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Introduction

From March 2003 to February 2006, I lived in Okhahlamba, a portion of the uThukela District in the South African province of KwaZulu-Natal. I had come to this mountainous region abutting the northern Drakensberg (Dragon's Mountain) to record the experiences of people living in a context of HIV and AIDS among African communities in the Ngwane and Zizi chieftaincies, and adjoining African freehold settlements. I hoped that whatever I came to write would reflect the concerns of rural people and would pay close attention to local ways in which the illness, through time, was folded into everyday life, as well as how people used language to reflect upon its devastating presence. My aim was to provide an ethnographic record of a particular period in which suffering from the illness was acute, and where, prior to readily available antiretroviral treatment, death was inevitable. In particular, I wished to trace repertoires of care outside of the formal institutional domains of hospitals and clinics, in order to show what people in limited circumstances brought to bear on the illness when there was little assistance forthcoming from the state. As it happens, the book spans a period in which antiretrovirals were initially unavailable, and moves on to a time when treatment became accessible in various ways. It therefore begins with the presence of overwhelming death and mourning, after which hope gradually became manifest in the recovery of a number of people through antiretroviral therapies and 'the return' of bodies they could recognize as their own – bodies that had recovered from a state of emaciation.[1]

Notwithstanding the 'crisis of representation' that has unsettled anthropology over the last 25 years by overturning the discipline's former claims to objective 'truth' (see Clifford 1988, Clifford & Marcus 1986), I uphold the value of ethnographic study both as a research methodology and as an art of writing. In so far as ethnographic research implies protracted interaction with people over time, where an attempt is made to reflect a range of local views and practices pertaining to interlocutors 'in the field', it provides important records of and insights into the unfolding textures of everyday life (Fabian 1983). These are textures that include the presence of the anthropologist, a presence that has its effects. In writing an ethnographic account of individuals' lives at a time of AIDS, I draw for inspiration on several ethnographies that in their diversity, attention to detail, styles of writing, and patient and subtle exegesis approach themes similar to those that appear in my own work. They are the themes of suffering, social and structural inequality, illness, violence, mourning, sensibility and intimacy (see Biehl 2005; Das &

Poole 2004; Csordas 2002; Petryna 2002; Das *et al* 2001, 2000, 1997; Davis 2000; Desjarlais 1997; Nadia Seremetakis 1996, 1991 and Kleinman 1995, 1988). What I have written clearly reflects my own 'literary' style. Yet, in true empirical fashion, I have sought to record what was 'out there', as I encountered it, while at the same time acknowledging the shifting nature of the everyday. To my mind, far too little time is given to conducting rigorous research in dialogue with research participants across differing sectors of society in South Africa. The above omission comes to limit our understanding of political and ethical engagement with the world and its diversities.

What's in a name?

I begin the book with a brief exploration of a particular metaphor attached to the ways in which people living in Okhahlamba often spoke. It has to do with the increasing visibility of the outline of a person's bones as HIV and AIDS takes its alarming course. The title of the book draws upon a mother's account of the death of her daughter, and the textured implications of human bones within a living world, where care is brought to bear on the intrusion of illness, death and mourning. Having lived in Okhahlamba for a period of three years and having visited it intermittently for one year thereafter, a consideration of bones has come to hold for me a multivalent cluster of 'feeling-tones' related to sociality, relationship and intimacy, to the paring away of flesh, and to loss, mourning and death. Yet bones are also linked to the emergence of surprising strength. With their durability, they evoke memory, history and the endurance of people who have been dispossessed over protracted periods of time. All of the above thematic elements form ongoing 'threads' that weave their way through what I have written. They are the conduits through which I explore the overall theme of the book. They encompass the ambivalence of care that is both proffered and withheld in relations of intimacy, kinship and neighbourliness.

Turning to the mother's story of her daughter's death: in August 2003, on the day that she died of *lesisifo* (the name that is commonly given to HIV and AIDS in Okhahlamba), sensing that death was near, the daughter of a home-based carer thanked her mother, as she expressed it, for having 'touched [her] bones' while nursing her ('*Ngiyabonga ukungithinta amathambo*'; 'Thank you for touching my bones'). The daughter insisted that if she had gone to a hospital to die, she would not have been touched in the same way. In 'touching her bones', her mother showed a love that neither quailed in the face of her emaciation, nor ignored it, but rather encompassed it through the movements of her hands. Her mother washed, cleaned and caressed her, giving shape to her daughter's suffering through feeling the outline of her bones, their density beneath her skin. It was an act that upheld the daughter's humanity and the valued threads of interconnection between herself and her mother in the face of death.

Luce Irigaray (1986) conveys the importance of touch that, although addressed to a body replete with flesh, is apposite in reflecting on the young woman's reciprocation and acknowledgement of her mother's love. In her words, touch becomes a medium of recognition, an act of giving that underscores social being as predicated on exchange:

> Before orality comes to be, touch is already in existence. No nourishment can compensate for the grace, or the work, of touching. Touch makes it possible to wait, to gather strength, so that the other will return to caress and reshape, from within and from without, flesh that is given back to itself in the gestures of love. The most subtly necessary guardian of my life being the other's flesh. Approaching and speaking to me with [her] hands. Bringing me back to life more intimately than any regenerative nourishment, the other's hands, these palms with which [she] approaches without going through me, give me back the borders of my body and call me back to the remembrance of the most profound intimacy. (*Ibid*: 232-233)

At her own insistence some weeks before her death, the young woman asked her mother to accompany her in various tasks. In order to accomplish them, her mother carried her on her back like an infant to board a minibus taxi to travel to Johannesburg where the daughter had worked. Her mother then carried her through the streets of that city to the place where she had lived to recoup her possessions and important documents. On their return to Okhahlamba, her mother carried her to the relevant state department to secure the birth certificates of her children, documents that would be needed to obtain state grants for her children after her death.[2]

Through her actions, the mother re-enacted a tender and practical gesture related to childhood in most parts of the African continent, one in which a child is comforted, and in which the bearer's hands are freed for everyday tasks. The infant is cradled with a cloth against the back of the person carrying it, held with the front of its body against the warmth of an older person, its legs and arms embracing the contours of the carrier's body. In evoking the dependence of a child through the use of the word '*teta*', yet using it in relation to her adult daughter who could no longer walk, the mother expressed how the act of bearing her child had become one imbued with sorrow. Instead of presaging a future of increasing capabilities, it pointed towards the ending of her daughter's life. The work taken up by the mother in relation to her daughter constituted their mutual attempt at ordering life in preparation for death.[3]

One social meaning of the mother's actions in touching her daughter indicates that although the flesh of a person undergoing AIDS falls away, the body's frame, the skeleton, with each bone linked to another, becomes a metaphor for the insistence on a certain coherence of personhood in a dying person. A defiant insistence on the coherence of personhood on the brink of death points to the conviction that the dead are not utterly lost to the living. In Okhahlamba, burial of the physical body enables the person, after a certain lapse of time, to become an ancestral shade linked once more to the living. Touching the skeletal foundation of a person through skin, where the flesh has withered away, points therefore to both acknowledging death within life and the future possibility of the re-emergence of a form of life within death.

The South African novelist, Phaswane Mpe (2001), in *Welcome to Our Hillbrow,* depicts the lives of several characters, some of whom come from a rural place not unlike Okhahlamba, who have found their way to the city of Johannesburg. Amidst the maelstrom of city life, the novel encompasses the presence of HIV and AIDS and the way in which the flowering of young people is destroyed through premature death. Refentše, the person in whose voice the novel is written, refers to the girl he loves as 'the bone of my heart' (*ibid*: 24). It is a metaphor that projects, in his case, the wish for durability within an intimate relationship, the longing for a point of stillness in a social world rent with unpredictability. It strives for solidity where little coheres. Another person encompassed as the bone of one's heart renders visible a longing for the intense, emotional weight of relationship, for a certain interdependence. It is an idea that holds the importance people have for one another. Granting another person the centrality and weight of 'a bone within one's heart' cannot, however, anchor them unequivocally to the self. Herein lies the pain of relationship, the ways in which, for example, in Mpe's novel, Refentše and his lover, Lerato, find themselves unwittingly betraying one another. Another as a bone within one's heart emphasizes, too, the ways in which a person who has died lingers in the memory of the living with an obdurate weight. Another's bone, as a hook within the heart, becomes a metaphor for mourning, as well as the capacity for inflicting pain on those for whom one cares.

An awareness of bones, and the touching of bones issues into being a sense that death has crossed into the fabric of social life and points to the ways in which death within life occupies the space of the living.[4] The mother's account of her actions in touching and accompanying her daughter in the face of death demonstrates a quiet resolve to keep the unravelling effects of death at bay. Yet inevitably, within the trajectory of the illness, the approach and eventuality of death profoundly unsettles social life. The story I have told reiterates the major themes within the book: those of care, intimacy and relationship in a time of AIDS, where the latter processes are grounded in the human body.

Body, illness and sociality

I revisit Trinity Njoko Busisiwe's poem from the book's preface in order to begin reflecting on the intertwining of body, illness and sociality. Within the poem, the social effects of AIDS mirror and exacerbate already existing fault-lines in the social world. And in being faced with bodily disintegration, sociality, in turn, 'finds a mirror for itself'.[5]

In August 2005, after some months of having experienced the effects of antiretroviral therapy, Trinity wrote her extraordinary poem as a marker of her own relationship with the illness and with the medication. She performed it for a general home-based carers' meeting at which I happened to be present. In her poem, the virus and the disease are folded into everyday life through the use of metaphors of kinship, blood and relationship.

The kinship terms she uses draw attention to the way in which HIV and AIDS has come to dwell within families and within neighbourhoods in Okhahlamba,[6] to insert itself in relationships of intimacy and to take up 'luxurious' residence in the bodies of persons. The juxtaposition of metaphors of illness and relationship exacerbate ongoing friction within spaces of intimacy and genealogy, in which ideals attached to notions of kinship are profoundly shaken and yet reiterated in uncanny ways.

HIV, like an unruly relative, a pugilist, has arrived, and as Trinity expressed it, has jumped down lightly within the space of family, ready for a fight. As it is ideally imagined, the space of family offers nurturance, protection and continuity, attributes that are hard to sustain in the context of migrancy, mobility, separation and impoverishment. The family is always a site of struggle and pain, notwithstanding ideals. The arrival of AIDS renders bare the tensions and fault-lines of family, so that the space of family becomes increasingly acrimonious and, indeed, murderous, because it is linked to death. Just as difficult unruly relations cannot be utterly repudiated, because claims of lineage and blood seek to cement relatedness, so the presence and the effects of the virus within the body of a person cannot be wished away or denied. In this way, the virus takes on the attributes of a difficult relative, one who disrupts normative ideals and whose influence is deeply felt. So, too, the effects of the virus are scored within the bodies of individuals, and are witnessed within the parameters of family and beyond. In a world where relationships of intimacy and of kinship bear the weight of structural forms of violence growing out of particular political economies and violent histories of dispossession within South Africa, the ways in which relationships do not cohere and begin to unravel provide, in turn, a set of metaphors with which to describe the effects of the illness.

The body in Trinity's poem becomes a dwelling, a house, a hotel, in which a pair of belligerent brothers unites against the outside world: Germ, the virus, takes up residence in his 'hotel', the blood of a person; his younger brother, Disease-of-the-Mat (referring to sex) causes the disease to flare up, as in a fight. Germ and Disease-of-the-Mat are particularly keen to fight those who 'hate' and reject their maternal uncle, Condom. The brothers attack their neighbour, Soldiers-of-the-Body (the immune system) without reservation. The accumulative instances of their prowess are as numerous as the hairs on a person's head. Through the juxtaposition of the interior of the body with fraught social relations, Trinity's poem has captured the ways in which the biological folds into the social, and the ways in which the body holds a host of metaphors for the organization and disorganization of social life. Whereas the two brothers are unapologetically indisposed to their neighbours, their maternal uncle, Condom, is a benevolent relative when engaged with positively. Local values attached to a maternal uncle imply that he is a relative from whom one can demand certain generosities, with whom one can be open about sexual matters, and from whom one can, within limits, demand various goods. Maternal uncles are concerned with the continuation of threads of social life and with the well-being of their sisters' children, and they often play a loving and mediatory role between families.[7]

Bearing in mind both the mother's experience of her daughter's death and Trinity's poem, I would like to suggest that in contrast to the ways these women have confronted and reflected upon the embodied experience of AIDS, few academic studies have closely examined the excruciating suffering that individuals undergo through the illness, and in terms that they would recognize. Given the extreme ways in which AIDS systematically attacks the body so that it is worn away, it is not surprising that those confronted with a person who is afflicted with the disease may experience fear. People suffering from AIDS also often experience radical alienation in relation to their own bodies. It is thus partially the corporeal challenges of the illness, not only for people who are dying, but also for those who witness their demise and who may be responsible for their care, that are linked to the ways in which people may reject or isolate a person undergoing AIDS.

In relation to healing, and in ways that are equally applicable to illness, Thomas Csordas (2002: 3) stresses the importance of turning to phenomenology and the idea of embodiment, 'insofar as it speaks of immediacy, indeterminacy, sensibility – all that has to do with the vividness and urgency of experience' (*ibid*). In writing of individuals in relation to HIV and AIDS in Okhahlamba, I seek to remain close to the 'urgency' of their experience. Csordas further suggests that language constitutes an embodied gesture towards exploring experience, something that resonates profoundly with both the bravery of a daughter in thanking her mother for touching her bones, and in the sardonic and socially aware language of Trinity's poem, in which, for example, her 'love relationship' and 'marriage' with antiretroviral medication and the illness have come to imitate the social equivalent.[8] For Csordas (2002: 4), language becomes 'the enactment of a mode-of-being in the world', and for Maurice Merleau-Ponty (1962: 196 citing Goldstein 1933: 496), 'a manifestation, a revelation of intimate being' and of the individual's link to the world and to others. In the book, I plan to show how the immediacy of body and emotion are linked to language and social relationship in ways that sometimes cohere and sometimes unravel.

Sketching the parameters of care

In the mother's story about her daughter, I have introduced three aspects of care, as I encountered them in Okhahlamba. They relate to what it means to touch and be touched, to carry and be carried, and to exchange speech in the context of illness. Each strand, grounded in actions and issuing from the body, bears philosophical possibilities.

As we have seen, touch is not simply involved in the mechanics of daily care and cleanliness, but becomes a subtle conduit of love, affirmation and recognition. The act of carrying a person conveys not only the literal act, but what it means to accompany and to lend one's bodily forces to another, who because of illness can no longer accomplish journeys or actions on their own. The notion of accompanying a person raises the question of how this may be done respectfully. I have also intimated that careful and caring language is a learnt and unfolding process of exchange between an ill person and his or her associates and carer(s). It goes without saying that the above aspects of care are linked to intimacy and ethics. Inherent in all such 'actions' are the possibilities of refusal, rejection, abuse of power, and the unravelling effects of the intrusion of visceral responses to social life.

Reflecting on the multiple implications of the words 'to touch', 'to carry' and 'to care' in isiZulu, I bring forward some of the multivalent meanings attached to the actions they evoke. These terms also hold presumptions of hierarchy that, although not inevitable in the ways they may be qualified in use and in social relationship per se, allow an appreciation of how care can be permeated with unequal relations of power and forms of condescension.

Local implications of touch (*ukuthinta*), for example, are multi-layered in additional ways to those mentioned above. In saying that they have touched a person, healers do not only mean literal touch, but that their touching, their interaction with an ill person and his or her body, has effected a change, a transformation in his or her way-of-being, a 'cure'. The latter ideas are not unlike Irigaray's conception of touch as a form of nourishment (see page 19). A healer's touch, bringing with it the influence of the ancestral shades who work through them, shapes the living. It becomes the social conduit through which ancestors, although deceased, are able to reach the living. Touching, in the latter sense, is to reconfigure a person's physical, emotional, and social being in an act of reshaping, of making, which involves the social weight of predecessors.

The verb 'to carry' (*ukuphatha*) literally means to carry with the hands, but with the addition of appropriate adjectives, to treat a person in certain qualitative ways, whether well or badly. Within its horizon of meaning lies the notion of power, in that a ruler or a carer is configured as being in charge of people whom they command, or for whom they care, or both. Doke *et al* (1990: 649), in relation to the verb *phatha*, claim that it means, on the one hand: 'to handle and to hold; to feel and to touch; to carry and to contain'. On the other hand, the word implies: 'to treat, to deal with; to engage in; to manage, to superintend, to be in command of, and to take charge of'.

Lastly, 'to care' (*ukunaka*) connotes concern for a person, but also the action necessary in taking care of them. As vulnerability is assigned to the very young, the elderly, the disabled, the chronically ill and otherwise sick, the word '*umnakabaphathi*', meaning 'that which is of concern, or the person who is of concern to those in charge', derives its weight in relation to care for the young. In doing so, it refers to a baby or very young child who needs special attention and care from those responsible for it. In the context of widespread illness in Okhahlamba, home-based carers extend the word's applicability to encompass their relation with the chronically ill. AIDS sufferers share certain vulnerabilities with young children, in that they require special, ongoing care and consideration. Implicit in the latter usage of the word is the responsibility borne by caregivers in relation to the ill. It points to the way in which those who care for the ill may assume power over them. Its use is a demonstration of the way in which repertoires of care may be socially extended, the point being that the dependencies of and obligations to childhood are always embedded in social relations, even those ostensibly of adults.

Many home-based carers referred to ill people whom they tended as '*iziguli zami*' (my ill ones), a less hierarchical naming. As Arthur Kleinman (1988) argues in his now classic book, *The Illness Narratives: Suffering, Healing and the Human Condition*, the use of the word 'illness' as opposed to that of 'disease' comes closer to the lived experience of those who are ill. By using the term, his aim was to 'conjure up the innately human experience of symptoms and suffering'(Kleinman 1988: 3). Similarly, home-based carers, in referring to their patients as 'my ill ones', seek to underscore the journeys they have taken together and the ways in which stories and experiences of illness have been shared.

Given what I have written above, care of the individual, whether by the self, within the family or within a neighbourhood, does not comprise a distanced set of procedures, those that might, on one level, encompass the professionalization of care: the sets of methodical, standardized acts that are sometimes striven for within a hospital setting, for example. Rather they bear the emotional weight invested in bodies and gendered subjectivities. They are proffered or withheld within the social play of such relationships, and in the face of challenges to social expectations embedded in relatedness in the presence of the disease. In the fault-lines that HIV and AIDS throws up within differing forms of relatedness, recognition of an ill person in the specificity of their illness is not always forthcoming. A lack of recognition precipitates particular kinds of alienation, and even social death. A person who is ill may come to know what it is to remain unseen within a space of relatedness that in other circumstances would offer a degree of recognition. It is within spaces of alienation that aspects of care related to speech, for example, become poisonous or trite, and in which silence may seem apposite.[9]

Everyday practices of care may also assume invisibility because they are seldom publicly valued and are taken for granted. It is clear that women and girls carry out most immediate activities around care in relation to cooking for, cleaning, feeding and accompanying the ill. The care offered by men is not as 'hands-on', but is nevertheless conveyed through visiting, speech, and through leading funeral proceedings, where the qualities of the deceased are often praised. Repertoires of care are therefore gendered, infused with power, and woven into the textures of subjectivities. To a degree, assumptions underlying care and the inequalities of power within relationships of intimacy are forced into visibility through the disruption of the disease.

Although I draw on a wide and eclectic range of philosophical and anthropological literature to assist me in thinking through ethnographic details in the book, I mention here the two writers who have helped me most in considering care in its ambivalence. On the one hand, I draw on the loving and exacting philosophy of Emmanuel Levinas (2001: 56-111), with his concern for ethics and responsibility. I draw on his founding philosophical notion that sociality is prior to any epistemology, and that before we are subjects we are already social beings. This is pertinent to the idea of what passes between a person in need of care and a carer, in that Levinas is at pains to face ubiquitous human vulnerability and mortality, attributes of humanness that cannot be easily understood or described by another. It is the care with which he sketches out how people may approach one another that I find has resonance with my aims. In particular, Levinas' notion of solicitude (Levinas 2001: 108) describes a form of respectful attention offered to another, one that is open to surprise and does not perform the violence of seeking too quick a definition of the other or of their experience. His ideas have resonance with the local South African philosophical notion of *ubuntu*, where a person is a person by virtue of other people, and where one cannot claim selfhood in the absence of threads of inter-relationship. Within the horizons of his philosophy, we come into ourselves through our relationships with others. Levinas' (2002: 57) description of suffering as being a form of solitude, of being cut off and shut up within the self, suggests ways in which people may enter a space of both physical and social pain, including social death – a set of observations on suffering that are particularly pertinent to people afflicted with AIDS.

On the other hand, I draw on the incisive reflections of the psychoanalytic philosopher Julia Kristeva (1987, 1982), and her meditations on both horror and desire. Her notion of abjection (Kristeva 1982) has aided me in approaching unbounded visceral responses in relation to illness, bodily fluids and the viscous. She describes the horror of the abject, attaching to such substances that are profoundly disturbing because they unsettle ontologies of solidity. In a superb rendition of Kristeva's ideas and drawing on the anthropologist Mary Douglas' writing on pollution, Elizabeth Grosz (1994) explores the body's permeability as a disturbance of the ordered body. The above set of ideas has assisted me in approaching the immediate, sensorial experience of undergoing and witnessing AIDS, with its unrelenting attack on the human body and its transformation of the solidity of flesh into its demise, often into the fluid. Kristeva's (1987) exploration of desire has helped me to approach the affective dimensions of relationships; for example, in relation to the discovery that we find ourselves already in love (Kristeva 1987). Being in love is not something that we choose, but something that becomes tangible through heightened bodily 'symptoms'. In rationalized responses to HIV and AIDS, including the formulation of prevention campaigns, we have often forgotten the 'unruliness' of desire. To conclude, both Levinas and Kristeva have assisted me in beginning to sketch out what I call an anthropology of intimacy – one predicated on a phenomenology of embodiment (Csordas 2002, 2000; Lock & Farquhar 2007 and Merleau-Ponty 1964, 2000).

The study in relation to local literature

In articulating the particular contribution of my work in relation to other literature, I do not claim to draw on an exhaustive set of references dealing with HIV and AIDS, as there is now a vast and diverse body of research in South Africa, much of which has little resonance with my own.

In what may broadly be termed the social sciences, the earliest works on HIV and AIDS in the region were prognostic in nature, drawing on studies in relation to the pandemic in America in the 1980s and dealing locally with its unprecedented scale and possible societal outcomes (Abdool Karim *et al* 1992a, Abdool Karim S. & Abdool Karim Q. 2005, Barnett & Blaikie 1991, Barnett & Whiteside 2002, Dorrington 2001, Dorrington *et al* 2001, Dorrington, Bradshaw & Budlender 2002, Dorrington, Moultrie & Timaeus 2004, Whiteside & Sunter 2000). Researchers created numerical projections and surveys of the epidemic, and called for prompt responses in containing it, pointing out the multiple social, economic, and political problems that were foreseen as developing in its wake (Sunter & Whiteside 2000).[10] Their predictions, based on generalized theories of economics, psychology, family and sexuality, bore little relation to how people lived 'on the ground', to the social nuances of everyday life, or to the weight of history and its effects on the provision of health care and on local views concerning illness. Perhaps many would argue that given the seriousness of the epidemic and the importance of galvanizing society's forces to meet its challenges, there did not exist the time or space for longitudinal qualitative research about people's experiences around living with and alongside HIV and AIDS. Yet such studies, including my own, become increasingly important where researchers are now hard-pressed to understand why prevention campaigns and attempts at promoting changes in sexual practice to mitigate risk have largely been unsuccessful in South Africa.

If early studies concerning HIV and AIDS were broad in scope, more recent research is increasingly pointillist in dealing with specific aspects of intervention, prevention, and social issues around antiretroviral treatment regimes. Here, for example, work within the overall field of sexuality, 'behaviour modification', violence and risk may focus in on the expansion of safe-sex methods, informed by a recognition of gender inequalities and power differentials within a predominantly patriarchal society.[11]

Some studies of a more anthropological nature have emphasized the emergence of localized explanatory frameworks for the disease at odds with common universal claims. Peter Geschiere's (1997: 212) conception of witchcraft as the dark side of kinship is in sympathy with what I have written (see Chapter One). He argues that bewitchment 'expresses the frightening realization that aggression threatens from within the intimacy of the family', and upholds the view that 'the discourse of bewitchment includes the effort to *maintain relations despite its threat*' (my own emphasis). In citing the Douala proverb, 'One must learn to live with one's sorcerer', he provides an exemplar that resonates with the ambivalence of care within relations of intimacy, as I have outlined in the previous section. Geschiere concludes in ways that are apposite for Okhahlamba, arguing that in Cameroon, families remain the 'cornerstones of life' and that individuals cannot live without their intimacy – an intimacy that includes jealously and aggression. [12]

Careful and more 'anthropological' work that has bearing on HIV and AIDS and that pays attention to cultural specificities and local ways-of-being may be broadly placed within a field of studies relating to sexuality, or the play of intimate relationships in relation to gendered identity formation.[13] Because these studies pay attention to the unfolding of local worlds and their imaginaries, as well as their location within changing historical and material circumstance, they assist in problematizing many assumptions in standardized AIDS research.

Such studies include the demographer Mark Hunter's (2007, 2005, 2002) exploration of masculinity and the materiality of everyday sex in several communities along the north coast of KwaZulu-Natal, and Fiona Scorgie's (2004, 2002) measured work based on prolonged anthropological fieldwork in the Centocow region of southern KwaZulu-Natal, concerned with the construction of contemporary identities among women and girls. The significance of Hunter's work is to trace changes within South Africa's political economy, straddling both apartheid and post-apartheid periods, linking them with changes within forms of exchange in relation to intimacy and sexuality and their accompanying discourses. With the globalization of South Africa's economy, he shows (Hunter 2007, 2002) how increasing impoverishment and diminishing levels of employment for both men and women have been accompanied by the formation of multiple sexual partnerships, entangled with forms of material and affective exchange. Hunter undercuts moralizing discourses in relation to sexuality, as well as a number of terms used in AIDS research that have limited applicability – 'prostitution' being one, for example.[14] In my view, transactional sexual relationships have long been established in South Africa due to entrenched labour migration. Women in Okhahlamba, for example, explained to me that when husbands neglected to send grandmothers, mothers and themselves remittances from their places of employment, or 'disappeared' into the cities never to return, they survived through 'strengthening the fence', a metaphor implying the taking on of lovers.

Scorgie, in turn, explores the revival and growing popularity of virginity testing as a local response to HIV and AIDS within the framework of a nostalgic revisiting of the past, in which women and girls strive to reconfigure everyday experience.[15] Such rituals assume significance in the context of everyday circumstances, where women in the region have come to know the material strains of raising children and grandchildren in often multi-generational households of grandmothers, their daughters and their daughters' children. She explains how a broad spectrum of women's practices nevertheless take place within patriarchal frameworks in which the sexuality of men, as well as their shared culpability in spreading sexual disease, is omitted from scrutiny, and where the most vulnerable members of society, young girls, are publicly held responsible for controlling sexuality through abstention, and for thus upholding 'purity'.[16] My work is similar to that of Hunter and Scorgie in that it seeks to pay attention to the details of everyday life outside urban metropoles as well as to the terms and practices employed within that life, within relationships of differing kinds, and within a context of widespread death. It differs from their work in that my ethnography is made up, in the main, of detailed individual stories that show how common local practices may be taken up in differing and multiplicitous ways.

More recently, Didier Fassin (2007) and Nicoli Nattrass (2007), although from very different perspectives and epistemological standpoints, have sought to come to grips with the parameters of the erstwhile South African AIDS debate, particularly in relation to what was termed 'denialism', as it circulated in public discourse on the part of the then South African president, Thabo Mbeki and his health minister, Manto Shabalala-Msimang. Fassin and Nattrass have both thoroughly documented the latter debate in important ways, including the history of differing approaches at the level of the state's response, and in relation to bodies of scientists and HIV and AIDS activists, where social movements, most importantly, the Treatment Action Campaign (TAC), took up strategies similar to those pertaining to the struggle against the apartheid state in securing antiretroviral treatment for South African citizens.

Nattrass's book traces the consequently rocky formulation of initial AIDS policy in South Africa, together with the courageous fight for state provision of antiretroviral treatment on the part of activists. Due to mounting TAC mobilization, pressure from the trade unions in South Africa and a cabinet revolt in October 2003, the health minister was forced to formulate a plan for the state rollout of antiretroviral treatment. However, because of the generally slow pace of the rollout, by the end of 2005, fewer than a quarter of those who needed antiretroviral therapies were receiving them (Nattrass *ibid*: 5). Nattrass concluded her book by celebrating improved national AIDS policy, as laid out within the Department of Health's 2007-2011, strategic plan.[17] In relation to my own ethnography, it is important to recall that antiretroviral rollout through the local state hospital in Okhahlamba only began in March 2005. Prior to that, fewer than a hundred patients had received the medication that had been made available to them through an NGO.

In the field of medical anthropology and as a medical doctor, Fassin's (2007) wide-ranging work explored the specific logics of a multiplicity of responses to and experiences of HIV and AIDS in South Africa. His aim was to soften the derisive, polemical standoff between 'denialists' on the one hand, and activists, scholars and scientific bodies on the other. Through an examination of histories of racial inequality, domination and dispossession, and their attendant discourses, he explained the ways in which Thabo Mbeki's stance became comprehensible, though not excusable. He likewise strove to show that scientific bodies were not only purveyors of truth. The fact that treatment regimens were improved over time indicated their processual nature, something often obscured in presenting medical science's 'inviolable face'. In addition, scientific bodies, as part of colonial histories that characterized the ill within dominated populations in racist terms, practised health care in discriminatory ways. Fassin drew on the work of historian, Shula Marks (2002, see also Walker, Reid & Cornell 2004) to show how racial inequality and poverty in South Africa shaped the epidemiological distribution of disease in earlier years and was equally important in relation to HIV and AIDS.[18] However, as Steven Robins (*Cape Times* 2007: 9) pointed out in a critical review of Fassin's book, linking disease to political economy, underdevelopment, poverty and ideology within an African context was nothing particularly new (see, for example, Kark 1950, 1949). He concluded that constituencies challenging President Mbeki's 'denialism' were profoundly aware of the weight of histories in relation to illness, yet recognized the importance of promoting antiretroviral therapies that were known to prolong people's lives. In my work, I too suggest how illness cannot be encompassed without its relation to painful histories (see in particular Chapter Four).

Turning to my own approach in the book, I pay close attention to language use in Okhahlamba and to rituals concerning relationship, death and mourning in all their variability. In doing so, I do not claim that these are unchanging, yet I argue for the importance of recording cultural specificities that are interwoven within the everyday and that are often excluded from broad-based descriptions of social worlds and their structural underpinnings. I argue that there exist aesthetic possibilities within everyday life that provide repertoires through which people respond to adversity, and that guard against their worlds being defined in terms of unmitigated deficiencies. In suggesting the latter points, I do not mean to exclude the sometimes oppressive contours of cultural practice, nor its often hybrid and multifaceted nature.[19] I am therefore concerned with the mobilization of cultural and social ways-of-being in relation to HIV and AIDS and with the intimacy of care. I consider different parameters of care, ranging from the most physically immediate to the more philosophical and ideal. Care embedded in social relationships emerges in the exchange that is inherent in them: exchanges of sexual fluids, the offering and acknowledgement of services, the exchange of gifts, the exchange of words, and the generation of affect or emotional investment. The latter are exchanges that may be refused also. I describe a full range of care: parental, sexual, intimate, that encompassing friendship, and the difficulties associated with each. As I describe it, care is not one thing, nor is it stable. It is ongoing work, a commitment in which some people succeed and others fail to sustain one another and themselves, and in which the state is sometimes absent and sometimes present, but seldom reliable. In addition, in attending to language, I show how people use poetry, imagination, desire, and fantasy to recreate worlds that are nevertheless fragile. The book is about living in the fullness of language and relationship and with the recognition of their shortcomings. It is about prolonged struggle: the coming and going of care, the efforts to sustain, the sadness when it fails. It charts the poetic as a mode of the everyday, not in the sense of transcendence, but in the sense of a taken-for-granted way of relating in the world that sometimes succeeds and sometimes places burdens that are too onerous on the living.

Of place and history

Okhahlamba is characterized by particular forms of inequality that bear the trace of history, inequalities that are marked in how land is inhabited and how different regions are still largely occupied by different racial groups. On its north-western borders, the towering peaks of South Africa's most significant mountain range, the Drakensberg, rise in places higher than 3000 metres above sea level. The region is made up of communal lands abutting the mountains held by the Ngwane and Zizi chieftaincies; eleven freehold areas in which African people live; large commercial, mostly white-owned farms on which maize, wheat and beans are grown and where cattle are reared; and a number of mountain resorts frequented by wealthy tourists. Rivers in the area include the Thukela and the Mlambonja, which have their headwaters in the mountains. Winterton and Bergville, two small towns, provide a limited number of services. The closest major towns are Escourt and Ladysmith, both outside the sub-district. In 2003-4, doctors at the local hospital estimated the population of Okhahlamba to be in excess of the 1996 census figure (136,000), at approximately 150,000.

I now turn to a brief overview of how the Ngwane and Zizi chieftaincies and the African freehold settlements in Okhahlamba came to be, as it was among people living in these areas that I conducted my research. I do so to trace forms of dispossession and increasing impoverishment, realities that are neither unrelated to the state of health of the many inhabitants of Okhahlamba, nor to the ways in which issues of health are considered and interpreted.

In the 1810s, the Ngwane people, who lived on the banks of the White Mfolozi River in a part of what was to become the Zulu kingdom under Shaka, were displaced by powerful clans who seized their cattle. They travelled over 200 kilometres to settle in the upper Thukela River region in the foothills of the Drakensberg (Laband 1995: 15-16). The clans that they, in turn, had scattered came to offer Matiwane, the Ngwane leader, their allegiance (Wright 1989: 220). These included the Zizi people, who had lived in the region of the upper Thukela for over two hundred years (Wright & Mazel 2007: 73, Bryant 1929: 335). In 1822, the Ngwane were displaced once more when their cattle were seized by Shaka's general, Ndaba (Web & Wright, 1978: 6, Bryant 1929: 139). Having climbed the escarpment, they attempted to secure land and cattle and eventually travelled a considerable distance to the south west into lands occupied by the Mthembu, in what is today the Eastern Cape.[20] In August 1828, the Ngwane were resoundingly defeated at Mbholompho by a Cape colonial force made up of British, Boer, Mthembu, Gcaleka and Mpondo conscripts and levies (Wright 1989: 111). After his father's death, which followed shortly on the defeat at Mbholompo, Zikhali, Matiwane's son, returned to the Drakensberg to reconstitute the Ngwane presence there.

In 1843, the British imperial government annexed a swathe of land to the west of the Zulu Kingdom, including the northern Drakensberg, to form the colony of Natal. Competition over land between the African majority, Boer pastoralists who had entered the region in 1837, and English farmers who were apportioned land in the 1840s and 50s, became regulated under British colonial rule. In 1849, the Hlubi, Ngwane and Zizi occupation of lands along the northern Drakensberg was formalized as part of a reserve system to be administered through indirect governance (Brookes 1987: 60).[21]

Although there were approximately 100,000 Africans living in the colony of Natal, the bulk of the colony, including the best farming land, was made available to approximately 10,000 white settlers (*ibid*: 60). The Upper Thukela locations formed a buffer zone between white settlers and the displaced San and Basotho over the mountains, who had become adept cattle rustlers (Wright & Mazel 2007: 23-48).[22] By the 1860s, an active peasantry had emerged among some Ngwane and many of their neighbours among the Hlubi, with wealthier families selling surplus grain to colonists.[23] Pressure was soon exerted from white farmers to end such competition and to ensure a supply of labour on their farms. By the 1870s, men across the region had begun travelling on foot to the diamond mines in Kimberley, some 600 kilometres away, to secure goods and money to pay a number of particularly unpopular taxes, including a marriage tax.

Langalibalele of the Hlubi, whose people too often ignored the strictures of the colonial government, including the injunction to register guns purchased through working in the diamond mines, encountered the punitive face of the colonial state, and his people were completely subjugated. At his trial, described as a travesty of justice by the Anglican Bishop of Natal, John William Colenso, Langalibalele was accused of treason and imprisoned on Robben Island, and was later sent into exile in the vicinity of Pietermaritzburg, the capital. In the initial clash with colonial forces, many of his followers were killed (Guy 1983: 202), with the surviving women and children forced into indentured labour on white-owned farms around the towns of Escourt and Pietermaritzburg (Wright & Manson 1983: 41). The Ngwane were not unaffected by these momentous events, which partly explained their reluctance to take overt part in the 1906 Bambatha uprising against the imposition of furthers taxes, thirty years later (Guest 1962).[24]

Until the 1880s, homesteads in the reserve areas of Natal were able to sustain themselves and to pay taxes through the selling of surplus crops or animals, or through wages accrued in sending young men intermittently to work in towns or on white farms. Increasingly, however, the reserves became overcrowded, and the majority of people sought work elsewhere for longer periods. Lands available for cultivation and cattle herds became smaller, having been decimated during the 1896-7 rinderpest epidemic (Wright & Mazel 2007: 124).

In 1919, the Industrial and Commercial Workers' Union (ICU) was founded among dockworkers in Cape Town. From 1927-28, farm workers in Natal began to join the union under the charismatic leadership of its national secretary, Allison Wessels Champion.[25] The ICU, linked with emerging forms of nationalist thought and the hope of land restitution, had offices in the towns closest to the Upper Thukela Locations. Reaction from the white population was swift. In Bergville, for example, thirty Natal Carbineers conducted a raid on the union offices, burning all documentation and assaulting its office bearers (Wright & Mazel 2007: 122-23).

During the 1920s, 30s and 40s, migration to the major cities of South Africa to find paid work had become a way of life for the majority of men living in the reserves and for an increasing number of women. Mechanization on white-owned farms in the 1950s and 60s led to the eviction of African labour-tenants who had exchanged labour on a six-month system for small wages and the right to erect homesteads on farms, with limited access to fields for cultivation and grazing land for their animals. Many evictees sought land in the already overcrowded reserves and as lessees on privately owned land bought by mission-educated Africans in the late 19th century (Surplus People Project (SPP) 1983). Under the apartheid government that came to power in 1948, the Bergville area was one of the first districts where labour tenancy was prohibited by law (*ibid*: 293). From 1960 to 1983, 300,000 farm workers were evicted from farms in the province (Platzky & Walker 1986: 10). Under the apartheid regime's forced removal policy and its attempt to consolidate ethnically separate bantustans or homelands, 60,000 people from the Ngwane chieftaincy were threatened with removal into the neighbouring valleys of the Ngwe and Hlubi. Met with fierce opposition, and taking into consideration the considerable costs of relocation, the plan was thankfully jettisoned (Wright & Mazel 2007: 140). Nevertheless, 3000 people on Ngwane reserve and freehold land were forced to move with the construction of Woodstock Dam (SPP 1983: 293), built in 1979, to increase water supplies to the industrial heartland of the country, the Witwatersrand. The KwaZulu homeland government, with jurisdiction over Ngwane territory, deposed and exiled the Ngwane chief, Tshanibeswe Hlongwane, who supported the resistance against the removals in which some people died. Not unlike Langalibalele of the Hlubi, who was granted permission to return to the Drakensberg as an old man shortly before he died, Tshanibeswe returned to his home in 2002, only to die two years later.

When jurisdiction under the kwaZulu homeland government was suspended with the ending of apartheid, Ngwane and Zizi leaders and many of their followers began to distance themselves from Zulu nationalism, which had been consolidated within the Inkatha movement within KwaZulu-Natal in the 1970s and 80s. In 2007, press reports recorded that the Ngwane, Zizi and the Hlubi were among a number of groups whose chiefs began to assert claims to independent kingship on a par with the Zulu king. The Ngwane leaders argued that their ancestors had departed from their home around the headwaters of the White Mfolozi River before Shaka had consolidated this area within the Zulu kingdom. The Zizi claimed never to have lived under the jurisdiction of the Zulu state (Daily News, 11 August 2005; Mail & Guardian online, 8 July 2007; Mercury, 2, 6, and 7 July 2007 and Sunday Tribune 1 July 2007).

An event that occurred in Ngwane territory in 1956 still haunts the imagination of people living there today. A group of armed men attacked police who were searching for marijuana in their fields around Ngoba. Five policemen were killed as a result. The apartheid state retaliated by arresting 23 men, 22 of whom were found guilty of murder and subsequently hanged at the notorious hanging jail in Pretoria (Wright & Mazel, 2007: 140). Trading in marijuana has long continued as part of a lucrative 'shadow' economy within the region to this day. In his play, 'Bergville Stories', Duma ka Ndlovu, a contemporary playwright from Okhahlamba, re-evoked what had happened in 1956. His explained the 'lack of development' in the region to be a consequence of what had happened in 1956. In his view, the state had deliberately 'forgotten' the area ever since as a form of punishment (SABC 2006: 4).

Some statistical dimensions

Bearing in mind that the gathering of statistics in South Africa is not always accurate, the census data for 1996 (seven years prior to the commencement of my own study) reinforced a picture of marginalization for Okhahlamba. With regard to employment, 63 per cent of people of working age were unemployed. This figure increased to 83 per cent in 2001 (OM 2006: 18, SSA 2001), with only 17 per cent of the population in formal employment (*ibid*: 18). In the 1996 census, most residents were described as unskilled or semi-skilled. The majority of households accrued collective earnings less than a minimum living level of R1 600 ($228.57) per month, and 73 per cent of workers received incomes below the minimum living wage of R800 ($114.28) per month: figures that implied severe economic hardship.

Drawing on the same data, educational levels for the majority of the population were below Grade 10, or two years below the completion of secondary schooling. Twenty seven per cent had no education, 4 per cent had matriculated, and tertiary education was negligible. The Okhahlamba Municipal Integrated Local Economic and Development Programme 2006-2010 (OM 2006: 16) showed very little difference with the 1996 statistics in that 26 per cent of the population were said to have no education. In 2001, Isikhugusethu Environmental Services (IES 2001), having drawn up a development plan for the region, suggested that 56 per cent of the population over five years old was functionally illiterate and that their educational level was below Grade Six, the first year of secondary school (IES 2001). In 2001, the Okhahlamba municipality recorded that only 7.2 per cent of the population had passed the final year of secondary school and only 1 per cent had acquired a tertiary qualification in the form of a Bachelor's degree or diploma (OM 2006: 16).

In relation to the health status of the population, mortality and morbidity data for Okhahlamba from January to June 2001 recorded that for adults, the greatest percentage of deaths was caused by preventable tuberculosis (33.7 per cent) and HIV and AIDS (12.8 per cent); and for children, by gastroenteritis (37.5 per cent) and respiratory disorders (41.7 per cent) (data cited from IES 2001, section Health, point 2.72).

With the contemporary shrinkage of availability of unskilled work across the country as a whole, it comes as no surprise that people in Okhahlamba are increasingly dependent on welfare grants, including pension, disability and child support grants. Lack of employment has resulted in an escalation of crime, particularly in cattle theft and dependence on the cultivation of marijuana (Wright & Mazel 2007: 139).

Research context and method

In March 2003, I was employed by the Centre for HIV and AIDS Networking (HIVAN) based at the University of KwaZulu-Natal to embark on a five-year research project in Okhahlamba, recording the experience of people living with and alongside HIV and AIDS, in which the first three years were spent doing fieldwork and the last two in writing up the research. I worked alongside two young women, Phumzile Ndlovu and Zanele Mchunu, who were employed by a local NGO that had worked in the region for over twenty years, and with whom HIVAN had established a partnership. The NGO was involved in a wide range of intervention activities and acted as a charitable conduit for donated goods from overseas constituencies.

My ethnographic project was to emerge from accompanying Phumzile and Zanele in their work in relation to home-based care initiatives, on the one hand, and ‘orphans and vulnerable children’, on the other. Phumzile and Zanele’s knowledge of the area, companionship and friendship proved invaluable. With their influence, my spoken isiZulu began to revive. I had learnt the language in the 1970s, during my time as a founding member of the Junction Avenue Theatre Company at the University of the Witwatersrand, where many of the songs of the plays we created were sung in isiZulu. In the 1980s, working against the apartheid policy of forced removals and as a cultural activist within the Congress of South African Trade Unions (COSATU) in the Pietermaritzburg, it was imperative to speak isiZulu.

In working consistently with the two young women, and sometimes on my own, I came to know a wide range of people in Okhahlamba, including home based-carers, a number of people suffering from HIV and AIDS and their families, doctors at the local government hospital, HIV positive support-group members, children and young people who had lost one or both parents to the disease, a number of *izangoma* (diviners) and *izinyanga* (herbalists) who were concerned with widespread deaths in the region, and two poets. My research not only encompassed recording activities undertaken in NGO work, but also ongoing openended interviews with many of my interlocutors in isiZulu. In relation to children and young people involved in the study, I employed a set of theatre techniques in facilitating more open communication between ourselves. Continuing visits to individual homesteads and attendance at community meetings and ceremonies, including funerals and weddings, cleansing rituals around death and aspects of courtship more generally were carefully recorded in field notes that also provided a space for my own ongoing reflections. Recorded interviews conducted in isiZulu were transcribed and then translated into English in ways that aimed to retain some of the expressive qualities of the original Zulu. Details pertaining to groups with which I interacted and to the methods employed in undertaking the research are described in Appendix I at the end of the book.

Chapter outline

Each chapter within the book includes a theoretical theme linked to a detailed ethnographic account, revolving around the stories of individuals or groups. Names of most individuals have been changed to protect their identities, as have the names of some neighbourhoods, mountains and rivers. The names of the poets whose poetry appears in the book are real, in acknowledgement of the public nature of their work. As a consequence, I avoid any discussion of their personal lives.

To describe the shape of the book, I begin by focusing on the human body afflicted by the disease and work towards individuals' relationships within families; with myself, the outsider-ethnographer; with lovers; within neighbourhoods and with home-based carers.

In more detail, Chapter One explores the effects of HIV and AIDS on the human body linked to local notions of bodily integrity, as a reflection of the 'proper' physical and social body. Through a careful account of one young man's life and death, I link the falling away of bodily coherence, its vertiginous disintegration in undergoing AIDS, to fracturing social relations of intimacy within families where the ill reside. As Mary Douglas, Julia Kristeva and others have argued, those aspects of the body that threaten its coherence – the body's permeability and its fluids – are often linked with notions of pollution and deep-seated visceral response. The erosion of the individual's body in experiencing AIDS is thus inextricably intermingled with the idea of both bodily and social pollution and their attendant fears and prejudices. The chapter is thus an exploration of the ways in which care may be withheld in the face of a ravaging disease,

Chapter Two raises the question of ethics and the notion of ethical care in relation to undertaking research with people who are dying, or who are in mourning. It equally throws up ethical problems in relationships within families that resonate with the previous chapter. Ethnographically, the chapter charts Phumzile's and my journey in friendship with a particular young man and his family over a five-year period. Theoretically, I draw on the philosophy of Emmanuel Levinas and Alphonso Lingus, whose work indicates the importance of pre-empting too quick an understanding of illness and suffering, and for allowing space for the ill to set the pace and the content of relationship. Levinas' insistence on solicitude and responsibility in the presence of the vulnerability of another is linked to the ways in which Phumzile and I, in addition to being of practical assistance to our friend, learnt through mutual interaction how to listen, how to remain silent, and how to respond when challenged. The chapter emphasizes the processual unfolding of ethics and care.

Chapter Three explores the ways in which 31 children and young people from a particular settlement in Okhahlamba, who had lost one or both parents through death, sought care and relationship within wider networks of kin and neighbourhood. The chapter revolves around notions of mobility and variation between the living circumstances of 'orphans'. I question the ways young people described as 'AIDS- orphans' have been uniformly and pathologically depicted in public discourse and a broad spectrum of media. Too narrow a focus on the vulnerabilities of young people who have lost parent/s through death obscures the ways in which they share similar circumstances with other poor children and youth, as well as the strengths they bring to bear on their circumstances and in fashioning care for themselves. The chapter therefore questions the way in which care has been framed in relation to orphans in development discourse. It gestures towards local repertoires of care and to social networks on which young people draw that 'refuse' their imagined social placement as orphans through the reach of global conceptions of vulnerability.

Chapter Four considers local parameters of care from the point of view of two healers, a *nyanga* (herbalist) and a *sangoma* (diviner), one of whom is HIV positive. They demonstrate the way the illness is folded into the overall dimensions of social life, including a sense of its apocalyptic disintegration, where illness cannot be understood outside shadows cast by histories that continue to haunt the present. The chapter encompasses the healers' personal wanderings beyond local environments and the ambivalence with which the wider world is viewed – an 'elsewhere' that nevertheless intersects with 'the local' through, among other things, migrancy. The healers' narratives provide particular examples of the construction of 'remoteness' and its appeal, a remoteness that has to do with the attempt to claim particular identities that are to a degree set apart from wider constituencies. The healers' stories show the multiplicity of healing frameworks that inform people's lives – the combination of both 'indigenous' and biomedical procedures and *materia medica* in the pursuit of health, and the construction of meaning that incorporates both exclusionary histories and aspects of Christian spirituality.

Chapter Five traces care between two lovers – both afflicted with the disease – who sought to marry, and who through time expanded their conceptions of self through 'holding' to relationship; through accommodating the illness as a third within it, as if it were a child; and through not abandoning one another. The chapter explores the interrelationship between sexual desire, the desire for procreation, intimacy and care. It draws attention to the ways in which care as social substance circulates through an exchange of sexual fluids in sexual relations that are blocked through the advent of HIV and AIDS and the necessity for 'safe sex'. The chapter therefore raises irresolvable problems around fertility and HIV and AIDS. It also explores ideal social expectations of care within the parameters of family, as symbolized in domestic objects exchanged through marriage. It throws into relief the rub of such expectations against the forms of care devised by the lovers in relation to supporting one another through illness. The chapter charts care in relation to its transformational possibilities, in that through not giving up on one another, the couple to some extent reshaped common masculinities and femininities in Okhahlamba within their own relationship.

Chapter Six is an overview of the extent of care of the ill undertaken by home-based carers in the neighbourhoods in which they lived, through a detailed account of one home-based carer's work, as I came to know it over time. The chapter explores horizons of local home-based care far in excess of any narrow definition. It shows how the care offered draws on both ideal notions of care within households and the procedural aspects of palliative care learnt in formal training courses and ongoing dialogue with a particular medical doctor from the local hospital. I explore the idea of home-based carers as brokers between different institutional domains, well placed to expand their patients' understandings of illness from a bio-medical point of view, but also to critique the oversights of hospital and clinic practice. In their interaction with people who are ill, what is particularly appreciated is their knowledge of bureaucratic systems and their sometime emotional sophistication in supporting them in ways that are respectful and that bear witness to their humanity. Philosophically, the chapter considers what it means for an ostensibly able-bodied person to accompany one whose capacities for endurance have worn thin through illness. Accompanying another entails the lending of bodily forces to an ill person in order to accomplish long and arduous journeys in the pursuit of health that would be impossible if contemplated alone. It is in such journeys, taken together, that mutual recognition emerges. Finally, the chapter traces the obdurate patience and endurance necessary on the part of ill people and their home-based carers in negotiating state assistance and institutional support. The chapter shows how everyday, ongoing care is predominantly in the hands of women and advocates on their behalf, arguing that the extent of their work be acknowledged, and that they receive some compensation from the state.

The Epilogue begins by drawing together threads of everyday life as described in the ethnography, that demonstrate the ways in which care is both given and withheld, or blocked. I pull together threads, showing how care and its opposite are found at many levels; the state, hospitals, nurses, home-based carers, family, the self. I suggest that the book has traced all of these, but not in a linear or mechanical fashion. Rather, it has described them as people navigate them in their everyday practices of meaning-making, health seeking, repairing, redressing, sundering, and for some, dying; for others, caring for the dying. I conclude by reiterating how people have used all their resources in confronting the illness, including poetic ways of speaking, imagining and navigating the everyday, such as, for example, the moral economies of 'gifting'. What has also become clear is that the state is absent or present so inconsistently that it can scarcely be relied upon.