This chapter compares the way in which time is experienced and transformed within the changing social settings and circumstances of people’s lives, by considering how the temporality and imagery of people’s bodies becomes radically destabilised during and after illness. If, as generally accepted, perceptions of time and space are generated through people’s everyday activities, then the disruption caused by illness transforms pre-existing ways-of-being in time and place. The chapter begins with two extended ‘ethnographic portraits’ of people living with HIV/AIDS; the first a photographer from New York who finds himself blind; the second a mother from Kampala who ‘digs’ the land to feed her family. Although they inhabit different social, cultural and physical worlds both persons struggle to maintain bodily continuity amidst illness. The blind photographer wakes up after the disruption of night and renegotiates the relationship between body and world by feeling around and re-orientating himself towards his house. The mother's day begins by walking around her living-room, testing out and attending to her body in order to obtain a sense of herself in anticipation of working the land.

By comparing each person's attempt to maintain bodily continuity within different social settings I aim to consider the temporality of ‘everyday life’ in ways that displace the polarities of universality and difference. This follows David Parkin’s work on comparison in the search for continuity (1987). Only while Parkin considers everyday speech, cross-cultural etymology and semantics, I emphasize acts of dwelling and disruption in relation to once familiar social practices and landscapes made strange by the declining bodies of people with HIV/AIDS.
Back in the early 1990s John Dugdale was a renowned fashion photographer working in New York. Given his enjoyment of Manhattan’s gay nightlife he was convinced he was HIV-positive and testing later confirmed this. Until then John had enjoyed a carefree existence, handsome, intelligent, successful. Although he was now HIV-positive he assumed he would be a ‘long term survivor’. John’s skill behind the lens made people’s garments look good and betrayed a distinctive aesthetic style that meant he was always in demand. His success allowed him to run an apartment in Greenwich Village and a farmhouse upstate. One morning he was at his farmhouse before travelling into New York for a photoshoot. He had some tea, ate breakfast and left for the city. However after arriving John began to feel disorientated and then without further warning collapsed on the city’s hardened concrete pavement. He’d undergone an HIV/AIDS related stroke and never made the appointment. Moreover from now on the world’s surfaces and textures would become increasingly unfamiliar.

John was found in the street and taken to hospital where his condition steadily deteriorated. Also, because he was confined to bed he experienced a type of pain and fatigue that takes over when lying down for days on end. Of having one’s habitual perpendicularity removed, of having one’s flesh and bones continually press down on a soft bed, of blood flowing round horizontally and of being removed from routine body practices and movement. He had just turned thirty-three, the age of Christ’s death, a man supposedly in the prime of his life who could not get out of bed, was too weak to urinate properly into a pot and had to be looked after by nursing staff and his family.

With his family’s help came shame, humiliation and the resurfacing of memory. John was the eldest son and when he was young he used to help his mother by changing his infant brother’s diapers. This ‘long-forgotten’ memory resurfaced: for his brother now comes into hospital and changes John’s diapers. No-one could have anticipated the later significance of John’s early actions, nor imagined the peculiar reversal of roles that confronted the two brothers – who as grown men now meditate on the strange contingencies and unlikely circumstances of the present. John’s sister would also come into hospital and change his diapers, clean his ass, freshen him up. He found this disconcerting but nowhere near as difficult as when his mother changed his diapers.
Feeling her warm hands on his wasting flesh was as disturbing as anything he’d experienced while living with HIV/AIDS. John recalls wishing he’d already died . . . he was already in extreme pain and nearing death but why die with that playing on your mind? And what about his mother’s feelings? changing her sick son’s diaper. Thirty years after the first time. Only now she found a son who was slowly decaying and approaching the end of life rather than opening up towards the future.

Soon after John began noticing parts of his visual field were slowly disappearing. Where he once saw the world he now saw nothing while the remainder seemed covered by a heavy black-mottled veil. When the doctors investigated they discovered the HIV virus had begun eating away at his retina, something called CMV retinitis and yet another ailment caused by HIV. As time passed John realised that more and more of his visual field was becoming covered with blackness and disconcertingly the centre of vision began to disappear. Our bifocal eyes placed on the front of the head normally take in a panorama of almost 180° that encompasses almost everything in front of the shoulders. However less than 1/1000 of the visual field is in sharp-focus and the remainder is vague and blurry. This is why our eyes are trained to concentrate on the central area and why we keep our eyes on the move, at an average rate of 3 times a second, so that dramatic variations in focus and acuity are not noticed (McCrone 1999). John, who had learnt to see through his culture and profession, now had to use the weak awareness on the periphery of his visual field because the centre was blocked by blackness. He’d move his head and eyeballs as if to ‘look around’ the blackness, but blackness would follow and smother the object of his attention. Accordingly John had to learn a new way of coordinating eyes, head and world in order to see and interact within his environment.

A series of eye operations were organised to save his sight from deteriorating further. Unfortunately they did not work and a virus contracted through sex continued to eat away at his optical nerves and tissues and removed almost 80% of his sight. After the final operation John and a friend were sitting talking when she went for a coffee. When she returned she noticed John bent over in the hospital corridor crying and draped herself over him. John had just been informed there was nothing more the surgeons could do and that his sight would deteriorate until he was blind. The months that followed were like a slow, continuous twilight. John existed in the gloaming . . . and like a craftsman
desperately trying to work at the end of day he tried to make the most of the remaining light. He scrutinized the world more intensely than he ever had as a photographer, drinking up colours, faces, patterns, textures, flowers and storing them up for when blind. John looked intensely at the face of his mother, her hairline, every slight discolouration and wrinkle, her mannerisms and expressions, her face while smiling, while talking and when returning her son’s odd, fragmented gaze. He looked at his brother, his sister, at the woodiness of wood, at red and blue, the transparency of glass and the reflections on ceramic surfaces. In choosing where to look John undertook an active creation of his memory, scrutinizing the present to create what he would remember in a blind future.

On recovering sufficiently to leave hospital John had lost most of his sight. He was able to see vague outlines and shapes, detect differences in colour and between light and dark, but not enough to understand what he was looking at. John’s brother drove him up to the farmhouse and away from the traffic, speed, unlighted-chaos and intolerant pedestrians of New York’s crowded streets and shops. This was where John was going to re-inhabit his body and renegotiate the world. It was now several months since he’d got up that fateful morning to leave for the city . . . and still there in the living room remained the empty cup . . . next to it was the plate and the remainder of the toast which had hardened over the months. Little could he have imagined when eating breakfast that morning that he’d return months later – almost blind, thin, severely weak, his once handsome features sucked into his face and his usual sense of proprioception radically undermined.

Unsurprisingly, John found the silence and creaks in the farmhouse disconcerting. The re-alignment of his senses while in the hospital had transformed how he related to the environment and even the once familiar sounds and surroundings of the house were made strange. He couldn’t see things properly and increasingly began orientating himself by touch, texture, sound and smell. John’s brother helped but eventually had to return to work. The first day alone John kept banging into things, barking his shins, bashing his face, falling over. He went outside where there was no furniture, but lost his balance on slopes and ditches, banged his head, got black-eyes and stumbled into a thorny unforgiving hedge. Scratched, bruised, bloody, covered in mud, he went back inside and headed to bed. As he couldn’t read he decided to put a book over his face and lay there smelling the warm paper pages.
The Tale of the Ugandan Mother

The same year (1993), Yudaya Nassiswa and her four young children moved to Ndejje an area of Kampala near Entebbe Road. Although Ndejje is in a city of two million, Yudaya still calls it her ‘village’ because until recently it was mostly bushland. Ndejje has since been transformed from bush to urban neighbourhood, and Yudaya’s house is now surrounded by houses, a school, shopping-kiosks, a radio-mast and boda-boda cyclists touting for trade. Ndejje’s rapid growth is not surprising for despite losing over a million people to HIV/AIDS, Uganda’s population has increased by nearly sixty per cent to around twenty million over the past decade. Yudaya moved after her husband Daniel died from AIDS in 1992. Daniel had three wives and many children who all shared the same compound. After his death, the wives went their separate ways. Daniel’s property was claimed by the ‘first-wife’, although she too soon succumbed to AIDS. Afterwards her relatives moved in. Yudaya, as the ‘second-wife’ was made to leave the home and remained with little that was not already hers. The ‘third-wife’ also left and soon died from AIDS. Some eight years later Yudaya still lives in amazement that she is still able to look after her children while Daniel and the other two wives succumbed to AIDS. As to how and why this happened, Yudaya does not know. Ask her one day how she survived and she will reflect at length on luck and chance; ask her another day and she says she must have a strong constitution. Ask Yudaya one further time and she thanks God, puts her faith in his benevolence and powerful will, and trusts the destiny he has planned for her family. These are not contradictions, just situational responses at different times to awkward questions.

Although Yudaya lost her home and husband she was fortunate to own a secondhand clothes stall in Owino Market that provided extra income for her children’s education. Now with no home her priority was to find somewhere for her children and herself to live. She sold the stall and put the proceeds with a friend who was in a similar situation and together they bought some land in a cheap out-of-the-way place called Ndejje. But it was on a hill and covered in bush that needed to be cleared before work on the house could begin.

Yudaya frequently suffers opportunistic infections and last Christmas had her first ominous bout of tuberculosis, which is morbidly significant in Uganda where it is the
primary cause of death amongst HIV-positive persons. That Yudaya came down with tuberculosis at Christmas was hugely significant for her children and herself – not because Yudaya, although born a Muslim, converted and raised her children as Christians but because her husband died on December 25th. And in Uganda – where children tend to be present to most that life offers – children get caught up in the voluminous atmosphere whenever there is a dying person in the house.

Every Christmas the atmosphere in Yudaya’s house is thick with memories of Daniel’s illness and death. This last Christmas was even worse as Yudaya’s illness and tubercular breathing mixed with her children’s anxieties about the future. The suffering and uncertainty caused by HIV/AIDS has a ‘volume’ that extends out from the person and fills up the entire room, house and even seeps out into the neighbourhood. If you ask Yudaya’s children they will tell you how it felt to dwell in the midst of their father’s death; they’ll talk about how this atmosphere descends every Christmas and how this last Christmas they kept imagining their mother’s impending death. They’ll tell you they are worried about the future, about who will look after them and remind you how two of them have stopped attending school because of lack of money. They will talk about how they thought they were going to be orphans with no-one to pay their school fees and about their relief once their mother began to pull through. Now all the children hate Christmas.

The family home looks like many houses in Kampala. It is built from the same earth that it stands on. The earth is scooped up, mixed with straw, stones and water and moulded into large bricks fired in neighbourhood kilns. Wood and mudplaster are added, while the ground from which the bricks were extracted creates a compact floor alongside the characteristic trenches found outside people’s houses. Yudaya did not do the work herself but it is tangibly her place – a house mixed up of earth, straw and personal history – and which wouldn’t exist without Yudaya or her husband’s death from AIDS. The house is just two rooms with no windows or electricity. Water is fetched from the public tap and boiled on an open charcoal fire in the sitting room. The mud-plaster walls are decorated with children’s drawings, calendars, magazine pictures, Man-United posters and old newspapers. Three beds take up all the space alongside everyone’s shoes and clothes. Round the back is the vegetable plot, where Yudaya grows sweet-potatoes, matooke, yams and other staples to feed the family. It used to be a wilderness but when
Yudaya is well enough she makes an effort, and so do the children. Together they have enough to eat.

The house is halfway along a little slope just beyond the ridge of long steeper hill. This is not unusual – everyone in Kampala lives up or down a slope. Hills and slopes are part of daily being, and Yudaya’s existence is intertwined with certain slopes: the long steep hill that goes up to Makindye, the winding slope down to her friend Rebecca’s house, the short steep hill near the main bus-park . . . the hill she walks up to fetch water . . . and lastly the slope that leads to the sweet-potato plants. Even this gentlest of gradients is never static but changes its resonance and meaning from day to day. We might go further and say that maybe all the world’s surfaces, including the gentle slope up to sweet-potatoes, wax and wane from moment to moment, and from step-to-step for slopes and hills take time to climb and can seem very different when half-way along.

Each morning Yudaya wakes up with a different body. She also knows that she has to dig the sweet-potato field if she is to feed her family. Accordingly Yudaya’s sense of herself and her body are not just formed in the present but also incorporate the future in the form of gender expectations of motherhood and the work that awaits her in the field. She begins every day by walking around the house and ‘testing-out’ her body in anticipation of the day’s work and if she feels ‘fine’ goes out to dig the sweet-potatoes, still checking her body step-by-step. The world gradually becomes revealed as she starts digging. Some days the initial availability of work diminishes as she begins digging and her body betrays her. Her actions become unwieldy, the world becomes obstructive, her body ‘bites’, her thinking becomes ‘disorganised’ and she questions God and curses her lack of strength. A radical discontinuity between body and world emerges with all the accompanying consequences for her family.

On other days there is little experiential distinction between body and world. She digs all day and gets tired but this in itself becomes an index of health. The differing perspectives emphasise how perception does not emerge from a single static standpoint and that it is only through actions such as walking and digging that Yudaya establishes a sense of her existential and physical possibilities. Most mornings Yudaya wakes up not knowing whether she can dig or not, and it takes her a while to feel part of the day, part of the world.
Discussion

John Dugdale and Yudaya Nassiswa, like everyone living with HIV/AIDS, were born into worlds already constituted by particular socio-cultural practices. Prior to diagnosis each incorporated specific ways of using and imagining their bodies, and post-diagnosis they interact through bodies that betray different gender identities, physical topographies, religious, cultural and temporal epistemologies. However although John and Yudaya are separated by very different ways-of-being, both face the daily struggle to maintain bodily continuity while living with HIV/AIDS. Their experiences are representative of how for HIV-positive persons, being a body-in-the-world ceases to be taken for granted but is disrupted and ‘made strange’. Accordingly people re-learn how to use their bodies, are made to re-negotiate the environment and begin to understand body processes in new, sometimes radically different ways.¹

Ordinarily an habitual unity of mind, body and world is forged through the skills and practices of ‘everyday life’ (Ingold 2000), whereby a continuity of person, body and action is maintained over time and within specific environments through a combination of culturally defined tasks and desires. For people living with HIV/AIDS the sense of continuity becomes continually displaced as they have to repeatedly re-inhabit their bodies during and after the disruption of illness. Moreover the illness trajectory of HIV/AIDS is not one of gradual decline but of undulating cycles of illness and recovery that can persist for days, months or even years. Accordingly people learn to ‘test out’ their bodies at strategic times within different contexts for different purposes, thereby recalling the etymological origin of ‘experience’ wherein ex signifies ‘out of’ while peira means ‘attempt, trial, test’, recalling Edward Casey’s suggestion that ‘places, like bodies and landscapes, are something we experience . . . and to have an experience is to make a trial, an experiment, out of living. It is to do something that requires the proof of the senses, and often of much else besides’ (Casey 1993: 30).

Certain rhythms and temporalities of being emerge during seemingly simple, axiomatically ‘universal’ actions such as walking – where intentions, desires, eyes, lungs and legs coalesce into an unconscious habitual activity – or drinking, eating and talking, where words, ideas, lungs, mouth, tongue, lips, hands, air and sound-waves merge into

¹ As Merleau-Ponty says, ‘Is my body a thing, is it an idea? It is neither’ (1968: 152).
seamless action. Here the body’s image and temporality are already familiarised, naturalised and immersed in the practical activity of daily life in ways that are ‘absent’ to consciousness (Leder 1990, Parkin 1999). Frequently there are few conscious boundaries between ‘person’ and ‘world’ and it becomes uncertain where the person ends and the world begins. Instead there is an unbroken continuity, a moving-together, coherence or confluence of human action within the world (Parkin 1985).

However the undulating cycles of illness and recovery while living with HIV/AIDS means that being a body-in-the-world is continually subject to disruption and self-conscious reflection. Even when there is minimal disruption people plan and legislate for the possibility of future physical decline. Thus, while HIV/AIDS is always culturally situated, it involves experiences and modes of action that are particular to persons in search of bodily continuity who are making trials out of the everyday circumstances of their being. Suggesting how ‘... the imagery of the body can be understood not only in reference to the cultural projects at play but as an articulation of certain phenomenological possibilities and pre-dispositions arising out of the lived body’ (Leder 1990: 127).

**Walking Fieldwork: with Francis**

To this end I conducted a type of *walking fieldwork* as an ethnographic *tactic* whereby I accompanied people moving between places and witnessed those moments when their bodies – or the surrounding world – became ‘present’. Walking is not a pre-cultural activity but changes in different contexts and historical periods (Ingold 2001) and is also a form of continuity over time and space, involving embodied memory and repetitive body movements. *Walking fieldwork*, meanwhile, attempts to reveal the temporality and specificity of walking practices by accompanying people on their journeys and asking them to narrate their experiences.

People would describe, in their own terms, an explicit awareness of their body in relation to their surroundings. They recalled the precise distances written into particular practices such as buying a newspaper or making tea, and demonstrated how distances and actions have to be worked at rather than assumed. When walking it became noticeable that the environment was rarely ‘simply there’ and how physical characteristics were
forever constraining or enabling certain types of action and interaction. One soon establishes a sense of how seemingly ‘passive’ physical features of the environment – earth, paths, corridors, stairs, gradients, edges, concrete-pavements, hospital-wards – possess dynamic, transforming properties that outline the possibilities available in this body, in this time and this place. Furthermore such features possess different ‘social densities’ at different times (Parkin 1999) and my co-walkers were extremely sensitive to how crowds, lunch-times, rush-hours, weekends and so forth change the character, mood and possibility of each place.

His name was Francis Wasswa. He’d been ill and hadn’t ventured outside for some time, but his weakness was overshadowed by the desire to walk around Kampala for one last time, before it became too late. So one fine equatorial day I accompanied Francis into the city. Slowly, with frequent rest intervals we walked down the slope to Entebbe Road. Francis worked out a way that he could cope with, setting a pace for both of us without either of us saying anything. The first hundred yards took around five minutes of painfully slow walking, then we stopped and watched the world for a few minutes before tackling the next short stretch. Our walk continued in this way until we reached the main road from where we decided to catch a matatu to the art exhibition at the Gallery Cafe.

By the time we reached the Gallery Cafe, Francis was too tired to view the exhibits so we sat down, ordered some African-tea, mandazi and waited. After the tea came, things followed much the same pattern as our walking. Francis would take a sip of tea, bite the mandazi and then chew bit by bit, slowly, for a while, then stop and sit still for five minutes. Not wanting to rush Francis I did the same thing. We chatted in much the same way. We’d begin a subject and then leave it a while before continuing where we left off. The tempo didn’t need to be stated and, like the silences, didn’t feel awkward.

Walking, talking, eating with Francis: the limits of his body became placed upon my actions and by doing these things in his company I partially inhabited Francis’ world. By using my body as if constrained by his disease, a degraded and impoverished intercorporeal realm was created between us. This was not formed through any commonality of bodily praxis because of the radically different bodily experiences that were being
compared; and my bodily mimesis of a body with AIDS rarely, if ever, merged with Francis’ own experience. Instead the discrepancies between our experiences of walking dissolved any assumed universality of the body, undermined any recourse to hermeneutic intersubjectivity and simultaneously forced recognition of the otherness of Francis’ lived experience. Prior to walking my sense of Francis’ experience of AIDS was based upon the stasis of his living room where he chatted relatively easily in his shabby chair. However this image immediately became dispersed outside the house, where Francis’ every step seemed present to consciousness and where few words were exchanged even when resting.2

Here, a sense of body-image is formed between persons and places, within and through similarities and discontinuities in praxis and behaviour – or to recall the etymology of ‘image’ – through ‘mime’. The word ‘image’ derives from the Latin imago, imaginem, and is related both to imagination and memory – thus placing the body in time – but if we trace the etymology further and we find that imago and imaginem derive from mimos or mime: ‘a mime moves in space and portends more than he or she gestures. In this way miming – which is precisely not imitating in a strictly repetitive manner – creates images’ (Casey 1991: 117 italics in original). Image it seems is already a bodily concept, something that is simultaneously seen and performed through time and space and thus to talk of ‘body-image’ is already to talk of the body-in-action. Walking always took much longer in Francis, John or Yudaya’s company and it is through the recognition of such discrepancies that a sense of their experience was communicated. In other words comparing bodily praxis exposes the hermeneutic borders that exist between people’s experience of time and space, and although people do not intend to communicate their experience, their every act is potentially left open to comparative interpretation. Maybe the walking body – this enacted mime – does not intentionally convey meaning, and its constitution as a sign is erroneous. Nevertheless it has the quality of a ‘good error’ and by sharing practices and using the body’s mimetic potential it is possible to build a comparative – although not ‘inter-subjective’ – understanding of people’s experiences.

2 Likewise John Dugdale moves around his house gracefully but is also awkward when outside.
The Syntax of Practices

Everyday practices such as walking, eating and going-outside have a ‘language like’ or syntactic quality. This is not to say their performance depends upon language or possesses a formal grammar, rather it is to use the sequential and situational (even interruptive!) qualities of language to understand the situational, procedural character of practice. In other words there is a syntax of practices that places the body in time, for example by situating the person in terms of habituated, embodied memory and by orientating them towards their future aims and desires. As illness progresses, once routine practices become increasingly opaque in terms of how each constituent part is ordered into a syntactical chain of action (which is itself embedded in one’s surroundings). To give an example, the fact that brushing-teeth involves walking to the bathroom is something rarely recognized as part of the practice. However whenever people enter periods of decline such features become increasingly explicit. It becomes apparent that brushing-teeth involves animating-the-body, raising-one’s-head-off-the-pillow, getting-out-of-bed, walking-to-the-bathroom, opening-the-door, standing, leaning-over-the-sink, administering toothpaste, brushing, and walking-back. During illness, persons become more conscious of the entire chain of action involved in previously taken-for-granted practices. Simple tasks become fragmented and their constituent parts are made present by an inability to perform, revealing facets and temporalities that were previously hidden in an embodied memory once naturalized through practice but now degraded through illness and disruption.3

The syntactic chain can be modified and some parts discarded according to current physical condition but some facets must be retained. The ability to perform a task may lie with a single component and if this cannot be re-negotiated the practice is jeopardized regardless of its importance or pragmatic need. On the days when Yudaya was unable to walk up the slope to the sweet-potatoes, she remained in the house. When John was in the hospital he had no option other than stay in bed, Francis was able to walk into the city on that particular morning but shortly afterwards became restricted to his immediate locale.

The syntax of bodily practices has further implications for the way people experience

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3 Obviously different syntactic chains exist in each location. For example ablutions and brushing teeth are differentiated as people in New York don’t fetch water from wells whereas many people in Kampala do.
and imagine time. For as being and time are not merely coterminal but are fundamentally constitutive of each other, different temporalities emerge through our immersion within different forms of everyday practical activity (see Heidegger 1962, McNerney 1991, Sartre 1996). Different practices – walking, cooking, talking, reading, washing-clothes, watching-the-neighbourhood, shopping, listening-to-radio – create or transform the way people experience time (see Wendy James and David Mills’ Introduction to this volume). However, the rhythms and temporalities of different practices themselves become transformed by cycles of illness and recovery. When living with HIV/AIDS, periods of illness and fatigue interrupt pre-existing ways-of-being and disrupt temporal structures that have long been ingrained into people’s bodies through practice. Thus HIV/AIDS not only disrupts time and makes strange the rhythms of habit but also establishes new ways of experiencing and being in time and place.

John Dugdale, Yudaya Nassiswa and Francis Wasswa’s experiences of being inside and then going outside, exemplifies how time, reality and personhood are transformed by the relationship between bodily integrity and different places. A provisional reality emerges within their living-rooms that incorporates their past, in terms of sedimented or habitual practices, and the future, in terms of the tasks and experiences awaiting them outside the house. If Yudaya is to feed her family she must leave the house to work in her field however her body ‘bites’ and her inability to dig after reaching the field retrospectively re-orders her earlier experience of wellbeing while walking around the house. It is an inability that is transformed from a provisional perspective to something tantamount to her true ‘state’. For her inability overshadows her recent experiences in the house and recalls William James’ notion of how the truth of an idea ‘is not a stagnant property inherent in it. Truth happens to an idea. It becomes true, is made true by events. Its verity is in fact an event, a process’ (1978: 97).

**Redefining Embodiment**

Recent years have witnessed an explosion of interest in the concept of ‘embodiment’, particularly as a means for understanding how knowledge, beliefs and behaviours are learned, instituted and reproduced through action, mimesis and practice. However the actual processes involved in embodiment are often vaguely specified and almost
exclusively focus upon the learning, memorisation and naturalisation of knowledge whilst neglecting the indeterminancy and temporality of knowledge and the equally important processes of degradation whereby embodied knowledge ‘flows out’ of the person, with all the implications this possesses for people’s sense of self, personhood and social status. For while the instability of the body is often asserted theoretically, it is rarely addressed ethnographically, and therefore we need to come up with more detailed ethnographic accounts of the ‘disembodiment of knowledge’ whereby skills and tasks once ‘stored’ in embodied memory become degraded through illness, bodily instability, physical decline and decay. By considering the impact of being unable to perform culturally significant tasks on personhood, gender roles and social status we can raise the question of how culture can be an alienating and decaying knowledge and thereby highlight the critical yet unstable relationship between persons and their bodies during times of well-being as well as illness. This suggests that we not only have to understand the transmission of knowledge as a form of ‘making history’ (Toren 1993) but be cognisant of the fact that learning is an ongoing life-long activity that continues far beyond childhood (Chaitlin and Lave 1996). This begins to place embodiment in time, rather than history alone, and moves us away from knowledge as a static, fixed property of bodies and persons to a more fluid, relational model that considers how roles, bodies and landscapes are inhabited and re-inhabited in particular ethnographic moments.

For John, Yudaya and Francis the world presents an ongoing challenge that has to be renegotiated from day to day. Their embodied knowledge needs to be differentiated not only in terms of the broad brushstrokes of culture and history but in relation to their current need to improvise and react to the new and often unique circumstances and challenges they confront on a day to day basis. We could even venture that their past knowledge was wrapped up with their previous bodies and therefore that their ongoing process of re-inhabitation is not merely an attempt to restore knowledge to its unproblematic, taken-for-granted character but an attempt re-constitute themselves in time and re-enter the flow of life itself. Life under such circumstances means continually having to re-negotiate one’s defining social relations and embodied attachment to place. And while this is merely an exaggerated instance of the improvisatory capacity that people display everywhere it emphasises how people’s senses of continuity rest less on
the learning and embodiment of specific skills per se than the ability to re-act and co-
ordinate to a range of differing sometimes novel situations. To ‘test-out’ and negotiate the
world in a continuous relation to the changing circumstances of one’s being rather than
simply reproduce learnt practices.

Embodiment, with its conventional focus on learning, maintenance and
transmission has become intimately intertwined with the anthropology of memory. However the recent attention on particular acts of remembering within specific contexts,
rather than more general, unspecified and decontextualised concepts of memory has
turned attention to forgetting, not as the opposite of memory but as the very condition
that makes acts of memory possible. For without forgetting there would be no such thing
as memory, instead everything ever experienced would be present to consciousness and
action rendered impossible. Once established that remembering/forgetting are not
opposites but that the one is the condition of the other, different possibilities for
understanding embodiment emerge. For if remembering/forgetting stand in relation to
one another as mutually constituted aspects of the same phenomenon, it also suggests
how embodiment/disembodiment are not opposites but similarly that one is the condition
of the other and makes both possible. In other words one cannot talk about or understand
‘embodiment’ without both implying and understanding the potential of disembodiment,
not only as an abstract philosophical concept but ethnographically via the specific
processes by which knowledge becomes disembodied from the person.

Coda
Bodies, like landscapes, are inhabited, re-inhabited and re-evaluated over time. In this
brief essay I have tried to emphasise how the temporality and imagery of people’s bodies
are constituted mid-stream between the culturally ingrained habits of the past, their
immersion in the tasks ‘at-hand’ and a reality that always lies ‘further-on’. Thus I would
suggest that people’s continual re-evaluations of body-image while living with
HIV/AIDS are an extreme example of what Merleau-Ponty terms ‘the experience of dis-
illusion, wherein precisely we learn to know the fragility of the “real”’ (1968: 40);
whereby reality is continually transformed through time and movement:
The destruction of the first appearance does not authorise me to define henceforth the ‘real’ as a simple probable, since they are only another name for the new apparition, which must therefore figure in our analysis of the dis-illusion. The dis-illusion is the loss of one evidence only because it is the acquisition of another evidence . . . Perhaps ‘reality’ does not belong definitively to any particular perception, that in this sense it lies always further on. (Merleau-Ponty 1968: 40, italics in original)

John Dugdale still wakes every morning and tests out the relative position of his body by moving around the house before going outside. Nowadays he has come to an arrangement between himself and the environment whereby he cedes to its power each morning before reclaiming part of the day for himself. On some mornings Yudaya attends to her body within the house but realises working the land is beyond her. Later that same morning although it is far too hot for work, she feels well enough to leave the house and then decides whether to ‘foot’ it down the long hill to Entebbe Road or spend 500 shillings on a boda-boda. By accompanying John, Yudaya and Francis on their ‘journeys’ we see how ‘the-steps’ people make are not merely physical acts in relation to different environments such as slopes, houses and sidewalks but how each step is intertwined with people’s social and cultural obligations, desires, and expectations. And while I have used a range of techniques, e.g. walking fieldwork, to show more precisely how people’s bodies undergo transformation on a day-to-day or even step-by-step basis this chapter is merely a first, fragile step towards an ethnography of disembodiment.
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