

Narratives as Responses to Physical Interpersonal Violence: The Case of HIV

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Biography

Corinne Squire is professor of Social Sciences and co-director of the Centre for Narrative Research, University of East London. Her research interests are in HIV and citizenship, popular culture and subjectivities, and narrative theory and methods. Recent publications include *Living with HIV and ARVs: three-letter lives* (Palgrave, 2013); *HIV technologies in international perspective* (edited with M. Davis, Palgrave, 2010), *Doing narrative research edition 2* (edited, with M. Andrews and M. Tamboukou, Sage, 2013) and *What is narrative research?* (edited with M. Davis, C. Esin, M. Andrews, B. Harrison, L-C Hydén and M. Hydén, Bloomsbury, 2014).

Abstract

This chapter examines how narratives can act as dialogic responses to physical interpersonal violence, affirming positive routes of response and helping to generate new routes of this kind. It also explores the limitations of narratives as responses to physical interpersonal violence, in situations where such violence is strongly related to economic and other resource constraints, and situations where it may be difficult to build commonalities between narrative responses. The chapter draws on my ongoing research, using semi-structured interviews, about people's experiences of HIV support in South Africa, in 2001 and 2012, and on my analysis of narratives produced within these interviews, predominantly by women, about HIV-linked interpersonal physical violence, predominantly by men.

Introduction

This chapter examines how narratives can act as dialogic responses to physical interpersonal violence, affirming positive routes of response and helping to generate new routes of this kind. It also explores the limitations of narratives as responses to physical interpersonal violence, in situations where such violence is strongly related to economic and other resource constraints, and situations where it may be difficult to build commonalities between narrative responses.

The chapter draws on my ongoing research, using semi-structured interviews, about people's experiences of HIV support in South Africa at three different times, between the years 1993 and 2012 (Squire, 2007; 2013). Specifically, I draw here on the interviews conducted in 2001 with 38 and in 2012 with 18 participants, and on my analysis of narratives produced within these interviews, predominantly by women, about HIV-linked interpersonal physical violence, predominantly by men.

The HIV epidemic has become considerably better diagnosed, treated, and understood in South Africa over the last decade. Stigmatization is said to be lessening (Abrahams and Jewkes, 2012). Certainly, stories of interpersonal violence were less prominent in 2012 accounts of recent events in townships near Cape Town characterized by antiretroviral treatment (ART) access, high levels of testing, and good treatment literacy. More generally, however, and despite overall relatively high national understanding of HIV, HIV remains a feared and often isolating condition, frequently accompanied by low treatment access and poor levels of other supportive resources.

Interpersonal violence's relations to HIV in these circumstances remains strong. The epidemic intensifies the large issues which South Africa confronts generally around violence, especially gender-based violence (Abrahams and Jewkes, 2012) . However, this pattern is not unique to low or middle income countries, or to countries managing post-conflict situations such as post-apartheid South Africa, or yet to countries with high HIV prevalence like, again, South Africa. In the UK, for example, HIV knowledge is relatively poor (National AIDS Trust, 2010) and reports of interpersonal violence within heterosexual relationships are high, although treatment access is good and benefits support relatively strong. More generally, UNAIDS (2014) continues to point to discrimination, including violence; gender-based violence; and structural disadvantage related to poverty and to gender, as major and 'neglected' issues in the epidemic.

In what follows, I look first at the connections between HIV and interpersonal violence, and at moves to recognize their significance, before considering how narratives can operate as responses to such violence, drawing on the narratives produced in my South African research interviews as examples. I give examples where we can hear the co-construction of such narratives in process, in dialogues produced within research situations, as well as an example of a narrative response whose dialogic construction is implicit, and perhaps more complex. I also look critically at the affordances and limitations offered by narratives as forms of response to interpersonal violence.

The chapter is not a systematic examination of interpersonal violence as it appears within the HIV-related research materials. Rather, I examine examples of stories of interpersonal violence within the materials, in order to answer the specific questions: Why might narrative inquiry as a way of understanding responses to interpersonal violence be useful? And how can we see narratives operating, or failing to operate, as responses to interpersonal violence in the specific context of talk about living with HIV?

HIV and Responses to Interpersonal Physical Violence

Interpersonal physical violence is frequently related to HIV, both in the routes whereby it is sexually transmitted, when it is associated with rape, sexual assault, or assault,(Jewkes et al., 2010), and in people's responses to those who are HIV positive. Violence can characterise such responses, within relationships, families, friendship networks, and communities. Such interpersonal violence can also be connected to verbal, tacit, and /or emotional denigration and threat. It can have social and cultural, as well as personal and interpersonal, effects. And it may be strongly related to structural oppression, particularly in contexts of resource shortage (Wilkinson and Pickett, 2009). Resource constraints may interact with gender-based violence in heterosexual relationships, making economically disempowered women vulnerable to unsafe sex, and to violence and forced expulsion from their homes by partners and families if they disclose positive status.. More generally, the fears and anxieties associated with HIV around illness, death, transgressive sexualities, and drug use (Joffe, 2006) are connected, even in well-resourced epidemic contexts, to high levels of interpersonal violence in relationships and families (National AIDS Trust, 2011).

Early academic, policy and activist responses to psychosocial aspects of the HIV epidemic tended to focus on issues of lack of knowledge, fear, denial, and stigma, related to testing, treatment, education, and care. They bracketted off larger, complex issues of interpersonal violence, including gender-based violence, within the epidemic. However, alternative stories also gained ground. At the level of grassroots activism, US ACT UP's (AIDS Coalition To Unleash Power's) awareness of how HIV ramped up physical violence, as well as stigma and discrimination, against already socially pathologised groups – gay men, drug users and sex workers especially; and the South African Treatment Action Campaign's attention to gender-based violence, powerfully shaped HIV policy. At the level of national discourse, Mandela's speech about interpersonal violence within the context of twentieth-century violence generally (see Introduction), helped foreground forms of suffering that were often previously privatised as 'family', 'community' or 'cultural' issues in global-south contexts, but that are part of much wider, systemic patterns of dispossession and oppression. . Today, UNAIDS and other HIV organisations explicitly recognise the place of interpersonal violence in perpetuating and intensifying the epidemic (UNAIDS 2011), especially in relation to gender-based violence, and in the context of socioeconomic inequalities (Doyal and Doyal, 2013). Responses to interpersonal HIV-related violence now include legal, policy, education, cultural, faith, microsocial and psychological initiatives.

In researching 'support', I am frequently researching responses to interpersonal violence at the same time. Research participants often give accounts of the support responses of medical professionals, social service workers, NGO workers and volunteers, media, religious communities, partners, family members and friends, to HIV-related interpersonal violence or its threat. But these stories are also, themselves, responses to such violence. They articulate phenomena that were often previously ignored with the HIV epidemic, and that are perhaps

in danger of being invisibilised once again, given current tendencies to address the epidemic purely biomedically, sidelining psychosocial and cultural factors (Nguyen et al, 2011). Such stories thus operate simply through their content, as forms of ‘responsive response’ (see Introduction).

At the same time, interviewees’ accounts *perform* responses to interpersonal violence, as well as being ‘about’ and foregrounding such responses. Their stories operate as responses *in themselves*, not just through the content of what they say. Very often, such performances build on the ‘responsive’ response described. In the material I shall be considering, they thus often manifest a ‘*responsible response*’ (see Introduction) as well as a ‘responsive’ one.

Within the interviews, research participants’ speech is always a form of response that goes beyond a response to the interviewer. For such speech does not just answer interview questions. It is also one side of a dialogue with support services charged with providing responses, as well as to perpetrators of or apologists for interpersonal violence, who can all, in this context, be responded to by participants critically and fully. Interviewees can, for instance, respond by speaking out and speaking back to medical personnel who have ignored or insulted them, and to family members who have dismissed their concerns (Squire, 2013), as well as to relationship partners, friends, and family members, who have assaulted them.

I want also to argue that the *narratives* that participants generate in these interviews, that is, the sequences of signs that build meanings within interviews, are longer and more developed responses, or sets of responses, to interpersonal violence, than appear in speech generally –in

single phrases, for instance. Such narratives may be responsive, or responsible, or both. At the same time, I want to emphasise that this *narrative* modality of response, while valuable, has strong limitations, unless it is fully articulated with other discourses and practices of response to interpersonal violence.

It is particularly interesting to research accounts of interpersonal violence within an HIV support study because here, they appear in unmarked, everyday ways. In such a study, interpersonal violence is a frequent but not research-mandated concern. It is often mentioned to some extent outside of the HIV context at all, as part of the regular fabric of intimate partner or parent-child relations, for instance. People's accounts include self-generated rather than research-elicited stories of interpersonal violence. At the same time, this chapter's address only to accounts of interpersonal violence that emerge indirectly, is limiting. It undoubtedly under-represents research participants' experiences of interpersonal violence.

Narrative as 'Response'

Why might an address to narratives usefully develop our ideas about 'responses' to interpersonal violence? First, narratives' accessibility and comprehensibility contributes to the helpfulness of dealing with interpersonal violence via 'response' analysis. Second, narrative, because it is defined as proceeding through temporal or other shifts, (Esin and Squire, 2013), is characterised by changes that can themselves be viewed as forms of 'response' to what came just before. Third, a verbal narrative 'response' is always connected to other kinds of contextual changes and responses that constitute 'narratives', not restricted

to those happening in the symbol systems that make up the immediately apparent story, but also occurring more broadly in discourses and practices around interpersonal violence.

Narrative is always ‘response’, because stories do not exist in isolation: they are always told by and to particular people and in specific contexts (Riessman, 2008). Like other interview speech, as noted above, they are always addressed to audiences of more or less identifiable kinds. To understand the narrative aspects of such speech is, indeed, to take these addressees especially seriously, because the movement of narratives proceeds through such addressees and responses to them.

Narratives are thus always co-constructed and dialogic (Esin et al., 2013), whether those are *direct* dialogues with others in the narrating situation – in the interview context, with co-interviewees and researchers – or *indirect* dialogues with imagined interlocutors and audiences, and with the supporting or countering narratives those interlocutors and audiences produce. Narratives are thus intrinsically relational and responsive (Ricoeur, 1984; Mishler, 1986; Murray, 2000; Riessman, 2008).

What is the nature of this ‘relation’ or response’ in personal narrative? Many narrative theorists have pointed to the imbrication of narrative ‘responses’ in ‘response-ibility’. Personal narrative gives an account of a moral, response-ible subject (Bruner, 1990; MacIntyre, 1984; Ricoeur, 1884). Butler (2005) argues that personal narrative is fundamentally moral, an account of responsibility given in the first person, an identity story produced by the social requirement to say who we are, morally speaking. This theory of narrative as moral response thus brings stories close to the possibility of ‘responsible

response' to interpersonal violence, raised earlier.

In relation to interpersonal violence, what is required from us is that we respond to hegemonic discourses of citizenship by positioning ourselves as agentic, non-abused and non-abusing people. Such a demand is intensified in the case of HIV, because the condition often stigmatizes those who are HIV positive or even HIV-affected as morally transgressive. (Abrahams and Jewkes, 2012; Flowers et al., 2006; Herek, 2002), Speaking from these positions, people must, indeed, respond with a personal narrative that claims a moral at the same time as a social place. Narrating themselves as subjects is also, then, a way of responding morally to the interpersonal violence involved with the HIV epidemic, of positioning themselves response-ibly as well as responsively in relation to such violence.

However, such narrative articulations are not unambiguously positive. First, we are called into using narrative language by a social demand to speak of things we do not fully know and to pin down endlessly deferred desires in signs (Butler, 2005: 36) . Narrative as is therefore rendered irredeemably uncertain within its signification. It is always partly fictional, even at its most truthful (Butler, 2005: 37) Within narratives, interpersonal violence around HIV can only appear in these fundamentally uncertain ways.

At the same time, the fixities of narrative language themselves constitute a kind of violence. Researchers have pointed out how telling stories of interpersonal violence can re-enact the violence of interpersonal experiences (Hyden, 2013). Such re-re-enactments are intensified when a socially stigmatised condition such as HIV is at stake. Consequently, the request for a

personal narrative, even though that narrative is a ‘responsive response’ or a ‘responsible response’ to interpersonal violence, can also be a form of violence.

Thirdly, and aside from these intrinsic ambiguities within the language of narrative responses, such responses are also associated with varying levels of explicitness, action, and effectiveness. Some narrative responses to interpersonal violence may therefore be responsible in a *responsive* way (Introduction, *). These responses recognise interpersonal violence and the pain involved with it, by their articulation of it. However, such straightforward ‘responsive’ narratives may, in their interactions with the larger world, lack effectiveness. Their registerings of interpersonal violence can get overwhelmed by larger structures of for instance gender and economic inequities that neglect or perpetuate such violence.

Some stories may, however, operate as responses to interpersonal violence with more engagement and effectiveness. Particularly in the current, increasingly globalised ‘autobiographical age’ (Plummer, 2001), stories gather people together. They mirror, support, develop and initiate social actions other than speech; they provide the moral grounding, explanation and justification of such actions. In these cases, narrative responses are more actively responsible. They can more precisely be described as *responsible* responses (see the Introduction to this volume)

In the case of HIV, the effective, ‘responsible’ power of stories as responses to interpersonal violence is especially obvious. Speaking about the virus, telling stories about how to live with it, especially in situations of interpersonal violence, has been and remains a key aspect of

positive responses to HIV, that is, of HIV acceptance, education and activism (Squire, 2007; UNAIDS, 2011). Indeed, such active narrative responses are often understood as constituting social, cultural and symbolic ‘capitals’, effective resources that can be compared to and at times exchanged with economic capital (Bourdieu, 1986; Campbell et al., 2007; Putnam, 2000; Squire et al., 2013).

Even in these cases, though, the personal and political effects of narratives are not always predictable. They may be contributing, enabling, and potentiating – or ineffective. They may be retrogressive as well as progressive (Frosh, 2002; Plummer, 2001; Polletta, 2006; Squire, 2012b). And even if they are ‘response-ible’, they may not be able to engage fully with the structures of power that sustain interpersonal violence.

In what follows, I discuss some examples of both responsive and responsible narrative responses to interpersonal violence, examining them, in relation, first, to directly co-constructed narrative responses, dialogically produced between narrators, then to and indirectly co-constructed narrative responses, dialogically produced by narrators responding to larger cultural narrators. I begin by providing some context for the responses, in terms of the studies within which they appeared.

Narratives as Responses to Interpersonal Violence in the HIV Context

The research materials drawn on here come from interview studies of HIV support experienced and wanted, conducted with people living with HIV in South Africa, recruited through HIV-related community-based organisations (CBOs). The studies also involved

narrative analysis of the interview materials, that is, analysis of sets of signifiers that construct personal, social and cultural meanings through their movement in time, across space, or causally, and that draw on and develop existing narrative genres operating at different levels, in order to do so.¹

The narratives drawn on derive from a specific national context, but the generality of interpersonal violence associated with HIV offers ring a degree of transferrability to other contexts (Lincoln and Guba, 1985). HIV prevalence is high in South Africa and public discourse about it, even in 2001, when the government's approach to the epidemic was often characterised as 'AIDS denialism' (Mbali, 2013), has been correspondingly greater. In particular, HIV's associations with gender-based violence (GBV), often viewed as another 'epidemic' in South Africa, are much discussed (Abrahams and Jewkes, 2012). Consequently, it is not surprising that narrative responses to interpersonal violence are common, both when they involve a 'responsive' theme and when they take the form of a 'responsible' performance, within the South African interviews. Yet these responses may have similar forms, if not frequency, in the many other situations where HIV and GBV are interconnected. Moreover, there are powerful resource constraints in South Africa which are weaker in higher-income epidemics. At the same time, people living with HIV even in higher-income countries are frequently unemployed or low income, and experience food poverty – especially if they are illegal migrants or asylum seekers, in the UK (Squire, 2013). Such resource constraints therefore constitute, in many country contexts, structural disadvantage which can support or generate interpersonal violence.

In the examples below, I want also to look at how ‘responsive’ narrative responses are sometimes limited, sometimes all that can be made, and sometimes the grounds for stronger, ‘responsible’ HIV narratives, that connect responsiveness with effective, ‘responsible’ action. I do this by examining two categories of narratives as dialogical responses to interpersonal violence. In the first category, research participants co-construct narratives of interpersonal violence that work through relations with or responses to the researcher and to *co-present* others. Usually, these stories are progressive. It can be hard to tell a more conservative, less optimistic story in what is often a socially normalizing context. At the same time, such stories provide instructive cases of research participants giving or ‘giving over’ aspects of their stories to people who can either benefit from them, or can tell them in more effective and manageable ways. These strategies work to make a story-response ‘responsive’, that is, accessible and persuasive for wider audiences, and may also work to render the narrative response ‘responsible’, effective and liveable for its subject, and perhaps for others.

The second of the categories features a story which articulates, explains and promotes a research participant’s approach to interpersonal violence in response to the researcher, but also to *imagined* others in her life – in this case, partner, NGO, a generalized social ‘other’, and past and future selves. Again, many such stories are progressive; some are conservative, or regressive.

Of course, the two categories are notional; they often overlap. ‘Co-present’ narrative responses are also being told to imagined others, and the researcher is operating as a co-present other in cases where imagined others are more prominent. However, these latter story-responses, distanced from the immediate, sometimes constraining, responses of co-

constructing others, are perhaps more likely to allow a space for ambiguity and difficult emotions which enables ‘responsibility’ in response. At the same time, their very distance can constrain the intricacy of dialogic engagement in the story’s construction, the depth of their ‘responsiveness’. They can be ‘blue-skies’ stories, imagining the ethics of interpersonal violence in general, rather than working through its day-to-day moral practicalities.

Narrative Responses Constructed in Dialogue with Co-present Others

Narrative responsive-ness: Co-narrating an Active, Independent Subject

In the interview extract below, two women in their 20s, both HIV positive, who know each other as acquaintances from an HIV support group, and who live in a low-income informal settlement close to Cape Town, South Africa, talk to the interviewer, and more importantly, to each other, about what to do in a situation of potential interpersonal violence. Here, the second woman, in responding to the first, both recognises what that woman has said, and offers a story of what is possible in a context of interpersonal violence:

Interviewer: So, the father of the baby?

Andiswa (all names are pseudonyms): He also does not know (my HIV status). The reason why I do not tell him is because he is the one that supports me. I think of telling him, but I am scared that he might run away, I am not working, so what’s my child going to eat... Like some people get kicked out of their homes. That would sicken someone (make someone get sick), maybe the children as well do not have food to eat.

... **Zukiswa:** I mean in her position, I am thinking for her... For instance, during my pregnancy I used to stay with my sister up there. While I lived there, my boyfriend

used to give me money, so I saved the money and paid a deposit on a bangalo (shack made from wood) until I finished. I put it there, and I live by myself now.

This is a dialogue about what to do in a difficult situation, where Andiswa may lose emotional and economic support from her boyfriend if she discloses her HIV status, and where she may be ‘kicked out’ from her home by him, as happens to ‘some people’ (a relatively common way of talking about things close to one in the interviews), she says. Zukiswa’s response to this possibility of violent expulsion and associated economic deprivation is to recognise and also to move past them, in a story of what she herself did in similar circumstances: a story based on her lived narrative of protecting herself from interpersonal violence. This story seems to have effects, at least in the realm of told narrative. It leads to more diverse stories from Andiswa, later in the interview, about what she might actively do herself. One narrative response to possibilities of interpersonal violence thus appears to enable others.

Of course, Andiswa’s later stories might have appeared independently of Zukiswa’s response. However, other participants narrating situations similar to Andiswa’s, when they were alone, or without any similar response from co-interviewees, tended to re-narrate these negative possibilities within the interviews, rather than shifting their stories. So Zukiswa’s construction of a ‘responsive’ narrative response in co-presence with Andiswa seems to enable agentic stories from the latter, in a situation whose potential for violence both women have often seen around them.

Reading this exchange as narrative response still has limitations, however. The multiple addresses of narrative language constrain, as well as enable, this story as a response to interpersonal violence. For Andiswa and, more obviously, Zukisiwa, are not just addressing each other. They are also addressing the researcher, the imagined audience for the research, including, perhaps, other members and staff of the CBO that supports the women, as when Zukisiwa says to me and the digital recorder, ‘I mean, in her position, I am thinking for her...’. Her broad, ‘responsibilising’ positioning occupies more clearly the moral ground which Butler (2005) and MacIntyre (1984) suggest always underpins the social place of narrative. Andiswa, enmeshed in her own difficult present story, does not explicitly make such a wide address. In addressing different narrative audiences, the women may, then, be talking past as well as to each other at times. This exemplifies some of the limits of narrative responses within situations of interpersonal violence. Such responses are not seamlessly meshed together. Different elements of language slide past each other. But it is, indeed, from such mismatches that something different comes – in this case, the story of using the resources given by your partner, whose feared withdrawal and violence constitutes Andiswa’s story, to ensure your independence, as in Zukisiwa’s story. The stories are close enough to resonate with each other, different enough to produce a shift.

The other limitation of this narrative response is that while it constructs a situation of possibility, it can, as mentioned earlier, easily be overwhelmed by other contingencies. It operates within a safe space of an interview about HIV support held under the auspices of a supportive CBO for HIV positive new mothers. It builds on the social relationship established in and before the interview between the two women, and the existing economic capital identified by Zukisiwa as available to Andiswa, as to herself, to create the possibility of expanding housing resources, and the independent agency, against the encroachments of

interpersonal violence. But there are larger limitations to this response, which Zukiswa may have transcended but Andiswa may not: the difficulties of going beyond independent life to self-sustaining life free of structural violence, since having one's own house is not the same as keeping it up or providing for oneself; the difficulties of having future relationships free of the threat of violence, when boyfriends may again get scared and throw you out of your home; the difficulties even of maintaining friendships that are supportive responses to interpersonal violence, when the enabling environment of the CBO is no longer available to Andiswa and Zukiswa, and they lack transport and communication resources to keep in touch.

This narrative response operates, as I have said, in the realm of possibility. Zukiswa's story may have affected Andiswa's story, and Andiswa's stronger storying of herself may potentiate action. The response remains, I think, more in the realm of 'responsive' than 'responsible' narrative response. For a more 'responsible' response, we need to listen to a dialogue where the participants' responses to each other are more closely enmeshed with broader forms of response: what has been and what can be done.

Narrative responsibility: Co-narrating a Route out of Violence and its Contexts

The extract below comes from a 2012 interview, again with two HIV positive women living in another informal settlement close to Cape Town, both of whom worked in the same CBO, within an income generation group for HIV positive women. The older woman contributes to telling the other's story in a way that co-constructs the younger woman's narrative response to rape and domestic violence:

Interviewer: Okay, so how did you find out (your HIV status)?

Janet: (in Xhosa) I was 15 when I discovered that I was HIV positive, because I am from (the Eastern Cape). There they take the wife without her knowing that they take her, (), for the older men, and that would have meant HIV, and this older man infected me with HIV when I was 12. Now I'm older, 19 now (pause).

Nonmvuyo: (in English) OK, I know this story.... She was 13, you were 13 at the time, yes, she was 13 when she came here. And () call her the baby one month, he was one month old. This room was an infant room for the children. ... She got the support she needed here. (To Janet) What else?

...

(Last year), she was only 18, at home the father, husband didn't give her the money, and he slept around, and she left and we told her to leave this man so must find another place to live, and she must stop wearing those long dresses, she's a child. She wears very long dresses, like an old (wo)man, so she was a child, so she must wear like jeans and everything, so she started to dress herself like a lady now, like you see her now.

This is a story told by the two women together. Janet spoke in English sometimes and understood English but she chose Nomvuyo, a friend within the same income generation CBO, to speak with her and often looked at her to tell the story, not just to translate it. To a degree, this is also a wider collectivised story. A number of the women in the NGO were described as helping and continuing to help the younger woman in many ways. The history of that help is also important. The young woman was said not to be immediately pulled out of her violent situation, but first inducted into support groups for dealing with HIV, then into the

income generation project. Then she found an older woman from the project to live with, and last, was encouraged to think of herself and to act and dress as a young peri-urban woman, by wearing trousers. Women in the group like Nomvuyo narrated this last move as a symbol of her empowerment. It is important also to note, of course, that these stories are grounded in material, lived narratives of support, in the same way that Zukiswa's story arose out of her own lived moves away from partner danger. In this case, the resources for such lived narratives are much stronger, surrounding the two women, encompassing their personal and their broader social and cultural environments.

There are a number of constraints to this story-response. It is clearly not complete; Janet may not want to tell 'the whole story', as indeed she has had to several times in her encounters with medical, social service and voluntary sector organisations. The violence of pulling everything out into her narrative, something we mentioned earlier as intrinsic to the demand to tell a story, would be very obvious in this case. Her friend Nomvuyo intervenes, and glosses some of the story for her, so that this need not happen. The language shift from Xhosa to English serves to mark this move. Janet's story of her rural abduction, rape, becoming HIV positive in her marriage to a much older man who knew or suspected he was HIV positive, and having a child, moves on to her story as told to and among the peri-urban multilingual women of the HIV project, their response to it, and her life among them, which is told by Nomvuyo. Janet is able to talk within the context of the other woman also being in the dialogue, knowing that her story will be responded to and developed in a way that passes over aspects of her experiences of interpersonal violence that remain difficult - her relation to her mother, for instance, who was instrumental in her abduction, and her current inability to claim and look after her child. She speaks here, like Andiswa and Zukiswa, in the context of the social resources of an HIV support interview in an HIV support organisation. Indeed,

Nomvuyo provides an as-if mother to speak with, exemplifying the alternative ‘family’ story often told by interviewees about such support organisations. The incompleteness and heterogeneity of this narrative response, is, then, what enables it to be made.

Later in the interview, like Andiswa, Janet moves on to tell her own future story, in which she envisages moving out of her older friend’s house and living independently with her child. Again, as with Andiswa, it is possible that in an interview where Janet’s own story of interpersonal violence was less deftly caught up in and responded to, in this case by the net of the women’s group ‘we’ story constructed by Nomvuyo, this might not have happened. Even in a situation where a woman no longer lives in a situation of interpersonal violence, then, a co-constructing narrative response to her history can work within the present to allow her not to erase but to bracket that history in thinking about and storying the future.

A second limitation is that, like many ‘we’ stories, this one runs the risk of flattening differences within it. Nomvuyo is speaking for her younger, less-resourced friend, who later tells a story explicitly about wanting to emancipate herself from her dependence on older women. The women’s collective and co-constructed narrative and enacted response to Janet’s experiences of interpersonal violence is powerful. But it carries its own power differences, particularly around generation, education, language, class, and rural-urban origin, within it.ⁱⁱ At the same time, the aspect of ‘speaking for’ someone which is obvious in this narrative response - and which occurs a little with Zukiswa’s story of ‘thinking for her’ - is to some extent just a emphatic version of the capacity and necessity of language always, as noted earlier, to ‘speak for’ us: to represent us at some distance from our lived experience. Here, there are also aspects of the story, around abduction, rape, the mother’s betrayal, and her loss

of her child, that appear rather clearly as able only to be marked, not fully articulated, within language, whoever is speaking

Despite these caveats, I would argue that this is a story of ‘responsible’ as well as ‘responsive’ response. Janet and Nomvuyo narrate a recognition and condemnation of interpersonal violence, as well as a number of active responses that they pursued collectively. Their collaborative story instantiates that effective, responsible action. This is a ‘responsible responsive’ response. I am suggesting this, not because the story concerns change that happened, rather than change that was just possible – after all, Zukiswa was also telling a story about a response that happened in the world. Rather, Janet and Nomvuyo’s story is ‘responsible’ as well as ‘responsive’, because it so extensively describes and enacts how the responses in everyday lives happened, with the two women both taking action and performing actions in their narrative response.

I want to move on now, to consider situations in which research participants work with imagined and remembered rather than co-present responses to their stories, and in so doing, again find ways to narrate moves away from physical interpersonal violence.

Narrative Responses as Co-constructed in Social, Historical and Cultural Dialogue

In 2001, in yet another of the townships surrounding Cape Town, I interviewed Nomawethu, a woman in her late 20s who worked with an HIV activist organisation, was training as an HIV counsellor, and was open, unusually so at this time, about her HIV status. In her account of difficulties in her life, including domestic violence, it is possible to see how personal

stories work in dialogue with the contemporary currency of socio-cultural narratives to generate an effective response. Here Nomawethu tells the story of how she experienced violence from her boyfriend, who was also HIV positive, and who had helped her come to terms with her own HIV status by encouraging her to join an HIV support group:

Nomawethu: Then I met this boyfriend that I stayed with him and I got pregnant again but, I was working and my baby was HIV positive and I had to leave everything and look after the HIV positive baby, it wasn't easy. Then I have these problems in this relationship, he was so abusive. I remember when he first beat me we were staying in the third floor, he took me out of the window, he stabbed me and I still have those scars here can you see?/Mhm /All these scars they are so many and even at the back, on my head. He used to beat me with a hammer. I never heard a human being beaten with a hammer. Do you know, a hammer? But I stayed with him anyway then eventually I just decided/This is the same guy that went to the group?/Yah, I stayed with him though he was abusive. I thought, I was just thinking 'maybe he will change, he will change' until I couldn't take it anymore. Then, I went to this shelter. I stayed there after nine months of our separation, he shot himself. Life hasn't been good for me. In fact, I don't want to say, it's still not good for me. I just need to look after myself now. I'm an adult, I'm no more a child. I just have to do something for myself, that's why I took this course because this is just a beginning. I just want to get employed very quickly. Then after I get employed I can do what I want to do now. I can study what I want to study.

Nomawethu is not talking in and with other participants to construct her narrative response here. She is, though, speaking to the interviewer, especially when she seems to require a response to the question of whether it is indeed a comprehensible act to hit another human with a hammer. But this is to some extent a rhetorical question, one to which she already has

a ‘responsible’ response, rooted in her own later social support within the domestic violence shelter, where the narrative of such violence, now taken on by her, was that her partner’s violent acts were not acceptable and that she was right to leave. It may be, though, that Nomawethu continues to wonder at the extremity of some of her partner’s acts, to which the narrative of gender-based violence proves inadequate. Indeed, she seems to be in dialogue with a broader moral question about what it means to be human within this ‘responsible’ narrative response: ‘I never heard a human being beaten with a hammer. Do you know, a hammer?’

The social relations of the shelter, and of Nomawethu’s subsequent building of other social resources through her engagements with HIV organisations and now, education, have provided a frame for a narrative response to this experience of interpersonal violence, as well as to other forms of violence within her life, which also included abandonment as a child. Nomawethu’s narrative here moves from the difficulties of her life, still continuing; to her current need to take care of herself; her current adult status and her determination to work, to do what she wants, to study – desires that open up the story to the future.

Narrative responses that characterise community activist, HIV activist, and feminist discourses of interpersonal violence are deployed in this story, in implicit dialogue with Nomawethu’s own experiences, to co-construct her narrative response. This narrative response redefines her as a subject, no longer as this kind of non-subject or abject thing-person that can be beaten. Even the English tenses make this move, as Nomawethu shifts from, ‘Life hasn’t been good to me’ to ‘I just need to look after myself now’.

Although living within a high-unemployment economy, Nomawethu was able to enact this story within her life over the next ten years, such that it seems, retrospectively, to have acted as a form of symbolic resource for her. Interviewed in 2012, she described a trajectory of work and education closely foreshadowed here. At the same time, other resources – the social resources of her connections with HIV activism, the cultural resource of her education- also seemed to have had important effects, so that the story itself can be said at most to have worked synergistically with them.

This does indeed seem like a powerful ‘responsible’ response narrative, working at the levels of personal, social, cultural, and politico-moral responses. But it also contains ambiguities of a kind we have seen are constitutive of narrative language. Nomawethu’s larger story also addresses how her abusive partner helped her, took her to HIV services, and how she loved him and is sorry that he died – in an event not directly related to her or to either of their HIV statuses. The story of the hammer, excerpted from its wider narrative context, operates like a simplified yet truth-telling crystallisation of the larger narrative, reducing the relationship yet also conveying its most morally salient aspect. Past, present and future, too, are linearly arranged for the story, but not in perfect alignment. Between the past, ‘Life hasn’t been good to me’, and forward-looking present, ‘I just need to look after myself now’, lies another sentence, an ambivalent and difficult statement which moves between past and present, keeping history alive in the now: ‘In fact, I don’t want to say, (life’s) still not good for me’. Nomawethu marks here the inertia of a history that cannot be made over narratively into full redemption – something that is perhaps less noted in the social stories of activism and education on which she is drawing. A key aspect of ‘responsible’ narrative response, as opposed to other kinds of ‘responsible’ response, is perhaps this ability to register uncertainty and contradiction, at the same time as opening up the possibility of moving away from

interpersonal violence and towards safety. Such ambiguity is particularly important in a context such as South Africa, if narratives are to engage with the realities of lives in which the resources available for living safely are, as we have seen, strikingly difficult to access and to maintain.

Conclusion

I have tried to show here, using examples of frequent patterns of narrative response from my HIV support studies, how narratives, viewed as responses, can work to register, generate and develop narrators' understandings and articulations of, and potentially, their actions around, interpersonal violence, both in 'responsive' and in 'responsible' modes.

The distinction between these two 'responsive' and 'responsible' narrative modes turns out to be blurred at times, but nonetheless useful in distinguishing the broader 'responsive' narrative responses from those more fully and 'responsibly' tied into actualities and possibilities of responses in everyday life. The interplay of the two kinds of narrative responses in the material considered here suggests that in personal narrative responses, responsibility always builds on responsiveness; it does not appear alone. Keeping in mind the breadth of the category of 'responsiveness' may enable us to see the usefulness, as response, of even quite limited narratives like that generated by Zukiswa and taken up by Andiswa. The distinction between the two kinds of narrative response can also help us to see that even having done something, as in Andiswa's case, does not necessarily make for a 'responsible' narrative response, for instance if the wider context does not allow it. More broadly, we can see that 'responsive' and especially, 'responsible' narrative responses are very clearly enabled by

particular resources – an HIV-dedicated CBO, and helpful older women with accommodation who acted as surrogate family to Janet, organisations devoted to gender-based violence and HIV education, in Nomawethu's case.

In all these examples, it has been apparent that there may be emotional aspects of interpersonal violence that are not easily responded to narratively. They drop out of language, appearing only in laughs and other paralinguistic signs, or shifts between languages, or mismatches of voice or address. In considering the narrative responses that can play a part in approaches to interpersonal violence, it is always important to register, without being able to resolve, these continuing and unavoidable failures. Importantly, though, the constraints of material resources mean that such ambiguous and difficult story-responses can be the most valuable and 'responsible' ones, the ones most intimately tied into the difficult contexts in which interpersonal violence is lived, and in that way, most capable of generating other narrative and lived responses themselves.

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ⁱ For more details of both studies, see eg Squire, 2013; 2007; 2006; 2003; see also Squire, 2012c, on narrative analysis.

ⁱⁱ Ukuthwala, the abduction of women in the course of courtship and marriage, has a complex history and a new HIV-inflected present; see Maluleke, 2012.