and femininity have come under fire as critiques have blamed these social constructions for the dilemma that society finds itself in.

Having the virus is synonymous to getting the death sentence and lives have been changed, reshaped and remodelled in order to

elongate lives that have been operating under the ominous cloud of the virus. This study will examine the link between body, identity in a context that has come to be defined by HIV&AIDS.

The body is the primary signifier of a person's identity and in its struggle with the virus it is tormented, ravaged and always under constant attack. It is the body and identity that an individual tries to salvage in order to maintain his and sanity in the face of the scourge. The research makes use of the text *The Haunted trail* by Philip Chidavaenzi and *Unlucky in love* by Tendai Westerhof as the primary texts that will be analysed in terms of how the body is faring in its struggle against the virus and how the body is used in a context where women's bodies are the property of male power and authority. Mcfadden (1992) observes that HIV&AIDS have forced a close examination of the intimate spaces where the politics of sex and embodiment are being played out. In Africa these intimate spaces where closed sites that could not be analysed publicly and the HIV scourge had seen the affected operating in closed cupboards hiding their 'shame' from public scrutiny. This had made the pandemic problematic and one can notice that society continues to blame women for the spread of HIV and not take responsibility collectively.

Identities are being fractured and reshaped due to HIV when one is declared to be a carrier or a family member has been diagnosed. The most common mode of transmission can be seen being entry through the body sexually. The study will analyse how women characters negotiate their frail identities in a society that has vested all power to the rule of the fathers; patriarchy. Javangwe (2013) contends that the body of the affected is marked by symbols of the virus and symbols of decay and the woman is being blamed for the total decay in morals and decay of the body as a primary vector. He goes on to call this type of society a 'diseased society'. The study will look closely at how society is constructing and remodelling these identities in relation to

the body of the male and female picking at social constructs of masculinity and femininity looking closely at sexuality issues. In most cases issues to do with power or lack of it are at play in the spread of the disease. Women's bodies are commercialised by themselves as well as by men and society at large and this becomes problematic as it speaks volumes about lack of control on one's body as well as the body of men. Men can marry many wives customarily and women do not partake in these decisions as they conform to cultural practises.

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome). Jackson (2002) asserts that HIV&AIDS emerged in the 1980s and is likened to the 'black death' of the Middle Ages in Europe in terms of the number of deaths it has laid claim to. The most prolific aspect about the virus is the way it attacks the body's immune system. Antiretroviral treatment has recently been introduced as a counter panacea that is meant to boost the body's ability to fight off opportunistic infections. These tablets must be taken every day for life by an infected person whose CD4 count has been deemed to be too low to fight off infections on its own. Every missed dose has been said to increase the risks. Side effects appear shortly after starting an antiretroviral treatment which may be noticeable on the body or system of the affected person and disappear within a few weeks as the body gets used to the new chemicals. This is often the case with nausea, diarrhoea, skin rashes and headache. Rashes often appear as a side effect of antiretroviral treatment. These may be itchy but are usually harmless and short-lived. However, severe rashes can occur with nevirapine. Diarrhoea is a common side effect of many antiretroviral drugs especially Protease Inhibitors. A study review has found that 60 percent of people living with HIV report diarrhoea and it is one of the few aspects that society can use in making diagnoses of if possibly some is infected with the virus. Unfortunately, other side effects such as nerve damage and uneven body fat tend to worsen over

time and may never go away leading stigmatising of those people whose bodies are reacting to these new body management treatments. Losing fat on the face, arms, legs and buttocks, resulting in sunken cheeks, prominent veins on the limbs, and shrunken buttocks leading to those feared notions of a person who is slowly wasting away. The point being that even when has come with an antidote to that is aimed at assisting the impoverished immune system of the affected the body is still under siege and attack. The 'foreign' assistance for the body's compromised immune system comes with prize tag of all those side effects mentioned.

Manher (1986) states that the disease was only recognized as a global threat in 1986 and it became known as a pandemic or epidemic in years to come. In Zimbabwe one in every three adults is diagnosed with the HIV and most of these individuals are young. Jackson (2002) observes that a person who is affected by HIV develops slightly different strains of the virus over the years. HIV destroys the biological ability of the human body to fight off opportunistic infections. The virus also damages the capacity of the body to adsorb nutrients from the food leading to a person losing weight and gaining this skeletal appearance. A person can be infected with HIV for a long time without showing any symptoms of the disease. Jackson (2002) argues that having HIV infection means that, despite lack of symptoms of ill health, the virus is still present in the body and an individual can infect others or transmit the infection through sexual contact to other uninfected individuals. An infected woman can also transmit the disease to her unborn child or during breastfeeding. AIDS itself is defined in terms of weakening of immune system as evidenced by the presence of opportunistic infections. Virtually all infected persons 'may' die from the virus through gradual development of the virus into full blown AIDS.

Local lingo has developed different discourses that attest to the inevitable fear of death that has been associated with the virus. The transmutation of HIV into AIDS is what people fear most and despise about the disease as it speaks of the body's lack of control and loss of the fight of the with disease. Antiretroviral drugs assist the body in combating HIV and have complicated the relationship between HIV, the body and identity. Ward (1999) notes that it is possible to live or survive with HIV for more than fifteen to twenty years without it developing into full blown AIDS. In addition there have emerged body projects that can be engaged in to promote a long and healthy life. Susser (2009) notes that people who are affected by HIV can live longer if they eat healthy food, practice safe sex and religiously take their medication. Under such control Susser (ibid) goes on to state that these body management projects have facilitated in the virus not deteriorating too fast into AIDS. As a result the body is in a position to resemble a semblance of normality.

The relationship between the virus, identity and the body is reflected at the level of language. Terms like 'tire puncture', 'death train', 'departure lounge' and others have been created by society and are reflective of the discrimination and segregation that infected individuals suffer at the hands of society's lack of empathy. One notices that in a way society views the affected as suffering from the sins of the flesh. The infected are marginalised and relatives just attributes the cause of the illness to unknown causes. A culture of silence has been created around HIV and the most appalling fact is that it is a disease that is difficult to hide from public scrutiny and hate. Sontag (1989) criticises the punitive metaphorical reference to HIV/AIDS and notes that society refuses to acknowledge HIV as its own problem and seeks to marginalise the infected. Traditionally, it was easy to identify individuals with HIV through the public gaze for the body's transformations registered that one was infected. However, through 'body management projects' that have gained

currency in today's world it is now a challenge to use the 'public gaze' to determine the health status of an individual. The introduction of ARVs have therefore complicated our understanding of the nexus that exists between the HIV, body and identity.

Traditional understandings of gender and identity have been significantly challenged by HIV. Patriarchy has invested in men the power or right to control women's bodies as Mcfadden (1992) observes that in intimate sexual relationships involving men and women the male dominates the female. In Pluto's days the mind is associated with men and the body with women and the men was invested with the duty to control that body because he is a reasonable being. Vambe (2003) argues that the woman has remained a critical aspect in the politics of the spread of HIV. Armstrong (1995) goes on to reinforce how women's bodies are controlled by stating the fact that coercive force of authority is powerful in Southern Africa where obedience to authority is an important norm. Jackson (2002) notes that it is not unusual for a man to discipline a woman by beating as a correctional measure that is not frowned upon by society. In Zimbabwe women have continued to be beaten as a correctional measure by husbands or brothers, recently stripped naked in the streets, trivialised over male heirs, in ways that have been culturally acceptable by the majority of the nationals. Legal measures to protect women have not had much impact in change of attitude in men as one can note that the Zimbabwean culture has not given the woman much choice to seek outside remedies legally if she is to keep her family together. Coupled with these notions that aims to control women's bodies are also ideas that women have had to measure up to expectations of the good wife, daughter or woman whose bleached images women in the texts under scrutiny are trying to be. Women have been defined by these constraints and power struggles and in some cases victory has been recorded as some individual have emerged from it all stronger and

better able to deal with challenges in a context defined by what Javangwe (2013) termed 'diseased identities.'

The irony here being in the way the body, which is often the experiential site of both oppression and acts of resistance, has its experiences elided in discourses attempting to emancipate it. In addressing this absence of the body, a new discourse has evolved recently. Urban local lingo has it that anyone taking ARVs 'ari kujuicer.' (The idea of *juicing*) borrowed from the telecommunication world as it refers to adding talk time to one's phone. Thus the more talk time depends on how much talk time one has been able or can afford to add to one's phone. Loosely, this translates into more ARVs an individual has to take in order to increase one's lifespan. The idea of depicting someone as 'juicing' their life through the continued uptake of ARVs is evocative of how discriminative discourses on HIV have transmuted. The new lease of life '*kujuicer*' is seen to as short lived to the point where one needs to be constantly taking lots of pills in order to add a boost their immune system. Consequently, HIV positive individuals still suffer discrimination in spite of the body management projects and the advent of ARVs that an individual will be engaged in. However ARVs do not make one immune from opportunistic infection, cases of sexually transmitted infections, tuberculosis, unexplained lymph nodes, skin cancers and so many other diseases that still terrorize the body. The body is therefore an important site where the battle for survival between is taking place. This struggle results in the reconfiguration of identities. Connell (2005) notes that the body is inescapable in the construction of male and female identities. Masculinity tends to be defined in terms of the male body. Similarly, Ouzgane (2005) contends that masculinity and femininity exists opposites as they are predicated on sexed bodies and their reproductive functions. Furthermore, Ouzgane (2005) notes that society tends to project a real man as someone who is self-reliant, successful, is able to provide for his family and kin. However, for man

the above characteristics of what it means to be a real man are difficult to sustain especially so in times of economic, cultural, political and social crisis. Connell (2005) buttresses the fact that the pressure of maintaining masculine identity often obliges most men to treat their bodies as instruments and even as weapons that can be used.

Grossberg (1996) defines identity as constituted out of differences and argues that there is an alternative understanding of the relations of the modern and identity that suggests that the modern transforms all relations of identity into relations of difference. Campbell (1992; 9) also asserts that identity is an; 'inescapable part of being' and nobody can be without it. He goes on to elaborate that identity is inescapable as it is it is not fixed, either by God or man but is constituted out of differences. Judith Butler (1990) argues that feminism had made a mistake by trying to assert that women are a group with common characteristics and interests regulating and reifying gender relations as well as reinforcing the binary views of gender relations in which human beings are divided into two clear-cut groups, women and men. This argument shows that rather than opening up possibilities for a person to form and choose their own individual identity, therefore, feminism has closed the options down. Butler (*ibid*) also observes that feminists rejected the idea that biology is destiny, but then developed an account of patriarchal culture which assumed that masculine and feminine genders would inevitably be built, by culture, upon 'male' and 'female' bodies, making the same destiny just as inescapable. The argument from feminists was criticized by Butler as not allowing room for choice, difference or resistance. In other words, rather than being a fixed attribute in can be seen as a fluid variable which shifts and changes. Butler argues that sex (male, female) is seen to cause gender (masculine, feminine) which is seen to cause desire (towards the other gender). This is seen as a kind of continuum. Butler (1990; 25) goes on to stress, '...there is no gender identity behind the expressions of gender; ... identity is performative constituted by the very

"expressions" that are said to be its results.' In other words, gender is a performance; it's what you do at particular times, rather than a universal who you are. In this vein Butler (*ibid.*) is suggestive of the fact that certain cultural configurations of gender have seized a hegemonic hold; they have come to seem natural in our culture as it presently is but, she suggests, it doesn't have to be that way. By choosing to critic the status quo which have become the cornerstone on which our identities are constructed society can work to change gender norms and the binary understanding of masculinity and femininity that have become problematic in crisis situations. We have men and women trying to hold on to conflicting identities that fail to serve them better in a context defined by HIV&AIDS. An identity category for her is a result of certain exclusions and concealments, and thus a site of regulation. However, Butler also acknowledges that categorized identities are important for political action and the running of nations or families. An important idea that Butler espouses in her works is that identity forms through repetition of acts or imitation and not due to a certain original identity that exists prior to repetition.

The act of coming up with personal, social or national identity is an act that identifies 'who is in' and 'who is out' by delineating territorial limits as these boundaries locate the parameters of difference and of sameness. Individuals with whom we share an identity with are marked out as the 'same', in contrast to those who are different. Sameness is featured by the use of 'we' and 'us' and 'our' pronouns which draw in those with whom the identity is shared and excludes those who are characterized as the 'other.'

Kobena Mercer (1990; 43) notes, 'Identity only becomes an issue when it is in crisis, when something fixed, coherent and stable is displaced by the experience of doubt or uncertainty.' In this case one can note that in most cases identity never worries an individual unless if there is something that is threatening to wipe away all those fixed forms that

an individual relies upon to demarcate his place in this universe. When a person is tested positive these fixed notions who he or she is are destabilized and threatened and it becomes necessary to problematise identity in relation to the body and HIV&AIDS. Woodward (2002) acknowledges that Identity gives one a sense of who s/he is and to some extent satisfies a demand for some degree of stability and of security. Crises occur when an identity position is challenged or becomes insecure. Stability is often sought through appeals to unity and to an essentialism which 'we' share. Times of threat are not moments that can tolerate fragmentation and diversity. The time of threat is one when people need greater certainty. Socially the crisis of HIV&AIDS has seen the marking and branding of positive members of the society as undesirables who are being punished for engaging in heterosexual relationship. Pastors and even the common man are seeing this crisis as a punitive measure that God has brought down on the promiscuous because the disease is just conceptualized in terms of sexual acts, prostitutes and dirtiness. At the end of the day today's society even when laying claims to enlightenment are failing to see that they have created their own 'evil forests' where the HIV infected are seen as an abomination who are cast away and left to die on their own. Society fails to realise that anyone can be infected by HIV and we are all the same humans.

The body offers a mark of visible difference which can be read in various, differently inflected ways (Woodward: 2002). Woodward (2002) has gone on to note the body also presents a site upon which meanings are inscribed and a discursive field which highlights the interrelationship between gender and identity. The body is seen as a source of identity security for the individual in the fact that as long as the body is alive and well a person can still retain a sense of self identity. However, destabilised identities begin to emerge in cases where the individual is confronted by a crisis that threatens his or her sense of self. A healthy body is a source of security but insecurities

emerge when the body becomes infected. Woodward (2002) argues that there are myriad other instances of the limits which the bodies which we inhabit present to one's identification with and occupation of certain identity positions.

All societies and cultures have a series of gendered attributes and expectations and practices that are associated with women and with men. These cultural associations vary across societies and across time and space, but they are often linked to the properties of the sexed body. Being in possession of certain physical features classified as female or male establishes the cornerstone of an individual's personal and social identity. As feminised and masculinised bodies there are issues of power relation in the bodies we inhabit to the extent that women's bodies are seen to be weaker or easily usable. The woman's body is a contested territory where issues of gender and sexuality are inscribed. Connell (2005) states that bodies are at play in the spread of the virus. The body is the 'carrier' the 'infected'

Our bodies are the primary signifier of gender. Bourdieu (2000) argues that the body is the only tangible manifestation of the person.

The major problem to investigate in the study is the complexity that governs the link between HIV, body and our understanding of identity in Philip Chidavaenzi's *The Haunted Trial* and Tendai Westerhof's *Unlucky in love*. This research area can, however, be split into minor research problems such as:

- The significance and impact of HIV on the body.
- The relationship between the body and identity
- The significance and impact of HIV on our understanding of identity
- The relationship between HIV and masculinity/ femininity and the emergency of suicides.

The topic and area of study has been chosen for a number of reasons. The study seeks to offer a nuanced analysis and understanding of the relationship between HIV&AIDS, identity and the body in Zimbabwean imaginative literature.

There is an absence of in-depth study of the relationship between HIV, the body and identity in Zimbabwe and the existing literature on the topic largely focuses on HIV and identity reformation. Muchemwa and Muponde in *Manning the nation* (2007) paints a sombre picture of the nature of patriarchy and power in Zimbabwe in crisis of failed state. Images of violence and domination are implicit in conception and practices of fatherhood as a result of the disempowering colonial experience and the violence during the liberation war and thereafter. this work negatively portrays models of fatherhood available to youth in Zimbabwe both in daily life and in literature the work of art argues that manhood is framed in fundamentally the same way by all racial groups in Zimbabwe which is advanced by Zenenga's (2007) critique of Zimbabwean manhood and of masculinity as "phalocentric and there are suggestion in the stories that the colonial experience rather feminised African fathers turning them into tragic nomadic subjects.' Chitando (2007) concludes by adding this warped image of fathers of Zimbabwe as, "A good father . . . is considered weak or *muKristu* (gentle Christian man) and that a man is expected to be feared in order to be respected.'

The researcher is also curiously interested in HIV, the body and identity for personal reasons. Because of HIV, no family in Zimbabwe can be said to be immune to the impact of the virus. We have all been affected personally or through close relatives leading to fragmentation of families. I have witnessed close members of my family dying a painful and slow death before treatment became available. Now treatment is available vestiges of stigmatisation and discrimination are

yet to open up honest discussions of HIV. I am still intrigued by how society has been evolved or has evolved owing to HIV in terms of the orthodox identities as well as how only a few individual are honest to admit their status and society's attitude to the infected body or person.

The central objective of the study is based on the need to establish the nexus that exists between HIV, the body and identity in Zimbabwean fictional literature. This will be pursued by taking a look at how Zimbabwean literature has depicted this problematic relationship in the selected texts. In the process the task will also be to look at how identities are reformed or transformed in the process of dealing with HIV/. HIV is a life-changing experience for all those who have had to deal with it at close range and the study will zero in on those intimate spaces as an exploration that can achieve the said objectives. To achieve this objective the study seeks to situate the exploration of HIV, the body and identity in a context informed by the womanist, hegemony and masculinity theories which can help unravel the complexities of patriarchy, powers struggles between men and women.

The womanist theory is afro-centric brand of feminism has both empowered and disempowered the female members of the society in dealing with this crisis. The womanist theory can be seen to be the most accepted brand of feminism by the most black women because of its acknowledgement of the ravages of the history of colonialism, the nuances of African cultures that have created a the unique spaces that have continued to disadvantage as African women. One can also note that from those marginal spaces the African women have curved out new identities that have seen them being better placed to deal with the HIV than their male counterparts.

Masculinity is another one of the theories that will be used to further elaborate on how male identities have been reformed and transformed and it is very useful in helping us gain a better appreciation of the special position that patriarchy has afforded to the male species through socialisation. We are able to critique how and why men are finding it harder to deal with the crisis. In most cases men are not willing to offer support, admit their positive status publicly and in some cases just bail out on the aspect of life after HIV. Cases of denial and change of lifestyle can be seen to be depicted as more prevalent in men and the theory can help to shed light on why it is harder to move on for men and accept responsibility in the spread of the pandemic.

Hegemony, as a theory that aims at explaining power relations in society, can help to illuminate issues to do with the how women navigate their way in a society where power is vested in patriarchy. Issues of whether they can choose not to be vectors and negotiate safer methods that can protect them better.

In this study, the following key questions shall form the basis of the investigation:

- What emerging identities are being depicted in Zimbabwean literature that deals with issues of HIV?
- Is there a link between HIV&AIDS and our understanding of the body?
- What is the impact of HIV-AIDS on our understanding of identity?

The methodological method that will be used is literary survey of the selected Zimbabwean fictional works that explores and covers issues of HIV, the body and identity. The texts will be subjected to critical textual analysis that draws on theoretical perspectives that are mostly locatable in the feminist theory.

For my theoretical framework, I will rely on an eclectic/ interdisciplinary approach but prominence will be given to certain strands of feminist theory that privileges issues of HIV&AIDS, the body and identity. Within the feminist theory I will engage the ideas on the body as postulated by Judith Butler and Mary Wollenstonecroft to help in broadening the research area on HIV-AIDS, identity and the body. The feminist theory, masculinity theory and modernist theory through Giddens' ideas will help to elucidate major points in the discourse of the connection that exists on shifting identities and the body in a context that has come to be defined by HIV.

CHAPTER	TOPIC	SUB-TOPICS
Chapter 1	Introduction	<ul style="list-style-type: none"> ▪ Background to the study ▪ Statement to the Problem ▪ Purpose of the study ▪ Objectives of the study ▪ Questions guiding the study ▪ Methodology ▪ Theoretical framework
Chapter 2	Contextualizing the body in a context defined by HIV-AIDS focusing on <i>Unlucky in Love</i> by T. Westerhoff	<ul style="list-style-type: none"> ▪ Modelling, the body as a commodity and HIV ▪ HIV, body projects and reconfigured identities ▪ HIV and the body projects (dieting and exercise)
Chapter 3	Contagious bodies and destabilised identities in <i>The Haunted Trail</i> by P Chidavaenzi	<ul style="list-style-type: none"> ▪ Destabilised identities in moments of crisis ▪ Societal perspectives on contagious bodies and destabilised identities
Chapter 4	HIV-AIDS and the masculine, feminine identity as depicted in <i>Unlucky in love and The Haunted Trail</i>	<ul style="list-style-type: none"> ▪ HIV and the feminine identity in <i>Unlucky in Love</i> ▪ HIV and the feminine identity in <i>The Haunted Trail</i> ▪ HIV and the masculine identity in <i>Unlucky in Love</i> ▪ HIV and the masculine identity in <i>The Haunted trail</i>
Chapter 5	Conclusion	Conclusion