



## INTERROGATING DISEASE AND FEMALE SUBJECTIVITY IN MORAA GITAA'S *CRUCIBLE FOR SILVER AND FURNACE FOR GOLD*

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### Abstract

This paper analyses representations of disease and female subjectivity. The analysis is based on the premise that contemporary women's writings provide space to (re)define new identities for the female self. This paper, therefore, explores a woman's identity in a bid to investigate female character's encounter with disease and how disease affects the development of her identity in the Kenyan nation. Analysis of woman's experiences with HIV and AIDS is important because it highlights how disease, just like the contestations of self and other, subjugates women. Moraa Gitaa's *Crucible for Silver and Furnace for Gold* narrates about a woman who is living with HIV. This novel is singled out for discussion to provide an enabling environment to conceptualise identity and the relationship between an individual and the nation in the face of disease. The female's self-identity is interrogated with regard to feminists' and women's writings perceptions of the 'self' and 'other.' The findings of the study are that textual representation of disease demonstrates the writer's agency for the diseased female and provides an insight into the national context of HIV and AIDS disease; and its traumatic and subjective nature, which defines diagnosis, control, treatment and affirmation or negation of the diseased self as part of the society.

Key words: Identity, female, subjectivity, disease, self, other, HIV and AIDS

The need to perceive one's self is a central part of female experience in patriarchal and contemporary societies. Women writers not only seek to portray issues that affect women out of necessity of survival, but also out of their desire to understand and link women to a past which continues to shape the female experience in the present. This paper is a close analysis of Moraa Gitaa's *Crucible for Silver and Furnace for Gold*. The text marks women's emerging literary trends which represent problematic issues with regard to gender and disease. Gitaa represents female's identity in

the face of HIV and AIDS in recognition of woman as the 'other' voice, unheard voice whose selfhood in the nation has inadequately been voiced not only at the national level but also at the community level. The concern of this paper is the literary representation of the live of a female character within the context of the social life of the Kenyan nation; as well as an attempt to challenge notions about disease particularly HIV and AIDS.

The problem that this paper seeks to investigate is how a woman can discover selfhood alongside nationhood with regard to disease as an

experience, which gives rise to the female self and national identity. The objective of the study, therefore, is to analyse representations of women's subjectivity and its effect on the female self and national identity in postcolonial Kenya. This study is grounded on appreciation of reading women's writings as a process through which a sense of interdependence of the female self and the nation is realised. In so doing, a woman may find answers to the questions: Who am I? Where do I belong? Towards this, there is need to interrogate the effect of the postcolonial nation on the development of female self and national identity in regard to disease. This is in a bid to help women to find answers to the questions: Who am I? Where do I belong?

This study relies on feminist and postcolonial theories of criticism which are deemed relevant in the analysis of the women's national agency and identity. The feminist theoretical approach that is used in this study is gynocriticism, which is the process for analysis of women's writings with regard to the study of the female experience. Postcolonial literary theory, which attempts to show gender contestations through binary oppositions of 'self' and 'other' will also be used. It is deemed relevant in the analysis of the diseased female portrayal in the postcolonial nation through women's writings.

The methodology that will be used in this study will involve in-depth critical analysis.

Using feminism and postcolonial theoretical criticisms. Feminist theoretical approach, gynocriticism, will be used to identify issues related to gender power relations and explore women's position as characterised by 'otherness.' Furthermore, the theory will be used to analyse how self has been accorded to women in the course of narration and their refusal to be relegated to the position of a congenial 'other' who endorses her own subjugation. Postcolonial theoretical approach has been used to analyse the text's notions of self/other binary oppositions, which form the basis of identity formation within the colonial and feminist history. Self/other is a phenomenon that postcolonial and feminism theories challenge in order to foster women's selfhood and nationhood.

By writing about people suffering from HIV/AIDS, Gitaa uses her narrative to challenge those who are not sick to empathise with the sick. The author exposes the experiences of a sick woman as she makes an effort to recover herself from the marginalisation that comes with sickness. The prerogative of narration is given to the ailing literary character to expose HIV and AIDS illnesses that influence the development of the female self in narrative of disease. The self, constructed in this narrative, is a self that is different from the earlier one through narrative discourse which is a privileged means of initiating a dialogue to include the voice of those who are sick into the mainstream of the society. The relationship between the self and the narrative, therefore, embodies a process that re-conceptualises the self that is under threat due to sickness.

To document the loss of the self that comes with HIV/AIDS, Gitaa represents the subjectivity of the female protagonist, Lavina, and focuses on the perspective of the individual who is diagnosed with this ailment. The author makes an effort to reframe and redefine this disease in order to repair the unintended assault on the self by this disease. Under the veil of disease, Gitaa also exposes the life and the thinking of the victim in as far as her feelings, her expressions and outward appearances are concerned. However, the subjective experience of the victim is incomprehensible, indescribable and, therefore, accessible only through literary representation, which the author portrays, through a fictionalised victim as an imagined projection of disease and subjectivity. The idea of subjectivity of an individual due to sickness becomes problematic within the social and cultural context that shapes consciousness. Under such circumstances, the individual gets into a dialectical relationship with the imagined community and hence the interconnectedness of Kenya with the history of HIV/AIDS. The construction of subjectivity in postcolonial Kenya is closely linked to the meaning apportioned to this disease, its history and narrative discourse. Consequently, subjectivity acquires a dialectic relationship between the diseased individual and the nation whereby an individual's

sickness and repercussions of illness on gender and sexuality are articulated.

The articulation and exploitation of illness becomes a representation of disease and decay embodied by sickness and hence the notions of the self and subject. The formation of the self is linked to representation of disease and thus the self becomes the premeditated subject as either the subject or the object. The subject in illness discourse is synonymous with the perceiving self, 'I', while the perceived self is equated to 'I' as an object. The 'I' as an object comes to the fore through a person's reflection about herself/himself. Thus, the 'I' that is accessed in retrospect as a subject, portrays the self's experience, which is apparently an experience that embodies illness in the body. The use of 'I' as a narrative style makes the first person discourse acquire the 'I' agency that recognises the protagonist as a member of the postcolonial Kenyan nation.

By writing about disease, Gitaa demystifies the fantasies (bewitched, cursed, punishment) surrounding HIV and AIDS and tries to portray the disease as it is, not as a curse or a punishment or anything to be embarrassed about since it is manageable in the 21st Century. The representation of this disease is characterised by metaphorical reference, which adds rather than removes the suffering of those who are sick. McClintock in *Imperial Leather* observes that "biological images of disease and pestilence [form] a complex hierarchy of social metaphors" (46). The biological images serve to institutionalise fear of the disease by evoking terror and dread and thereby add agency to the issues of illness and gender power relations. For instance, AIDS is perceived as "a metaphor for contamination and mutation" (Susan Sontag 155). The metaphors criticise and condemn those affected by this disease and hence persons living with HIV and AIDS are assigned labels that are militant: 'HIV positive,' 'full blown AIDS,' and 'living with HIV and AIDS.' These descriptive labels are invasive and bring about evasion and segregation. Nevertheless, Sontag notes that:

It is highly desirable for a specific dreaded illness to come to seem ordinary. Even the

disease most fraught with meaning can be just an illness. It has happened with leprosy,...it is bound to happen with AIDS, when the illness is much better understood and, above all, treatable. (181)

The argument here is that with time this disease will be treatable and will no longer be a threat to the society just like leprosy. Michel Foucault in "Discipline and Punish" highlights the exclusion of the leper from the society as a "form of the great confinement...the image of a leper, cut off from all human contact, and underlies projects of exclusion" (196). Those who presented with leprosy before it was understood faced rejection and were separated from those who had not contracted the disease. When an unknown disease presents itself in a community, mystery attends the disease and castigatory metaphors are used in reference to it due to fear that paves way for stigmatisation. The "diseases, insofar as they [acquire] meaning, [are] collective calamities, and judgments on a community. Only injuries and disabilities, not diseases, [are] thought of as individually merited"(Sontag 133). HIV and AIDS ability to disgrace and disempower individuals and a nation as a whole signify a kind of punishment and hence the fear that not only affects those who are sick but also the nation. This disease ravages the body of the sick individual and transforms it; and a healthy nation becomes diseased.

Perception of HIV and AIDS as an epidemic afflicting a society such as Kenya is captured in the words of Sontag who observes that:

Plagues are invariably regarded as judgments on society, and the metaphoric inflation of AIDS into such a judgment....to be described as punishments not just of individuals but of a group....Interpreting any catastrophic epidemic as a sign of moral laxity...(142)

Illness is, therefore, seen as a moral judgment on a society that is manifested through individuals. Contraction of HIV/AIDS is, therefore, understood as a punishment and hence "the extraordinary potency and efficacy of the plague metaphor: it allows a disease to be regarded both as something incurred by vulnerable "others' and as (potentially)

everyone's disease"(Sontag 152).The tendency to lay emphasis on disease as a menace to everybody no doubt instills fear and intolerance and hence the need to defuse discrimination and trim down stigma since eventually, disease directly or indirectly affects people living in a nation. Mary DeShazer observes that "militaristic and demonising metaphors work to stigmatise people living with [HIV/AIDS]" (12). A holistic notion to illness is, therefore, indispensable to creation of normative social behaviour that is necessary in dismantling punitive descriptions of the diseased. This is because "the effect of the military imagery on thinking about sickness and health is far from inconsequential. It over mobilises, it over describes, and it powerfully contributes to the excommunicating and stigmatising of the ill" (Sontag 182). Both Sontag and DeShazer maintain that labels assigned to HIV/AIDS point to the difficulties that define this disease. The tags denote discrimination of the sick persons from those who are healthy and thereby the situation of the sufferers becomes more complicated.

Moraa Gitaa represents HIV/AIDS in fiction without negating the identity of the diseased female self. However, she depicts it as increasing rather than reducing female subjectivity. She narrates HIV/AIDS, an illness that is often perceived as different from other diseases because it is in most cases sexually transmitted and it is viral in nature. Sontag makes the following observation:

Until recently, most of the infections recognised as viral [are] ones like rabies and influenza that have very rapid effects. But the category of slow-acting viral infections is growing... evidence continues to accumulate for a viral cause of some human cancers. (156)

The manifestation of HIV/AIDS as a sluggish viral disease, therefore, marks it out as an unusual disease, a transforming experience and, consequently, attracts a history. Jeffrey Weeks categorises HIV/AIDS as a "deeply historicised phenomenon" (142) and points at the possibility of representing the disease in multiple modes: science and social-cultural manifestations.

Gitaa chooses to represent HIV and AIDS in a narrative and incorporates a scientific exploration of the disease by making reference to CD4 counts. A person is referred as HIV positive if the T-lymphocyte (CD4+) cells are either totally destroyed or are less in the blood. Increase in CD4 cell count indicates a restoration of immunity and opportunistic infections are minimised. Lavina's CD4+T cell count increase and her doctor concludes that she has no strain of HIV. Consequently, Gitaa's perspective seems to be that the sickness is reversible.

Sontag articulates the need to reverse the perception of HIV/AIDS by calling upon people to desist from using militant metaphors. Her contention is:

No. It is not desirable for medicine, any more than for war, to be "total." Neither is the crisis created by AIDS a "total" anything. We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor enemy. We medicine society are not authorised to fight back by any means whatever...about that metaphor, the military one, I would say,... give it back to the war-makers. (183)

Gitaa's representation of HIV/AIDS deviates from the common trodden path whereby the disease is regarded as battling against the body. Female and male authors in Kenya have written about HIV/AIDS: Catherine Adalla's *Confessions of an AIDS Victim* (1993); Marjorie Oludhe Macgoye's *Chira* (1997); Meja Mwangi's *The Last Plague* (2000); and Margaret Ogola's *The River and the Source* (1994). These texts have portrayed HIV and AIDS combating an individual's body. Unlike Gitaa's text, these texts do not have a strong appeal to young readers. Perhaps, this is because Gitaa weaves her narrative within a romantic plot. In addition, *Crucible for Silver and Furnace for Gold* is a narrative that presents a radical change in the history of HIV/AIDS, because the author reverses the usual notion that the disease is incurable.

Thus, Gitaa's new emerging narrative, I suppose, is the expression of "a radically changed form of consciousness, should not awareness of that break, and the necessary forgetting of the older

consciousness, create its own narrative?" (Anderson xiv). Seen from this perspective, *Crucible for Silver and Furnace for Gold* is superior to other narratives on HIV/AIDS because it instills hope in the patients by proposing a cure, while the other narratives seal the fate of the victims through death. It is no wonder then that *Crucible for Silver and Furnace for Gold* appears as the new appropriate narrative of HIV/AIDS.

Gitaa makes sex, sexuality and romance in 21st Century Kenya explicit unlike other authors of HIV/AIDS narratives. Gitaa proposes sexuality as a primary signifier in her narrative in which the AIDS pandemic is affecting young girls' sexual lives. She writes her narrative using a language that is familiar to romance readers. Perhaps other writers fail to represent the disease explicitly because it still elicits secrecy and shame. Gitaa's endeavour is to voice the silence that comes with HIV infection. The reluctance to name HIV/AIDS, for instance in Oludhe Macgoye's *Chira*, points at the socio-cultural, individual meaning and consequences that the disease is linked with by Kenyans:

...stigma and alienation from relatives and friends. The term "*chira*" which means wasting disease in the Luo language is used to describe HIV/AIDS. Thus, horror and despair characterise those living with the disease and hence the temptation to accord it silence. Macgoye refrains from naming the wasting disease in *Chira* as HIV/AIDS since the text "itself is the structuring metaphor for the novel" (Kurtz 189).

The title, *Chira*, is denotative and refers to taboo and the penalty of breaking it. The principal metaphor by which HIV/AIDS is referred to or understood in Kenya is the 'plague'. Meja Mwangi's novel, *The Last Plague* adopts an apocalyptic character of the pandemic. He depicts a nation nearing social and physical collapse for nobody seems able to confront the disease. Sontag in "AIDS and Its Metaphors" observes that HIV/AIDS is the most "demonized disease in society" (1). She points out that "the metaphors that we associate with disease contribute not only to stigmatising the disease, but

also stigmatising those who are ill" (i). The illness itself is horrendous and hence adding metaphors to it makes it more detrimental to the sufferers. The question is whether or not it is possible to represent disease without resorting to metaphors. In most cases, authors resort to metaphors when representing diseases and any other phenomenon that is considered appalling.

Stigmatisation often characterises those living with HIV/AIDS for the patients are perceived as having contracted the illness through their own fault. Representation in *Chira* is, therefore, associated with transgression: "it is sin that causes the wasting disease" (Macgoye 49).

Macgoye just like Margaret Ogola in *The River and the Source* depicts HIV and AIDS as a manifestation of evil and associates the disease with promiscuity, a notion that is debatable since sex is only one of the ways through which people contract the disease. HIV/AIDS may be contracted through blood transfusion and from mother to child during birth. Ogola's HIV/AIDS victim, Becky, contracts the disease and this affects her identity negatively due to lack of medication. At the time Becky contracts the disease, anti-retroviral drugs are not available. Ogola uses Becky to address the burning issues of the contemporary Kenyan nation as she equates Becky to evil, a woman who uses her beauty for seductive purposes and thus conjures up the capacity for destruction.

Ogola paints Becky as sexually loose and hence stigmatises her in her diseased condition by depicting the disease as a bush fire that is spreading very fast because people have not changed their sexual behaviour and attitudes. As far as Ogola is concerned, behavioural change is expected to curb the ailment in the absence of medication and thus we understand the pathos behind the image that she casts of Becky on her death bed. She presents a grotesque version of Becky as follows:

The lovely eyes were dimmed, the beautiful face was a death's head mask, the mouth excoriated to the quick, the limbs wasted and the skin was covered with unsightly blemishes. She would talk to no one and confided to none the fear and despair she



must have felt; she sent every one away with bitter words. (265)

The description of Becky by Ogola on her death bed lacks a human face because HIV/AIDS notwithstanding, any other chronic disease that could have infringed on Becky's body could have severely affected her as well. Thus, the picture Ogola paints of those suffering from HIV/AIDS is in itself discriminative and it is no wonder that Becky becomes bitter in her diseased condition.

Sontag observes that "retiring the military metaphors from the discussion will contribute to productive discourse on AIDS and help those who have contracted the illness" (1). Gitaa does not make belligerent reference to HIV/AIDS and thus she gives the disease a human face as the protagonist, Lavina, tries to come to terms with her illness. It is worth noting that the author explores the denial and difficulties facing those likely to contract HIV/AIDS since they are torn between keeping away and showing kindness to those who are already sick. The growing interest in the study of narrative particularly the study of individual lives is highlighted by Ruth Finnegan's premise that "the self is essentially constructed by or through narrative, ... by the stories we tell ourselves or that others tell about us" (4). Writing becomes a concrete medium to articulate human experience as lived in an effort to make people understand pandemic diseases. Thus, narrative about illness has implications for as Kruger observes, "Any verbal expression of identity already intertwines narrative and identity by representing an individual subjectivity, a life story" (Kruger 110). *Crucible for Silver and Furnace for Gold*, therefore, examines the impact of HIV/AIDS on the individual and the nation. The novel also tackles concerns raised by Kruger, in "Narrative in time of Aids." She asks:

Is the radical new experience of AIDS likely to prompt changes for the story of a diseased and often [stigmatised] identity? Are new ways of telling unavoidable considering this terminal assault on the self? Can the diseased self be affirmed as part of the existing communities? (109)

In a way, Gitaa's fiction seems to respond to Kruger's concerns. By writing a narrative that reverses the stigma attending those who contract the disease, she deliberately creates a female character who is sexually immoral. By so doing, she demythologises the belief that girls who get infected are innocent, since more often than not, society blames men as the perpetrators of immorality. Lavina, the heroine in Gitaa's narrative, is created to serve the author's purpose. This is also evident from the third person narrative technique used by the author, which makes Lavina the object of utterance. In other words, the narrator is speaking about Lavina who is also a character in the story and hence gives agency to HIV and AIDS narration.

Gitaa uses narrative discourse to create normative social behaviour by dismantling punitive metaphors directed towards those who are infected. Thus, *Crucible for Silver and Furnace for Gold* begets a HIV and AIDS narrative that becomes corrective in as far as narratives of HIV and AIDS circulating in the community at the time of its writing are concerned. For example, Catherine Adalla's *Confessions of an AIDS Victim* (1993); Marjorie Oludhe Macgoye's *Chira* (1997); Meja Mwangi's *The Last Plague* (2000); and Margaret Ogola's *The River and the Source* (1994). Gitaa, therefore, attempts to carve a spectacular place for Lavina in the nation as her condition changes from HIV negative to HIV positive before reversing to HIV negative. By so doing, Gitaa portrays HIV/AIDS as no longer one of the most terrifying illnesses. She imposes order on its progression by providing a structure for a narrative where the victim, Lavina, survives. Thus, Gitaa subsumes all uncertainties and setbacks that confront HIV/AIDS.

When Lavina meets Rawal, an Asian, who is forty years of age, unmarried, and living alone in an apartment, she raises questions as to why he does not live with his family like other Asians. Ann-Marie, a close friend of hers warns her to be careful with such a man, but Lavina ignores. Lavina blames her current HIV positive plight on her voluptuousness. Belated feelings of guilt, regret, shame and self objection explain the sense of defeat that comes with infection. This is because her perception is that she can do nothing to reverse her sero status. Using

the past tense, the omniscient narrator points out that she is “certainly not part of the jetting crowd when she [meets] Rawal, but he [changes] that. It [begins] as one big lie after another and then... suddenly [finds] herself in too deep to get out” (28). Lavina is suspicious of Rawal, but instead of persistently questioning him to find out the truth, she gives him the benefit of doubt and as a result, he changes her because she is blind to reason due to the monetary gains she receives from him.

The narration of the events that define Lavina as a HIV patient implicate her as leading a careless sexual life, despite the threat of contracting HIV. The tension between Lavina and the society she is living in is heightened by her failure to conform to the society’s code of behaviour which expects her to practise safe sex through abstinence or use of condoms. Thus, the novel reverses the trend and blames women for contracting HIV/AIDS and the author turns judge and prosecutor as is evidenced by the confession her protagonist makes about the circumstances under which she contracts the disease. Gitaa’s aim is to sensitise woman to insist on safe sex. Consequently, the fictitious representation of sexuality becomes, in the words of Foucault as cited in *Imperial Leather*, a “causal principle, an omnipresent meaning, a secret to be discovered everywhere...” (McClintock 7). Gitaa integrates HIV and AIDS in the story of sex and sexuality which is the site for manifestation and rationalisation of power relations between men and women.

The development of discourse on illness is based on reviewing and re-assessing the self in an effort to help the diseased to experience psychological healing. Gitaa underscores the need for Lavina to rid her mind of the haunting nightmares about the prospects of the illness. Retrospection about her relationship with Rawal is geared towards self indictment. The author uses the past tense to distance the diseased female self from the pain that comes with contracting the disease. Lavina’s decision to quit the relationship is not based on moral grounds, but anger for allowing herself to be used. The writer indicts her for her inability to take caution in the era of HIV and AIDS and raises a moral question as far as sexual behaviour is concerned.

Lynne and Ann-Marie, Lavina’s friends, listens as she tells them how Rawal pampers her with various credit cards, two cars and buys and registers in her name an apartment as a birthday present. These generous gifts blind her and she allows herself to be used without any reflection so that when he suggests that they stop using condoms, she does not hesitate. She decries her morally degenerate stance that allows Rawal to “hand [her] a death certificate...”(195). Lavina equates the disease to a death sentence. This suggests that fear overwhelms those who contract the disease because it is not curable even though there are medications that prolong life.

Lavina works as a laboratory technician where she is involved in testing HIV and AIDS. Ironically, despite her involvement in testing and counselling, she is not extra careful in her sexual life. HIV and AIDS just like other diseases makes demands on people to “test, to isolate the ill and those suspected of being ill and transmitting illness, and to erect barriers against real or imaginary contamination...” (Sontag 168). The author uses Lavina to underline the danger surrounding the epidemic and to sensitise the youth about lack of prudence in their sexuality. Lavina’s claim that Rawal is on a “destructive trail” (195) and hence deliberately infects her confirms the author’s scheme to present girls as villains in their contraction of HIV and AIDS.

Gitaa portrays Lavina as senseless for failing to be wary of a man of questionable background. With her stable economic status (she sculptures during her free time) we expect her to be happy, but “the sign of gender and the mark of AIDS map social, moral and physical inferiority onto [her] female body...” (Kruger 111). The writer implicates Lavina in the tension that attends her relations with Rawal. Her illness enables us to build on the questions of gender and sexual relationships as (re)conceptualised in postcolonial Kenya. The nation becomes the backdrop against which HIV/AIDS unfolds in Lavina’s life. She is the focal point for the narrative’s moral and physical disintegration of both the private and public life of the nation. The intensity of the effect of this disease on her life is captured in the words:

...my life [comes] to a standstill. What [is] functioning in my body [is] only the beating of the heart and the flowing of the blood....In subsequent days denial [sets] in. It [is] like a blow to my solar plexus. From then on, every aspect of my life [takes] a downhill turn....(197-198)

Before she contracts the disease, Lavina enjoys a fulfilled self but she loses it as soon as she is diagnosed as HIV positive. She, therefore, adorns a fragmented diseased self. She thinks of a way of making Rawal accountable by suing him. Unfortunately, this is an exercise in futility for at the moment, there is no law that makes wanton spread and infection of other people with HIV illegal. The heroine blames herself for an error of judgment, while at the same time linking casual and unprotected sex with danger in the epoch of HIV/AIDS. Lavina becomes 'other' than those prudently dealing with their sexuality; other than those who are not infected with HIV virus.

Gitaa uses her female protagonist to suggest that the spread of HIV/AIDS Kenya is due to Immorality. She presents the Kenyan youth as hyperactive in their sexuality; bemoans the deficient morals and the pervasiveness of sexual excess among people living in Kenya. Just like Gitaa, Carolyne Adalla in *Confessions of an AIDS Victim*, uses narrative to grieve over the effects of HIV/AIDS in Kenya. Through her protagonist, Catherine Njeri, she posits:

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 that fall victim yearly, and a cry for those among us who stick to high risk behaviour. It is a cry of a nation which [is] defeated at war. (4)

The 'I' narrator who is also the protagonist in this narrative signifies that HIV/AIDS is a reality; a dilemma facing human beings. Perhaps Adalla uses hyperbolic reference of the disease with the hope that people will read HIV/AIDS narratives and as a

result change their sexual behaviour so that they can protect themselves from infection.

The female protagonist, Lavina, in *Crucible for Silver and Furnace for Gold* contracts HIV and receives judgment as a villain. Her father rejects her and makes sure that his family does not interact with her. He ostracizes her because of her HIV status even though he is not justified to do so. His behavior is punitive, discriminatory and excommunicates her from his family. Thus, Lavina and her mother can only communicate secretly with each other. We are not surprised that Lavina experiences the dishonour that comes with HIV infection. Her diseased female self is plagued by her current condition, betrayal by her lover, ostracisation by her family and stigmatisation from friends. Sontag notes that "detaching guilt and shame from perspectives on this disease" (1) can be a major breakthrough. It is possible that sick people in a society die because of stigmatisation rather than the effects of the disease. Nevertheless, Gitaa dwells on the consequences of unfettered intimacy in the time of HIV/AIDS: desperation and suicidal tendencies but she reclaims her protagonist in a bid to reduce stigma and discrimination.

On learning of her HIV positive status, Lavina takes leave and moves to Malindi where a close friend of hers, Lynne, and her husband, Tim Munge, the mayor of the town, welcome her into their residence. Lavina moves from Mombasa, a familiar territory, to Malindi, an unfamiliar one, in search of a place where she can experience peace without the anxiety occasioned by her new HIV positive identity. While in Mombasa, Lavina is "haunted by her predicament....[feels] desperately lonely" (2) and hence her decision to escape from the town "to get away from all those knowing glances being cast at her" (2) and to avoid stigmatisation. Lavina's attempt to seek direction and hope through counselling sessions does little to foster a peaceful coexistence with her HIV positive identity since both friends and foes point fingers at her. As a consequent, she contemplates suicide while visiting a psychiatrist, but the doctor comes back into the room before she attempts to jump from the eighth floor. Suicidal notions show that



Lavina is at the end of her retrospective assessment of her diseased female self.

Longing for death is characterised by depths of despair in her diseased condition as she experiences a sense of loss, guilt and deep feelings of betrayal from a society that attributes her HIV positive status to apparent decadent behaviour. Coming face to face with the stigma that HIV/AIDS patients suffer prompts Lavina's movement from Mombasa where she is a subject of intimation and rumours from her fellow Africans who even try to avoid her. She is devastated and overwhelmed by the predicament of her HIV positive status. The omniscient narrator tells us that "She [feels] haunted by her predicament, which [is] turning out to be as oppressive as the humid coastal heat" (2). The author uses the imagery of humidity and heat to underpin Lavina's experience of intense emotions of horror, disgrace, and the fury engulfing her.

In Malindi, Lavina manages to conceal her identity for it is only the Munges who know her status and, therefore, charts her life by wearing a social mask, a facade. Everything about her becomes a farce, superficial and artificial as she tries to hide the pain tearing through to live with her new HIV positive status. The coastal archipelago provides her with the peace and solitude which are "bliss for her aching heart, a soothing balm for her hurting soul" (1) but before long she internalises desperation and contemplates suicide. Under such circumstances, she sees "the sea as a way of escape from her desperate dilemma" (1-2). The mental suffering that Lavina faces and her wish to die equates HIV/AIDS with death even though HIV/AIDS does not automatically lead to death in the contemporary society where medication is available and those infected lead relatively normal lives.

Lavina's life is nearly destroyed when she contracts HIV. Giorgio, a European, extends to her a rare gesture of humanity by not only rescuing her from drowning, but also falls in love with her and thereby both of them initiate an interracial relationship. Gitaa integrates the diseased female self subjectivity into a meaningful national narrative with Lavina and Giorgio as the central characters. Their romance forms part of the current literary

tradition on HIV and AIDS in postcolonial Kenya. Kruger observes that both *Confessions of an AIDS Victim* and *Chira* depict "AIDS in postcolonial Kenya as a painful social experience that blurs and shifts cultural values until the search for a new normative and narrative community becomes inevitable" (108). *Crucible for Silver and Furnace for Gold* encodes the pain that people are subjected to on learning about their HIV/AIDS status.

At first, Lavina lacks esteem and mistrusts Giorgio. Thus, she holds back her strong feelings of love and information on her sero status. Certainly, he is convinced there is something holding her back from him. He tries to pursue her for revelation and almost gives up. He becomes critical of her stance saying, "it does not matter how safe or comfortable you make it, a cage is still a cage, a gilt-edged or not...it is time you moved out of it. Out of your comfort zone. Leave the past behind Lavina" (98). The author's aim is to demystify and revise HIV/AIDS perception, possibly change responses to its preoccupations as disaster associated with a death sentence. One reads authorial intrusion in Giorgio's words as Gitaa tries to negate stigmatisation in a society that empathises with the infected. The articulation of the question of identity in the era of HIV/AIDS impacts on Lavina to either deny her diseased condition and hence continue suffering mentally or accept it and chart her life in the best circumstances available for her; release herself from the 'prison' that her HIV status has confined her to. Despite the encouragement to lock up her sorrowful past in favour of the emancipation Giorgio offers to bring into her life, Lavina exercises caution. Her experience in love affairs taught her to do so, making Giorgio fail in his proposition. As far as she is concerned, telling the truth about her deep feelings of love for him is not the problem; the issue is admitting responsibility of her HIV positive status. She, therefore, opts to metaphorically remain caged than court freedom which is likely to entangle her bid for freedom.

Lavina's quest for identity makes her go through a self-reflexive exercise in regard to her current condition. Gitaa uses biblical allusion to emphasise the quest for female self and national identity in spite of one's HIV/AIDS status. The title of

the text, *Crucible for Silver and Furnace for Gold*, is borrowed from Proverbs 17:3, which in the New International Version (NIV) Bible reads “The crucible for silver and the furnace for gold, but the Lord tests the heart” (Kenneth Barker et al 982). Silver and gold are refined to remove impurities while people’s thoughts are polished up by the Lord. Even though there is really nothing Biblical in the plot, Gitaa intertwines the account with the problematic identity of the protagonist through Biblical allusion. She asserts the need for refinement of character in this age of HIV/AIDS through suggestion that confession is a precursor to the openness that ought to govern love relations. She longs for death, but her incidental encounter with Giorgio, and the sudden love affair that develops between them makes her remember her favourite verse, Proverbs 17:3. She wonders whether God is testing her and watching to see whether she will tell Giorgio about her sero condition.

The question of not confessing one’s HIV/AIDS status, therefore, links the disease to the dangers of public exposure of an individual’s infection, which may alienate the infected individual. Those infected with HIV are viewed as the ‘other’ who endanger the health of the nation with defilement and consequently, Lavina’s very thought of confession provokes a lot of questions: “Did she want to be silver or refined gold? Was this her private hell? A sort of perdition? Dare she let herself stay in the furnace? Would God come to her aid as He had for the Hebrew lads from Israel, Daniel...” (97). Taking Lavina through a soul searching experience, the omniscient narrator poses rhetorical questions using the third person narrative to break the barrier that characterises lack of ease in communicating HIV/AIDS, which is perceived as a taboo subject, even in fiction. In distancing the infected person, the subject of HIV/AIDS becomes tacit such that even though she wishes to confess her positive status, the power within her almost fails her. However, her quest for love and identity propels her to delve into her own psyche and amass the will and desire to reconstruct her individual self.

By incorporating the confessional mode, Gitaa adopts narration as a literary device to negotiate an individual’s dilemma in confronting HIV

and AIDs in contemporary Kenya. She succeeds in using an ambivalent approach to narrate both the female self and the nation by naming the disease unlike Macgoye in *Chira*. She highlights the implications of literary representation of disease as she re-writes HIV/AIDS discourse to underscore the protagonist’s determination to set right what is construed as wrong so as to overcome guilt and shame. Lavina acknowledges her diseased condition by making a confession, “ ‘ I’m...so afraid’ [is] what she [means] to say, but couldn’t. Instead she [says] it! It just slipped out! Head bent, she said: ‘G. [Giorgio] I’m – I’m – HIV positive.’ She [whispers] softly yet urgently in a trembling voice” (99). Her confession is an affirmation of her diseased condition and her individual suffering from illness is an archetype of the other people living with HIV.

The contradiction that comes with the confession of HIV positive persons is underlined by Kruger who observes: “But victimhood inserts a contradictory moment into the confessional narrative: the confessor usually perpetrates a transgressive act while the victim is the recipient of discriminatory social behaviour” (110). Lavina’s confession confirms her as a transgressor, while Giorgio becomes the recipient of the incongruous behaviour associated with those suffering from HIV/AIDS. Her confession in a way amounts to a declaration of guilt and an emotional appeal for atonement from Giorgio. He is ensnared in a web to either condemn or forgive her. Using description, the author highlights the tension in Lavina’s mind after confessing her HIV positive status: “There [is] a deadly silence .... She [couches] her breath and her whole body [tenses] waiting for his response to her earth –shattering revelation. Or so she [thinks]. You [can hear] a pin drop if it [isn’t] for the sound of the lapping waters from the beach below” (99). Giorgio’s response to her revelation shows he is shocked: “His hand which [is] lifting her hair and lightly massaging her neck and nape, [stills] ... it [is] momentary shock...” (99). Lavina’s admission of her diseased condition puts him off balance for a moment before his passionate love for her comes out strongly so that “in the space of a heartbeat he...[regains] his composure, for he[continues] massaging her neck, and [lifting] her head so he [can] look into her eyes,

his [are] ever so gentle..." (99). The assurance that comes with his love for her is underscored by the words, "Lavina. I'd never deliberately hurt you" (99). The implication that he is ready to protect and care for her creates room in Lavina's heart to trust him as an extraordinary man whose love is exceptional in that he does not withdraw because of her HIV status.

By revealing her HIV status to her supportive lover, Lavina breathes life into her shattered female self and thus reclaims her self. This is a culmination of her "secret hope of discovering beyond the misery of today, beyond self-contempt, resignation and abjuration" (Fanon 169). Thus, she acquires a fulfilled identity that emerges in the interplay of confession and acceptance. Consequently, admission of her HIV status affords her "own means, a certain number of operations on [her] own [body], on [her] own [soul], on [her] own thoughts, on [her] own conduct, and this in a manner so as to transform [herself], modify [herself], and to attain a certain state of perfection, of happiness, of purity..." (Muller 135). The implication is that Lavina subverts the stigma imposed on her to assert her worthiness and protect herself against stigmatisation and rejection not only by Giorgio but by the society. As a consequence, Lavina achieves Giorgio's recognition of her value, her beauty and his love for her even though she is infected with HIV. His gesture towards her becomes a performative process of helping her to acquire a positive identity.

Lavina reveals to Giorgio that her self is diseased and thereby reconceptualises herself in a process in which 'a pre-constituted self is not revealed; instead the very practice of self constitution is performed' (Muller 135). She uses the confessional mode to make Giorgio appreciate her as a human being and he defies the norm by treating an infected person as somebody whose life is of substance; and he keeps his promise that he will not deliberately hurt her. Marie Kruger underscores the usefulness of confession when she says 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"

(110). *Crucible for Silver and Furnace for Gold* outlines Lavina's search for identity through narration of the self that the author intertwines with the construction of HIV and AIDS as a pandemic.

Lavina's HIV status does not frighten Giorgio from cultivating a strong relationship that culminates into:

the re-birth, figuratively, of Lavina [Kenya],... rescued by... Giorgio... the encounter leads to an enduring love between the two – a black woman driven to the doorsteps of self-annihilation and a white man desirous of a challenge to make the best out of life. (Odhiambo, 2009)

The anxiety that comes with her illness presents the best test of their friendship, but true love guards the relationship against stigma and alienation. Giorgio reiterates his love for her and makes her future worth looking forward to. He validates his love for her by contemplating to marry her with the hope that they might turn into a discordant couple.

Even though creating awareness, counselling, and increasing the opportunities for contact with people living with HIV/AIDs is an ongoing process in the 21st Century, silence and discrimination still exists. The encounter between Lavina and Tony attests to this. The two are acquainted with each other for they both work at Giorgio's construction sites. Tony makes Lavina a subject of innuendo and rumours saying "you left some very nasty rumours circulating back in Mombasa about your immune system" (140). To be infected with HIV and AIDS marks the antithesis of what is said to be good and morally acceptable and hence:

Fear of sexuality is the new, disease-sponsored register of the universe of fear in which everyone now lives....the fear of polluting people that AIDS anxiety inevitably communicates....fear of contaminated blood, sexual fluid – is itself the bearer of contamination. These fluids are potentially lethal. (Sontag 161)

Tony resorts to slander and character assassination as he adopts condescending behavior towards

Lavina and becomes callous in a desperate effort to censure her sexuality. His failure to be sympathetic and accommodating to those living with HIV and AIDS is symbolic of the superficial nature of those who adopt a stigmatising attitude towards HIV and AIDS victims. This is tantamount to “systematic negation of the other and a furious determination to deny the other person all attributes of humanity” (Frantz Fanon 200). Through acceptance, as is the case of Lavina, the self is protected and the notion of one’s worthiness in the nation is affirmed. Thus, individuals who contract HIV not only reflect on their status privately, but also publicly and hence the dialectic relationship between the diseased and the nation.

Tony scorns Lavina for her HIV/AIDS status by insinuating that she is having a relationship with Giorgio because he is a tycoon. His belief that she is playing innocent and thus likely to infect unsuspecting others makes him accuse her of being a latter-day Delilah. This Biblical allusion depicts Lavina as a schemer, a conniving and deceitful woman. Furthermore, Tony paints her as a prostitute who is “shamelessly peddling [her] body to the highest bidder...” (140). The inference on her questionable morals and stigma about her HIV positive status upset her, but she makes a confession to Tony that “the rumours circulating back in Mombasa about [her] immune system!” (140) are true. She categorically tells him “Well, they aren’t rumours, Tony, and for your information, Giorgio loves me all the same”(140).

At this juncture, Lavina openly comes face to face with the question of how she is to handle the stigmatisation and marginalisation that face those infected with HIV and AIDS. Her initial reaction is confirmation of her HIV positive status, an indication that she embraces her new identity and provides agency for stigmatised and marginalised people. It surprises Tony that Giorgio can love Lavina in spite of her HIV status. He makes a ruthless, harsh and vindictive summary of Lavina in an attempt to slander:

I just don’t know how anyone can love you, leave alone trusting your motives, behaving as you are, as though you never did a wrong

in your life. I don’t trust that beautiful face of yours or that equally majestic body. I don’t, most especially, trust your morals....I have to talk to Giorgio and give him a piece of my mind; he must be out of his Italian head for once! (140)

Since HIV and AIDS is in most cases sexually transmitted, intimate relationships are feared as possible sites of infection and hence the moral stigma that attends the disease. As a consequence, Tony conceptualises Lavina’s diseased body as the ‘other’ and equates it with HIV/AIDS. He considers any man who knowingly engages in a love relationship with her diseased body as mad. Tony’s attitude is symbolic of how HIV and AIDS is perceived in the Kenyan nation and how the contemporary society treats people who are infected.

The HIV/AIDS epidemiology suggests a fearful other disease, other than diabetes, pneumonia and blood pressure because of the fact that moral weakness is deemed to be the cause of its spread. Gitaa makes Lavina’s body a discursive site for discourses about HIV and AIDS and the behaviour surrounding sexuality. The linking of sex and danger is not a new phenomenon since Adalla also closely links the disease to sexual immorality equating sex with HIV and AIDS. It is no wonder then that Tony perceives Lavina’s body as a symbol of moral contamination that endangers those not yet infected.

HIV and AIDS is socially constructed as an illness that poses danger to those who are healthy and hence the discriminatory attempts to exclude those who are sick because of fear that they may contaminate those who are well. The diseased part righteous stance that those who are healthy adopt in their interaction with those infected with HIV and AIDS. With the advent of HIV and AIDS even healthy people who have any relations with the physically sick suffer exclusion and it becomes a challenge to manage the situation because those who are neither infected nor affected “ hover around like scavenger vultures” (143). The imagery of a vulture points at the predatory nature of the healthy people living in the nation; their eagerness to negate the identity of those who are sick and those who associate with the

sick is an attempt to dissociate themselves from the HIV and AIDS epidemic. The stigma and prejudice surrounding those who are infected is also highlighted by Adalla when she says:

...the scorn with which people treat the AIDS victims – as though they are suffering from leprosy. All their friends disappear from the scene, and nobody wants to associate [with]the victim...Have you stopped to ask yourself how lonely these people get?...don't [they]pass for human beings deserving love, attention and company...or have [they]degenerated so much as to drop the human status. ( 51)

Treating HIV and AIDS victims scornfully and alienating them as outcasts is apparent in Tony's insensitive conduct towards Lavina which prompts Giorgio's concern for rethinking of the harmful ways in which persons with HIV and AIDS are treated. He asks, "When are your people going to learn and discard this notion about HIV and AIDS? When are you going to stop treating your very own who are infected and affected like they are pariahs and with contempt while at it?" (143).This is authorial intrusion through which Gitaa indicts the rejection of those suffering from HIV and AIDS as a common occurrence in contemporary Kenyan. Giorgio gains credence as one of those people struggling to revise the negative meaning given to HIV/AIDS and individuals infected with the disease. Gitaa throws a challenge to all of us. Are we going to be the Tony's of this world or the Giorgio? The choice is ours.

Although she is 'other' than those not infected, Lavina realises her selfhood when the relationship culminates in marriage. For Gitaa, the discourse of romance, love and marriage presents her with an opportunity to provide agency for women in Kenya. She appropriates the discourse of romance and employs it to depict changes of attitude towards those infected with HIV. The diseased female self in *Crucible for Silver and Furnace for Gold* acquires greater meaning and agency in the 21st Century. In spite of that, Giorgio crowns his bid to accomplish his saviour role by walking Lavina, a HIV positive bride, down the aisle. By so doing, their romance becomes a

representation of a new narrative "of everyday life, and a genuine, if not easy, commitment to the democratisation of relationships" (Weeks 244).This is a mark of transformative change that is taking place "in the nooks and crannies of everyday life" (Weeks 244).Giorgio and Lavina get married in a colourful ceremony and hence step into a beautiful and splendid era of their lives through marriage. The author introduces the iconography of the family to demonstrate the need to have it retained despite the link drawn between HIV and AIDS history with sexuality. This becomes necessary because:

When we think of sexuality, we think of a number of things. We think of reproduction, which has traditionally been seen as the main justification of sexual activity...we think of relationships, of which marriage is the socially sanctioned... we think of erotic activities and of fantasy, of intimacy and warmth, of love and pleasure. We relate it to our sense of self and to our collective belongings, to identity, personal and political. But we also think of sin and danger, violence and disease. (Weeks 163)

Connecting sexuality to diversity of meaning lifts the usual meaning that embeds sexuality to the danger of infection. Marriage is an age long institution which traditionalists and churches that support heterosexual relations still consider as pure and most fulfilling. Lavina and Giorgio hope to cultivate fulfilment in marriage and thus as far as they are concerned, and as underscored by McClintock in *Imperial Leather*, "marriage is a question of mutual, mental, spiritual and erotic fulfilment" (286). The advance of HIV and AIDS threatens the family unit because some people are wary of any sexual relations because they fear contracting the disease. The marriage between Giorgio and Lavina serves as an intervention and hence marriage acquires greater meaning and agency in Kenya in the 21st Century in the midst of the pervasiveness of HIV and AIDS. The couple looks forward to parenthood in spite of Lavina's HIV status. The couple is careful not to infect Giorgio and also their children. This is obligatory, for as Jeffrey Weeks observes, "We live under the hegemony of epidemic, requiring us to avoid risk" (243). This call to avoid infection is extended not



only to these two individuals, but also to people living in the Kenyan nation.

Lavina's pain and suffering authenticates the observation of the omniscient narrator that Lavina "and Giorgio [have] indeed been put on the crucible and become refined silver and through the raging furnace to become fine gold" (258). They experience a catharsis, a purging of the emotions of guilt and shame. Lavina's experience as the diseased female self is effectively used to designate the writer's ideological position that there is hope for a cure for those women as well as men who are infected. The metaphorical reference to the suffering of Lavina and Giorgio as a refinery is meant to show that the war against HIV/AIDS stigmatisation and marginalisation is not going to be won easily. Making HIV/AIDS key in her narration, Gitaa reinforces her own perspective on the disease and succeeds in demystifying it. Her prophetic words "I believe that a cure for HIV/AIDS won't elude doctors for too long" (235) raise hope that with more research there is a possibility of cure. She uses her narrative to shape the dialogical relation between the individual and the nation as she successfully refigures the HIV and AIDS epidemic and updates it to the 21st Century as curable.

The findings of this study in as far as disease is concerned show that autonomous self-identity is made problematic by the occurrence of HIV and AIDS. Gitaa's *Crucible for Silver and Furnace for Gold* explores the subjectivity of a woman suffering from HIV. The diseased woman grapples with sickness at individual and collective spheres within the nation. Textualisation of the subjectivity of the female self in this novel provides a space to (re)define new identities for the diseased female self such that the sick become visible in the realm of the nation as persons who are assigned an identity that is not whole, an identity undermined by the diseased condition. With ailment, the self becomes fragmented and hence a loss of wholeness is experienced.

HIV and AIDS narrative considered in this study has entwined issues of discrimination and stigmatisation alongside the need for care and love for those who are diseased. The author uses

confessional mode to enable the protagonist to tell her own story about illness. The writer's aim is to intervene between the individual and the national signification and response to illness. By voicing Lavina's herstory, Gitaa in a way provides agency since other people come to know about certain forms of disease and the need to care for those who are sick. Thus, the narrative helps to reclaim the sick from social marginalisation as they come to terms with their diseased condition.

HIV and AIDS is difficult to treat and cure. Gitaa suggests that love can be a means of transforming the stigmatisation that attends those who contract the disease. Romance is presented as a kind of fire which can change human beings from their insensitivity to passionate regard towards the sick in the postcolonial nation. Gitaa, in her literary representation gives facts and stereotypes about HIV and AIDS with the hope that knowledge of the facts can help people to desist from blatant condemnation of those living with the disease. She empathises with the sick while at the same time suggesting that Kenyans should exercise resilience when dealing with the diseased. By consciously cultivating friendship, people can remove the mask of hypocrisy, illusions and inhibitions that those who have not contracted the disease adorn. In so doing, they will brace themselves to face the truth of the revelation of the positive status of their fellow Kenyans for they will discover a recognisable unifying human emotion, which reflects the reality and potentiality of humanity.

HIV and AIDS narratives are used to mirror Kenya as a diseased nation whose hope lies in developing a positive attitude in interpersonal relationships with regard to the disease. This is in the hope that there is going to be a subsequent success in the treatment and cure of HIV/AIDS. Gitaa portrays love as a revolutionary strategy in that it redeems Lavina from suicidal tendencies so as to reflect on the mitigating circumstances that define female identity. The author shows the difficulties involved in interpersonal love relationships in which contraction of HIV and AIDS is linked to sex. She transcends the fear of contraction by claiming willingness on the part of a HIV negative male to forge friendship with a HIV positive female, which is

a gesture towards acceptance of those who are sick as worthwhile members of the nation. Gitaa, therefore, paves way for the sick to develop both a new consciousness and identity. By being friendly to the sick, they are likely to experience a catharsis following the purging of emotions that suppress them as persons living with disease and hence a sense of worth can be cultivated. Gitaa, in her narrative seems to ask: can there be any meaningful shared experience between the HIV positive and the HIV negative persons? Can there be inclusivity instead of exclusivity? Can we accommodate the 'other'? In the course of her literary representation, she demonstrates that it is possible for the HIV victims to interact, enjoy romance and even marry HIV negative people. In a way, Gitaa crusades for HIV positive persons to be accorded their humanity so that they can benefit from the rights and privileges due to them despite their sickness.

HIV and AIDS is regarded as being transmitted mostly through sexual intercourse and hence attracts moral stigma. Consequently, individuals are perceived as being responsible for their sickness, a phenomenon that compounds the way the society deals with the victims. The examination of textual representation of HIV and AIDS demonstrates the writers' agency for the diseased and provides an insight into the national context of this disease. The traumatic nature and subjective aspects of HIV and AIDS define the issues surrounding disease especially in regard to diagnosis, control, treatment and affirmation or negation of the diseased self as part of the society.

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