

Daring to Be Different: The First-Person HIV-Positive Narrator in Two South African Novels

– Masande Ntshanga’s *The Reactive* and Eben Venter’s *My Beautiful Death*¹

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Abstract

Masande Ntshanga’s novel *The Reactive* (2014) is the first South African novel written by a black male writer to feature the first-person voice of an HIV-positive man, Lindanathi. Following Kgebetli Moele’s *The Book of the Dead* (2009), which gave the virus itself a voice, *The Reactive* heralds a significant shift in the portrayal of HIV in South African literature. Eben Venter’s Afrikaans novel *Ek Stamel, Ek Sterwe* (1996) which was translated into English by Luke Stubbs as *My Beautiful Death* (2004), and which has – significantly – received little critical review in English as an HIV narrative, tells the story of a white South African man, Konstant, in the Australian diaspora who eventually succumbs to AIDS. Both novels complicate ideas of masculinity and can be described as ‘coming

of age’ narratives or *bildungsromans*. Both novels sit historically on the cusp of change, before and after the widespread availability of ARVs. Given their commonality of subject and narrative perspective, these texts seem ripe for comparison despite their authors’ different backgrounds. The shifts and continuities in the representation of HIV/AIDS found between these two novels, published 18 years apart, seem to disrupt the trajectory of the post-colonial *bildungsroman* as it is mediated (for the first time?) through the HIV-positive narrator. Reading these two novels together helps us to understand literary patterns, associations and dissociations, which reveal a cultural symbology of HIV/AIDS, part of a wider cultural symbology of illness in South African literature.

Masande Ntshanga's novel *The Reactive* (2014) is the first South African novel written by a black male writer to feature the first-person voice of an HIV-positive man, Lindanathi. Following Kgebetli Moele's *The Book of the Dead* (2009), which gave the virus itself a voice, *The Reactive* heralds a significant shift in the portrayal of HIV in South African literature. Imraan Coovadia suggests that 'Ntshanga sets out on a thrilling new expedition of writerly daring'² - centring the interior life of a nihilistic HIV-positive protagonist. Such daring is also detectable in Eben Venter's novel, written earlier in the HIV/AIDS pandemic and published in the mid-90s, only two years after Mandela was elected President. Venter's Afrikaans novel *Ek Stamel, Ek Sterwe* (1996)³ which was translated into English by Luke Stubbs as *My Beautiful Death* (2004), and which has – significantly – received little critical review in English as an HIV narrative, tells the story of a white South African man, Konstant, in the Australian diaspora who eventually succumbs to AIDS. Both novels complicate ideas of masculinity and can be described as 'coming of age' narratives or *bildungsromans*. Both novels sit historically on the cusp of change, before and after the widespread availability of ARVs. Konstant lives in a time before effective treatment and Lindanathi initially squanders that luxury in South Africa, before re-emerging as a survivor just as higher quality ARVs are made more widely available. Given their commonality of subject and narrative perspective, these texts seem ripe for comparison despite their authors' different backgrounds.

The shifts and continuities in the representation of HIV/AIDS found between these two novels, published 18 years apart, seem to disrupt the trajectory of the post-colonial *bildungsroman* as it is mediated (for the first time?) through the HIV-positive narrator. Reading these two novels together helps us to understand literary patterns, associations and dissociations, which reveal a cultural symbology of HIV/AIDS, part of a wider cultural symbology of illness in South African literature. Rita Barnard identifies a gap in previous literary criticism of South African writing that 'there are, to date, surprisingly few critical works...that consider South African literature in a broad thematic way, and there are fewer still without the modifiers 'black' or 'white' inserted in the title' (Viljoen, 2013: xxii). This is further underscored by a reticence for working with translations, and certainly

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for international students of South African literature, the vast body of Afrikaans literature is barely studied at all. Could it be daring then, in the South African context, to read Venter's novel comparatively alongside Ntshanga's novel?

Both novels demonstrate that the artistic and literary treatments of HIV are complex, culturally constructed, and nuanced. The language of Venter's novel has been described as 'rich with innuendo, textual references and streams-of-consciousness' (NB Publishers, 2006) – techniques used to vividly inhabit the mind of the protagonist whose internal monologue is both witty and filled with pathos. Ntshanga's novel is rich with existential introspection and tumultuous consciousness. By linking Venter and Ntshanga's texts it is possible to compare how the two writers tackle HIV, positioning their writing as part of a continuum in South African writing about HIV across two decades, which reflects the trajectory of the disease in the population as it moved from predominantly white gay men into the wider black heterosexual population. The habit of previously omitting or excluding texts written in Afrikaans⁴ means we are missing crucial parts of the cultural narrative of HIV/AIDS in South African literature.

In addition to the wealth of research on HIV/AIDS in media messaging, myths, stigma, taboo, awareness campaigns, TV, artworks and activism, the TAC, Body Maps and the Memory Box project,⁵ literature provides access to a complex web of cultural,

intimate information that other forms of research cannot. Anthropologist Didier Fassin remarks that 'works in the social sciences rarely mention subjectivity' (Fassin, 2007: 261), or in other words the creative capacity subjects have for re-defining, re-imagining and re-inscribing their reality. And social scientist Alex de Waal has written that 'We need to imagine HIV/AIDS before we can think practically about it' (2006: 117). He suggests we use literature, novels and short stories in particular, to put the ear closer to the ground to 'investigate what people actually talk about' (de Waal, 2006: 32). There is much to be learned about HIV/AIDS 'through those professional observers of everyday life: novelists.' Literature provides an opportunity to the reader and critic, not just to hear what people talk about, but most significantly, to *read* what they would perhaps otherwise *not* talk about. Writing and reading are a silent form of communication which open covert spaces in which to approach the unspeakable, and this is where literature featuring HIV/AIDS is vital.⁶ This suggests that these novels can get to the heart of what Steinberg found so hard to discern in his non-fiction book *Three Letter Plague* (2008), when writing about Sizwe, who is HIV-positive, and whose inner thoughts he could not access.

Drawing on Paula Treichler's research which identifies HIV/AIDS as 'an epidemic of signification' (Treichler, 1999: 171), readers can interrogate the disease's multiple meanings and cultural connotations in these two South African novels. Building a cultural symbology across historical racial divides, of an illness that has affected so many South Africans, enables HIV/AIDS to be examined from new angles and folds the analysis in to the wider literary history of South Africa. The novel form is particularly concerned with ideas of the self, allowing as it does for introspection by first-person narrators into the condition of the self. Epstein outlines the correlation of disease with the body and formations of the self: 'diseases are cultural artifacts and social constructions as well as biological processes, and... individually, historically, and socially determined subjectivities impinge upon the relation of the body to the self' (1995: 1-2). And Gikandi asserts that literature tells us as much about the self as the nation, stating, 'to write is to claim a text of one's own; textuality is an instrument of territorial repossession; because the other confers on us an identity that alienates us from ourselves, narrative

is crucial to the discovery of our selfhood' (1992: 384). This reclamation speaks of the functionality of literature, such that literature actively participates in the creation and formation of selfhood, particularly at a time of shifting national priorities. By writing in the first person, the HIV-positive narrators created by Venter and Ntshanga enact a process of discovering selfhood during sickness and in doing so, inscribe their exceptionally articulate characters into the history of illness in South African letters.

In his review of *The Reactive*, Nathan Goldman asks 'How does illness fit into a cultural symbology?' (Goldman, 2016). Drawing on Sontag's *AIDS and Its Metaphors* (1988), he describes how her seminal text sought to 'clear away the metaphors surrounding these illnesses in order to confront them as brute facts, freed from symbolic baggage.' And yet through my research, since 2003, I have sought to *find* these culturally embedded metaphors and attempted to understand how they fit in to an imaginary or symbolic system that might help to explain the taboo around HIV/AIDS in South African fiction. Since the late 1980s and early '90s, HIV and AIDS are hardly ever named in literary texts and the first person narrator is rarely HIV-positive.⁷ In these circumstances, it has been difficult in the past to establish whether AIDS does have a 'cultural symbology' in South Africa, and few other literary critics address these concerns. I argue that the analysis of these two texts in this article makes this idea of a broader cultural history of South African letters more viable. Central to *The Reactive* is the idea of becoming a man and this can also be said of *My Beautiful Death*. However, the presence of HIV/AIDS in both novels alters the trajectory of the conventional/post-colonial *bildungsroman*, complicating each protagonist's development as they confront their mortality at a young age. These novels re-define what it means to be HIV-positive at different historical moments.

Venter's novel is set in Australia, removing the action from the politically contested geographic centre of homophobic South Africa during apartheid (emigrating as a form of protest or escape: 'To get the hell out of here and make a life of my own' (7)) and positioning the personal experiences of Konstant Wasserman, the protagonist, in a comparatively more politically calm, liberal environment. Konstant leaves a small town (*dorp*) in the Free State, South

Africa to become a chef in Sydney where he forms close friendships with a woman called Shane, a fellow chef, and Jude, who becomes his lover. Konstant grows to realise that he has actually located himself in the centre of a 'plague' and the journey he makes becomes an internal journey as he discovers he is HIV-positive and will eventually die of AIDS in Australia.

The Reactive tells the story of Lindanathi Mda, a young Xhosa man who is HIV-positive, living with two other young South Africans, Cecilia (Cissie) and Ruan, in Cape Town between 2000 – 2010. The three friends make a living selling Lindanathi's antiretroviral drugs (ARVs) under the Mbeki regime that restricts their availability. As well as the virus, Lindanathi also carries guilt about his brother's death during his circumcision. The exact circumstances are unclear, but his brother was gay, and somehow did not survive this important transition to manhood, and Lindanathi believes he could have prevented his brother's death. This has led to Lindanathi abandoning his traditions: he remains uncircumcised, and he has fallen out of touch with his family in the Eastern Cape. The proceeds obtained by selling the ARVs are spent on drink and drugs, fuelling a period of 'waiting' in a liminal state, reflective of Lindanathi's name which means 'wait with us' in isiXhosa.

What is unusual and compelling about Ntshanga's novel and the approach he has taken is that he keeps Lindanathi's HIV-positive status in the background of the story, and focuses rather on the drug taking, the dream-like state that the protagonist and the two other central characters inhabit throughout the novel. However, simultaneously, the suffusion of glue-sniffing and drug-cocktail taking is only made possible by the fact that Lindanathi is selling his ARV medication to pay for this lifestyle. The lifestyle, then, at once seems like a form of denial of his status, as well as a mercenary and irresponsible approach to his serious illness. Equally, the elements of hedonism suggest that there are other possibilities in terms of enjoyment in whatever form he is attempting to seize. It also stares down the reality of the disease which had been thought incurable in the '80s and '90s, and for so long had not been treated with ARVs in South Africa, even though they were available in a limited form post-2011.⁸

The socio-political context in which Ntshanga wrote *The Reactive* is crucial to understanding the gap in to which Lindanathi's life falls in to circa 2005–2010. President Thabo Mbeki's AIDS denialism (1999–2008), and both the opposition and the ANC government's failure to hold the president to account, meant that it was not until 2016 that the South African government under Jacob Zuma (2009–2018) set a target to treat 5 million people with ARVs. This was far too late to save the lives of those who had been suffering and dying in great numbers since the 1990s⁹. The irony of the novel is that even when ARVs were available in South Africa, after years of campaigning by Zackie Achmat and the Treatment Action Campaign (TAC), they are treated as any other valuable commodity by the central characters of *The Reactive*. Set during this period of transition marked by official denialism, Lindanathi sells his potentially life-saving ARVs to fund a form of self-destructive behaviour which nevertheless bonds him to his best friends. This behaviour reflects a personal form of denialism and seems rooted in a need to escape from reality and enjoy life in a nihilistic way, while the troubles of South Africa, and Cape Town in particular, play out in the background.

Goldman (2016) states that Ntshanga's debut novel 'situates [itself] in two distinct but related traditions: the protest novel and the novel of fundamental human alienation.' Goldman goes on to outline the conjunction of the personal and political, saying that Ntshanga 'creates a space in which the reader can experience this metaphorization, as well as critique it.' He identifies the two epigraphs from Mbeki and Kafka included in the US edition¹⁰ published by Two Dollar Radio (2016) as 'unified in the despair they suggest'. Former President Thabo Mbeki is quoted at the height of his denialism: 'We need to look at the question that is posed, understandably I suppose: does HIV cause AIDS?' positioning the novel within the protest tradition by refuting this view vehemently. This is juxtaposed by the quote from Kafka which reflects the personal dislocation and disorientation of the central characters: 'We are as forlorn as children lost in the woods.' By using both of these quotes, Ntshanga positions the novel as 'at the convergence of these traditions: its content is essentially and necessarily political, while in form it centers on a single thoughtful, uneasy consciousness' (Goldman, 2016).

The parallels with Venter's 'uneasy consciousness' bears further consideration. Shaun Viljoen paraphrases Njabulo Ndebele's *The Rediscovery of the Ordinary* (1994) when he posits that 'Postapartheid literature moves away from the exterior binaries and the protesting voice to a preoccupation with the inner, the intimate, the individual, and the intermingled ordinary' (Viljoen, 2013: xxii). And it is in this way that we can link Ntshanga's 'writing traditions' to Venter's, and even perceive that Venter's novel demonstrates a shift away from exterior binaries *before* the end of apartheid. Perhaps by writing a novel set 'in Australia' Venter escapes the dichotomies of 'apartheid literature'? It is undoubtedly the dearth of translation of Afrikaans writing into English (and vice versa) that has facilitated and accentuated the gap in critical thematic comparisons, meaning this link has not been made clear before.

Eben Venter comments on the translation of his novel that 'the heart of my story has been captured, and I can still hear my voice when I read the English text' (Jenkins et al., 2007). However, there is ambiguity in the Afrikaans version over Jude's gender, which is more boldly presented as male in the English text. It is possible that the author can be more daring in translation, shifting representation 'performed at least one remove from reality'¹¹. Nevertheless *Ek Stamel, Ek Sterwe* was declared one of the ten best novels in the Afrikaans literary canon and was reissued as part of Tafelberg's Klassiek/Classic Series in July 2005 (Jenkins et al., 2007). Johann de Lange states that the novel 'has torn out my heart' and says it is '[A]n intense exploration of dying, and a tour de force by a writer who surprises with every new book'¹². As an English-only reader, I have to assume that the translation is a good one and work with the text I have¹³. The reason *My Beautiful Death* may also have been excluded from previous analysis of South African fiction could be because of its firm location in the Australian diaspora. In an early review, Rachelle Greeff commented that 'although set mostly in Australia, it confronts local readers with its raw but also delightful reality'¹⁴ (*Rapport*, 1996).

Narrated right up to the protagonist's final breath, *My Beautiful Death* nevertheless contains elements of displacement reminiscent of other writing in English about HIV in South Africa, such as Phaswane Mpe's *Welcome to Our Hillbrow* (2001) which was written in

the second person. Like Lindanathi in *The Reactive*, Konstant is trying to escape his past and the novel opens with his decision to leave his family in South Africa and move to Australia. It is not uncommon for Afrikaans writing to feature this movement away from the farm or the homestead, towards the city.¹⁵ Locating the story in Sydney, Australia removes the action from 'home' where the consequences of the illness for the main characters might be more drastically felt in terms of social ostracism, prejudice, and family repercussions. This could suggest a lack of courage, a fear of facing the consequences of being gay/HIV infection 'at home'. In comparison, Lindanathi has also moved away from the village to the metropolitan city of Cape Town in a similar attempt to escape his family and his past.¹⁶ And yet both authors have made the courageous (literary) decision to voice their protagonists' dilemmas in the first-person which had previously been eschewed by South African novelists focusing on HIV/AIDS. There is also displacement in the deferral of blame which the protagonist, Konstant, manages throughout. The revelation that Jude seems to have deliberately infected Konstant is not made until halfway through the book (122). Similarly, there is no mention of who infected Lindanathi in *The Reactive* until towards the end of the novel when the shocking truth is revealed:

The year after I graduated Tech, and a week before the sixth anniversary of your death, Luthando, **I infected myself** with HIV in the laboratories. That's how I became a reactive. I never had the reactions I needed to give myself and could not react to you when you called me for help. So I gave my body a situation it couldn't run away from. So here's your older brother and murderer, Luthando. His name is Lindanathi and his parents got it from a girl. (174)¹⁷

This is a way of removing victimhood from the protagonist, but there is clearly guilt to be felt and punishment to be courted. Lindanathi did not contract HIV in any of the usual ways, but deliberately infected himself. There is no one to blame, but clearly he blames himself for his brother's death ('I never went back home after we buried him' (6)) and for avoiding his brother once he realised his brother was gay: 'I was scared of being close to you, LT. The rumours about you had spread; you'd been set apart. I didn't want people to mix us up, to look

at me the same way. When the Mda house came under pressure to make a man out of its sissy son, I kept away – I crossed my arms in Cape Town’ (173–4). He inflicts a horrific punishment on himself as a measure of how guilty and cowardly he feels.

The level of displacement in *The Reactive* is the basis for most of the novel. When Lindanathi writes ‘What helps, of course, is to try to forget about it as much as possible. Which is what I do’ (22), he is essentially telling us why he spends the entire novel high on drugs and alcohol. This is his coping strategy, and links to the writing of K. Sello Duiker in *Thirteen Cents* (2000) and *The Quiet Violence of Dreams* (2001). Goldman describes this strategy as a kind of haunting: ‘Haunted by guilt, Lindanathi haunts his own life, which he drifts through, drugged and dazed. He understands himself as undead and refers to his HIV-positive status as a state of being between life and death – like a vampire, he feels the presence of a ‘seemingly mystical barrier from returning home’; he’s a denizen of the in-between’ (2016). Both Ntshanga and Duiker excel at creating wandering existentially liminal characters who roam through Cape Town, delineating the suburbs, the townships and the seaboard through the haze of their consciousnesses. Ntshanga’s updated hero in *The Reactive* has not been sexually abused like Azuro (*Thirteen Cents*) and does not suffer from schizophrenia like Tshepo (*The Quiet Violence of Dreams*). The key similarity is that all three are on the cusp of manhood, experiencing a crisis of masculinity

and suppressed trauma, that is sublimated with intoxicants. Frenkel suggests that ‘Nathi is unable to deal with his grief and feelings of loss from his brother’s death’ (2019: 76) and, in an interview with Nick Mulgrew, Ntshanga explains that ‘part of what I wanted to do in the novel was complicate the idea of masculinity’ (Mulgrew, 2014).

Central to *The Reactive* is the avoidance of becoming a man. Allegorically, South Africa is also growing beyond ‘freedom’, and the birth of the nation, into adolescence, twenty years after apartheid ended (in 2014) and struggling with what it means to be ‘free’. One aspect of masculinity studies suggests that the crisis of masculinity in South Africa has arisen partly because ‘Ironically, men’s greater social power places them in a position of vulnerability regarding HIV infection’ (Walker, Reid and Cornell, 2004: 24). Walker et al. go on to posit that ‘Traditional notions of masculinity are strongly associated with risk-taking behaviour such as increased alcohol consumption, intravenous drug use, multiple sexual partners and violence’ (24) and cite Wood and Jewkes (1997) who write that ‘Most studies show masculinity as rather fragile, provisional, something to be won and then defended, something under a constant threat of loss’ (Walker et al., 2004: 26). In particular, ‘Traditional male authority was undermined by colonial authority and apartheid rule’ (33), so it’s not surprising that ‘one of the responses to the HIV/AIDS crisis has been to look back to tradition...a return to traditional customs is an attempt to take control over young bodies, sexuality and reproductive health’ (81). Indeed, Frenkel makes the comparison with Niq Mhlongo’s work and suggests that ‘Ntshanga positions indigenous belief systems as offering redemption and restoration in a post-apartheid context’ (Frenkel, 2019: 77).

Whether Ntshanga is returning to tradition in *The Reactive*, or simply examining the tradition of Ulwaluko (initiation in isiXhosa), it does mean that this ritual becomes a focal point for Lindanathi’s understanding of what it is to become a man. Contrary to what Lindanathi believes (as he blames himself), his brother’s death was as a *direct* result of his initiation. We do not learn exactly how he dies, except that he struggled and screamed: ‘They called him the screamer’ (Ntshanga, 2014: 6). It is only when Lindanathi returns home to eMthatha and undergoes initiation himself that he seems restored

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to his sense of self. He comes back to Cape Town more hopeful and starts to talk about having 'many years left before the end of our paths' (186). This coincides with the announcement by the government that it will provide 'Free ARVS to the country's citizens' (193) and that there will soon be 'treatment for a hundred thousand of us' (193; my emphasis). This shift into the objective first person plural reflects a shift into the national narrative that alters the economic (not altruistic) imperative that drives much of the novel: 'the government was reported as having finally relented, ending a five-year struggle: under increased pressure from a civil disobedience suit' (193). Lindanathi seems to self-identify with the plural 'we', 'our' and 'us', as if he is no longer an outsider – he now feels that he is part of society again. Does this reflect a national coming of age of sorts? Aligning the *bildungsroman* with national allegory?

Indeed, the Cape Town of the entire novel is one in which 'the plague' is ever-present – creating a market for the ARVs that Lindanathi is selling. But HIV/AIDS is a national problem. Lindanathi's friend Ruan describes a guy called Ralph who thinks 'the AIDS-infected should be put on one island and left to fend for themselves' (136) and Lindanathi wonders 'how many of us were affected inside this taxi? Inside this metropolis?' (193). For those of us with an awareness of the scale of HIV incidence in South Africa, the figure of 100,000 is very small compared to the number of people who really needed treatment in 2011. It wasn't until 2016 that the government set a target to treat 5 million people with ARVs,¹⁸ closer to the true number of affected people and for many far too late to save the lives of those who had been suffering and dying in great numbers since the 1990s. This is reflected in comments embedded in the text through memories of the past. A Biology teacher in Lindanathi's fourth year at high school describes 'How the Earth [near Richard's Bay] was gutted open with so many new graves for paupers...like a giant honeycomb...Each grave was meant to contain the bodies of twenty adults...that is HIV' (161). The vastness of the impact of AIDS in South Africa cannot be underestimated.

However, the novel demonstrates that an alternative is possible. There is a hopeful turn and by the end of the novel Lindanathi finally accepts and re-defines the imperative of his name which means 'wait with us', saying 'that is what I plan on doing' (198), instead

of waiting in an altered reality. On the final page of the book, we read that Lindanathi plans to stay, to take his medication and to live with his HIV positive status. Lindanathi's name can be paralleled with Konstant's, as 'constant' relays a sense of the steady, loyal, staying power of Konstant's character, who does not give up, wanting to 'see until I die, I don't want to lose sight of the blue sky, or the red-winged rosellas' (Venter, 2004: 235) and even thirty pages from his death declaring 'I want to live, despite the fact that I have already begun making preparations for my departure...There's no redeeming salve for my lust for life. I still want to live, people, I really do' (248).

In Venter's novel, the presence of AIDS as a social problem in both South Africa and Australia is hardly mentioned, so the local detail (such as graves in Richard's Bay, or government announcements about treatment) does not appear much in Venter's novel. In Australia, the characters early on allude to a 'plague'¹⁹ when a finger is cut in the kitchen and the chefs worry about the blood: 'A shriek, a shout. Everyone drops their work... Pandemonium...There's a plague in the city, and who knows what's in Liz's blood?' (Venter, 2004: 93). Konstant displays his naivety when he apologises for leaving the knife in the sink and offers to 'suck your thumb' (94). He is quickly told off: 'Don't be crazy...Times have changed: you're not at home now. Where do you come from?' – suggesting Konstant is unaware of the potential threat of HIV contamination in blood. It is ironic in retrospect that South Africa, where Konstant came from, became the epicentre of the AIDS crisis (Avert, 2020), whereas Australia's infection rate dropped dramatically from its peak in 1987, to a drop off in prevalence in the '90s (due to ARVs) to its lowest rate in 1999 (Sedghi, 2018). It is a significant difference in the chronology of the two novels that when Venter was writing (before 1996) there was no really effective treatment available for HIV/AIDS and so Konstant's diagnosis is essentially a death sentence. By the time Ntshanga was writing twenty years later (before 2014), ARVs were scarce, expensive, but available – before becoming more widely available to patients across South Africa in 2016. Thus, the existential crisis for each protagonist is quite different. Konstant would have benefitted from treatment but is unable to access it and swiftly dies; Lindanathi has access to treatment and throws his good fortune away by selling his ARVs, risking his life as a consequence.

Konstant's infection is related as a tragedy, whereas Lindanathi's situation is more contrived and under control (or at least he is lucky that he does not develop AIDS-related complications while he is wilfully rejecting his ARV medication and selling it). Konstant is haplessly infected by his lover Jude who takes no responsibility for his terribly dangerous behaviour. Even when Jude suddenly drops into the conversation that 'I've got it already' (122) he finishes the sentence with 'is there more coffee?' He does not even blink when telling Konstant he is HIV positive even though Konstant has just said that 'I'm scared of the plague that's around. Aren't you?' Jude's seeming indifference to Konstant's fear, '[H]aven't I told you already?' (123), is followed by a 'thin, drawn-out sound' a cry which Konstant has never heard before, 'a yowl from the depths' (123). Jude covers up saying:

I've got eight, maybe ten, perhaps even fifteen, if I'm lucky. There're [sic], yes, lift your head, there're people who are still alive after fifteen years. And as far as you're concerned, Konstant, I know by now how your head works: don't worry for a second. Everything is completely under control; you're as safe as a house.

This completely inadequate attempt at comforting Konstant simply leads to more questions. Konstant immediately responds to the idea that he is 'safe as a house' with the damning retort '...Of cards.' He continues explosively: 'Can't believe it Jude. When were you diagnosed? Why am I only informed now? Hell, we live together, share the same bed, bath and bread' (123). Jude's offhand disclosure, and completely false sense of impunity, makes this revelation as shocking as Lindanathi's revelation that he deliberately infected himself with HIV. In effect, Jude has deliberately infected not just Konstant, but all the other men he cruises with at the bluegum copse, by knowing he is infected, seeking out sex and apparently not using any protection.

In contrast to Venter's fictional gay white protagonist, the narrators of Edwin Cameron's *Witness to AIDS* (2005) and Adam Levin's *AIDS Safari* (2005) (which though non-fiction, share many other similarities with *My Beautiful Death*), do not locate the source of their infections in particular sexual partners (this is also true of Sizwe in *Three Letter Plague*, who attributes his

infection to spirits/witchcraft). Theirs are accidental contractions of HIV, and of course their narratives are survivor memoirs/autobiographies²⁰, rather than the fictional novel form that Venter uses. Neither Cameron nor Levin focus on causation (possibly for legal reasons), whereas in both Venter and Ntshanga's novels the source of infection is a significant element of the plot.²¹ Venter does not go as far as Moele, who takes deliberate infection to a psychopathic extreme in *The Book of the Dead* (2009). In fact, Venter's hero, Konstant, is surprisingly benevolent towards Jude after he finds out he has contracted HIV – perhaps because he also sympathises with Jude's infection. However foolhardy Konstant can seem as a character, there is no doubt he loves Jude, with all his flaws and apparent heartlessness. However, his heartlessness does not quite equate with abandonment. Jude is at least still present when Konstant finally dies and perhaps that is the sign of a greater love and a clear responsibility to care for Konstant in his last painful moments, particularly as Jude knows a similar fate could await him at any moment.

Although acquired differently, it is interesting to compare how the infection itself is described in both novels. Lindanathi describes the virus in his blood as 'I like to imagine I can hear my illness spinning inside my arteries, that it's rinsing itself and thinning out' (Ntshanga, 2014: 51) and Konstant, in his first fever after discovering the blue spots – Kaposi's sarcoma – on his legs (Venter, 2004: 157), says: 'You [Jude] led me to your lair and then throttled me...My blue spots, it's you, Jude, I feel it in my marrow. I know it...I know I've got it, I felt it inside me tonight, gnawing at me like an animal...I know my body. It was wriggling in my marrow' (168). He goes on to ask: 'What have I done to be punished like this? Thought I was invincible' (168). In one startling sequence Konstant imagines Jude, festively dressed in a bridal gown, in a vision by a river saying:

I have bound you to myself with ties that cannot be broken...I gave you a present, man, a cell wrapped up in a fatty layer of protein. You were free to do with it what you wanted. As you know, you wanted it so badly that you tied it to your own T-cell. Do you understand now that I'm inseparable from you? (223–4)

This unsettling revelation of Konstant's unconscious fears suggests that he thinks HIV was a gift from Jude. If Konstant wanted the gift in order to bind himself to Jude, then this reveals a profound form of self-hatred. Konstant blames himself in order to accept and reverse the nature of the transaction that occurred between the two men. It is incredibly sad that in this vision Konstant sees the transmission of the virus as an act of love, and something that he brought on himself. This complete reversal means that in a way, like Lindanathi, there is a part of Konstant who wanted to be HIV-positive, however absurd that might seem, perhaps in order to punish himself for something? Perhaps to punish himself for being gay? The rest of the vision certainly confirms that he wrestled with the way his father loved him, believing that he was loved less because he was homosexual, though his father continues to deny this in the vision: 'Damn it all, Konstant, you know I've always loved you' (226).

The vital difference between the two protagonists, however they contracted the virus, is that Lindanathi's virus is arrested in his system, whereas Konstant quickly develops full-blown AIDS and eventually dies. There is much description of blood platelets and T-cell counts and Konstant is given a transfusion before going up to the house Shane rents in the blue mountains (where he develops a cough) and writing

“ The vital difference between the two protagonists, however they contracted the virus, is that Lindanathi's virus is arrested in his system, whereas Konstant quickly develops full-blown AIDS and eventually dies. ”

a letter to his parents to tell them that he is ill. Just like his mother's letter about Tannie Trynie, which doesn't mention the word 'cancer', Konstant doesn't mention the words HIV or AIDS. He adds a P.S. which reads: 'some people here speak of the plague, however that's not how it should be seen. It's not a shame; it's an illness. Remember, cancer can also infect – though only succeeding generations. And who gives a damn?' (202). Fascinatingly, Konstant tries to keep his system pure and his talents as a chef come in to play regularly in terms of the vegetarian food and healthy lifestyle he leads, whereas on the contrary Lindanathi pollutes his system with as many toxins as he can. Konstant tries to stay in control while Lindanathi attempts to lose control. It is a sign of the times that clean-living Konstant cannot survive in the '90s, whilst drug-addled Lindanathi somehow can in the new millennium. If these *bildungsromans* are read as national allegories, what does this tell us about South Africa?

Konstant is soon overwhelmed by the fear and anger that hits him, particularly when he is tired. He quickly loses his temper, not just with Jude and Shane, but with himself: 'I've lost every bit of control I had over my life, I scream' (211). He reiterates: 'I'm powerless! Totally powerless! You have no fucking idea how it feels, you know nothing. I scream and cry all at once...I will never get my rage shouted out in this life, there's too much of it' (212). Eventually, he comes to the real crisis: 'I don't care, don't care about anything, I scream myself senseless, Shane, Jude, I turn to them, it's irreversible: I am dying' (212). And it is here that we can trace the rupture of the normal progress of the *bildungsroman*, the development from youth to maturity is here suspended and directly confronts the enemy of progress, facing death. He admits that 'The word frightens me. I've never said it before. They've never heard it from me, maybe thought it, but waited for me to say it. It's better that it's out' (212). But apart from in this close circle, Konstant keeps his diagnosis a secret. He sends a postcard to his parents but admits that 'Not over my dead body will I say a word about the fact that I'm still deteriorating' (213). He also conceals his illness at work: 'The old fear that I'll be rejected comes back to haunt me. I wear wider shirts and looser trousers to cover up ever-thinning limbs' (214). On page 216, Konstant has his first black out and on pages 217–8, 'Jude, Shane and I enter into a kind of pact. We almost go as far as to cut our

wrists and mix blood-brother blood. They *will* get me better, if it's the last thing they do... So together the triumvirate will heal me.'

Like Konstant, who has his friends Jude and Shane, Lindanathi has two friends Ruan and Cecelia (Cissie). So both novels feature a trio of characters, relating to each other in different ways, but with similar levels of solidarity when it comes to dying. In *The Reactive* the friends talk about 'Last Life' which is 'the name we've come up with for what happens to me [Lindanathi] during my last year on the planet' (Ntshanga, 2014: 24) and the sense that the trio are always aware of their mortality prevails throughout the novel. On their way to meet their most mysterious customer who has just transferred a lot of money to their bank account they discuss who will risk their life to go in to meet him and with black humour Lindanathi says 'I'm the one who's halfway dead' (92). In the bar while they await the meeting, Cecilia asks 'What would you drink on your last day on Earth?' The sense of the apocalyptic is constant, 'what if Last Life was moved up to now?' Neither Ruan or Lindanathi can think of an answer and Lindanathi eventually responds 'Maybe it is now.' They fear the outcome of their meeting but are united in their fatalism. When they return to their flat, they consider what to do with the money they have been given and Ruan says 'We should just use the money and then kill ourselves' (107). Once again, their comrade-like fatalism kicks in: 'Cissie and I agree. We share another stem [of Khat] and tell Ruan that this isn't a bad idea.' Unlike the more serious nature of Konstant, Jude and Shane's triangular relationship, these three suicidal fatalists 'keep stems between our teeth and chew until we can't feel our faces any more. We prod our fingers into each other's sides and laugh like well-fed children' (107). The drugs take away their fears and displace their concerns with death (which they perhaps ultimately do not take that seriously). The next day they continue nihilistically: 'We walk out of the bottle store with a loaded shopping bag in each hand, skipping across the main road like the world might end tomorrow' (108). All of this undercuts the element of progress normally associated with the *bildungsroman*: the characters do not mature and learn from their experiences; they inhabit a liminal, suspended reality in which they don't care for consequences and refuse to embrace progress

or change, at least until Lindanathi returns 'home' to undergo Ulwaluko.

Perhaps Lindanathi, like Konstant when he was asymptomatic, does not fully accept that he is really infected with HIV. Konstant recounts that 'Is it true that all the time with Jude I imagined myself invincible, so untouchable in my golden haze of happiness that I refused to confront the reality of his infectiousness?' (Venter, 2004: 190). Perhaps Lindanathi is in a similar state of denial, just as he is about his Uncle's insistence that he is ready for initiation. 'Lidanathi, my Uncle Bhut'Vuyo says, ukhulile ngoku, you've come of age' (Ntshanga, 2014: 27) – he repeatedly deletes text messages from his uncle and those from his case manager requesting his required CD4 counts. At the end of Part Two, Lindanathi in his drunken state lets himself go listening to Cissie's voice: 'the feeling I get, sitting here on her living-room floor, isn't about my uncle or Du Noon, it isn't about my sickness or my job. Instead, it's about the three of us sitting together in her flat in Newlands, the three of us knitting our fingers together, me, Ruan and Cecelia, closing our eyes and becoming one big house' (115–6). Certainly, for both HIV-positive narrators the friendship and family-like support of these close friends helps to stave off their fears of dying and gives them a sense of belonging, albeit in a distorted reality.

However, solidarity cannot suspend reality forever, and eventually Konstant develops a pain in his left eye and is diagnosed with cytomegalo virus which causes the retina to come loose from the chorion (Venter, 2004: 231). His doctor explains that: 'The virus also sends bacteria to attack the precious coli in the intestines, which causes chronic diarrhoea. In the worst-case scenario, it also affects the brain' (232). And it's here that the author's intent, voiced through Konstant, is made absolutely clear: 'God don't let me go mad. At least allow me the chance to verbalise my body's decay to the very end.' This is literally what Venter achieves in the novel, writing right up until Konstant's last breath so that the last page ends mid-sentence (271). The stylistic basis of the writing, that remains a fluid stream of consciousness even as Konstant's body fails and his sentences become more confused in the last few pages, is essential to the narrative and its attempt at mimicking the veracity of a voice that narrates right up until the

moment of death. He repeats: 'Not mad, please, don't let my brain ignite and my tongue spew forth the ash of demented words. Merciful God, don't allow my tongue's deft words to slip away' (232). Konstant has to choose between losing his sight and the medication azidothymidine (also known as AZT – an early form of ARV) that extends the life of infected people. He chooses 'to see until I die, I don't want to lose sight of the blue sky, or the red-winged rosellas in the Blue Mountains' (235). He wants to approach death eyes wide open and sentient. In doing so, Venter enables Konstant's narrative to continue, again, not in the pattern of a 'coming-of-age' novel, in which difficulties are overcome, but in a fairly brutal realist form which details Konstant's suffering as his health declines.

Venter also shows us how Konstant imagines AIDS when he talks to his T-cells one night saying that they 'were too weak, too few to keep the cytomegalo virus at bay. He slinks in, jumps up and kneels between my legs'. He goes on to characterise the virus as a hybrid kind of *tokoloshe* – 'the megaloshe' (234) – a creature who 'wants to smother me: he pulls the blanket over my eyes. It's the old incubus' (236). A *tokoloshe* is a mythical South African creature; Xhosa and Zulu societies believe it to be a mischievous dwarf-like being or animal that causes trouble and can be sent as a curse to poison, suffocate or kill a target. Konstant says that he 'recognises him immediately. He doesn't frighten me anymore. Ironic isn't it? My night fear becomes something of the past just when you have thinned out, my pathetic little cells. You forgot your own attack command! You should have shoved him off, my T-cell helpers' (236). The merging of the *tokoloshe* with the cytomegalo virus means Konstant transfers his intent to directly targeting his eyes: 'He [the megaloshe] wants to sit right on top of my head: he wants to destroy my last bit of sight.' Again, he accuses his T-cells of failing him: 'you could have helped me. After all, I did give you oxygen; I did eat calf liver to give you strength. How did you turn in to such wimps?' (236). He feels let down by his body but also blames his body for turning on itself. Exposing his inner reality shows how Konstant experiences his illness, personifying AIDS.

This extended conversation in the dark night is a reminder of Konstant's strong links to South Africa. There's an element of a shared cultural symbology

in the reference to the *tokoloshe* of Xhosa mythology. He also recalls the farm and beliefs held in the countryside about spirits that prey on the vulnerable. In an extended quote he demonstrates his last attempt to fight the disease that is rapidly killing him:

Herd them all together now, those weak cells. Down to the last one, or, rather, what is left of them. Herd each and every one into the kraal. May as well bring cyto closer too. Let incubus squat on the kraal wall. Observe the whole lot; count each one of the cells carefully, it's still possible. Cover cyto with a tarpaulin, and laugh at the stiff mannikin on the kraal wall. That's it, yes, have you had a good look at them all? Let them go now; open the gate so that the whole brood can scoot. Away with them, the bastards. And do you know? They accept the invitation. Just look! They're only too happy to piss off. All gone. (236)

He breathes in and dispels all the 'blue-in-the-face smothering anxiety, breathe all the old blue air out' (237) and here begins the downward spiral of increased sleep and lethargy, suffused with beauty, that characterises the final thirty pages of the novel.

In a surreal episode towards the end of *The Reactive* the trio go to a house in Woodstock expecting to meet their mysterious customer who instead speaks to them through a computer screen and sends them each into a different room where they experience individual dream sequences. Lindanathi recalls visiting the cemetery with Cissie 'where we test the ground and tell each other to choose sites... she tells me we're preparing ourselves for the end of the world' (Ntshanga, 2014: 138). Like Lindanathi, Cissie has experienced death, losing her mother to stomach cancer when she was twelve (91) and more recently her aunt (80), and believes her whole neighbourhood (in Newlands) is haunted by 'Calvinist ghosts' (75). She tells Lindanathi that 'when it comes, it won't be mass destruction; the end of the world is the destruction of the individual' (138). There are elements of attraction in their relationship but it stays platonic: 'I always looked at her when she wasn't looking at me. That way, I wouldn't fall for her for being beautiful and she wouldn't pity me for being unwell' (139). Like Konstant, Lindanathi

experiences a dark night of the soul which is worth quoting at length:

Later, I can't sleep and have to do the next best thing and pass out. We've cleaned out the liquor stash and the glue, so I head straight for the fridge and look for the champagne. I miss my grandmother in a way that makes me feel sick again, and I watch another movie that convinces me I have AIDS. There's a quarter of the champagne left and the bubbles have gone flat. I only have HIV, I say, I don't have AIDS, and when I take a swig from the bottle, the champagne tastes like lemonade inside my mouth. (139)

Unlike Konstant, Lindanathi can continue to get wasted and block the prospective reality of AIDS out. They have different coping strategies based on the different realities of their disease. And Lindanathi is arguably altering his reality through his denial. In fact, the realities of these characters are altered by the chronology they inhabit, the twenty years that separates them (and the advances in science in that time) is what separates the AIDS victim from the HIV positive survivor.

Drawing these two disparate novels together for a thematic comparison enables the reader to follow two different trajectories of HIV infection across two decades. Both novels are daring attempts to be different, to write HIV/AIDS directly into the personal and political context of their history. By reading translation and cross-cultural comparison as a form of 'unprotected' transmission²², of ideas, of imagery, and the experiences of a disease, death become the great leveller. By removing historical divisions between 'black' and 'white' writing, English, Afrikaans, and isiXhosa, we can see a more holistic vision of the South African literary canon. It is only through translation and comparative reading that we have access to this potential continuum and the means to assess whether there is a common cultural symbology at work. The parallels between Venter and Ntshanga's narrative symbolism, imagery and literary techniques appear to suggest there is a continuum: differences in language do not mean the texts inhabit entirely different cultural systems. The comparison of these texts widens the poetics of HIV/AIDS in South Africa.

Both novels express different aspects of belonging and becoming men in different cultures. Both Konstant and Lindanathi want to become independent and respected but both men are constrained by the disease that infects them. Both novels contain elements of the *bildungsroman*, although the arc for Konstant is to achieve manhood: 'I've become so totally free here, like never before. So self-assured. No other country gives you as much space to be who you are. I could do anything here, achieve what I wanted' (Venter, 2004: 189) – and then be cut down in the prime of life. Lindanathi, in contrast, has already given up on life and learns through the novel to embrace life again and gives himself a second chance. In the process, both men experience a form of self-annihilation and yet Venter's novel is absurdly optimistic: Konstant stays stoic and cheerful to the end. Ntshanga, on the other hand, gives us the bleakest portrayal of a young life that is very nearly lost to despair amidst the drugs and chaos of a Cape Town that seems to suggest that Lindanathi's centre cannot hold. Lindanathi is sustained by his friends, much as Konstant is constantly buoyed up by his friendship with Shane and Jude. Lindanathi is also saved by his family, his uncle and aunt, who help to lead him back to his ancestors and face his cultural traditions and obligations so that he can 'authentically become a man'. Konstant, too, is supported by family: his brother arrives from South Africa at the last minute and provides some comfort to his dying sibling.

Essentially, the crucial commonality is HIV/AIDS, and yet the demise and survival of these two characters goes against the grain of other narratives of the disease, such as those shared by Cameron and Levin (in 2005), in which white gay men survive HIV infection and bouts of full-blown AIDS because of their access to private medical care, ARVs or health insurance. The novels reflect the trajectory of the disease in the population as it moved from predominantly white gay men into the wider black heterosexual population, but re-shape the confessional form of autobiography, so favoured by writers in the West, and by Cameron and Levin in South Africa. Fiction allows a close examination of the characters' inner worlds, revealed through translation into a shared language, showing just how much they have in common. The comparison highlights the historical

“ The HIV-positive narrator allows the authors the creative capacity to re-define, re-imagine, and re-inscribe their reality. Most significantly, as works of fiction, the authors demonstrate how it is possible to alter reality and imagine ourselves inside the bodies of these two HIV positive men, allowing readers to identify a specifically South African cultural symbology and explore parallels beyond race, class and language, reaching deeper into an exploration of the body and the self. ”

precedent of Venter’s work, that enables the present form of Ntshanga’s, while also creating something different from what came before, through fiction. Echoing Gikandi the authors use their narratives to shape notions of HIV-positive selfhood at different historical moments. In general, it has been black men like Lindanathi, who before ARVs were rolled out nationwide in South Africa, would succumb to AIDS very quickly. Ntshanga shows us an alternative to the ‘survivor’ trope that is more hard-won, partly due to different economic imperatives and the range of freedoms that came with democracy.

De Waal’s suggestion was that before 2006, ‘A small sample of African novels in English provides a first cut at exploring this topic, and it is clear that AIDS is approached indirectly, in diverse ways, through other issues’ (2006: 32). Whereas in Venter and Ntshanga’s novels HIV/AIDS is approached directly, in the first person, via the interior worlds of HIV-positive male protagonists, changing notions about intimacy, sexuality, gender, masculinity and community. Through the internal narrative of their protagonists, both novels function not only as emotional insights into the minds of those who are HIV positive, but they also delineate the courage required to face the disease both in life and in certain death, whether all too soon, or through treatment deferred. The HIV-positive narrator allows the authors the creative capacity to re-define, re-imagine, and re-inscribe their reality. Most significantly, as works of fiction, the authors demonstrate how it is possible to alter reality and imagine ourselves inside the bodies

of these two HIV positive men, allowing readers to identify a specifically South African cultural symbology and explore parallels beyond race, class and language, reaching deeper into an exploration of the body and the self. Although they cannot map an entire tradition, these two novels provide us with the imaginative capacity to feel as the characters feel, and think as they might think, and face their divergent futures and prognoses together, as part of the continuum in South African writing about HIV/AIDS across two decades.

Notes

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2. On the cover.
3. I must thank Tim Huisamen for identifying Eben Venter’s work when I was researching and teaching at Rhodes University in 2010.
4. In an interview (published in the *Journal of Commonwealth Literature*, 2004) Phaswane Mpe said that there were Afrikaner writers who had written about HIV/AIDS before he did in *Welcome to Our Hillbrow*. He suggested Koos Prinsloo had written stories featuring AIDS, so I commissioned Michiel Heyns to translate three stories into English. Two of those ground-breaking texts were published in the December 2018 issue of the *Johannesburg Review of Books*.
5. See, for example: Thomas (2014), Nattrass (2007), Hodes (2014).
6. de Waal makes it clear that ‘It is not that public education messages are getting through in some places and not others’ – in fact, it is the form of these messages, their calibre and their content, that has the greatest impact on audiences: ‘It is actually counterproductive for all AIDS advocates to be ‘on message’, because that makes people

bored, sceptical and switched-off. Having been fed propaganda for decades they are instinctively distrustful of any message purveyed with earnest consensus.' (29–30)

7. Twidle (2019) comments on the 'politically vexed, constrained or symbolically coded articulation' that led to "an uneasy South African sub-genre" of writing about the black experience of HIV/AIDS by white writers' (173) – namely Liz McGregor's *Khabzela* and Jonny Steinberg's *Three Letter Plague*.

8. Jodi McNeil (2012) writes that 'by the end of 2010 only 55 percent of people who needed ARV treatment were receiving it... On 1 December 2011 a third National Strategic Plan (NSP) on HIV, STDs and TB was released for 2012–2016... in 2004 we had only 47 000 people on treatment... By mid-2011, we had 1.79 million people.'

9. 'In the year 2000, it is estimated that 40% of all adult deaths in South Africa were due to AIDS' (Karim and Karim, 2002).

10. The epigraphs do not feature in my South African edition of the novel – presumably they were included in the US to provide context to an American audience.

11. I first use this phrase in Attree, L. (2010). 'Introduction', *Blood on the Page*: 15.

12. Cover quote.

13. Tim Huisamen met with me again on 7 August 2018 and said the literal translation of 'stamel' is to stutter or to stumble, which adds depth to the title which would read: 'I stammer I die' or 'I stumble I die'.

14. 'Hoewel dit grotendeels in Australië afspeel, lees jy jou van begin tot einde vas teen ons eie rou (sowel as heerlike!) werklikhede.'

15. See, for example: Van Coller (2008).

16. Refentse in *Welcome to Our Hillbrow* also moved from the village to Johannesburg and back again.

17. My emphasis.

18. 'In 2016, South Africa implemented the 'test and treat' strategy, making everyone with a positive diagnosis eligible for treatment regardless of how advanced HIV is in their body. This has seen the number of people eligible for treatment more than double in recent years: from 3.39 million in 2015 to 7.7 million people in 2018' (Avert, 2020).

19. Slightly archaic but common usage as a euphemism for HIV/AIDS in the 1980s and 90s.

20. Although Adam Levin has since died, in May 2019 (Chandler, 2019).

21. According to Johann de Lange, the Afrikaans version makes Jude's role ambiguous, so it is never clear whether the female Jude has infected Konstant.

22. I must credit Carli Coetzee with the suggestion that translation could be read in this way.

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