

**The Representation of Disease, Pain and Mortality  
in Margaret Ogola's *Place of Destiny***

By

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## DECLARATION

### Declaration by Candidate

This thesis is my original work and has not been presented for a degree in any other university. No part of this work may be reproduced or transmitted in any form without the prior permission of the author and/or Moi University.

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This thesis has been submitted with our approval as university supervisors.

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## **DEDICATION**

I dedicate this work to my parents Mr. David Kimetto and Mrs. Mary Kimetto for teaching me to appreciate life in its fullness and to remain focused on doing my level best at all times. To my wife, Mercy Chepkoech, for being so helpful and understanding during my study. To my little girl Cheryll Chepng'etich Rono, Junior Adrean Kiprotich Rono and the entire Kimetto family, I dedicate this work to you.

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## ABSTRACT

This study examines the representation of disease, pain and mortality as motifs in Margaret Ogola's *Place of Destiny*. Specific focus is on how characters reflect not only on their existence but also on their anxieties in relation to elements to do with mortality. Basically, *Place of Destiny* deals with the experiences of disease, pain and death and how different characters adapt and react to these realities. The objectives of the study include the examination of the use of disease and pain as motifs of mortality in *Place of Destiny*, the evaluation of characters particularly how they are constructed to frame our understanding of mortality in the novel and the analysis of the writer's perception of mortality through her writing. This study is qualitative and it undertakes a close-reading of the primary text with a focus on how character and characterization frame experiences, options, and the ways of living with mortality as well as how individual characters in the novel react differently to pain, illness and the impending death of their loved ones. The study adopts psychoanalysis as its theoretical framework and brings together two theories; Cathy Caruth's postulations on Trauma as well as Julia Kristeva's and Freud's ideas on The Uncanny. The particular experiences of disease, pain and mortality that the characters deal with cannot be discussed with ease openly yet these experiences however still get into their minds, traumatizing them. The theories further assist in conceptualizing *Place of Destiny* as belonging to the genre of self-writing particularly in the examination of the role of lived experience in the presentation of mortality. This study is important in the sense that it provides some insights to guidance and counseling experts, both medical students and medical practitioners and it can also influence literary critics to develop that can handle literary works that narrate illness.

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## DEFINITION OF TERMS

- Characters:** This refer to persons used by author's in fictional work and I use them here to mean the persons that are used to present issues related to mortality.
- Disease:** This refers to any harmful deviation from the normal structural or functional state of a body. In this study, cancer is what I take it as disease.
- Illness:** This implies the patient's or his/her family's inner feelings about the symptom and pain and how they perceive, endure and react to the symptoms.
- Lived Experience:** Refers to author Ogola's personal knowledge about disease, pain and mortality that she gained through first-hand involvement with the pains of suffering from cancer.
- Mortality:** This is the state of characters in the novel to be subjects to dying and death.
- Motif:** This generally means a recurring concept in a text. In this study, I take disease and pain as the motifs because they recur more than once in *Place of Destiny*.
- Pain:** This refers to uncomfortable sensation in the body of a person. This might result from either illness or their close association with and to an ailing character.
- Sickness:** This is the understanding of a disorder across a population in terms of macrosocial forces.

## **ABBREVIATIONS AND ACRONYMS**

AIDS: Acquired, Immune Deficiency Syndrome

KEC-CS: Kenya Episcopal Conference, Catholic Secretariat

NGOs: Non-Governmental Organizations

SOS HIV/AIDS: Sistas Organizing to Survive. This is the grassroots mobilization of  
black women in the fight against HIV/AIDS

VCT: Voluntary Counseling and Testing

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

This chapter introduces information necessary for the concrete development of the whole thesis. It provides the background to the study, Margaret Ogola's biographical information, statement of the problem, objectives, research premise, justification of the study, literature review, theoretical framework, scope and limitation, research methodology, data collection and it finally concludes by outlining the study's chapters. While the necessity of the background information is to show not just how literary texts have thematized illness in their narratives but also how critics and scholars have examined the portrayal of illness in postcolonial novels, the author's biographical information will assist in setting the ground for the readers to conceptualize the possible arguments made in Chapter Four that the novel is a fictional autobiography. Given the fact that this study sits astride multiple representation of disease in literature, the background information is to re-orient readers into discerning different ways of looking at disease other than using it to represent socio-economic and political challenges.

#### **1.1 Background to the Study**

Literary writers have used disease in their works both as structure and a trope for various economic, cultural, social, and political issues affecting their societies. This presentation of dis-ease(d) bodies has been in existence since time immemorial and Albert Camus in 1947 published *The Plague*, a novel that thematizes the plague that killed a large proportion of Oran's population in 1849, but situated the novel in the 1940s. Maurice Vambe (2003) has observed that early critics of colonialism like Frantz Fanon (1963) equate colonialism with a dangerous ailment that entails

disorders affecting the behavior and thought of Africans (201) while Aime Cesaire (1995) sees colonialism itself as a ruthless disease gnawing the pith of Africa and the black people.

Vambe further observes that the African writer Marechera describes colonialism in *The House of Hunger* (1978) as a venereal disease. For these critics, disease itself is deployed as a trope that represents all the evils that are thought to have been brought by the colonialists. Indeed, African writers have used disease in their fictional texts to structure socio-economic and the political scenario in postcolonial Africa. These creative writers have focused on terminal diseases like HIV/AIDS and cancer and their presentation of this disease has captured the attention of a number of critics. Adrian Flint and Vernon Hewitt (2015), for instance, have examined the discourses emanating out of the HIV/AIDS pandemic in Sub-Saharan Africa and clearly highlight the extent to which the continent is still considered as a ‘sick continent’, the ‘diseased continent’ and the ‘dark continent’. While arguing that the use of the scourge as a trope is detrimental, that is, “African people are over-sexed, uncontrolled in their appetites, promiscuous and impervious to risk” (294), they observe:

The consequences of this re-narration of colonial tropes in framing the HIV/AIDS pandemic in Africa are to limit and distort health policies, to blunt or even naturalize the suffering of millions of people and to consistently marginalize Africa in terms of pharmaceutical and viral research. (309)

Mary Karooro Okurut obliquely uses the motif of HIV and Aids in her *The Invisible Weevil* (1998) to depict Uganda facing problems from an unnamed virus. The novel is about the Ugandan experience under Idi Amin’s dictatorship and the ruling class that is uneducated and has deliberately run down the academy.

Aldin Mutembei *et al* (2002) examine the newly invented language that most people use when communicating about the HIV/AIDS scourge. For Mutembei and colleagues, the coded socio-linguistic expression does not only provide the people with deeper understanding of the pandemic and an increased disposition to cope with the situation but also with some guidelines on how to communicate about interventions. Invoking a number of scholars who have commented on the metaphorical language in communicating issues related to the HIV/AIDS scourge, the author takes a case study of the Kagera community and mirror the changes in the people's social cognition regarding HIV/AIDS and discusses as the impact on patterns of behavior.

Looking at fiction as one site where the elements of African sexuality are represented both as static reality and sometimes as dramatized cultural debate, Vambe examines the extent to which the cultural context becomes the transmitter of the HIV virus. According to Vambe, the representation itself, which is the fictional site, is a source of social knowledge and an interpretation of the cultural values of a society. For example, Vambe reads Violet Kala's *Waste Not Your Tears* (1994) as a paragon of texts that showcase how cultures within African aid in the spread of the virus:

For Roderick, it is 'un-African' and 'un-cultural' to have sex with condoms, and each time Loveness suggests the use of condoms to prevent pregnancy as well as infection from HIV/AIDS, Roderick beats her. (475)

Japheth Muindu (2014) observes that novels on HIV/AIDS provide fictional spaces for not only critiquing and exposing death, but they also offer spaces where the illness is re-visioned. Muindu focuses his study on the movement of the AID's victim from seeing themselves as dead people to the possibility of overcoming this death sentence and so they end up in a liminal/regenerative space. While analyzing a number of

Kenyan texts, Muindu sees the use of HIV/AIDS as a scourge that carries stigmatization and terminality with it and he sees the possibility of the victims to negotiate this apocalypse. In his study, Muindu examines a number of strategies that HIV/AIDS victims used to negotiate disease and one of these strategies is the use of epistolary form that Catherine adopts in *Confessions of an AIDS Victim*.

Marie Kruger (2004) examines two texts by Kenyan women writers, *Confessions of an AIDS Victim* (1993) and *Chira* (1997) and how demonstrates how these texts portray AIDS as a painful social experience that calls the societies to consider changing the adherence to cultural values. She says the protagonists in both novels respond to the advance of a potentially terminal disease with the need for a clear sense of right and wrong. For Kruger, dominant social and cultural discourse aid in the spread of the scourge and as she observes most;

discourses on gender and AIDS control women through their bodies” in that “the sign of gender and the mark of AIDS map social, moral, and physical inferiority onto the female body, an inferiority that precludes social agency and requires male control. (111)

While referring to the protagonist in Marjorie Oludhe’s *Chira*, Kruger asserts that Gabriel “ponders questions of marriage and sexuality against the continually intervening presence of the AIDS pandemic” (117) since for him the cultural universe is changing and the notions of “masculinity” and “femininity” are in the process of adapting to new social expectations. Though this introduction appears to have focused much on studies on disease other than on Margaret Ogola, this is such necessary in the sense that it provides an opportunity to comprehend how writers have appropriated disease in their fictions. Full examination on the studies related to Margaret Ogola’s fiction will be undertaken under the literature review section.

From this brief introduction therefore, it has emerged that disease in fiction has not only been used as a metonymic representation of socio-economic and political evils. This study examines how disease and pain are used by Margaret Ogola in *Place of Destiny* to construct ideas about mortality. Generally, terminal diseases carry with them the psychological turmoil and first, I would like to give examples from other fictional texts on how disease is portrayed and constructed as a structuring device. I would then explain how these examples relate to the problems that the thesis explores. Finally, I relate it to our main argument that writer Ogola uses disease and pain as motifs of mortality.

### **1.2 Statement of the Problem**

Writers sometimes deal with philosophical positions towards key elements in human existence. These positions are sometimes presented through the structures and meanings of their work in relation to contexts. Margaret Ogola's third novel *Place of Destiny* expresses that reality through disease and pain, with the said leitmotifs intensely recalling mortality and alert us to scrutinize them because of their prominence and obtrusiveness in the fictional text. Ogola's ingenious choice of characters and her characterization strategies together with various aspects of self-writing pointedly make awareness of finality of life and I am driven by the desire to understand how Ogola uses all these to present mortality in an acceptable way. The thesis hence pointedly examines the use of disease and pain as a metonymic presentation of mortality.

### **1.3 Aim and Objectives**

This study examines how Margaret Ogola, through character, characterization and personal experience, uses disease and pain to frame issues related to mortality in her *Place of Destiny*. The specific objectives are:

1. To examine the use of disease and pain as motifs of mortality in *Place of Destiny*.
2. To evaluate characters and how they are constructed to frame our understanding of mortality in *Place of Destiny*.
3. To analyze the significance of self-writing in the presentation of mortality in *Place of Destiny*.

### **1.4 Research Premise**

Disease and pain are the phenomena that often recall mortality. Margaret Ogola's *Place of Destiny* extensively uses the two spectacles as textual strategies to talk about issues that relate to this mortality.

### **1.5 Justification**

Literature on disease have captured various forms of illnesses, chief among them is cancer and HIV/AIDS. Though the presences of these ailments have been articulated by various readers, their perceptions differ from one reader to another one. More often, it is the authors' choice of narrating techniques that yield these readers' different perceptions. Terminal diseases like cancer are on the rise and people's responses have all along been so emotive that conversations about such diseases have been held under wraps. Literature like Margaret Ogola's *Place of Destiny* that responds to terminal diseases in more acceptable ways is timely and a true calling of art. The study applauds a number of ways the author suggests to be adopted in



managing the uncertainties in illness experience. It confronts societal beliefs that dying and the ultimate death evade discussion and by presenting characters that strongly face dreaded situations, the study inspires a sense of hope and resilience, I believe that this topic on mortality is very essential.

## **1.6 Review of Related Literature**

### **1.6.1 Introduction**

Disease, pain, death and mortality in literary studies have over time interested scholars and creative writers and author Margaret Ogola is one of those creative writers who have appropriated disease, pain and mortality in fictional texts. In order to actively engage this study, this review has three sections; the first section reviews materials related to Margaret Ogola's oeuvre with a focus of her *Place of Destiny*, and, by extension to works written on the same topic but by different authors. The second part of this review assesses works related to the two theories, the Uncanny and the Trauma.

### **1.6.2 Review Related to Margaret Ogola's Oeuvre**

Muchiri (2022) discusses the art of narrating pain in Margaret Ogola's *Place of Destiny* and she focuses her analysis on the use of the amalgamated first person narrative voices and other artistic strategies like progressive tense. According to Muchiri, the deployment of these strategies do not only help in involving the readers in a kind of therapy session with the narrator but they also create immediacy and urgency which are sine qua non in the establishment of readers' empathies with the narrator (224-5).

Jaleha-Jefwa (2016) demonstrates how Margaret Ogola's *Place of Destiny* uses a variety of techniques to present views on how death is experienced within a family set

up. She argues that *Place of Destiny* is a novel in which Ogola uses the home setting to present various responses because of the dying and death of a wife and mother. She especially explores the gravity of having to accept the inevitability of death and argues that despite the challenges that sickness and dying bring into a family set-up, flexibility in perception allows the people concerned to make positive responses to this traumatic situation. Jaleha-Jefwa's study highlights the manner in which power is performed in homes and how it affects the growth of family members towards an acceptance (or rejection) of death and concludes by arguing that the writer makes a conscious effort to highlight how high-handedness in the family setup impinges on family relation and can be a source of emotional and physical death.

Jaleha-Jefwa's notions of rationalizing and acceptance, non-acceptance of death, planning and will-writing, the power of the collective in the family set-up, and seeking solace in religion (168-208), nudged my examination of disease and pain as motifs of mortality. The writer, however, focuses her study on a family set-up and I suggest that the act of collectiveness can be moved beyond the family set-up so that the universal understanding on how this collectiveness can be realized. My study therefore expands Jaleha-Jefwa's ideas particularly on reading the mentioned strategies from the perspective of mortality.

Rinkanya (2016) analyzes female characters in all four novels of Margaret Ogola, and she aims to discern the characters that may be deemed ideal. Rinkanya argues that these characters embody Ogola's vision of a new Kenyan woman and her role in the Kenyan society, and represent her concept of a role model for her fellow female Kenyans. Through the lens of African feminism, Rinkanya examines the ideal female characters and argues that it is women who must clear the path that men walk on their journey towards more women-friendly societies. Here, Rinkanya is suggesting the

possible and perhaps unconscious complicity of women in the oppression to which they are subjected. Starting from the first novel all through *I Swear by Apollo* to *Place of Destiny*, Ogola's third novel, Rinkanya reads Amor A. Lore's fighting spirit as Akoko's (the protagonist in Ogola's first novel) equivalent and observes that just like Akoko, Amor A. Lore grew:

up in traditional patriarchal background, (and) through intelligence, diligence and determination made her way to school, started her own trade, and slowly made herself into the owner of a business empire, the holder of two university degrees, a loving wife and mother of a son and three daughters, who apparently inherit and develop their mothers' virtues. (36)

The 'exemplary' woman according to Rinkanya is the one who puts her skills to the service of the society, especially helping its less lucky members as is the case of Imani, Amor's elder daughter, who after receiving a degree in education rejects an offer to teach at a prestigious school. Instead, she becomes a teacher first in a remote village, then in the Nairobi slums, and later together with her husband founds a slum orphanage, making a change in the life of destitute children. Furthermore, Rinkanya sees Malaika as an ideal young girl because while pursuing a degree in architecture she intends to devote her professional effort to designing affordable and good houses for the poor. On the children's achievement, Rinkanya observes that it is only the ideal woman who ensures the success of her offspring. She quotes Amor declaring that if her children prove tough enough to work their way, they will then get her assistance, and, indeed as an exemplary woman, she firmly instills in them the values of self-reliance, hard work, education and compassion (37). The beauty of these ideals, according to the scholar, is its ability to remain ingrained in one's life forever, and Rinkanya says that Amor's children will carry these orientations throughout their lives. And to demonstrate this argument, Rinkanya quotes Hawaii who boldly says "I

highly appreciate my family where even death has not robbed us of the great foundation laid by two very wonderful and devoted parents” (163).

Rinkanya attributes the development of personality to the role of religion. When Amor is battling with cancer, she finds deep and healing consolation in religion through her talks with Catholic friar Isidore Gaya. Moreover, her daughters have received a good religious background from their pious father, and Imani is equally influenced by her husband Igana, a medical doctor, whose knowledge of religion is almost encyclopedic. Malaika, who had grown more neglectful to church life in her student years, during her mother’s ailment appeals to God as her last hope to save the life of her mother. In the same essay, Rinkanya examines inter-ethnic relations and says these issues get further logical development in *Place of Destiny*. Rinkanya observes that these issues are merely “hushed down”, in a sense that the characters’ ethnicity is not even mentioned. From to the text, the readers can only guess that Lanoi Sompesha and her brother Leserian are of Masaai origin, Amor’s husband Mwachera Mrema comes from the Coast. The reason is the obvious fact that characters of different ethnic backgrounds are mixed so tightly in various kinds of relations that ethnic differences, in Ogola’s vision, matter no more. The very embodiment of this mixture is the main character herself. While introducing the novel, Rinkanya says “*Place of Destiny* (2005) largely features a diary of a woman bravely fighting mortal disease (which, sadly, turned out a grim prophecy for the author’s life as well)” (36). This very final statement will necessitate my Chapter Four’s discussion on how the *Place of Destiny* can be read as a fictional autobiography.

Situating her study within development of female self and nationhood, Magu (2014) re-examines contemporary female identities by interrogating women's self as expressed in selected women's writings. Her study is pegged on the assumption that:

women writers not only seek to portray issues that affect women out of necessity of survival, but also out of their desire to understand and link women to a past which continues to shape the female experience in the present as represented in women's emerging literary trends.  
(2)

Set to investigate the centrality of women in national issues, the study explores issues related to the questions that affect women's selfhood and nationhood and it seeks to challenge notions about patriarchy, disease, ethnicity and violence.

Magu approaches her study from the perspective of gynocriticism, one of the feminist theoretical approaches that interrogate literature written by women and women's experiences in the society. Magu examines women's identity in *Place of Destiny* with a view to not only investigating female characters' encounter with disease but by also exploring how disease affects their identity development in the Kenyan nation. She examines Amor's experience with cancer of the liver because, according to her, disease subjugates women. According to Magu, Amor's experiences coincide with the experiences of Kenya as a nation and in her own words "Ogola's preoccupation with the place of the sick in Kenya takes shape as an attempt to explore subjectivity of both the individual and the nation in the midst of illness" (121).

In her study, Magu hints at semi-autobiographical overtures and is tempted to explore the link between personal narrative and national experiences. Magu therefore notes as a matter of fact that Ogola's narrative provides her the opportunity to use her own experience to write about cancer and hence "*Place of Destiny* is Ogola's diary that truly exposes the author's thoughts on cancer based on personal experience... (and Ogola) notes down important aspects of her life in a reflective manner" (122) that

makes it more of an autobiographical novel. Pondering why Ogola chose to narrate cancer as illness, the critic seeks answers from Jennifer Muchiri (2014) who perceives autobiographical narratives as a kind of writing that give voice to traumatic experiences that could not have otherwise been expressed. With interests in this fictionalization of the self, Magu observes that as a contemporary writer:

Ogola shows interest in the processes of articulating pain through life narrative by embracing semi-autobiographical fictional representation as a genre that can achieve the aim of self-representation without putting herself in the position of scrutiny by readers and critics. (129).

Cherop (2015) in her study of Margaret Ogola's *The River and the Source, I Swear by Apollo* and *Place of Destiny* explores the redemptive ways for the ever-oppressed Kenyan women. Taking the African feminist perspective, her study focuses on the women characters with an examination of how Margaret Ogola restructures their image in an attempt to correct the false image of this African woman. She hypothesizes that;

Ogola's novels attempt to address women's agency over a considerable period of time starting from the colonial to the post-colonial period... [and that Ogola] positions her women characters in specific socio-cultural contexts that enable them to acquire liberation and independence. (19)

Cherop is conscious of the fact that gender images are never static and further more they are constructed, hence can be re-modeled from time to time and it is because of this notion that Cherop situates Ogola's texts not only within a changing society but also within the changing image of the woman figure. In order to achieve her goals, Cherop addresses the texts' thematic concerns and demonstrates the strategies that Ogola uses to confront the patriarchal dictates and stereotypes to emancipate her women characters.

In her analysis of *Place of Destiny*, Cherop looks at the centrality of education and career development, love and marriage and finally ethics and morality in relation to women's liberation and independence. Cherop's discussion on education and career is based on the conception that women all over the world are denied necessities like attaining education. Education in *Place of Destiny* helps to unlock the characters' potentials. In the text, Amor Lore holds a Master's degree in Business Administration and a postgraduate diploma in Human Psychology, her daughter, Malaika Mwaghera, studies Architectural Engineering at the University of Nairobi, while Malaika's elder sister, Imani Mwaghera, is a graduate and teaches at a secondary school in Bundus. Lanoi Sompesha on the other hand, holds a degree in economics and her employer gives her a scholarship to study for a Master's degree in Business Administration.

Because Ogola's novel places women characters at the forefront in the field of education (e.g. Lanoi getting a Master's Degree, hence putting her in a better leadership position), Cherop observes that the author strengthens them, emancipates them and liberates them from the shackles of male domination. It is at this juncture that Cherop opines that women's education not only deconstruct cultural stereotype that 'a woman's place is in the kitchen', but it is also a weapon of self-reliance and financial independence (78). In Cherop's opinion, education is one of the positive elements in the contemporary societies that replace the negative representation of women in a bid to legitimize their power. The study observes that female characters in *Place of Destiny* have a clearly delineated and inspiring "destiny of their own."

Cherop's interpretation of the significance of education to the women folk is counterpoised with the lack of it. Using Rigia, Igana Mago's mother who dies when Igana himself is young, as a case study, Cherop says that Ogola's narrative foregrounds the devastating effects of a lack of formal education on her female

characters. Rigia, drops out of school due to pregnancy at sixteen and soon after being delivered of a baby boy (Igana Mago), her father chased her away from home. She goes to stay with her aunt briefly after which she leaves to eke out a living in the slum. Her suffering intensifies and without money and a job, she gets introduced to prostitution by a slum neighbor. She finally succumbs to death.

With her focus on the institutions of marriage, Cherop examines what she calls ideal marriages alongside the patriarchal and single parenthood. Within the ideal marriage, Cherop examines the marriage between Amor Lore and Mrema Mwagera and that of Mago and Imani Mwagera. She attributes women's liberation within the marriage to the role these women play in this institution. In her opinion, for a family to overcome the everyday challenges, it should have a closer relationship with its children. Through reading of Rigia's mother, Cherop concludes that the narrative demonstrates that "women as wives in their families should make specific choices to fend for themselves and their children because they are the backbone of their marriages" (86). Cherop observes that love and marriage are recurrent subjects in *Place of Destiny* and argues that Ogola utilizes this theme as a vehicle to convey her message of liberation and independence to women. In patriarchal marriages like that of Old Igana, women are voiceless and since Cherop has earlier on argues that the stability and success of marriage depend on women, these marriages are bound to fail because there is a poor upbringing of children. Old Igana's marriage, for example, is a failed one in which the children like Rigia becomes victims of teenage pregnancy and hence dropped out of school.

Maina (2009) explores the motifs of death and immortality as represented in the artistic act and draws his examples from both oral and written forms of human expression through metaphysical, fantastic and mythic representations of the cultural



text. In his article, Maina approaches the notion of immortality in two perspectives; the first one being that of art itself having a potency to outlive the adversity of time and the other one is that of the ability of art to present the possible immortality in human's life. This second perspective is Maina's major concern and it critically examines how human activities surrounding the issues of death and immortality reveal an obsession with the expression of the possibility of defeating death through the artistic act despite knowledge that death is inevitable. As a basis to his study, Maina examines the life/death and immortality/mortality binaries and his conclusion is the tendency to privilege life even after death. Maina observes that one must consider mythical and socio-philosophical viewpoints and he devotes his paper to the:

exploration of the African myths on the origin of death, the biblical understanding of the reason for death, the philosophical debates, and eventually on how these debates are explored, expressed, and even countered through the literary act. (188)

Though Maina examines a few texts whose themes revolve around philosophical understanding of life and death, *Place of Destiny* is our concern here and in passing, he refers to it and briefly mentions how Mwagera and Igana Mago explicates how the immortal status is or may be realized. Quoting Igana Magos's words that "Death is an absence, the departure of a force" (150), Maina understands this force as a consciousness of a person. Hot on the heels of this statement is Richard Sorabji's echoes that "our fear of death or physical annihilation arises out of the fear 'of losing ... selfhood'" (p. 337 as quoted by Maina).

Omuteche (2011) demonstrates how *Place of Destiny* uses the form of the pseudo-autobiography. Approaching his study through the feminist's perspective, Omuteche argues that the author's purpose is not only to deconstruct the traditional image of women and "to counter the devaluing silencing or distortions that characterize some

aspects of depiction of women in Kenyan literature” but also to “depict an affirmative image of women who are assertive of their place and identity in the society” (120). According to Omuteche, Ogola’s heroines attain this purpose by accepting religion, education and professionalism, the system of values that are used as measures of success in contemporary society.

Wahove (2014) investigates Margaret Ogola’s re-creation of male characters in *The River and the Source*, *I Swear by Apollo* and *Place of Destiny*. Approaching her research through the character-based perspective in which she argues that characterization is central to all literary creations; Wahove combines deconstruction and reader-response theories to offer plurality of meaning to Margaret Ogola’s texts. Wahove’s study classifies male characters into masculinists (men who advocate for masculinity) and Patriarchists (persons who espouse patriarchy). In the myriad of qualities attributed to men, Wahove discusses the character of Old Igana in *Place of Destiny* as one of the men who impose their authority in their home by becoming unapproachable parents who regarded with fear. Wahove argues that the likes of Igana Magu “are normally threatened by the fear of losing control over their family members [...] in the face of the changing society” (28). Through the examination of patriarchal rendition of Igana Magu, the critic says the author uses him to condemn patriarchy’s double standards with regard to what is right and wrong in society. Old Igana in *Place of Destiny* is described as an “accomplished predator in the heartless market place for purveyance of tender female flesh. Yet he held her guilty but himself blameless” (11).

Wahove’s research suggests that Old Igana undermines women folk since when his son fails to “display such admirable and enviable male attributes” (12), he takes him

as a “born loser” and pokes fun at him because he considers him effeminate. Situating the scene within the masculine realm, Wahove observes that;

Magu senior’s reaction to his son’s unconventional male behavior is a true reflection of society’s perception and subsequent treatment of men who shun conventional masculinity. (29).

To understand Old Igana’s behavior, Wahove resorts to sociologists’ findings in relation to male socialization and reports that men were to concentrate on their jobs and careers while women were to express emotions only. Because Wahove talks about patriarchy and this fear of losing control in a changing society, her study could have been much richer if she had noted the existing theory on masculinity and colonization, and how attitudes towards manhood, effeminacy, and emasculation are essential to our understanding of imperial cultural encounters.

As portrayed in the text, the forceful nature of Magu Senior as a father is depicted through his interference with his children’s personal lives. He is overbearing towards his children and feels that he alone knows what is right for them. The children, boys or girls, cannot make choices even in a matter as personal as the picking of a life partner without his interference. Old Igana’s lack of emotions in his father drives Wahove to take him as an ‘absent’ father in the lives of his children and the study argues that this ‘absence’ has adverse effects on his children’s development. Rigia’s early pregnancy results from lack of paternal closeness since according to Mancini as quoted by Wahove, girls without a stable father figure are susceptible to “unplanned pregnancy” (31). Wahove further examines Igana Magu’s ‘absence’ and contends that Rigia’s sister refuses to name her male child after Magu senior according to the dictates of the Kikuyu culture. This is because, since the father chose to distant

himself from his children, the children as well feel a dire need to dissociate themselves from the old man's destructive nature.

Wahove further examines Kirimi's husband and notes the same 'absence' of the father in the lives of his children. Karimi's husband throws her out of the home, together with the son, compelling her to seek work as a house help so as to nurture her boy. Luckily, she ends up with Mwachera who assist her to see her only son through education. The boy ends up successfully in his career. The symbolic absence in the thesis is the father's responsibility to bring up his children up to the societal expectations. Wahove reads Ogola's text as a deconstruction of the popular notion that fatherhood is a biological siring of young ones but it is about everything to do with taking care of children by being involved in their lives materially, physically and emotionally (38).

George Mwachera embodies the kind of an ideal husband since he is ever available as a father in his children's lives. Wahove cites several instances in the text where Mwachera takes his time off to be with his children since he knows the centrality of paternal closeness to the children's growth and development. She further says that his love and care for the child allows him time off his busy schedule, that involves lecturing abroad, to find time to home school his son. It has become clear that Wahove reads the two scenes as an ardent "critique a certain aspect of male socialization and is an urgent call to society to reconsider its stand on masculinity" (41).

From the above review of literature related to Margaret Ogola's fiction, it has emerged that the prominence and obtrusiveness of disease and pain in Margaret Ogola's *Place of Destiny*, many of Ogola readers have not given the motifs critical

attention. The brief mentions that her readers therefore engaged in their works became necessary sign posts for this study and I extend some arguments put forward by some of the mentioned scholars.

### **1.6.3 Review Related to the Uncanny and Trauma**

Because of their prominence in interdisciplinary studies, Trauma and Uncanny has been adopted and critiqued over the years by many scholars, and consequently definitions (particularly of Trauma) have evolved a great deal over a number of years. The recent developments on Trauma theory as it is used in studying postcolonial literature has been on the critiquing it as insufficient to the research in postcolonial studies since ideas related to trauma itself have focused much on Euro-centric events and experiences. Despite a huge number of studies that have revised and injected new life into trauma theory by showing how it can be adapted to the postcolonial literature, Stef Craps (2005) attempts to ‘postcolonialize’ trauma theory because Crap’s seminal book manages to reconcile trauma theory with postcolonial studies while delivering a pointed and thorough critique of the “hegemonic trauma discourse” (Crap, 28).

Having said that, it is equally useful to note the essence of the recent definitions of Trauma theory and according to David Spiegel (2008), Trauma is “a loss of control over one's body” (Not paginated). For Leo Peichl (2007), he describes trauma as a toxic condition, a mixture of intense anxiety, absolute helplessness and a loss of control (23). For a proper use of this Trauma theory in this study, it is good to draw the distinction between trauma and traumatic events and this is made clear in Raymond Corsini’s (2002:1019) description of trauma as the *result* of a painful event, while the ‘traumatic event or experience’ constitutes the injurious event itself.

Studies on Trauma theories indicate that there are two models, the classic one and pluralistic model of trauma that revised the foundational claims on the traditional modeled pioneered by Cathy Caruth (1995). Citing the limitation of the classical model, scholars in Michelle Balaev's seminal text take into consideration the variety of approaches to studying trauma in literature and broaden the parameters of literary trauma theory by suggesting that extreme experience cultivates multiple responses and values. They demonstrate that literature is not a closed psychoanalytic system by employing theoretical approaches and critical practices that suggest trauma's function in literature and society is more varied and curious than first imagined by early theorists. Roger Kurtz (2014) traces the development of trauma theory to the European origin by looking at the Africa's traumatogenic contexts and concludes that representation is a key problem for trauma theory. Kurtz further says the literary-critical conversation relating to trauma theory has tended to focus on three main conceptual clusters; Freudian psychoanalysis, deconstruction and the third major influence on literary trauma theory has been the experience of the Nazi Holocaust.

Kurtz says that scholars interested in exploring the possibilities, limitations and ethics of writing about traumatic experiences, whether as history or as fiction, frequently take the Holocaust as their defining case study for trauma theory. To tease out the inscription of trauma in *Place of Destiny*, I draw on the third conceptual cluster of trauma theory; the experience of the Nazi Holocaust. This is because reading the text reveals that instead of presenting Armor's story and her inner world directly, Ogola intentionally creates a multiple point of view in which every character is given an opportunity to talk to his/her readers. My interest here is how the narrative voice is such objective in that the human perspective is deleted in preference to an observing eye.

Representation is an aesthetic quality in which artists attempt to manifest the intangible into tangible. The purpose of representation is to replicate thoughts and emotion into another person's mind. However, traumatic effect, the mind and body's response to an extreme event, cannot be represented directly in the same manner as common thoughts and emotions. Where the Trauma fails to articulate in trying to understand Margaret Ogola's *Place of Destiny*, Sigmund Freud's *The Uncanny* comes into aid. According to Freud, the Uncanny is "that class of the frightening which leads us back to what is known of old and long familiar" (1). Just like Trauma theory, the Uncanny has also been critiqued and Diana Jonte-Pace (1996) observes that *Beyond the Pleasure Principle* "contains three mutually contradictory theses regarding death, immortality, and the afterlife and the text links the uncanny with birth and death; i.e. human beings are linked with endings. Jonte-Pace reads Freud's text to uncover the signs of immortality and after-life which can be interrogated as "psychic realities" and we follow in his words to examine characters' responses to (im)mortality in *Place of Destiny*.

According to Nicholas Royle (2003) the Uncanny is "a crisis of the proper that entails a critical disturbance of what is proper" (1). In his book, Royle reads the death drives through Freud's lens and observes that the aim of life is death and that death is right inside us, working a way busy as a mole, all the time. For him, death is not simply the termination of life, and I find Royle's summary as incisive to this study since the summary gives insights into reading mortality in *Place of Destiny*.

### **1.7 Theoretical Framework**

In order to examine characters' response to mortality (drives that are always kept silent but are eventually talked about) in the text, the study adopts the trauma theory so as to read the presentability of this unrepresentable mortality. The Uncanny and

Trauma as espoused by Sigmund Freud and Cathy Caruth respectively are our two psychoanalytic theories that assist us to mesh together ideas related to disease, pain and mortality in Margaret Ogola's novel. As explained by Sigmund Freud, part of the uncanny is that which brings to light what should have remained concealed. I clearly see the two theories enriching each other in the sense that where the other theory couldn't assist much, the other one comes in to aid. For instance, while mortality comes in as a dreaded phenomenon that is "unsayable" (the Uncanny), the Trauma comes in to "say" it.

I see Freud's propositions as giving us heuristic tool for exploring the motifs of disease, pain and mortality in the novel. It is because of Freud's observation that the experience of the uncanny naturally disrupts both a sense of one's own self and one's place in the world that I adopt it since one of the bruising experiences in the *Place of Destiny* is that of characters' confrontation with death. Focusing on death instincts in *Beyond the Pleasure Principle* Freud says "the death instincts seem to do their work unobstrusively" (3762), a notion that he further observes in *The Ego and the Id* that "the death instincts are by their nature mute and that the clamor of life proceeds for the most part from Eros" (3980). In Ogola's *Place of Destiny*, the perceptions on mortality are pushed to the brinks amidst their conspicuity. Despite the glaring death in the text, characters recreate scenarios that gain pleasure and master pain and as Freud explains, the 'pleasure principle' is a fundamental human instinct to protect oneself against negativity. In normal instances, life instincts are noisy, bustling, all a-chatter while the instincts related to death are silent and dumb and so they are rather unrepresentable. Life and death, Freud realized, are two sides of the same coin and therefore their mutual interaction is at the very core of human existence.



In this analysis, my interest is in how the characters positively respond to the news that one of their family members is diagnosed with the cancer disease. Of importance is how these responses demonstrate that the destructive instincts “are directed towards the external world have been diverted from the self” (3980). Defined as a psychological response brought upon by a clear violation of one’s own mental representation of the world due to an extreme horrible mental event, trauma deals with the representation of the unrepresentable. Since pain, death and mortality are sometimes too traumatizing to be presented; they therefore become unrepresentable/unspeakable. The much-shared idea on trauma is something which is fundamentally unspeakable, unrepresentable, and separated from our conscious mind. In Ogola’s *Place of Destiny*, disease occupies the central position and the scourge is told in a too highly emotive manner to be spoken about. To unearth the presentability of its unrepresentability, I adopt trauma as my theoretical framework.

### **1.8 Scope and Limitations**

The scope of this study is on the use of disease and pain in the presentation of mortality in Margaret Ogola’s *Place of Destiny*. The study limits itself on character, characterization and techniques of self-writing, by discussing the textual strategies that are utilized to present mortality not just in a metaphorical way, but also in a more acceptable way.

### **1.9 Research Methodology**

This is a qualitative study that investigates the presentation of mortality in *Place of Destiny*. The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue and, in our study, I examine how characters in *Place of Destiny* experience mortality. In order to investigate illness and pain as motifs of mortality as presented in the novel, character,

characterization and the aspects of self-writing, this study uses the uncanny and trauma as the key methods of analysis. Content analysis is employed since our interest is in gaining the subjective experience of mortality and it becomes an exploration via characters' personal experiences. This is because, my interest is in disease and pain as motifs of mortality and these are what I consider as social realities and for us to understand them, I need those who experience them. Content analysis is all about determining the presence of certain words or concepts within any given text and it holds that researchers quantify and analyze the presence, meanings and relationships of such words and concepts. Content analysis insists that we must lay aside our prevailing understanding of phenomena and revisit our immediate experience of them so that new meanings may emerge.

This study follows Constructivism, a paradigm that posits that learning is an active, constructive process with the learner being an information constructor and actively constructing or creating their own subjective representations of objective reality. Very simply, constructivism states that learning is an active, contextualized process of constructing knowledge rather than acquiring it. Constructivists hold that reality is constructed in the mind of the individual, rather than it being an external single unit.

The data to examine is based on the study's objectives and these include: illness and pain and mortality, character, characterization and narrating mortality. The study also considered the author's use of self-writing techniques. To analyze the first group of data, the study employed trauma theories and for the second group the study employed the tenets of uncanny. Data is analyzed in chapters two throughout to four. The analysis was supplemented by secondary sources relevant to the study of the subject at hand. In a nutshell, this research begins by defining research problem and

after reviewing related literature, I formulated hypothesis which I tested through the second, third and fourth chapters and I draw the conclusion in the last chapter five. In my methodology, I sought guidance from C. R. Kothari's book, *Research Methodology: Methods and Techniques* (2004).

### **1.10 Data Collection**

The data is primarily collected from *Place of Destiny*, i.e. reading how characters perceive mortality in the text. This is basically achieved by examining how the characters are presented, their reactions to mortality and the strategies that the author uses to communicate characters' perception towards dying and death.

This collection follows the characters' thoughts during the pre-cancer moments through the days when the protagonist is suffering from the illness to the days when the victim had succumbed to it and beyond. This collection examines thematic aspect of mortality by identifying various incidences that paint the characters' suffering and responses to it. Moreover, the study collects data from the textual strategies that the novel employs in communicating the characters' perception to mortality. One of the main methods of collecting qualitative data is 'individual interviews'; *Place of Destiny* gives us an opportunity to interact with individual characters by giving each character a chance to speak to the readers. Another section deals with the narrative techniques that the text uses to bring out the characters' response to mortality. At this space, the specificity is on the various aspects of artistry in the text aid in communicating these otherwise uncommunicative phenomena.

### **1.11 Chapter Outline**

In order to achieve its ends, the thesis is structured into five chapters and each chapter from chapter two reflects on the three objectives mentioned earlier.

## **Chapter One**

Chapter one of this study comprises the introduction, the statement of the problem, the objectives, research premise, justification, literature review, the theoretical framework, scope and limitations and the methodology used in the study.

## **Chapter Two**

The chapter examines the explanations of illness/disease and pain as motifs of mortality as they manifest themselves in *Place of Destiny*. It 'emplots' disease and pain by exploring the nature and language of illness explanations, managing uncertainty in illness explanation and it finally discusses representative selections from the text on illness behavior. The chapter centralizes an attempt to formulate accounts of this illness and pain as motifs of mortality. The chapter focuses much on how the two motifs (Disease and Pain) are textually structured in a manner that not only explains their nature but also assist in managing the uncertainties at the very moments when the victims' lives are at the verge of ending.

## **Chapter Three**

This Chapter reflects on how different characters and characterization itself frame the experiences, options, and the choices of living with mortality. By examining various narrative strategies that text employs to make awareness of finality of life, that is, death, the chapter moves from exploring characters' simple manifestation of mortality (mainly their embodied mortal experience) through the various grieving processes that characters engage themselves in as they battle with the dying Amor towards the life thereafter Amor's death.

#### **Chapter Four**

This chapter discusses the illness narrative and it demonstrates the extent with which the novel is considered a self-writing. The chapter hence examines contribution of aspects of self-writing to the presentation of mortality in *Place of Destiny*. As seen in the review of literature related to this study that *Place of Destiny* is an autobiographical work, the chapter begins by a brief outline of different inflections of autobiography, and then move into discussing *Place of Destiny* as an autofiction and it finally discusses the significance of self-writing in the presentation of mortality. This chapter foregrounds in its examination is the ways in which self-writing in *Place of Destiny* provides different perspectives on the ways characters interact with the mortality in social, emotional and practically acceptable way.

#### **Chapter Five**

This constitutes the conclusion of this study. It summarizes the findings and gives recommendations for further studies. It is most expected that because of the scope and limitations of the study, many questions are raised and so the study is conceptualized as fountainhead for additional research rather than as a reference work.

## CHAPTER TWO

### DISEASE AND PAIN AS MOTIFS OF MORTALITY

#### 2.0 Introduction

This chapter discusses how *Place of Destiny* employs illness and its sequel pain as leitmotifs for dying and death. Before looking at how mortality in the novel is approached through the lens of disease and pain, the chapter first examines both physical and psychological pain as presented in the novel. In its discussion of these two categories of pain, the chapter sketches out the contours on how the physical pain gradually moves into the metaphoric realm. In order to move through the metaphoric trajectory of disease and pain, the chapter discusses how different textual strategies are used counter the characters' head-on collision with mortality. Mortality simply means the state of being subject to death and in many cases, human beings do not think of their mortality until when they have been disposed to by such issues like disease.

Addressing issues related to mortality (death for that matter), is a taboo in the world over as Hard Segerstad et al, (2020) say and in its own ingenuity, Margaret Ogola's novel uses disease and pain as motifs of mortality and its corporeality. It is because of this that the chapter examines how the two are textually structured in a manner that not only explains their nature but also assist in managing the uncertainties at the very moments when victims' lives are on the verge of ending. In this chapter, I employ Sigmund Freud's ideas on the uncanny as well as Cathy Caruth's ideas on Trauma hand in hand particularly in its discussion on rendering the experience of mortality tangible by placing the individuals in a position capable of meeting the difficult demands of communicating dying and death.

## 2.1 Disease and the Problem of Representation

Disease and pain as discussed so far represent mortality, and because of that, their representation is rather problematic. This problematic representation signals the text's difficulty in presenting mortality. To pave way for the difficult presentation of mortality, I first discuss disease and its problem of representation. In Elaine Scarry (1985) describes what happens when a person is under the extremes of pain, and she argues that at such a point, cultural and linguistic differences fade into the background because the physicality of pain is so world-destroying that the sufferer is reduced to 'a state anterior to language, to the sounds and cries a human being makes before language is learned' (4, as quoted by Zoe Norridge).

A closer look at Scarry's argument reveals that her description of pain happens when the event is long gone and so the languages fails to effectively capture it but, as Norridge observes, "pain can be written through, and am intrigued by how (perhaps less extreme) pains are described in the present tense with a *sense of immediacy*" (Norridge ,7, emphasis mine).The narration of pain in *Place of Destiny* happens at the very moment the characters are experiencing it and though Norridge rejects Scarry's argument (that extreme pains destroy language) on the basis of formulating her opinion on expecting language to capture the pains of bygone events, it appears that even the immediacy of painful events in the text cannot be captured easily. However, this does not imply that narrating pain in the novel is an unsuccessful rendition as the discussion shows in a short while.

Susannah B. Mintz (2013) has argued for the intricacies and imprecision of narratives against language. She herself is following critics like Martha Stoddard Holmes and Tod Chambers (2005) who in suggest the need to look "at a wider range of relationships between pain and language" (133).To some extent, Margaret Ogola's

*Place of Destiny* appears to be fitting into Scarry's observation that the nature of text's language evades illness expression. Quite a number of Ogola's readers have observed that that *Place of Destiny* is a semi-autobiographical work and so the author could not openly write about her dis-eased self. Even in fictionalizing her illness, Ogola's language resists the presentation of her cancerous body. In the novel, illness and pain are too traumatizing to be presented; they therefore become unrepresentable/unspeakable.

This section utilizes the ideas on trauma especially the much-shared idea on trauma that it is something which is fundamentally unspeakable, unrepresentable, and separated from our conscious mind. The body in pain mostly undergoes experiences that are sometimes beyond the human communication. While the doctor simply breaks the news of cancer infection to the patient, Amor herself finds it hard to pass the news to her family members. When she calls her husband, who is on an academic tour in Atlanta, Georgia, the husband senses something wrong and when he attempts to find out what that wrong could be, Amor responded:

“Nothing I tell you!” I decided to prevaricate. “Can't a woman without being call her husband subjected to an interrogation?” (26).

Amor's extreme conception of disease as terminal produces a kind of disorientation in her life and her now dis-eased condition escapes her understanding and resists linguistic representation. She says the cancer news disposed her into “a state of semi-suspended animation. The busy routine of my life provides a welcome distraction but I don't really register much of what is actually going on” (27). This kind of his orientation in the wake of cancer illness submits into Michael S. Roth's (2012) observation that trauma shows “much about our own preoccupations with catastrophe, memory, and the grave difficulties we seem to have in negotiating between the internal and external worlds” (91). Amor's critical thoughts on her life and times are



forced into a crisis and she is neither able to tell Gherry the devastating news over the phone nor can she tell him openly when they meet at the airport (29-30).

Imani, the eldest daughter in Gherry's family receives a brief and scary telegram asking her to go home urgently. Though Imani suspects that something is amiss back at home, readers already know that the parents simply want to break the news of Amor's cancer infection. Even after arriving home, Imani cannot be told by anyone what awaits her and instead she is given sometime to settle. However, the mood in which the family is at that moment is just enough to tell Imani what transpires. This indicates that although extreme illness conditions may destroy language, the body itself speaks louder and in this case Pala himself is full of suspicion though he has not been informed about the attack. For Amor, things are so obvious even to Pala and;

...he would have been deaf and blind not to have noticed that something has been wrong during the last three weeks. (90)

The way Amor breaks the news is structured to reflect the language of a traumatized person in that the narration remains *suspended* in a manner that submits into Anne Whitehead's observation that traumatic fiction portrays undecidability "between its attempt to convey the literality of a specific event and its figurative evocation of the symptomatic response to trauma through formal and stylistic innovation" (2004, 162). Amor vaguely introduced the subject matter to the family members and soon paused "and looked around at their beloved faces" (94). The pauses and suspense which evidently take place each and every time the news of the cancer infection is yet to be broken. It happened the first time when Amor calls her husband while he is abroad and she cannot tell him over the phone. Imani is called from the school and she cannot equally be told immediately. This, therefore, suggests that the representation of traumatic experience entails inadequacy and incompleteness and so, as Roth (2012)

observes; “the quality that makes an experience traumatic (that we cannot take it in through the mental schemes available to us) is lost in the telling” (83). Before Amor finally tells her children that she is dying in the next three months, she inwardly asks God to give her strength to say the unsayable (94).

Uta Gerhardt (1989) has observed that there has arisen a broad theoretical orientation that understands illness as something that people not only suffer, but as a condition that calls for a re-negotiation of their social identity. In *Place of Destiny*, cancer victims are so stigmatized that in their response that they must strive, they just don't want to surmount their difficulties, but they do so in ways that are socially acceptable and appropriate. After realizing that Amor has a terminal infection, the hospice physician Dr Igana Mago takes a positive trajectory as he mulls over Amor's dis-ease condition. For him, death should not worry anyone much, especially strong believers like Amor who might have inherited the system of belief that worldly life is temporary and eternal life awaits the true believers.

In a nut shell, this section has examined ways in which disease that cause extreme pains evade linguistic representations. The scholars' thoughts have been consulted here so as to make us understand the problems of representation of Cancer in *Place of Destiny*.

## **2.2 Actualities of Pain, Psychological Response**

*Place of Destiny* presents characters that actually under extreme pain as they battle with the terminal diseases. However, we can note that the physical pain of those who suffer from terminal diseases becomes insidious in that even those who don't really suffer become afflicted with the suffering of their close associates. And so, their pain becomes 'our' pain too. In our discussion of these actualities, the focus is on Amor,

the main character who experiences pain more than any other character in the text. In what follows, I discuss how the novel captures the pains that the protagonist goes through and further discuss how other characters experience pain either as a response to Amor's painful encounter with disease or as a result of diseases of whatever kind or equally as a result of any other calamity.

From the very first time we meet Amor, she has just been diagnosed with cancer of the liver and though she is not in pain yet, she feels she is dying; "I am having to deal with the pressing problem of my imminent demise" (17). Amor is diagnosed with cancer when she is forty-nine years, and she says that before the diagnosis, she had a gnawing pain on the right upper abdomen, a development that takes her to the doctor in the first place. Tracing her development in terms of pain and disease, Amor says that she had had moderate pain on the very first days after her diagnosis. Days later, Amor says that she feels a persistent pain and so she eventually chooses to look up to her physician Dr Yego Bargirei.

As Amor says painful moments lie ahead of her life, she indeed experiences excruciating moments as she battles with the cancer ailment. And when pain becomes extreme, the novel uses the dream motif to capture the much pain Amor undergoes. While it is true that Amor is really feeling a lot of pain, the dream has been used to lessen the chilling effects of the painful experiences the character undergoes. In fact, it is very clear in the book's chapter titled *Maybe* that accepting the pain is not an easy thing and each and every time reality draws on her, she attempts to escape that inevitable and inescapable reality. One of the strategies that render the *Maybe situation* possible is the mentioned dream motif and in her state of reverie, Amor talks to her loving mother that:

I'm sick Mama, please give me some medicine...  
 mama, I'm in pain...I want medicine, Mama. (59)

Though Amor is dreaming, she actually admits that the pain in her “has returned with a new quality I have never experienced before” (60); the condition she describes as “a new insistence” (60). What becomes a matter of concern in her painful experiences is how her response to the pain is ‘transmitted’ down to those who do not suffer from any physical illness like her husband, children and even her employees at Amor Innovative Skills Consultants. At some point, she appears to be suffering from psychological pains especially when the many thoughts of all those who depend on her come to her mind. It is at this point that we can conclude that as much as Amor suffers actual pain, she suffers from the psychological pain and so she is a victim of both actual and psychological pains. Mwaghera’s life without the support of his wife gives Amor a lot of pains too. There is a mutual relationship between the pains that both wife and husband have towards each other and Amor had had prepared us for how unmanageable Mwaghera’s life will be without her:

We have both worked hard to create a life that is mutually enriching  
 and an environment favourable for personal growth. (43)

Realizing that the unacceptability of death is impending possible reality, Amor thinks loudly by asking herself how her husband will manage by himself to live the life that both of them had been living together. Amore puts herself in her husband’s shoes and so the psychological torments that she unleashes tell much about the psychological suffering that her husband undergoes. She admits to be weeping for herself out of self-pity because she finds the thought of leaving Mwaghera alone with the two young children quite agonizing.

However, as much as we say that Amor's physical pain is transmitted down to her close associates like Mwaghera, she seems to be blaming herself especially when she sees Mwaghera being too much preoccupied with her sickness. Even before we get to know how painful Mwaghera is from his very own perspective, Amor takes the earliest task to update the readers on how Mwaghera has responded to Amor A Lore's cancer infection. The most traumatizing moments that Amor captures as Mwaghera tries to come to terms with his wife's disease is when they are taking a stroll at Lake Elementaita.

Taking a keen look at Mwaghera and critically analyzing his words, Amor gets into her husband's mind and she taps into his deep thoughts of "neither wanting to cause pain, nor to give false, starry-eyed affirmations in the face of the finality of death" (53). Amor is finally able to assert that her husband, Mwaghera is in indeed pain and crisis. Much of Mwaghera's pains are relayed through the protagonist and Amor captures his psychological pains when she says that upon getting the sad news that Amor has been diagnosed with the terminal cancer, Mwaghera does not only suffer a great deal but words also failed him completely and so he too needs some soothing words to bring back the comfort, (50). Amor's description of Mwaghera that he lies on bed as if he himself is dying (51), he gazes at Amor with harrowed eyes, and that he has lost weight and looks older than his fifty years, depicts the psychological pain that Mwaghera undergoes. Sure, to Amor's observation, Mwaghera could not understand how life without his loving wife would be and these kinds of thoughts subjected him to a lot of pain; "what will my life be without you?" (52). He confesses that weeks after cancer diagnosis, Amor:

...gone from disbelief, to fury, to gut wrenching misery. I can't seem to hold in my mind a thought that is not filled with pain, yet I can't banish thoughts from my mind. I am unable to sleep much, but when

I wake from the sleep I manage I find that under the weight of my sadness and pain. 85)

It is clear from the quote above that Mwaghera suffers from pains of the mind since he seems to be enmeshed in the devastating thoughts of his wife's sickness. In fact, his thoughts push him to the extreme end of distrusting the Almighty God.

Apart from the Amor family, other minor characters also suffer from actual pains and some of them have been diagnosed with the terminal diseases such as HIV/AIDS and cancer. The eponymous place of destiny becomes a site where different characters facing different predicaments meet and in this place is Mwikali Nzomo, a bone-cancer victim and Timothy Angila Adagala, a five-year-old boy who suffers from the cancer of the kidney. Contrary to what happens to Amor's actual pains, the sufferings of Mwikali and Timo are greatly transmitted to their close associates to the point where the narrator sees Mwikali's mother needing palliative care more than the sick Nzomo Mwikali. For Timo, the narrator observes that though the boy is really suffering, it is his parents who are undergoing great agony; "his father weeps every time he brings Timo" (73).

While there are some other characters in the Bigger School for Orphans (for example Cera who suffers from deep psychological trauma, Auka who suffers from poverty, Kimanzi who suffers from panic, Kiddo who is epileptic and Kaman), the last cancer victim in the text, Magu Igana opens the metaphoric implications of disease and pain. "The coming of Magu Igana" to the eponymous place of destiny was to literally seek medication on a large growth coming from the side of his neck but it turns out to be a journey set to reveal the well-hidden secrets about the story and the history of the physician Dr Igana Mago. The conversation that ensues between the sick Igana and Igana the physician has nothing to do with the illness and so we use this

literal/metaphoric dichotomy as an entry into our discussion of motifs of disease and pain in the novel.

### **2.3 Disease, Pain, Dying and Death**

According to Oxford English Dictionary, illness generally means a disease or a period of sickness affecting the body or mind and pain is a resultant unpleasant physical sensation caused by illness. In this section, I examine how *Place of Destiny's* narrative of disease and pain is ordered and authored basically as the metaphors of conceptualizing mortality. Generally, illness is the personal, interpersonal and cultural reaction to disease while disease itself is thought of as malfunctioning or maladaptation of biological or psychological processes. Mortality here refers to the characters' state of being subject to death and though this is applicable to every human being, there appear to be a number of instances in the novel that dispose the characters to think of themselves as mortal beings. It is hence fruitful to approach disease and pain as something more than a temporary break in an otherwise healthy existence. In most cases, it is uncommon for one to think of his/her death unless one is compelled by situations like that of sick characters in Ogola's *Place of Destiny*. In Ogola's text, cancer as one of the terminal diseases is painted as such a painful illness that conjures up thoughts about mortality and soon after her diagnosis, she admits to be having many things to think about; "My life. My dying" (18).

To render the experience of mortality tangible, the text positions disease and pain as motifs by placing the individuals in a position capable of meeting the difficult demands of communicating mortality. To examine these motifs, I adopt Sigmund Freud's ideas on the uncanny as well as Cathy Caruth's ideas on Trauma. Trauma theory, as used it has been used in studying postcolonial literature has been critiqued as inadequate to the research agenda of postcolonial studies since trauma theories

have focused much on Euro-centric events and experiences. What underlies trauma theory is its inaccessibility or “unspeakability” and in essence, trauma is a psychological response brought upon by a clear violation of one’s own mental representation of the world due to an extreme horrible mental event like cancer in *Place of Destiny*. Since mortality is sometime too traumatizing to be presented; it therefore becomes unrepresentable/unspeakable and so the text approaches it through the motifs of disease and pain.

As Michelle Balaev (2014) puts it “The unspeakable void became the dominant concept in criticism for imagining trauma’s function in literature”, (1), the body in pain mostly undergoes experiences that are sometimes beyond human communication. In Ogola’s narrative, mortality occupies a central position and it is told in a too highly emotive manner to be spoken about. When Amor is diagnosed with cancer of the liver, she starts contemplating much about her life and her dying and though she wishes to live for the next five months so as to celebrate her fiftieth birthday, she is “afraid of the possibility of prolonged uncontrollable agony” (20) because she had “had a moderate pain for some time now” (20). Amor observes that a time has come for her to come to grips with issues of life and death and instead of concretely coming to terms with these issues, she digresses to other things to suggest how mortality cannot be talked about openly. Even though Amor’s life is ending, she skirts its mentions by consulting philosophical formulations that a woman potentially lives for over seventy years and her being in her late forties, she sees herself as still having some more time to live.

*Place of Destiny* provides a demonstration on how this uncanny can work in that the narration is suffused with secrecies that are to be talked about silently. Amor’s healthy



life provided her with necessary security, ‘friendliness’ and ‘homeliness’, little does she realize that a time will come when her life will be under threat of terminal illness. At the age of forty-nine, Amor’s life reaches a turning point whereby her well-lived life appears to be coinciding with its opposite, the disintegrating life at the wake of cancer infection. Though death for Amor is something that she lives with, it has come to her in a rather unfamiliar way that unsettles her very being. In the novel, a number of characters are portrayed suffering from different types of cancerous infection with Amor taking the central position. From the narration, cancerous infection is so painful that it potentially drives the victims into the place of destiny. Though the ‘place of destiny’ itself as we have it on the title gives the impression that it refers to the finality of death, it indeed refers to the site of physical death and possibilities of life after death. The possible life after death as suggested here has to do with the possible continuity of every other thing that the dying characters might have engaged themselves in. and in Amor’s case, the death-sentence that cancer has occasioned made her to arrange for her peaceful exit. The eponymous ‘place of destiny’ becomes Dr Igana Mago’s office cum treatment room and it is at this place where Amor’s existence intersects with narratives of other characters facing similar predicaments and hopes.

The first patient we meet in this ‘place of destiny’ is Mwikali Nzomo who has a recurrent bone cancer, then Timo Adagala who suffers from nephroblastoma, a rare kidney cancer that primarily affects children. Timo has already lost one kidney to cancer and as a result, Timo undergoes some painful experience much to the chagrin of his parents, “His father weeps every time he brings Timo”, (73). It is at the ‘place of destiny’ where the narrator observes that some of the cancer victims are “defiant, others angry (and most are) frightened”, (73). This anger, defiance, fright and any

other worry concomitant to cancer infection border on mortality and that explains Dr. Igana observation that “it is my job to bring their pain under control and to manage their dying so that they suffer as little discomfort as possible” (73). From the physician himself, cancer disease potentially causes death since any scene on this cancer illness must be accompanied by painful experiences and death eventually. At some point in novel, it is much better for the cancer victim to be dead than be alive with an excruciating pain of cancer ailment. For Dr. Igana Mago, he understands the need for ‘mercy killing’ but he neither advocates nor practices it, though he sees the use of effective pain killers may shorten a patient’s life.

#### **2.4 Not Now, Not Yet: Managing Uncertainties in Illness Experience**

This section carries the thrust of this thesis. All along, the study has been examining disease and pain, particularly how the novel has struggled not just to present the two but to manage them too. This section hence will have to be a little longer than the other sections. Merle Mishel (1990) defines uncertainty in illness context as the inability to determine the meaning of illness-related events and occurs in situations where the decision maker is unable to assign definite values to objects and events and/or is unable to accurately predict outcomes because sufficient cues are lacking. As Mishel puts forth two appraisal processes used to determine the value placed upon the uncertainty: inference and illusion. For her, illusion refers to the construction of beliefs that have a generally positive outlook and in this sub-section; I follow her words in examining ways in which *Place of Destiny* takes a positive trajectory despite constant reminders that mortality is eminent. Of interest in Mishel’s postulation is her observation that “Illusion generation is proposed as being used only in situations with a negative trajectory [...] when an illness has a certain downward course, any uncertain aspect of the illness is, through illusion generation, evaluated as positive”

(256). The novel uses a number of strategies to orient cancer victims towards therapy and recovery.

#### **2.4.1 Through the Child Factor**

The presentation of mortality in *Place of Destiny* indicates the potential for a positive outcome and so the narration works towards managing both illness and the subsequent pain, that is, the events surrounding it are reformed to suggest a positive situation. Soon after the scanning results are out and that Amor has extensive and invasive cancer, she observes that a death sentence has struck her life, “In short, a death sentence in the face of which, I for once, have no words”, (26). Though death itself is devastating, the process of dying is an important part of life for Amor because the process itself segues her into the other world.

While the concept of dying and death is unsayable and taboo according to adults like Amor and Gherry, the young boy Pala renders the subject ‘say-able’. It is only through the inquisitive Pala that issues related to death are discussed at length and as Gherry comments; Amor comfortably handled the discussion very well, (94-97). I argue that Amor’s success of saying the unsayable can be attributed to the fact that Pala being just a young boy and so he understands little about the finality of death, is able to cool down the emotions and neutralize the tensions that adults experience at the wake of the terminal illness. Generally, children are known for kidding too much and so their words are never taken seriously. It is because of this perception that the novel approaches a serious subject of dying and death with a lot of ease and the difficulty that Amor had had all along in presenting this dying and death is muted by Pala. In essence, Pala is brought in as a positive factor, as an agent that helps the family to manage the uncertainties that has rocked it.

### 2.4.2 Collectiveness

Neil Gaiman (2005) puts forth a famous quote that “pain shared, my brother, is pain not doubled but halved. No man is an island”. While amplifying Gaiman’s observation on sharing pain, Alan D. Wolfelt (2014) talks of a hundred practical ways of coping with one’s own grief and encourages the grieving people to tell others about their disasters as this assists them in acknowledging and processing what happens in their lives. Despite the seeming finality of cancer, Ogola’s novel reveals that one of the ways of managing it is through coming together at the very moment of need and that explains why after diagnosis, Amor had to call her husband back home urgently so as to accompany her to hospital during the day of biopsy to determine the origin and nature of illness and whether chemotherapy can slow it down. Collectiveness becomes one of the strategies that the novel uses to manage the uncertainties of illness. In fact, Amor, after telling Gherry the sad news, says she drives “a little faster towards the familiar consolation of children and home”, (30), and this echoes Jaleha-Jefwa’s arguments that “family and friends will also assist each other to overcome the pain of seeing a loved one dying or even overcome the pain when the loved one finally dies” (Jaleha-Jefwa, 187).

Amor observes that it is prudent to discuss her infection as a family and after their eldest daughter comes back home from school, the two parents gather the children the way a hen gathers her chicks. It is only through the family meeting that the tension and emotions related to the deadly disease are diffused. It, therefore, affirms the belief that a problem shared is half solved. This act of collectiveness is also manifested at her company, Amor Innovative Skills Consultant when she calls all members of staff for a meeting of course to chart the way forward for the company since she is going to be out soon. Piqued by this absence that calls for uncertainties in her company, Amor

wishes “to make certain adjustments which will put the company in more hands” (99) while leaving a slight majority in the hands of her family. These adjustments aim at managing the uncertainties that might rock the company after Amor’s demise.

### **2.4.3 Will-Writing**

When Amor meets her doctor, Dr. Bargirei at the place of destiny, the doctor contemplates asking her many things:

Does she have children and if so how old? Has she discussed her condition with her children and other relevant family members...has she made a will or otherwise made arrangements to dispose of her property? (77)

From Igana Mago’s perspective that dying is a journey and so one needs to be lightly clad to undertake it, it is prudent for Amor to prepare herself for that journey. Through Dr Bargirei’s contemplation, Amor has prepared for her demise. Sometimes back, when death was still very remote and merely of theoretical interest, she writes a will. For Amor, will writing shows how one is enlightened, how one is in-charge of his/her life and so one is never afraid of death’s finality. Will-writing in the face of Amor’s terminal illness becomes a strategy of managing the uncertain situation that Amor finds herself in. That therefore explains why Amor wishes as much as possible to leave her affairs in order and though she cannot live for what she had presumed to be the next twenty or thirty years, she sees the will as the real epitaph to her life. So as to manage well her ending life, Amor promises to work and round up loose ends within the few remaining months. Jaleha-Jefwa (2016) reads will-writing as “a way of showing one’s acceptance of the inevitability of death” (179) she further says it is one way of managing an uncertain future. Jaleha-Jefwa examination of the will is gendered in such a sense that for her, patriarchal societies only allow men to make wills.

#### 2.4.4 So May Be: The Benefits of Doubt

One of Scarry's (1985) key theoretical assertions is that the interpersonal dynamics of pain are ultimately characterized by doubt (4). Just as Amor cannot believe the doctor's report that the infection could be cancer, Gherry equally downplays these reports "Of course, they are wrong" (30). Gherry's words set the ground for what becomes crucial for Amor's ways of managing her condition. For her, the doctors could be wrong since historically it has been known to happen. Even at the time when signs are so obvious, Amor still holds to the notion that the infection cannot be terminal cancer and in fact, she dismisses her husband's observation that her eyes are slightly turning yellow:

But again, I tell myself that *his* eyesight has never been good so why should he start noticing a tinge of yellow in *my* eyes now for heaven's sake? Hell, the guy was practically born with glasses! It is a figment of his imagination of course. (59) [emphasis in original]

As a result of what she considers as a wrong diagnosis, Amor refuses pointblank to go back to hospital with Gherry and informs the doctor about the new development. At the very moment Amor is sick and does not want to accept the realities of her condition, the narration shifts into a phantasmagoric dream that Amor experiences while undergoing excruciating pain; "I am sick mama, please give me some medicine..... Mama, I'm in pain...I want medicine, Mama" (59). When the dream reaches crescendo with some cries, Amor is awakened up by her husband and while she is in that half-asleep-half-awake situation, she tells Gherry that she still experiences pain. Once she regains her consciousness, the narrator says "The pain is finally under control" (60).

Illness for Amor is crucial in that it gives one ample dying time so than an individual can prepare adequately for his/her demise. Counterpoising her dying with a sudden death, with a comatose and those other sickly situations where one is hooked with all

kinds of life supporting machines, Amor sees cancer as a condition that grants her a space, a period and a measurable time-span not just to tell her children about her dying but more so to let her children “hear this thing from my own lips and not from the lips of another, perhaps a total stranger” (66).

#### **2.4.5 Illness and Refractions of the Polytemporal**

In order to lessen the chilling effects of Amor’s cancer infection, the narrative tells the stories of other characters facing the same predicament and hopes. In the section with which the novel picked its title (69-78), the novel mentions *en passant* these characters and as the novel ends, we are treated with a narrative of another character dying of cancer. Both Mwikali Nzomo and Timothy Angila Adagala are two cancer patients whose struggles with the predicament refract the responses to terminal illness. It is through their struggle with disease that our perception of Amor’s struggle with the terminal liver cancer is such positive and less heartbreaking. This refraction becomes clearer on the day Amor visits the hospice. Though Amor is dying and her demise could be saddening, Timo Adagala’s loss of his very courageous battle with cancer gives a pessimistic view that succumbing to disease can relieve someone of excruciating pains of the illness. Instead of Timothy Adagala’s associates mourning his death, they are celebrating it by singing the anthem of the brave much to Imani’s amazement that she “didn’t even see the group break up and bereaved Mr. Adagala leave” (104).

Magu Igana has a large growth coming from the side of his neck and Dr Igana Mago suspects it to be the cancer of post-nasal space:

a highly malignant and generally fatal tumor whose origin is the upper throat just behind the posterior opening of the nose. Magu Igana is a dying man. (171)

What is interesting here is that though Magu Igana is going to see the doctor over his condition, what transpires at the hospice where Dr Igana Mago works is that there is little to do with Magu Igana's condition and there is much of revelation of the past that the narration kept secretly for long. In fact, Magu Igana later admits that even though he is sick, this new development makes him well and so he travels home immediately to inform his parents. Magu Igana's illness creates a god sent opportunity for the connection of the past and the present in that Dr Igana Mago is the young infant we meet in "A Prelude of Things to Come 1" and the 16-year old pregnant girl is her mother Tetu Warigia while the poverty-stricken boy who impregnates her is Agan Limbe, a now leading newspaper columnist. The sick Magu Igana is a brother to Dr Igana Mago.

While discussing the difficulties inherent in representation of war, Luckhurst (2014) says its representation is only achieved by accessing it in an indirect and refracted way. For Luckhurst, the contemporaneity of war must be approached through the refractions of the polytemporal i.e. "one war time will always be seen through the lens of another" (60).

## **2.5 Conclusion**

This chapter has basically discussed various strategies that different characters in *Place of Destiny* adopt in managing uncertainties in illness. This is achieved through the analysis of illness and pain as imagined constructs that offer an opportunity of conceptualizing mortality and because mortality in itself is a taboo topic, the chapter discussed disease and pain as its motifs. The chapter realizes that despite the use of motifs to render the unsayable mortality sayable, disease in *Place of Destiny* also encountered the problem of representation. It is at this level that the chapter discusses the use of the child narrator, collectiveness, will-writing and refraction as the



strategies of managing uncertainties at the wake of illness experience and by doing so, the novel manages to present the unrepresentable mortality. Will-writing and collectiveness in Ogola's novel have been examined by Jaleha-Jefwa (2016) as two techniques that the author uses to present her views on how death is experienced. For Jaleha-Jefwa, both strategies help in *supporting* as well as *planning* for uncertain futures but for this study, the techniques are used in the novel as a means of managing the uncertain futures of the dying characters.

## CHAPTER THREE

### CHARACTER, CHARACTERIZATION AND NARRATING MORTALITY

#### 3.0 Introduction

This chapter analyzes aspects of characterization in framing the experiences, options, and the ways of living with mortality. It looks at how characters in the novel depict various ways in which people deal with death in general and specifically the impending death of loved ones. I hence examine characterization strategies that the text employs to make awareness of finality of life. In particular, I examine the simple manifestation of mortality through various grieving processes that characters engage themselves in as they attempt to come to terms with both Amor's impending death as well as life thereafter her death. At the heart of the characters' responses to mortality is a deception that makes characters to momentarily keep death at a distance, as though it does not exist at all. However, the perspective that I take here is that of characters' view of themselves as subjects to death and how their views not only become crucial in developing the text's plot by making readers to not only ponder about what comes thereafter Amor's death but by also offering them imaginable futures. In this chapter, I utilize trauma theory in my discussion on how characters cope with the experiences, options and ways of living with mortality, or what I call sorrows, grief and mourning in the third section.

#### 3.1 Characterization and Mortality

My concern here is how the text narrates mortality; I discuss characters who play central role(s) in narrating the said mortality. These characters include Amor, Mwaghera, Dr Igana, Imani, Father Gaya and Lanoi. My choice of characters is informed by their close relationship with the novel's dying protagonist.

Lanoi Sompesha works at Amor's Arts as Amor's personal assistant. Long before her boss is diagnosed with cancer; she is already instinctively prepared to lead the company. When Amor realizes that Lanoi is the company's asset, she advises her to take a Master's Degree in Business Administration so that she can be positioned better one day to take over the running of Amor Arts (39). Lanoi is the only member of staff from Amor Arts who tells the readers about Amor's grave illness before Amor talks to her employees, Lanoi says the staff members trooped toward the boardroom thinking of happier times when Amor was completely herself and full of vim. From that very beginning, Lanoi says 'things' were obvious for everyone to see to suggest that Amor's ailing body is seen by everyone though no one really wants to talk about it. They just mumbled things about it. In fact, Amor is calling for a meeting with a view to informing her employees of the new administrative structures of the company that have been occasioned by her grave illness. It is hence the result of the dying self (mortality) that necessitates the meeting and to explain the melancholy mood and atmosphere that surrounds the company and for Lanoi "something like a collective shiver passes through the gathering, but nobody says anything audible" (99).

Imani Yoga Mwagera is Mwageras' first born and when she receives a so brief and scary telegram asking her to go home urgently in the middle of the term when her parents dare not infringe on her school duties; she suspected that something is amiss. Imani's urgency has to do, not with her mother's illness, but with her dying and Imani can read all desolation from her father's face; he looks haggard, withdrawn and much older than usual (90-91). Through her father's facial expressions, Imani is able to read his 'narration' of her mother's mortality and soon they arrived at home, Amor breaks the news of her impending death and a terrible wailing moan that made Imani to lose her sense fills the room (91). From Imani's experience, 'narrating' mortality is so

challenging that her mother advises her to be strong for the sake of her siblings because if she crumbles at the saddening news, she tells her that the rest of the children “will fall apart and I can’t handle that. Neither can your father. Courage sweetheart. Courage” (91).

Dr Igana and Mwaghera play crucial role in narrating mortality. While the first set of the mentioned characters ‘narrate’ mortality through interaction with the dying character, this last set is at the center of the narration itself in that Dr Mago and Gherry are the characters most close to the ailing Amor particularly during her very last days. When Amor is diagnosed with the deadly disease, her husband becomes the first person that comes to her mind and in her dying process; she remains stuck with Dr Igana Mago mainly for palliative care. Dr Igana is Amor’s personal physician and because he works at the hospice, mortality to him is a lifestyle and not a one-time event because he deals with the dying and death on a regular basis. It therefore means that Dr Mago can narrate a wide range of mortalities. For instance, when he meets Amor in his treatment room, the narration tends towards mortality; “You say you have a lot to live for” (75) and this hence suggests that her life is ending.

In fact, Amor punctuates the narrative with death insinuations making the authorial voice to suggest that Amor is a dying patient; that she ends the narrative of her condition with a self-pity thinking that “the whole world should stop just because one’s turn to be sick and die has finally come” (75). According to Dr Mago, Amor’s condition is terminal and so life adjustment is necessary. There is a need to discuss her condition with family members, decide how to dispose of her property, to resolve any unfinished business in life, to resolve buried hurts and secret sorrows in life, among many (77). All these things that Dr Mago mulls over in his mind point towards mortal being of Amor especially at this time of terminal infection.

Zygmunt Bauman (1992) reminds us that it is necessary for human beings to live with the constant awareness of death since death is an integral fact of life. However, dying and death are realities that people hardly talk about and most cultures suppress their awareness of mortality. Amor observes that “death is a terrifying specter to be kept at bay with an almost hysterical volubility” (115). She notes in an epigraph that presages the section entitled “Making Peace with Destiny” that because every person has an appointment with his/her destiny, it is then wise for one to “live that this inevitable appointment is never far from one’s thoughts and actions” (114). What is interesting in Bouman’s seminal book is the observation that perception and consciousness have to do with intending these phenomena to a particular object and this object has to be experience able. So, while we talk about dying and perception of mortality in *Place of Destiny*, it is prudent to understand how both the dying character and her loved ones are experiencing the process of dying. Ogola’s novel takes a bold move to narrate the life and times of a dying woman a cancer victim who is diagnosed with cancer and dies a few months later.

In *Place of Destiny*, we are presented with the set of two characters and we have introduced the first set and what follows now is to look at how the other set of characters narrate their lived mortal experiences. When it comes to embodying mortal experiences, characterization is such crucial because author Ogola chooses characters that are best qualified to give us responses to dying and mortality in general. As a dying character for instance, Amor says that she must meditate, try to understand and live the process of dying (50). The centrality of mortality revolves around Amor’s life. By the time we meet her in the novel, Amor has just been diagnosed with hepatocellular carcinoma that is cancer of the liver. At the center of narration, Amor

occupies a liminal, the in-between position that places cancer infection at a point of being a blessing in disguise.

There is a positive and carnivalistic attitude to death and so Amor's response reflects that liminality. Amor sees the need of tasting with all her senses, "the joy of simply being alive" (17) and this paradoxically suggests the buoyancy that prevails amidst her disintegrating body. When she goes for the biopsy results, she comes face to face with the reality of mortality and she buries herself in funeral thoughts and observes that "one moment alive. The next, gone" (32). While the next moment is full of grief and desolation, Amor wishes not to wait for it and hopes for the death to strike faster and quickly since she cannot withstand tribulations that come with the pains of living with cancer.

Though Amor is not yet dead, the story is filled with a sense of mortality and she looks at herself dying slowly. Amidst this bleak experience of impatience, Amor decides to leave her affairs in order through Will-Writing and this gives some meaning to mortal life because it forces her to act on things now rather than waiting for eternity. Mortality in the text therefore is not just a preoccupation with painful scene of dying but a whole process to be understood more widely as a site of many projections and fantasies that go beyond life after death. For Amor, the cancer disease is a death notice and so becomes a life-'re-organizer' since it is only because of it that she can avert the abrupt disorientation after painful physical death. The litmus test of someone's brevity of existence comes at a time when the situation demands the person to show his/her true personality. As Amor's days die, Father Gaya-the Catholic priest says that he envies her courage since it has proved her to be more utterly herself.

While examining death in Haruki Murakami's best-selling *Norwegian Wood*, Antje Rávic says Murakami's novel illustrates the fact that abrupt physical death is always accompanied by a second, longer and even more painful form of death that takes place in the mind of the survivor who has lost his loved one. In abrupt death, the process of forgetting the loss of the loved one becomes a challenge but for the already known fatality like the case of Amor, the chilling effects of death are lessened. While Rávic sees the dangers concomitant to the abrupt death from the survivors' perspective only, this thesis looks at it from both the victim's and the survivors' point of view. What preoccupies *Place of Destiny's* narration are the notions of dying and so both the dying character and her loved ones are psychologically preparing themselves for that final exit.

Father Isodore alleviates Amor's depression through his peculiar and quirky sense of humor and his advice that comes timely at a moment when Amor is doing all that is necessary to make peace with her destiny. When the Father talks of religion as about living creative life, loving creatively and knowing creatively, he is in other words telling Amor not to worry because cancer, which is a dead notice, has made Amor to creatively live her life as she prepares for her final exit. Biblical teachings, Catholicism so to say, tends towards a loving approach to the dying that is, dying is a valuable occurrence and its value is witnessed by Amor herself when she receives consolation and gladness of faith from Father Gaya. Susannah B. Mintz (2013) examines the presentation of pain in literature by seeing how this pain can be integrated into a sense of viable, productive, and even joyous selfhood than just perceiving it as pure suffering.

While the consciousness of death may usher in traumatic experience as scholars like Bauman observe, mortality may not be traumatic as such because it gives the dying

victims time to re-adjust their lives so as to balance between their strife with death and continuance of life after death. There are number of instances in the novel that drive the reader towards the mortal side of the sick characters. While every human being is mortal, some characters in the novel (especially the healthy ones) consider this mortality as not part of their lives. Freud (1919) sees the act of thinking death as already in denial, Amor initially doesn't believe that she is dying and to negotiate this dying, she looks at her mortality in the eyes of others hence submitting herself into Freud's observation that "[i]t is indeed impossible to imagine our own death; and whenever we attempt to do so we can perceive that we are in fact still present as spectators" (Freud 1919, 289).

### **3.2 Sorrows, Grief and Mourning**

To grieve is to feel intense sorrow about a phenomenon and in most cases grief has become a register in both the dying process and the final death. As Jacobsen and Petersen (2019) put it, life is a loss waiting to happen and so grief is an inescapable response to loss hence becoming part of emotional experience. While giving intricate differences between commonly used and seemingly synonymous words such as 'grief', 'mourning', 'bereavement' and 'sorrow', the editors of the volume note that:

Whereas 'sorrow' is a general word covering experiences of loss or sadness that may or may not relate specifically to death, 'grief' is often used to describe the emotional reactions following or at times occurring prior to death (as in 'anticipatory grief'), 'mourning' is used to characterize the behavioural aspects of experiencing grief (such as performing rituals and mourning practices) and finally 'bereavement' – a term often used more in clinical-academic contexts – refers to the objective/formal state of having experienced loss (e.g., being 'recently bereaved'). (1)

In order to effectively examine reaction to Amor's dying; the section focuses on how key aspects of character identity and characterization emotionally react to dying and death. Kenneth J. Doka and Joyce Davidson (1998), scholars in Gerontology studies



give us some frame of understanding grieves and grieving processes. They cite the nature of the loss, the relationship and attachment to the loss, the circumstances surrounding the loss and a variety of social variables including age, gender, developmental level, social class, cultural and religious beliefs and practices, family, and external and internal support as some factors that affect the way people grieve. I therefore follow in Doka and Davidson's perspective by looking at the protagonist's grievances as well as how her close associates express their emotions as they try to cope with her dying and death.

The following sub-sections examine how Amor grieves as a wife, mother and as a professional. I too examine Mwachera Mrama's and the children's affection of Amor's dying and death. The choice of characters is informed not only by the spatial distance between the dying character and the rest of the selected characters but also by the fact these characters are directly affected by the dying protagonist. As the disease character, Amor physically experiences dying and death and so there is no discernible distance between the process of dying and herself. Though Amor's husband and her children are not physically affected by the dying and death like Amor they are, however, in a direct psychological affection and while they grieve over Amor's dying and death, she on the other hand is grieving over how their life will be when she finally dies. As we move away from the main character, the aforementioned spatial distance becomes wider too and this fades away with grieving intensity. The spatial distance is alluded to by Amor herself while expressing reservations on the futures of her business and her family:

There were business pressures and family commitments. How could the business go on without me? What could my family do without me? But now both would have to get on as best as they can. (50)

Though grieving in the text points towards Amor and is expected so, she does her level best to soothe all those who are directly and indirectly affected by her dying. She walks the talks of her last words in the above statement and what follows is a brief explication of how Amor strategizes grieving of her husband, of her children and of her employees in a manner that assists them to get on as best as they can.

### **3.2.1 Amor A. Lore as a Grieving Wife, Mother and Boss**

Amor sees a death sentence in her face because cancer has generally been known as a killer disease. The doctor's report confirms her worst fears and after getting home, Amor says that she tries to get her mind deal with the stressful situation of just having few months to live. It is no wonder that she says that the results of the medical tests that she has cancer dispose her to spend "the next thirty-six hours in a state of semi-suspended animation" (27). Amor's statement portrays her emotional reaction to her ending-life and for her, the busy life-routine she has ahead is so distracted by the cancer attack that she doesn't "really register much of what is actually going on" (27). The death sentence that cancer has served Amor makes her react by thinking about the well-being of her husband, her children and finally of her employees.

By and large, all these people come to her mind at that very hour of need and contrary to the expectation that Amor will grieve over those left behind, she instead grieves more over the loneliness of those she is going to leave behind. From the very early days that Amor knows of her terminal illness, she never considers. Instead pities all of her close associates for the solitude moments they will find themselves in when she finally succumbs to the illness. For sure, Amor tells her husband right in his face that the only thing she is afraid of is not her dying but the fact of leaving Gherry alone (45). It is this lack of consideration that makes Amor to grieve FOR others instead of her own self.

During grief, Amor needs somebody to not only help her understand better, but to also assist her in thinking through what is happening in her life (53). Doka and Davidson (1998) observe in the introductory pages of their book that there are a number of factors that affect bereavement outcomes and they cite listening as one of these factors. When doctor breaks the news to her, the first person who comes to her mind is her husband who is out of the country on a lecturing tour at the time of diagnosis. In one of the conversations on her illness while on a stroll by Lake Elementaita, Amor is so emotive in her plea to him:

I need to talk. What else at this point, can be of as great an important for me as this final departure, this going away? But from what to what and why? Do we die like animals, unknowing, unaware? Tell me my love-what have the historians noted, the philosophers taught, the great religions hoped? Please talk to me. (53)

Her husband's reaction to her pleas swings Amor into moments of grief over his loss of ease. This unusual grieving pity her husband who, while she herself finds nothing wrong with her death, Mrema finds it difficult to accept the fact that his wife is actually preparing to die. In her description, she paints the picture of a distressed husband whose words have failed him completely and in fact she sees him needing much lull than herself. Whenever she thinks of her own death, Gherry often comes to her mind and in fact she admits that she is consumed with pity for him almost as if she is personally responsible for being afflicted with the cancer. Amor thinks wildly to herself that it is impossible leave him alone since it will be too much for him to handle alone what both of them used to handle together; *"How will he manage by himself? Please God you can't do this to me, there are too many other people involved!"* [43, Emphasis in the original]. The emphasis in the original text underscores the extent to which Amor grieves for her husband. In fact, she confesses to be so

sorrowful that leaving her husband alone with the twin's endless need for demonstrative affection is agonizing.

At the place of destiny, Amor tells her personal physician of the many things she lives for; one of them is the good marriage she has had with her husband Mwaghera. In her statement, Amor says that she and her husband Mrema “care deeply for each other and so he suffers with me – but helplessly, which is *worse than suffering actively as I do*” (75). [Emphasis mine]. While Mrema sees a real suffering in his wife Amor, she herself doesn't conceive that and she instead sees her husband as the worse sufferer. Instead of Mwaghera praying for Amor to exit peacefully, she is the one who prays for the easing of her husband's pains and she hopes that one day “his joyous nature will shine through again” (93). What disturbs Gherry so much is the fact that when Amor dies, he will never see her again. Amor comforts him that her death does not mean the end of everything and if at all her death means loneliness to him, he can consider re-marriage.

Closer to Mwaghera is his children. Amor grieves so much as a mother and realizing that she still has a young family with young children like Hawi and Pala who still require their mothers' demonstrative affection. Amor could still consider the older children to be still in need of parental guidance to negotiate their way safely and the loss of her life is detrimental to the safety of these older girls. She says that she finds it difficult to tell the very grave news to the older children who have well understood the implication of dying and death. As an indicator of a grieving mother, she carefully selects her words so as to remain gentle in telling their children of her impending death. Not only is every word that Amor tells her children punctuated with sorrows but the whole

conversation about dying triggers is sidedness too especially the very instances that the narration talks about death in relation to her children. Amor refers to the news of her cancer infection ‘grave’ and the authorial voice that utters loudly her inner feelings confirms her as a grieving mother. The fact that she asks God in her inner voice to give her strength to say the unsayable underscores the observation that she grieves for the moments her children will be on their own without their mother’s presence.

### **3.2.2 Mwaghera Mrema as a Grieving Husband**

When the news of cancer is broken to Gherry, his known tender heart changes completely and whatever he hears in the manner what Amor calls ‘gruffly’. The response even shocks Amor who has known him as the gentlest of men. After the confirmation, Amor describes Gherry as ‘deeply wounded’ and he says nothing on their way home. While strolling by Elemetaita ten days after the devastating news, Amor says Gherry gazed at her with his ‘harrowed’ eyes, that is, with traumatized, disturbed, frightened or tormented eyes. The journey to Elementaita is to give the couple some ample time to discuss Amor’s dying and whenever Amor herself initiates the conversation, Gherry is reluctant to pick it up. According to Amor, Gherry’s grief makes him to look “haggard and much older than his fifty years” (52). After realizing that Amor insists that she talks with him, she finally overcomes grief; “Dearest, I know. But I can’t come to terms with the fact that you will not be by my side till the end” (52).

Because of too much grief, Mwaghera loses his voice and when he regains it he begins with a starry-eyed affirmation in the face to speak slowly thinking through what he is about to say. Thinking much about the beautiful times he has had with his wife, Amor. He grieves that it will be hard to cope with another woman if he re-

marries as Amor advises him. Their discussion on his life in the absence of Amor is full of emotion and grief. He terms it as ‘odd conversation’.

### 3.2.3 Grieving Children

Mwaghera’s children began grieving their mother long before she even died. When the family arrives back home after picking their first-born daughter at school, Amor decides to inform her about doctors’ bad news. The death notice that Amor slaps on Imani makes her lose her senses and her sudden wail that fills the room shows how saddened Imani was. What puts Imani into wails is the thoughts of *losing* her mother when she still needs her “whole and well to tell me all the things I still need to know about being a woman. Just to be there” (91). As the eldest child who has known the implication of dying and death, Imani is of course expected to grieve her mother and this becomes evident during the family meeting when she keeps quiet for the better part of that meeting only for her to just appear at the end and briefly says “I still can’t believe it” (97). Unlike the rest of the children, Imani has understood well the mother’s love.

At her last days, all of Amor’s four children spent hours sitting by her bedside. According to the eldest child, Imani Yoga Mwaghera, everyone in that family has changed beyond recognition and she feels sorry for her siblings, especially Malaika who appears to be much affected. Malaika confesses not to have made peace with the past and she says that she still wakes up with tears in her eyes and the weight of sadness occasioned by her mother’s death. After Amor’s burial, Pala’s grief literally numbs him and he gives us what appears as a tagline of sorrow’s nature, that is to say it is the most common denominator of human existence (158).

### **3.3 Beyond Amor A. Lore's Death and Life Thereafter: The Postmortal Society**

*Place of Destiny* prepares its readers for the postmortal society, that is the life beyond the death of character(s). As doctors had really predicted, Amor finally succumbed to the illness. According to her personal doctor, Amor chooses the very short instance when none of her close associates was actually by her bedside (148). Because the finality of death becomes one of those bereaving happenings that are to be wished away quickly, the scenes that capture what happens soon after her death are let in quick succession. Dr Igana quickly concludes that everything for Amor's close associates is now restored to begin again and they can now recreate happiness, "rebuild their destinies afresh-with new love, new laughter, new hope" (151). In fact, the funeral rite itself, as Pala says, is done speedily "perhaps even precipitately" (156).

All the family members are given a chance to respond to life after Amor's death and Pala says his heart is bursting with pain and he wishes to weep but he cannot remember how. As if to balance that sorrowful moment with a kind of reasonable argument, Dr Igana tells Pala not to worry much because he himself lost his mother when he was seven. To him, Pala is lucky because unlike him who does not know the graves of their parents to date, Pala knows where to find his parents should he ever have an urge to revisit their burial places (158). As if to heed Dr Mago's advice that he has gone to the coast twice on Amor's anniversary and he is categorical that "these visits are not about looking back-rather about finding strength to face the future and to do what needs to be done" (166). Amor's death teaches Pala a lesson that life is all about change and success is all about managing change, this management therefore has to do with negotiating life after death and have a life as though life did not strike.

The restoration process is not easy and Malaika confesses that she is so dislocated to accept the fact that she lost her mother Amor “I still wake up with tears in my eyes and the weight of sadness...over my soul” (167). Gherry says that time is a master healer; it was only a matter of time for all those bereaved by Amor’s death. Gherry, who initially finds it practically impossible to re-marry, finally gets Akwiya Nwankwo as his potential new wife.

### **3.4 Conclusion**

In this chapter, I have demonstrated how characterization in *Place of Destiny* frames the experiences, options, and choices of living with mortality. The chapter first selected and examined the characters that play central roles in narrating mortality. It establishes that the selected characters ‘narrate’ mortality as they interact and react to the fate of the sick characters. The chapter further split the set into two; the first set (which includes LanoiSompesha and Imani Yoga Mwaghera) ‘narrate’ mortality through interaction with the dying character while the last set is at the center of narration itself. Characters in this last set include Dr Igana Mago and Mwaghera Mrema and they are the core strands that discussed Amor’s disintegrating body. In my analysis, it becomes clear that when it comes to embodying mortal experience, Ogola chose characters that are best qualified to give responses on dying and about mortality in general.

The chapter also determines the challenges concomitant to mortality and it discusses various characters’ emotional reactions to death. The chapter follows in the words of Doka and Davidson (1998), in discussing the protagonist’s suffering as well as how her close associates express their sorrow as they try to cope with Amor’s impending loss. It becomes clear that the death that had been kept in abeyance for some time finally strikes and the family members respond and adjust to life after death. It



concludes its inference by averring that though it is initially practically impossible for Amor's close associates to live without her, they finally adjusted their lives and these adjustments allow the characters' life to go beyond Amor's death.

## CHAPTER FOUR

### LIVED EXPERIENCE AND THE PRESENTATION OF MORTALITY

#### 4.0 Introduction

This chapter discusses *Place of Destiny* as an illness narrative and it demonstrates the extent to which the novel is considered a life-writing. The chapter examines the contribution of various aspects of self-writing to the presentation of mortality in the novel. Self-writing generally means the kind of writing that appropriates one's own life either through explicit autobiographical or semi-autobiographical writings. As seen in the review of literature related to this study, scholars like Jaleha-Jefwa (2016), Cherop (2015), Rinkanya (2016) have speculated on the 'autobiographical dimension' of the text. This chapter therefore begins with a brief outline of different inflections of autobiography, and then moves to discussing *Place of Destiny* as autofiction before it finally discusses the significance of self-writing in the presentation of mortality. What this chapter foregrounds in its discussion is the ways in which self-writing in *Place of Destiny* provides different perspectives on how characters interact with mortality in social, emotional and practically acceptable ways. With the hindsight that the novel is a self-writing, I observe that the genre was favored because of the difficulties of not communicating the mortality. Because of this, ideas on the Uncanny are more applicable in this chapter.

#### 4.1 Illness Narrative as Life Writing

It is insightful to first adopt the popular view among scholars that there exists meditations on the truism that all fiction is autobiographical (Donald M. Murray, 1991) and so Ogola's novel enables us to engage in these productive considerations. I observe that though Margaret Ogola does not write an explicit autobiography that could have confirmed autobiographical stances in her earlier two fictional novels,

when *Place of Destiny* is subjected to autobiographical test, it turns out to be a highly disguised life history of its author. Scholars have noted this relationship between the novel's main character and its author. Jaleha-Jefwa (2016), for instance, acknowledges that Ogola uses her own personal experiences to weave a narrative on how people should live and how they should handle dying and death (168).

Alina Rinkanya (2014) on the other hand simply brackets her observation on Ogola's use of autobiography in the novel and she argues that the novel "largely features a diary of a woman bravely fighting with a mortal disease (which, sadly, turns out to be a grim prophecy for the author's life as well)" (36). Magu (2014) Ogola's narrative provides her the opportunity to use her own experience to write about cancer and hence "*Place of Destiny* is Ogola's diary that truly exposes the author's thoughts on cancer based on personal experience... (and Ogola) notes down important aspects of her life in a reflective manner" (122) that makes it more of an autobiographical novel. I seek to go beyond these mere observations by critically reading the autobiographical moments in text and this chapter highlights the amount of autobiographical material the author uses in the novel and how this material relates to the novel's attempt to work through lived experience as it presents mortality.

As a matter of fact, any keen reader of Ogola will easily recall variants of the author's story of cancer infection and reading the novel alongside variations of Ogola's indomitable social engagements. It is however needful first to attend to theoretical postulations on illness narratives especially those that have claimed that illness narrative is a genre in its own rights as well as its relation to other forms of life-writing, mostly the narratives and testimonies on trauma (Marlene Kadar, 1992). The sociologist Arthur W. Frank, in his seminal work *The Wounded Storyteller*, reminds us that to tell an illness story is not just to be a witness but to also be a communicative

body. *Place of Destiny* tells a story of Amor, a cancer patient and each of the major characters take their turn to reflect, share, disappoint and inspire each other, thus leading the reader beyond that inevitable “endpoint” of life, that place of destiny. The protagonist Amor becomes a communicative body in the sense that she is willing to share information about her diseased self.

While formulating *The Uncanny* Sigmund Freud (1919) says that the uncanny tells the experiences related to dread, fright, anguish and horror. According to him as cited earlier, uncanny a “class of the frightening which leads us back to what is known of old and long familiar” (1). Freud begins with a philological exploration of the term's antonym, *Heimlich* which refers to security, comfort, hominess, friendliness, and familiarity. As he continues his research, however, he learns that *heimlich* also refers to secrecy (like mortality in *Place of Destiny*) and what is kept from view. The Uncanny manifest itself through disease and pain in *Place of Destiny* at different levels and Freud's propositions become a heuristic tool for exploring the use of fiction to tell real life illness narrative. It is because of Freud's observation that the experience of the uncanny naturally disrupts both a sense of one's own self and one's place in the world that I adopt it since one of the bruising extra textual illness experiences is that of confrontation with death.

Amor story is Ogola's illness narrative which has simply been turned into a story. The narrative of the ill Amor is rendered in a manner that makes it not simply the story of her *self* and her *body* but it becomes a self-other story. This means that as much as she tells her narrative, she also tells the story of Margaret Ogola, the novel's author. I find this rendition to be echoing Paul Ricoeur's (1991) concluded consideration that authors of illness narratives narrate their own stories rather than authoring their own lives (32). Though *Place of Destiny* is fictional, we can deduce that Ogola is using

fiction as a strategy to author her own life. In order to enable that narration, Ogola uses the fictive character Amor to link up the textual and extra-textual. In a more pointed perspective, Mike Bury (2001) observes that illness narratives “have the potential to reveal a wider set of important issues to do with the links between identity, experience and ‘late modern’ cultures (264).

Charles Kipng’eno Rono (2021) examines in passing the relationship between fiction and fact in Margaret Ogola’s first two novels *The River and the Source* (1994) and *I Swear by Apollo* (2002). Rono observes that while self-writing in the first novel is manifested when Ogola dedicates the text to her father, John Felix Odongo, to her husband George and to her children and further acknowledges that the first part of *The River and the Source* is highly borrowed from life and times of her great grandmother Obanda Kingi nyar’ Ang’eyo, aspects of self-writing in *I Swear by Apollo* (2002) are attributed to Ogola’s use of medical motifs to examine issues of medical ethics and the question of authentic identity (163). A trans-generic approach like Ogola’s *Place of Destiny*, as opposed to one that maintains rigid adherence to boundaries between fiction and non-fiction would, therefore, be fruitful in the discussion of trauma, especially in an illness narrative. It is this thread that I would like to use in discussing the illness narrative in *Place of Destiny* as a self-writing.

#### **4.2 The Inflections of Autobiography and *Place of Destiny* as an Autofiction**

Recent discussions of autobiographical writing have led to a myriad of new terms like autographies, autre-biographies, nouvelleautobiography, autofiction, faction, egolitterature, circonfession, memoir, among others. Generally, autobiographical works are basically referential in the sense that they claim to provide information about a ‘reality’ exterior to the text, and so to submit to a test of verification:

All referential texts thus entail what I would call a ‘referential pact,’ implicit or explicit, in which are included a definition of the field of the real that is invoked and a statement of the modes and the degrees of resemblance to which the text lays claim. (Lejeune 1989: 22).

The link between the author’s circumstances and all that surrounds the text becomes crucial in autobiographical works. When the work becomes pseudo-autobiographical like Ogola’s text, the same link is maintained but it has to be treated with some suspicion. The pacts established between the reader and the author in autobiographical works sometimes becomes unclear in fiction. It is because of this lack of clarity that the pseudo-autobiographical genre came into existence. Its critics argue that the pseudo-autobiographical nuances in the text are detected when a work of fiction employs realistic events and people, to the extent that the reader is aware of its fictionalized aspect. According to Siobhan Lyons (2014), the pseudo-autobiography is continuously taken out of context and is often seen as a thinly disguised version of the author’s own self and for her. The use pseudo-autobiography is a method through which the authors deconstruct their mediated persona and manufacture their own sense of self (678). Though the pseudo-autobiography has been evolving for years now among writers; it is an underexplored genre in literary studies. There are a number of autobiographical inflections and this study outlines the inflection(s) that are closer in delineating Margaret Ogola’s *Place of Destiny* as fiction.

Mostly common in South African-born novelist J. M. Coetzee’s writing, an autobiography is a sub-genre whose author refers to himself/herself in the third person. In other words, it narrates the self as the other. Autofiction appears to be autobiography’s counterpart since it’s a kind of a memoir that attempts to accurately represent the self by using both fictive and nonfictive discourse extensively. Serge Doubrovsky coined the term autofiction in 1977 he defines it, the character in

autofiction is at once is and is not the author. Autofiction narratives more often foreground the conventions and limits of generic fictions and nonfictions. According to Siddharth Srikanth (2019), “autofiction does not collapse the distinction between fiction and nonfiction, or fictive discourse and nonfictive discourse. Instead, writers of autofiction often deploy extensive fictionality in order to better illuminate actual life experiences” (344).

While discussing the sub-genre, Shands Kerstin *et al* (2015) observe that some scholars in autobiographical studies like Lejeune and Doubrovsky have conceived autofiction as either a simple model of the autobiographical pact with a marked psychoanalytic inflection, and for Gasparini, it is the latest form of the autobiographical novel. They say that for others:

it is an intergeneric practice which is already ancient, and which can be taken as an arch-genre including the form of an autobiographical novel, but not limited in possibilities. Based on the work of Lucian, Vincent Colonna describes different autofictional categories such as fantastic autofiction that transfigures the existence and identity of the writer “in an unreal story, indifferent to likelihood” (75) and biographical autofiction, in which the author fantasizes about his existence from actual data, remaining closer to reality and crediting his text with a less subjective truth” (93); mirror autofiction, in which the work reflects the presence of the writer as in a mirror, and intrusive authorial autofiction requiring a text in the third person with an author-narrator in the margins of the plot. Life is regarded as raw material which should provide a specific form: this work of the self, about the self is about inventing oneself through exercises in subjectivity. (25)

To a greater extent, I consider *Place of Destiny* as an autofiction since it constructs the author as fictitious character but its attempt could still leave some traces that make its fictionality border on reality. Thomas C. Spear (1998) argues that the genre is:

a favored choice for the author who dares not, or cares not, to be bound to either pact. Autofiction appears, nonetheless, to be a relatively rare form; authors generally establish a clear pact of either autobiography or fiction as they take a personal stand in the public sphere. (90)

Ideas that coalesce around autofiction has it that it is not basically a fiction of strictly real events or facts but it usually:

feeds on extreme and painful experiences: death, illness, abandonment, madness and loss. Going to the heart of a human tragedy, finding a voice that expresses pain, the universality of pain, is what makes autofiction worthwhile. (Cusset, 2012)

According to Doubrovsky as quoted by Vilain (2011), the genre is simultaneously non-referential by claiming to be a novel while it as well welcomes the elements of historical inaccuracy (5). Doubrovsky's definition of 'generic autofiction' could be particularly useful in one's attempt to grasp the phenomenon of *Place of Destiny* as the book consciously and deliberately invites generic ambiguity and the so-called "contradictory pact" (5). According to Doubrovsky, a work classifiable as 'generic autofiction' presents itself as entirely referential (in the case of *Place of Destiny*, Amor would be identified as Margaret Ogola) and boasts considerable exactitude in terms of fact, while, simultaneously, it performs a move of non-referentiality by claiming to be a novel and welcoming an element of historical inaccuracy (5).

#### **4.3 *Place of Destiny* as Self-Writing**

The autobiographical traces in the novel are revealed in the dedication one of paratextual devices that Genette (1997) argues "mediate the book to the readers" (xviii). In his paratextual typology, Genette says that peritext comprises those materials that are physically part of the text such as dedication. According to him, these paratextual elements surround and prolong the text so as "*to make it present*, to assure its presence in the world, its 'reception' and its consumption", (261, emphasis in the original). It, therefore, worth to note that a text's paratext is an essential component and it functions as an intermediary between the text itself and how it is received or read. As a peritextual element, Ogola's dedication disposes readers to read



*Place of Destiny* as a text about the author and her friends. Ogola dedicates the book to all those who have shared with her the gift of friendship:

*This book is for all those who  
Have shared with me the  
Gift of friendship. (7)*

It is through this dedication that the narrative's meaning in relation to its author is achieved the dedication is more factual than the text itself. Genette further argues that a fringe (like dedication in Ogola's text for instance) conveys a commentary that constitutes a zone of both transition and transaction. In my reading of the text, the dedication works as a lens that defines the extent to which I read *Place of Destiny* as an autofiction. What I consider to be particularly instructive in this dedication is the fact that the device belongs to both 'inside' and 'outside' of the text in that it links the textual narrative and the events outside the narration.

Amor shares the grave news with her children, with a suggestion that "the people who gathered around this table are the most important to me" and she further recognizes them as "the only ones who really fall under my immediate sphere of influence" (95). I make a thin connection between the 'those' in the dedication and Amor's children. Ogola hence uses dedication to connect herself as the author to the fictional characters in her text. I observe that the 'those' in the dedication draw the author closer to the narration, the 'those' in the novel textualize the context by rendering the text as a commentary on the author's life and times. The significance associated with 'those' in the epigraph is the same significance given to all those who stood by Amor during the trying moments when she was battling with cancer:

A good friendship is never something to be taken for granted... I myself, have been moved by a number of good friends who have turned up to sit by my side in these days... I understand that for them death is a terrifying spectre to be kept at bay with an almost hysterical volubility. (115)

It is clear that Ogola's dedication implicates her as the author since scholars on paratexts say when a piece of work is dedicated to someone or something; the art is therefore about dedicatee. In this case therefore, *Place of Destiny* is all about Ogola and all her friends since there is proximity between dedicator Ogola and various voices that speak to readers in the novel. Every character is given an opportunity to address the reader and those who shared the gift of friendship with the author are the ones given the primacy to speak their hearts.

#### **4.4 Biographical Information about Author Margaret Ogola**

To know life and times of Margaret Ogola is to know the relationship between fictional Amor and author Margaret Ogola. A pediatrician and medical director of Cottolengo HIV and AIDS Orphans Hospice, Margaret Ogola was a Kenyan woman of Luo descent. She was born on 12th June 1958 and died on 21 September 2011 after a long battle with cancer. Dr. Ogola attended Thomson's Falls High School where she emerged as the top student, and later proceeded to Alliance Girls before joining the University of Nairobi for a Bachelor's degree in medicine and surgery. She graduated in 1984 and returned to the University of Nairobi to pursue a Masters of Medicine in Pediatrics, which she earned in 1990. She also took a Post Graduate Diploma in Planning & Management of Development Projects at the Catholic University of Eastern Africa in 2004.

Margaret Ogola entered the writing realm with the publication of *The River and the Source*, a 1995 novel that examines the matrilineal tradition that flows like a river through an epoch of Kenya's history (Kruger, 2011). The novel has attracted the curriculum developers in Kenya and it was examined in high school for the first time between 1999 and 2002 and was introduced again in 2012 and ran until 2017. The novel tells the story of its protagonist Akoko Obanda, her daughter Nyabera, her

granddaughter Awiti, her great-granddaughter Vera, and Wandia, wife to Elizabeth Awiti's son Aoro. The novel ends with the death of Becky whose children, Alicia Sigu Courtney and Johnny Courtney form the major strands *The River and the Source's* sequel, *I Swear by Apollo* (2002). The 'family story' therefore continues in this sequel which traces the lives of the later generations of Akoko's lineage. The novel considers the need to re-examine the significance of the Hippocratic Oath that doctors take just before they graduate from the medical school.

On its part, *Place of Destiny* (2005) is the story of Amor, a business woman who has been diagnosed with cancer. When she enters the place of destiny (that particular place in the novel where cancer victims are going get hopes and inspiration), her existence intersects with narratives of other characters facing similar predicaments and hopes. Ogola's last novel, *Mandate of the People*, instructs the populace to reconsider women and youths in their political orientations since they are the only genuine agents of change in any community. Ogola also authored *Educating in Human Love*, a handbook for parents as well as *A Gift of Grace*, a biography of the first Catholic bishop, and cardinal in Kenya, Cardinal Maurice Michael Otunga.

The late Dr Margaret Ogola held different positions in various organizations which include being the Vice-President of Family Life Counseling in Kenya and National Executive Secretary of the Commission for Health and Family Life at the Kenya Episcopal Conference (KEC) from 1998 to 2002. From 2002 to 2004, she was the Country Coordinator of the Hope for African Children Initiative, a partnership of several international NGOs, which included Plan Kenya, CARE International, Save the Children, and Society for Women and AIDS, World Conference for Religion and

Peace and World Vision. Just like author Ogola, Amor founded an Orphan School that she ran until her demise.

In 2004, Margaret Ogola founded and managed the SOS HIV/AIDS Clinic, which is for people living with AIDS. The facility offers VCT and nutritional support to 1000 persons from the surrounding slums: women, men and children. While alive, Ogola once held the position of the National Executive Secretary: KEC-CS Commission for Health & Family Life. She was once Head the Commission of the Catholic Secretariat; the commission is charged with Coordination of 500 Catholic Health Units & Community Outreaches all over Kenya providing services to over 5 million cases annually. Dr. Ogola was appointed a member of the National Council for Children Services. In 1999, Dr. Ogola received the Families Award for Humanitarian Service of the World Congress of Families in Geneva, Switzerland.

#### **4.5 The Autofiction Genre and the Presentation of Mortality**

As an autofiction, *Place of Destiny* counterpoises the life of its writer and that of the narrator. It is a self-reflexive work of art that is fictional in nature but it gives enough clues to its readers to see it as commentary on the life and times of the author. There are a number of instances in the novel in which fiction gets into the real and by looking at it as an autofiction, I observe that *Place of Destiny* uses life stories, experiences and religious beliefs to creatively express mortality as an inevitable challenge. To better understand the extent to which *Place of Destiny* is considered autofiction, it is necessary to portray the character and characterization of both the novel's protagonist, and the author, especially how the two appear to be possessing similar traits. This will allow us to convincingly examine the usefulness of lived experience in the presentation of mortality. Forty-nine years old Amor at the time of her cancer diagnosis resembles Margaret Ogola in a number of ways, the semblance

that disposes readers to read both as two parts of the same coin, or, in Muchiri's words, Amor A Lore is "the author's alter ego" whose story re-presents Ogola's experience with pain (2014, 223).

When *Place of Destiny* is paralleled to Margaret Ogola's life it reveals that she is not just writing an illness narrative but she is living one. Although this work is largely considered fiction, it is driven by an undeniable impulse towards autobiography, that is, both the author and the main character suffer and die of cancer and they both too leaves behind husband, four children, and two foster children. From this therefore, and other incidences aforementioned, Amor is an analogous representation of Margaret Ogola who aside from suffering from the same illness, the novel augments the construction of this fictive self by letting Amor to be in-charge of an Orphan School, an institution that is equivalent to Ogola's Cottolego Hospice for children with AIDS. Having discerned the ways in which the novel can be read as self-writing, this section now turns to examining the novelistic techniques that foreground how mortality is experienced in acceptable ways.

#### **4.5.1 Life Stories, Creative Expressions and Mortality**

In "A Prelude of Things to Come.1", the novel presents a 16-year old nameless character who, after being chased away by her father, goes to eke out a living in the slums of Kariobangi. After a stint in prostitution, the young woman is murdered by one of her clients. Her death and the subsequent conversations about death anticipate the novel's central motif; mortality. The novel's title alludes to that inevitable end of life and because of that, I hazard the view that the novel creatively expresses ideas related to dying and death. The novel positions itself between that liminal space of life and death and in the first section; the novel seems to be condensing the textual space since the dying process that prepares one for the place of destiny is rather missing.

The dying experience that characters in the novel face in anticipation of death is skipped in the prelude since introduction anticipates the novel's central thesis. The novel generally foregrounds mortality but it does so in such a creative way that before the characters realize death, it has already taken place. Though the novel is fiction, the life stories that inundate it have temptations to absorb the reader into the textual world.

#### **4.5.2 Fiction, Lived Illness Experience and Mortality**

The illness experience in *Place of Destiny* is well punctuated with ideas related to mortality and the lead character more often conceives herself as dead. Amor wishes to celebrate her 50<sup>th</sup> birthday which is due in five months but her greatest fear is the possibility of prolonged uncontrollable agony (20) which threatens her very existence. The text is framed just at the very moments when the novel's protagonist is about to die, that is when she is at her place of destiny. Amor describes herself as a living dead since she already sees her imminent demise (17). She coats her exit with a strong notification that the very day with which she sees her impending death is the day that she wants "to *taste* with all my senses, the joy of simply being alive", (17), [emphasis in the original].

When we first meet the sick Amor, she admits to be having "several important things to think about. My life. My *dying*" (18), [Emphasis added]. I emphasize dying in this quotation because the process of dying becomes central in the novel and in fact, by the time we meet her, she projects that her life will end in the next five months (20). Amor's impending death is occasioned by the excruciating pains and her inability to sustain uncontrollable agony for long. The medical report by Dr Yego says that Amor has extensive and invasive cancer and this scares her much. She confesses to have therefore seen a death sentence in her face. Liver cancer for Amor was indeed a death

sentence since afterwards, she preoccupies herself with what she calls ‘funeral thoughts’ (32) hence this explains Amor’s decision to think of a will she wrote some time ago when death itself had not knocked at her door.

Amor’s expression of mortality is uncanny because though she wishes for it, she experiences a yearning that “all might be over and quickly” (32) whenever such thoughts come to her mind. It will be clear later on in this chapter that when curtains finally fall on Amor, the events that take place then are portrayed in quick successive movements as if to credit Amor’s statement that “one moment alive. The next, gone. Free” (32). Even from the way Amor describes herself shows that she is in the midst of life and death. For instance, she uses the verb *lived* in past tense “I have lived” and though she says that she will die, she is becoming creative in not being categorical to say that she is literally dead. In the wake of her cancer infection, Amor realizes that her life is ending so she opts to take stock of all the efforts she has made in her life (33).

It is out of the illness experience that Amor thinks about dying and death. The use of illness to structure the novel’s narration pushes the narrative into the borders of real-life experiences. The traces of non-fiction in the novel can be traced back to the author’s use of first-person point-of-view in which each and every character is given an opportunity to address the readers. The novel basically uses the ‘I’ narrators and it is only in rare circumstance when the narrative deviates from this first person voice. The ‘I’ in this case does not necessarily refer to the fictionalized author but it serves the purpose of creating a discourse on mortality. In the end, all these narrators give the reader different perspectives of experiencing illness and how mortality is understood differently by a diverse group of people. Through this strategy, the novel

invites the reader to participate in the construction of mortality so that we do not just have a unitary approach and understanding of mortality.

#### **4.5.3 Flirting with Death?: Mortality as an Inevitable Challenge**

The place of destiny actually refers to that place where Amor, as cancer has gone to meet Dr Igana over possible assistance on pain control and other palliative care. It emerges that at this place of destiny, though Amor and other victims face the cancer predicament, she gets some inspiration and hope and so there is need to make peace with that place so that all will be well when death finally arrives. At some time, Amor seems to be flirting with death and at the same time she seems to be divorcing thoughts about death out of her mind. However, after realizing that mortality is an inevitable reality, she foregrounds mortality in her day-to-day endeavors and she avows to make peace with place of destiny when she says that she does not “desire to fight death to the last miserable minute” (50). Sure, these are the moments of slow dying in the novel and Amor calls these moments the moments of utter bleakness (32).

By and large, all human beings die anyway and so Amor is not saying anything new when she says that she is dying because we are all dying. Throughout the novel, she keeps saying that she is dying and to walk the talk, she writes a will which she has considered as the real epitaph of her life (32). While the epitaphs are written only after a person has died, the living Amor says she has written hers because she does not only meditate on understanding dying, but she is also living it; “I look at my body-disintegrating from within” (51). And to be more serious about this dying, she sees the need to make peace with it through a number of ways that I examine in the following section.



#### 4.5.4 Making Peace with Destiny

As a dying character, Amor sees the need to peacefully exit the physical world so that she can be at peace in her final resting place, the place of her destination. She makes peace with that place of destiny by using a number of strategies which include the use of her dying process to spare her children a sudden death, praying, driving around, working closely with the catholic priest, alleviating fears of death, and referring closely to all those who have the same predicament as hers. In the very section that carries the eponym of the book's title, Amor's physician Dr Igana is portrayed reading inspirational literature so that he can learn ways of approaching dying characters. From the very section 'The Place of Destiny', especially the epigraph "to live well is good, to die well is grace" (69), we deduce that Amor sees herself dying gracefully since if to live well is to die well then had had a good life (17).

For Amor, a happy life is not that life lived without any strife but it is the ability of the person to overcome the challenges that come with it and Amor sees herself victorious amidst the painful strife concomitant with her disease. It is hence credible when she finally says she is dying well, and to further augment her conviction of graceful death, Dr Igana asserts that the first greatest lesson one must learn when dealing with death and dying is that "death is a matter of the spirit" (69). These are indeed the physician's words of encouragement that suit well Amor's condition since though she sees death right in her face, she fears not the death. At the beginning of this section, Amor's strategies of making peace with destiny are focalized from her physician because what the doctor offers as acceptable ways of dealing with dying and death are what Amor has already done.

The novel does it well by first painting the positive side of dying and death before letting Amor see her physician. More so, Dr Igana's guesses (having children, will

writing, religious persuasions, etc.) constitute some of the special ways that Amor ought to have exercised in order to peacefully die. To be sure, Dr Igana is inviting us to be part of those who assist Amor to make peace with her destiny. For him, his job is to successfully manage the dying of his patients so as to suffer as little discomfort as possible. As if to tell us that Amor is peacefully dying, Dr Igana says she has seen people not only die peacefully but also beautifully. The place of destiny finally led Amor into her final resting place.

Moments before curtains fall on her, her daughter Imani foresees Amor's death especially when she says that Amor is "desperately weak but she is *still alive* (145), [emphasis mine]. By saying still alive, Imani means that Amor's disintegrating body is long overdue. The novel call this "A Moment of Grace" and indeed, it becomes that moment Amor has looked forward to for some time. Amor herself initially says that she cannot sustain uncontrollable agony for long and Imani seems to echo her words that she is too weak to be still alive (145). And the very moments before she succumbed to cancer ailment, the narrator paints a conscious, calm and composed diseased Amor as if preparations that the church endeavors to undertake are not to mark her journey back to her maker (117). For Imani, final moments signal a happy ending "that all is well and all will indeed be well" (147).

#### **4.5.5 Death and Thereafter: The Curtains Finally Come Down**

What became an illusion as the novel begins finally turns out to be a reality. As if to echo the notion that the novel is such reserved in its presentation of mortality, Amor's death happens when no one is by her bedside. As I have argued throughout the thesis, especially on this penultimate chapter the narration in the novel is all about dying and it keeps deferring the actual death. Amor life ends moments after Malaika has just stepped into the bathroom to get some fresh linen. Even the very title of the chapter

that carries the news of Amor's death is metaphorically expressed by not just using the wind metaphor, but by also using the Dholuo word *Yamo'lalo*. Atoh Fred Ochieng' (2017) discusses the significance of wind in metaphoric communication of death related issues and author Ogola adopts that symbol so as to kind of become coy in telling the readers that Amor is succumbing to the illness.

All along in the novel, the narration is focalized from the first-person point-of-view and so the expectation is to get Amor's death as it will happen. However, when death strikes at Amor life, there is no one to give the reader the inside story of her death. By and large, death comes as an uninvited but for Malaika, Amor appears to have rather invited death since to her, she "simply feels time has come" (148) and so she needs to stop breathing. Amor's uncontrollable agony makes her and her close associates to kind of 'welcome' her death and that explains what the narrator calls Malaika's personal growth into maturity since after realizing that her mother has died, she does not scream or make a scene as situation would have demanded. Malaika rather simply steps out of the door and calls out "Igana, please come" (148).

Though Amor has finally succumbed to cancer, Malaika is reluctant to call it respiratory arrest. By putting Amor in that liminal space of being dead and alive at the same time, the text's aim is to spatialize the narrative by narrating that in-between space and it achieves this narration through a number of techniques, chief among them is the use of the genre of fictional autobiography as said earlier. After the curtain falls on Amor, the narrative is inundated with the in-betweenness with the protagonist Amor having willed to die, a wish that her husband agrees with her that "there does come a time when the most loving thing to do is to let go, to let be" (152).

On the other hand, Amor's parents unexpectedly show little emotion during her burial and what they could only do was to only silently watch the event from the periphery (155). While Amor is too sick to live, she is, however, too loving to die and for Mwaghera, Amor is just departed but not lost (154). From the particular time when Amor is diagnosed with cancer of the liver, everyone has been expecting her demise but when it finally comes, it looks like a surprise and Malaika rhetorically asks Dr Igana "why is death always so sudden even when you have been expecting it for months?" (150). Amor's death does not actually close a chapter in the lives of her close associates but only opens another one.

#### **4.5.6. Religious Beliefs and other means of Accommodating Death**

When Amor is addressing her children together with her husband, she boldly says that dying is an important part of her life and so if God can allow her to die then it is because it is the best possible time for her (95). As if to prepare her for a peaceful exit, the narrative of the ailing Timo Adagala is foregrounded moments before Amor dies. When Adagala finally succumbs to the illness, his associates do not mourn him to suggest that his final place of destiny is more comforting than the physical world. This gives Amina Imani some hopes that even if her mother dies, she will be fine too in the other world.

This flicker of hope becomes more apparent as Amor's days come closer to her very final place of destiny. Amor talks not just of the whole family making a last journey of faith with her but also about Fr Isidore Gaya, the spiritual leader who has guided her throughout her spiritual movements. Fr Isidore becomes a crucial character in understanding how Amor is making peace with her final destiny. The catholic priest approaches mortality from religious perspective and for him, "religion is about living life creatively" (116). All along, Amor has been proving herself to be religious person

and what Fr Gaya shares with us as better ways of dying peacefully best suits her and it is enough to make a conclusion that Amor has made all that is necessary to enable her peacefully exit this physical world. Amor appears to be consoling herself at her dying moments when she pities all those who, unlike herself, die without making peace with their regrettable pasts. She had actually done what a living human being is expected to have done especially at his/her dying days. Amor's inner prayer wishes her living to be a time for loving, and her loving becomes a gift for the living and her passing to be a moment of grace. Jaleha-Jefwa has discussed religion as the site that provides an opportunity for characters to cope with the prospects of death and dying.

She argues that religion:

provides a sense of meaning for suffering and loss. Moreover, religion helps address the anxieties that people have about dying. This is because people who have a religious inclination often believe that they will be rewarded in the afterlife for their religious behavior. (200)

Anyone who ever thought that life without Amor will be practically impossible conceived it wrong because little did they realize that an adjustment in their lives will make their lives equally possible. Amor's business company for instance is well accommodated in her death through the naming of Lanoi Sompesha as the managing director of Amor Innovative Skills Consultants. This naming becomes one of the strategies Amor takes to ensure that her illness and the impending death does not interrupt the smooth flow of business at Amor Skills. Amor's death for Pala is not bad since it gave him an opportunity to take charge of his own life.

When Amor keeps telling her husband that he should consider re-marrying, Mwachera takes it as a joke but when the realities of Amor's death dawn on him, he took Amor's words seriously by thinking of a second wife. And to take us through his decision for a second wife is the proverbial saying that time is a master healer. In A''

Prelude of Things to Come, 2”, it has been five good years since Amor’s death and time has actually healed Mwachera of the fond memories of sticking to the absent wife. He admits to have made two attempts at a relationship but because Amor was still in her heart, all attempts ended up in a frustration. The final attempt seems to be working out well though he is not sure of Akwiyi Nwankwo’s reaction to his proposal for a marriage. The novel ends with Mwachera’s conviction that he would “look up and tell her about it” (200). Religious beliefs and other adjustments that characters take in their lives ensured that Amor’s death is billeted well so that they do not appear much struck by it.

#### **4.6 Conclusion**

This chapter has undertaken a trans-generic reading of Margaret Ogola’s *Place of Destiny* and has demonstrated the used her personal story to tell about disease, dying and death. It traced the author’s ‘presences’ in the earlier two fictional novels and discussed how *Place of Destiny* clearly brings out those presences. My aim of relating *Place of Destiny* to biographical work was to discuss how the realities of disease, dying and death are encountered via the help of fiction. To achieve its objectives, the chapter first discussed, through the adoption of the popular view among scholars that there exist meditations on the truism that all fiction is autobiographical, the instances in which illness narrative is largely considered life writing. Before discussing a number of autobiographical inflections and how *Place of Destiny* is an autofiction work, the chapter briefly looked at the scholars who have theorized the relationship between illness and literature, particularly the significance of fiction in issues to do with illness.

It then entrenched *Place of Destiny* into the genre of Autofiction and it later discussed the centrality of autofiction in the presentation of mortality and how life stories are

creatively expressed in relation to mortality. The chapter foregrounded the use of fiction to narrate the lived experience and it examined different ways in which the characters flirted with death as they conceived mortality as an inevitable challenge. Because of its inevitability, the chapter determined various ways in which the characters in the text made peace with that final place of destiny. The chapter concludes its study by looking at the various ways, chief among them is religious beliefs, in which the characters, including the dying Amor accommodated death in their lives.

## CHAPTER FIVE

### CONCLUSION

#### 5.1 Introduction

This chapter reviews this study and conclusions are derived from the objectives stated earlier in the thesis. Because the thesis sought to examine the use of disease and pain as motifs of mortality in Margaret Ogola's *Place of Destiny*, this chapter presents the findings on how mortality in the novel has been conceptualized through the prisms of disease and pain. Chapter One introduced the nature of the study, that is, how literary writers have generally used disease in their works both as structure as well as a trope for various economic, cultural, social, and political issues bedeviling their societies and it proceeded to explain how these examples relate to the thesis' main argument that writer Ogola uses disease and pain as motifs of mortality. Chapter Two examined the language that the text uses to structure the explanations on illness and it demonstrated in a number of ways that the text employed to overcome the unrepresentation of mortality. And to faithfully demonstrate the above-mentioned ways, Chapter Two examined the representation of both physical and psychological pains particularly how the physical pain gradually moved into psychological one.

Chapter Three narrowed its analysis down to examining the place and position of character and characterization in framing the experiences, and the choices of living with mortality. It looked at how characters in the novel depict various ways in which people deal with death in general and specifically the impending death of loved ones. It hence examined characterization strategies that the text employs to create awareness of the finality of life, which is death. Chapter Four concluded the study with a discussion of the novel as an illness narrative and it demonstrated the extent to which the novel is considered a life-writing. Chapter Four discussed with a brief



outline of different inflections of autobiography, and then moved into discussing *Place of Destiny* as autofiction before it finally discussed the significance of self-writing in the presentation of mortality. What the chapter foregrounded in its discussion was the ways in which self-writing in *Place of Destiny* provides different perspectives on how characters interact with mortality in social, emotional and practically acceptable ways.

## **5.2 Findings**

This study had set out to investigate the use of disease and pain as motifs of mortality in Margaret Ogola's *Place of Destiny* particularly the evaluation of characters and how these characters are constructed in the novel to frame our understanding on mortality. In an attempt to understand the presentability of the unrepresentable traumatic condition of living with the terminal cancer predicament, study adopts a psychoanalytic framework of the Uncanny and the Trauma. Coupled with this analytical framework was the qualitative research methodology and the study establishes that author Margaret Ogola used disease and pain as motifs of mortality in her *Place of Destiny*. By revolving around the general conception that mortality is an intangible, the thesis found out that the author placed individuals in positions capable of meeting the difficult demands of communicating this uncommunicable phenomenon. It further discovers that *Place of Destiny* was able to manage uncertainties of illness experience through a number of strategies like the use of child narrator, collective will, will-writing and the benefits of doubt.

The study argues that the above-mentioned strategies were made possible through the choice of characters. The study finds out that as the characters try to come to terms with the dying protagonist, they grieved and the final Amor's death invited her close associates into the postmortal society. In its final chapter, the study discovers that

author Margaret Ogola uses her personal illness experience. The thesis advances the conversation started by some of Margaret Ogola's readers that *Place of Destiny* is a semi-autobiographical text by first examining types of autobiographies and it justified how and why *Place of Destiny* is an autofiction.

The study was able to illustrate the argument that the novel, as a work that reflects self-writing, presented mortality and the thesis discusses at length how lived illness experience aid in presenting the said mortality. The study foregrounds the ways in which self-writing in *Place of Destiny* provided different perspectives on the ways characters interact with the mortality in social, emotional and practically acceptable way. The study further discovers that *Place of Destiny* used creative expressions to tell the narrative about mortality and it realized that at some point in their narration, characters appear to be flirting with death when they truth dawn on them that mortality is an inevitable phenomenon. Because of this inevitability, characters, led by the protagonist made peace with their destiny.

### **5.3 Conclusion**

Margaret Ogola's *Place of Destiny* uses disease and pain as leitmotifs for mortality. Though mortality is a phenomenon that cannot be talked about anyhow, Ogola uses a number of strategies that convinced readers to read into and accept her presentation of issues to do with mortality. These strategies as discussed in the thesis include the use of fictional constructs, choice of characters, and characterization and the author exploits them so as to enable her to present issues to do with mortality.

### **5.4 Recommendation for Further Research**

This study dealt with the representation of disease, pain and mortality in Margaret Ogola's *Place of Destiny*. Other of Ogola's texts present mortality too and a study on

the whole continuum of illness, dying and death in Ogola's oeuvre can be conducted. Moreover, in the course of interrogating mortality in this text, it kept emerging that the novel can be used as a case study to examine the relationship between literature and medicine, or what is basically called medical humanities. What can therefore inspire further research on Ogola's *Place of Destiny* is the interrogation of the author's use of fiction to narrate her dis-eased condition, and such an analysis potentially settles down the dust on the casual mentions of *Place of Destiny* as a fictional autobiography. Furthermore, disease in postcolonial literature has been conceived as a metonymic representation of the socio-economic and political evils. It is prudent to examine how the cancer predicament in the text can be configured to reflect this, especially in *Place of Destiny* whereby political overtures in the novel appear far-fetched.

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