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"This Path is Full of Thorns": Narrative, Subjunctivity, and HIV in Indonesia

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Title page

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“This Path is Full of Thorns”: Narrative, Subjunctivity, and HIV in Indonesia

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Narrative, Subjunctivity, and HIV

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Abstract

In this article I focus on the active fostering of subjunctivity in processes of narrative worldmaking. Drawing extensively from the narrative of an HIV-positive woman in Indonesia, I show that by subjunctively leaving open multiple narrative trajectories and future possibilities, individuals may navigate the ethical complexities of their lives and maintain relationships with the world and others while staying true to the things that really matter to them. I suggest that although entertaining a range of possible future trajectories may involve constructing several alternative narrative plots, most of the time there is no plot to be followed and not determining future parallel plots may be more helpful in balancing conflicting ethical demands. By not imagining clear beginnings and endings of narratives yet actively retaining narrative possibilities, values that may seem incompatible in the present may then all be kept open for future moral striving.

Abstract in Indonesian

Dalam artikel ini, saya berfokus pada pengembangan aktif subjuktivitas dalam proses pembuatan naratif. Dengan contoh narasi yang komprehensif dari seorang wanita pengidap HIV positif di Indonesia, saya memperlihatkan bahwa dengan membuka banyak lintasan narasi dan kemungkinan masa depan secara subjuktif maka individu dapat menentukan arah kompleksitas etis dalam kehidupannya dan tetap memelihara hubungan dengan dunia dan orang lain, serta tetap setia pada hal-hal yang penting bagi dirinya. Saya menyarankan bahwa meskipun memikirkan berbagai kemungkinan lintasan masa depan mungkin akan dapat melibatkan beberapa plot naratif yang beragam, namun selama ini mungkin juga tidak ada rencana yang dapat dilakukan. Tidak menentukan plot paralel di masa depan mungkin akan lebih membantu dalam menyeimbangkan tuntutan etika yang bertentangan. Dengan tidak

membayangkan awal dan akhir narasi yang jelas namun secara aktif mempertahankan kemungkinan naratifnya, nilai-nilai yang tampak tidak sesuai pada saat ini mungkin akan terus terbuka di kemudian hari sebagai bentuk usaha moral di masa depan.

Keywords

Narrative, Subjunctivity, Ethics, HIV

The first time I met Tabinda, she and her husband were sitting on the stairs in front of the Voluntary Counselling and Testing Unit at the far end of Aceh's main public hospital.¹ It was December 2013 and for the past several months I had been conducting ethnographic research with the only HIV/AIDS support group in Aceh, Indonesia's northwesternmost province. The peer support group had an official agreement with the hospital so that whenever a new patient registered at the VCT, he or she would be referred to the group. In this case, the VCT doctor had just informed us – the support group program manager and me – that a new patient from one of Aceh's remotest districts had had a doctor's consult and was waiting outside. We joined the couple, cautiously, because new patients were often hesitant to engage. But Tabinda, who was in her early forties at the time, was very eager to meet us. She immediately started to ask questions about lesions on her skin and the program manager explained to her that they would disappear when she would start with antiretroviral therapy. Tabinda asked whether her disease could be cured. After confirming what Tabinda had probably already heard from the doctor, the program manager turned to Tabinda's ten years younger husband who had tested negatively and asked whether he would keep supporting his wife. When he nodded, she praised him.

The next day the doctors sent Tabinda home with antiretroviral- (ARV) and tuberculosis medication. Going home meant a 17-hour bus ride that the couple could not afford, but that in this case had been paid for by their district's health department. While the doctors in Banda Aceh urged her to come back after two weeks it seemed a nearly impossible request because of the long distance and their economic situation. Back in her village, Tabinda's condition worsened. She turned out to be allergic to some of the prescribed drugs and the local doctor advised her to stop taking them. The district's health department, perhaps initially excited to have detected their first case of HIV, now remained unresponsive to

Tabinda's request to be taken to Banda Aceh again. During the next four months we lost contact.

However, in the spring Tabinda returned to Banda Aceh for medical treatment. I accompanied her to the hospital on a daily basis during the weeks she stayed in the capital and kept in touch with her through regular phone calls and text messages thereafter. As Tabinda over time ardently started to narrate the story that she knew would be material for my research and engage me in the unfolding of her lived experiences, the multiple layers, new insertions and revelations, as well as changing reflections and interpretations of past experience provided a thorough but ever changing perspective on the complexities of her life. By pulling in different pasts, struggling through present dilemmas, and musing on possible futures, she revealed a narrative experience of reality as subjunctive, with multiple possibilities to invoke or leave unspoken, to act upon or return to later. While at times a burden of uncertainty, the subjunctive elements in her narrative also allowed for her flexibility in sustaining relations with the world and others.

In this paper I take up the call of scholars of language and narrative, starting with Jerome Bruner, to take seriously the subjunctive character of narrative experience (Bruner 1986; Good 1994; Good and Good 1994; Mattingly 2010; Mattingly, Lutkehaus and Throop 2008; Ochs 2012). As a grammatical form, the subjunctive form of a verb represents, according to Merriam-Webster online, "a denoted act or state not as fact but as contingent or possible or viewed emotionally (as with doubt or desire)." Broadening this grammatical form to the anthropological analysis of narratives reveals how, rather than structuring reality into coherent stories and meaningful plots, narrative thinking in the subjunctive mode leaves open multiple possibilities both for the beginning and the end of a story, thereby exploring "the indeterminacy of reality" (Good 1994, 153).

Narratives, especially narratives of illness and trouble, are often characterized by incoherence, ambiguity, and non-linearity (Black 2013; Garro 2003; Ochs 2004; Ochs and Capps 2001; Shohet 2007; 2017). Yet, importantly, narrative open-endedness and subjunctivity are not only conditioned by uncertain circumstances, but also form active strategies of relating to the world in troubled times. Contributing to anthropological insights into subjunctivity and more broadly to the anthropological scholarship on narratives, in this article I argue for a psychological anthropological approach to the subjunctive – the exploration of possible narratives about oneself and the world – as an active narrative strategy for managing conflicting moral demands and relations with the world. I further suggest that while such a strategic use of subjunctivity may include thinking through various narrative plots or “what-if” scenarios (Black 2015; Mattingly 2014; Turner 1987), it may on the contrary also consist of an investment in not precisely thinking through such narratives trajectories, leaving them as vague as possible. The world-making capacity of the subjunctive elements in narratives, indeed, works not only by retaining multiple perspectives but also by anticipating unexpected turns, including mysterious events or divine interventions (Good and Good 1994).

Below, I will draw extensively on what I broadly call “Tabinda’s narrative” – in which I include the stories she told me and wrote for me, her diary-writing, her text messages, phone calls and reported interactions with me and others (including spiritual forces), and her unfolding actions and experiences. In doing so, I aim to bring out the importance of subjunctivity in her struggle to live her life and hold on to her core values in very difficult circumstances. Before introducing the situation of HIV/AIDS in Indonesia and telling Tabinda’s story, in the next section I will first examine the relation between subjunctivity and narrative worldmaking and discuss how recent studies of ethics and

performance may provide a useful framework for analyzing the productive role of subjunctivizing elements in narratives.

Narrative and subjunctivity

In his analysis of ritual and theater, Victor Turner accorded an important place to the subjunctive mood, “the mood of maybe, might be, as if, hypothesis, fantasy, conjecture, desire,” which he considered to be dominant in the liminality of ritual. While for Turner ordinary life “goes on in the indicative mood,” liminality is “a storehouse of possibilities and “a striving after new forms and structures.” Studies of the subjunctive mode in narratives put subjunctivity more squarely in the everyday. Jerome Bruner (1986; 1990) was famously concerned with the ways in which narratives create meaning through ordering experience, but he also pointed out that narratives work through “subjunctivizing reality” by “trafficking in human possibilities rather than settled certainties” (1986, 26). Further, literary scholar Frank Kermode (1979) observed that a plurality of interpretive possibilities is inherent to all narratives, even though interpreters often assume and hope for a one-on-one, realist and coherent, connection between a story and the world. Anthropologists show that the subjunctive may be an explicit characteristic of narratives (e.g. Good 1994). The uncertainty, the “might-be”, of subjunctivity may be unwanted, a result of unequal power relations (Pinto 2012) or haunting rumors (Samuels 2015). At the same time, rather than settling on one realist account of the world, those who tell stories may also be highly committed to leaving possibilities open, employing what Good and Good have called “subjunctivizing tactics” (Good and Good 1994). Such tactics may express a desire for alternative outcomes and the imagination of multiple possibilities (Good 1994, 155, see also Mattingly 2014, 122-49).

The subjunctive mode, then, is an essential part of an everyday life characterized by possibility, uncertainty and non-linearity (Garro 2003; Mattingly 2010; Ochs 2012; Throop

2014). Through subjunctivizing tactics, people may make sense of their uncertain, incoherent and non-linear experiences, not by providing coherence but by actively sustaining multiple possibilities.² At the same, narratives do much more than making sense of experience. Adding to approaches that prioritize meaning-making as the primary accomplishment of narratives (e.g. Garro and Mattingly 2000, 1; Kleinman 1988), we could think of narrative worldmaking as the ways in which people use narratives to create, sustain, intensify or neglect relations with the world and others (Zigon 2012), the ways in which narratives not only index but also create the world (Ochs 2012), and the intersubjective narrative practices through which people create possibilities in everyday life (Mattingly 2014). More than a mostly retrospective effort to make sense of experience, narratives effect a present “being-with” others and thereby actively make and remake the world (Zigon 2012; see also Samuels 2016b).

In this article, I maintain that the subjunctive capacity of narratives is fundamental in narrative worldmaking – in making and managing relations with the world. To understand the important narrative plurality that the subjunctive mode lends to navigating relations of value, I turn to recent work by Jarrett Zigon (2014a) on attunement and fidelity and by Steven Black (2015) on morality and performance. Zigon argues that through attunement people continuously adjust the multiple relationships through which they are entangled with the world and others. It is through attunement that these relationships gain significance (even if they are “negative”), and therefore, through attunement we become and maintain ourselves as subjects in a world of value. Furthermore, Zigon (2014a, 24) maintains, by means of enacting “fidelity,” the always already attuned subject “remain[s] true to its singular life-trajectory,” through the ethical maintenance of relations with others and the world. In other words, people ethically work on the things that matter to them, for which they have concern, and in doing so they can maintain fidelity to who they are as beings-in-the-world.

The different things that matter, however, may be in conflict with each other, presenting moral dilemmas. In his study of a gospel choir of HIV-positive people in South Africa, Steven Black (2015, 261) offers an insightful example of how performance may offer a way to deal with “potentially conflicting aspects of an emergent moral assemblage.” Choir members, Black shows, find themselves torn between the moral imperative of public disclosure as promoted by HIV/AIDS activists, NGOs and human rights organizations on the one hand, and the need to not bluntly reveal their HIV-positive status to their immediate family members, out of respect. Performing in the choir, which some but not all audiences and relatives know to be HIV-related, offers members opportunities to at once open up publicly and carefully manage the process of disclosure toward their relatives. The ambiguity of the choir performances allows audiences to read between the lines and therefore offers, Black argues, “a way to embody multiple public discourses about morality at the same time.” (2015, 261).

While dilemmas of disclosure and secrecy play a similar role in the lives of many HIV-positive people in Aceh, I am primarily interested here in how the performances studied by Black can be a way to maintain multiple narrative possibilities, in the subjunctive mode. Performance, in this sense, is not limited to on-stage activities such as those of the choir, but can include all kinds of narrative expressions, including poetry, but also text messages, letters and conversations. I concur with Black that certain narrative expressions help to actively sustain ambiguity instead of providing coherence and therefore to manage possible moral conflicts while remaining true to the multiple values that underlie these conflicts, in Zigon’s terms remaining “fidelious” to them. It is exactly the subjunctive mode of narratives that helps people to manage such moral dilemmas without necessarily resolving them.

At the same time I argue that the subjunctive mode of narratives need not be a clear thinking through divergent trajectories, but can rather create an openness to a range of future

possibilities through indecision, an active fostering of “we will see later,” rather than creating coherent scenarios of what might be. Indeed, the narrative plots of the “might be’s” may not at all be apparent when people navigate through the troubled worlds they find themselves in. By not exactly delineating what would happen if A, B, or C were the case, the subjunctive mode of narratives can help people to balance, make, re-make, and repair their relations to the world and others. While Kermode (1979, 143) argued that interpreters are “most unwilling to accept mystery” in a story, I suggest that narrators and interpreters may actively embrace such mystery and open-endedness in their own life-stories, anticipating the unexpected.

In what follows, I will engage with Tabinda’s narrative in depth to bring out the ways in which she deals with multiple challenges in her life. As we will see, cultural narratives, values and models significantly influence this process. In her struggle to deal with hardship and multiple ethical demands, Tabinda both inhabits and creatively exceeds cultural narratives and subject positions. Through the open-ended quality of narrative she remains true to a number of values and relations that matter to her, even if disappointment, failure and at times despair loom large. In the midst of the unfolding events of her life, she actively fosters the subjunctive elements of her narrative by leaving future trajectories open rather than clearly thinking through different possibilities. I argue that such narrative open-endedness, enabled through narratives’ subjunctive qualities, is a prominent way of worldmaking in troubling circumstances. Before turning to Tabinda’s narrative, the next section will briefly sketch the context of my research on HIV/AIDS in Indonesia and the contours of my relationship with Tabinda.

Experiences of HIV in Indonesia

The first time AIDS was officially diagnosed in Indonesia was in 1987. The epidemic has been rising since then, first mostly among injecting drug users, but over the last decade

increasingly affecting men who have sex with men, female sex workers, high-risk men and their wives and children, with an estimated 690,000 people infected by 2015.³ While treatment is, in theory, available free of cost, in most parts of the country access to medical services remains limited because of large distances to clinics, the complicated referral system, discriminatory practices in the health care system and fear of stigmatization (Green and Nagar 2013; Hidayana and Tenni 2015). Local politics may complicate seeking treatment, as is the case in the province of Papua, where conditions of political oppression negatively affect the relation between local patients and the national state-run health care system (Butt 2013). Since 2004, the national government's activities in Care, Support and Treatment of HIV/AIDS have been scaled up (Green and Nagar 2013). Peer support groups are active throughout Indonesia. Nevertheless, a widespread sense of AIDS as an unseen danger to the nation prevails, resulting in people living with HIV/AIDS being "a kind of absent presence" in the Indonesian body politic (Boellstorff 2009, 358).

The first case of HIV in Aceh was diagnosed in 2004, not long before the Indian Ocean tsunami destroyed large parts of the province that has long been imagined as the most piously Islamic part of Indonesia. The post-tsunami reconstruction period brought all kinds of people, organizations and projects to the area, including a small group of HIV activists who from 2006 onwards gathered Acehnese patients in a local support group. Despite their activism, health care services for HIV-positive people remain largely limited to the capital, Banda Aceh, and patients throughout the province experience stigma and discrimination in the medical system and society at large. During my ethnographic fieldwork, several patients experienced that surgeries were denied or postponed because of their HIV-status. People whose HIV-positive status had become known in their communities met with serious discrimination. For example, one widow was denied access to the schoolyard where she had previously sold home-made lunches. With no-one willing to buy her food, she saw her only

means of existence gone. A young man who had worked as a driver desperately wanted to get back to work but was continuously denied jobs. In several places, HIV-positive children or children of HIV-positive parents were denied access to school and neighbors prevented their own children to play with them. In extreme cases, patients were ostracized by their own families (see Samuels 2016a).

At the end of my ethnographic fieldwork in Aceh (August 2013 – July 2014), a total of 272 people in the province people had tested positive, most of them with AIDS.⁴ As part of my research, I conducted participant observation with the four staff members of the support group, joining them in their daily accompaniment of patients in the provincial hospital, outreach and peer-support activities, and meetings with government officials and hospital staff. I spoke with a range of social actors in the field of HIV care, outreach and prevention, and conducted over thirty in-depth interviews with people living with HIV.⁵ Tabinda was one of them. During the weeks that she stayed in Banda Aceh, I regularly accompanied Tabinda to the hospital as part of my participatory activities in the support group. I enjoyed Tabinda's company and was interested in her story, and at the same time Tabinda sought me out as a companion, sharing her hopes and worries in conversations and text messages. She often explicitly designated things she told me about her life and present experiences as potentially interesting for my research. A few times, I helped her with small monetary and material gifts in a way that is quite regular in Aceh among friends of different financial means. We kept in touch through phone calls and text messages long after my fieldwork ended.⁶

“The story of my heart”: Staying true to the things that matter most

After Tabinda's first visit to Banda Aceh in December 2013 and the message that she stopped her medication because of severe side effects, the support group had lost contact with her. However, in April 2014 we managed to reach out to her again and on a tour through Aceh I

visited Tabinda in her house, together with three support group staff members. I had a long interview with her that night, which was mostly whispered so that our words wouldn't reach her husband and my companions who were chattering on the other side of the wooden kitchen wall. In this section, I recount parts of that conversation, which give insight into a particularly upsetting part of her life. Her story describes different possible beginnings of her illness and different attempts to find a cure. Here, I emphasize the range of cultural and personal values – concerning marriage, family, religion, health and economic development – that the interview illuminated, and that Tabinda, as we will see in the next sections, actively sustained by fostering the subjunctive elements in her narrative navigation of the difficult experiences that would follow.

That evening in April, Tabinda did not bother with long introductions, starting her story with the life changing moment of diagnosis that structures many first-person accounts of HIV (cf. Robins 2006):

I never imagined that I would be affected by this [HIV]. When I heard that my [previous] husband faced this, I felt like being struck by lightning, because I knew that there is no cure. However, I have life spirit (*semangat hidup*), because I have to be there for my children whom I have long left far away from here with the hope that [in the future] we can be together. After my [previous] husband died, I felt empty, but I have the support of my [current] husband, who always helps me, brings me everywhere, loves me.

Characteristic for Tabinda, as I would learn later, a statement about hardship was followed by one of optimism. Her first words moreover already revealed two of the things that mattered most to her. The first concerned her family, and more specifically her two children. Her son was already married and her daughter was still in high school. She had left both of them

behind in her area of birth in neighboring North Sumatra when she moved to Aceh to marry her current husband. The second thing that was very important to her was her marriage. While initially she praised her husband, later that night she became more ambiguous about their relationship. Yet there was another central dimension of her life that she emphasized in those first minutes, namely her Islamic faith. She continued:

At first I could not believe that he [my husband] kept supporting me, I surrendered. But later, every night I prayed and I asked God for a sign so that I would get a way out. Apparently, various people from the health department and doctors came to help me, even though just a little bit. I am grateful, because it means that God has given me an opportunity, and now the NGO [support group] has come to help and I think it is God's answer to say that I am not alone, and that makes me stronger, to get rid of... what... of my boredom. That is why I look for things to do, so that I can forget my problems.

Earlier that day, Tabinda had come to meet us in the subdistrict's central village, where we had arrived after being on the road for two days while making other visits. From the moment we had entered the district and later the sub-district my support group friends had not stopped commenting on its remoteness, exclaiming several times "how can the hospital staff in Banda Aceh possibly expect people to travel from this place to the capital every two weeks [for check-ups and medication]?" After Tabinda had stepped into the car, we drove on, another twenty minutes into the forest and on to her village. Born and raised in urban areas in North Sumatra, Tabinda seemed to share the support group's view of the village. Borrowing from the language of development that has permeated Indonesia at least since the 1960s (see, e.g., Heryanto 1988), she told us that every one of the 52 families here was poor and none of the residents had received any education beyond elementary school. She had sent a proposal to

the district government suggesting they would pave the mud-road with asphalt, but had not received a response. She apologized for the bad state of the house in which she lived with her husband and the three young (pre-school age) children from his previous marriage: a two room wooden cabin without bathroom or toilet.

That night, Tabinda told me how things had once been different for her. After finishing high school she had worked in a luxurious hotel and learned some English, before she married a colleague and had children. Tabinda started her own restaurant business, which soon thrived. She worked around the clock, had seven employees and was able to buy a large house. Her husband, however, started to lose money in gambling, while more and more often staying away from home and seeing other women. In a few years he gambled away all of their money and even the house, after which Tabinda decided to leave him. She went home to her parents and left her teenage daughter in the care of her wealthier in-laws, a decision that kept giving her intense sadness.

Tabinda used her last money to go through the arduous process of arranging a divorce and three years later she found her current husband “through sms”. His wife had just left him, he “called the wrong number” (a common way of trying to find a partner in Indonesia) and they got in touch. Against the advice of her family she had crossed the border with Aceh and married him, unaware of the dire poverty of the place she was moving to. Not long thereafter she fell ill, with red spots covering her skin and swollen legs. But she recovered after visiting various local traditional healers. Then her sister in law called to let her know that her ex-husband had AIDS, about which Tabinda had heard “from television.” She got tested at the district’s hospital and received a positive test result: “I felt like my head was exploding. I cried. My husband said, it’s alright, we will find a way out. (...)” She stopped and pointed at a small notebook:

This here is my diary. Perhaps when I am not here anymore, perhaps, this is the real story of my heart [at that moment]. I don't conceal anything, so that my children can read it, the story of my heart. It is the feeling of lightning striking: "O God, why me, why me," like that, "where did it come from, why me?"

She said she felt relieved after writing in her diary, but her new husband often got mad when he saw her doing it, saying that it only made her cry and her illness would get worse because of it. Supportive at first, her husband now got angry soon and did not want her to go to Banda Aceh again for treatment. Tabinda regularly called her mother and younger sister, who gave her emotional support though they did not send her money. Her biggest concern, she emphasized, was that for a while now her daughter had not wanted to speak with her, making her extremely worried both about her daughter's position in her previous husband's family and about their relationship.

Lowering her voice almost below the level of whispering she shared another concern with me, asking how she could know who had infected whom with HIV. Her late husband, with his long stays away from home and his known relationships with other women seemed a likely candidate, but though Tabinda claimed that she had been faithful to him, she seemed not fully convinced. In our conversation, her medical situation emerged as only one issue amongst her many concerns, but the seriousness of her opportunistic infections was revealed in the terrible coughs that frequently made her pause for a while. With the help of the support group and, reluctantly, the permission of her husband, the next week Tabinda finally came to Banda Aceh again for medical treatment.

Tabinda's story contained a range of subjunctive elements. She clearly expressed uncertainty about the beginning of her illness and her possibilities for treatment. Also, she was ambivalent about the relationship with her husband and uncertain about her daughter,

leaving open the ways in which these relations could possibly develop. Finally, her faith opened up the possibility of divine intervention: God might answer her prayers in ways she could not yet expect.

Importantly, a range of cultural narratives also influenced the way in which Tabinda framed her troubling experiences, paradoxically, as Ochs and Capps have argued, making a narrative of personal experience at the same time one of impersonal experience (Ochs and Capps 2001, 55). One such cultural narrative concerned her dramatic fall into poverty and the way she presented that poverty as at once problematic and redemptive. On one occasion she told me she had learned a lot from being poor and she described the beautiful aspect of her poor life in the village as the opportunity “to take a walk with the children to the field on a Sunday morning,” tuning in to an Indonesian middle class discourse about the rural poor being honest, uncorrupted and close to nature. At the same time, she echoed the national discourse of development, not only in her perspectives on the underdevelopment of the village, but also in her engagement to modernize the village. She worked for the village development group (KPMG, *Kader Pemberdayaan Masyarakat Desa*), earning the equivalent of four US dollars per three months. And when one day we discussed plans for the future, she eagerly told me that she planned to make a proposal for a village sewage system, shaking her head in dismay about the villagers being unhygienic and uneducated, exemplified by the way in which, she said, “they leave their excrement at the back of their house, and when they get ill they say it is black magic.”

Islam offered another crucial narrative framework through which Tabinda interpreted her suffering. Often, for example, she would say that she left everything up to God. When positive things happened, she pointed out that her prayers had been heard. Beyond being a cultural interpretative framework, however, being a good Muslim and pursuing a pious life was one of Tabinda’s ethical life projects, together and intersecting with her continuous

desire to care for her family and have a stable family life.⁷ When I once commented that it must be so hard to deal with everything that happened to her, she smiled and said that fortunately she came from a very pious family. Her troubling experiences that framed many of our interactions over the next months and years mainly concerned situations in which these projects of family and piety were, temporarily, jeopardized because of the ethical demand to stay true to another moral value, namely that of continuously improving the conditions of her own life – both socio-economically and in terms of health.

The moral dilemmas that such conflicting demands created (see Zigon 2007) were apparent throughout Tabinda's subsequent stay in the capital, where she seemingly had to choose between health and marriage. However, as we will see in the next section, by actively sustaining the subjunctive elements in her narrative engagement with the world, she managed to keep success in both fields within her range of possibilities. In Banda Aceh, her narrative emerged not only through the reflections she shared during our daily visits to the hospital, but also through the actions and events that continuously opened up or foreclosed different possible futures. We were in the middle of the narrative, and its uncertain beginnings and futures fed its subjunctive character, meandering through a range of different meanings and possibilities of marriage, health, faith, family and economy. The next sections will show how through her narratives Tabinda kept remaking and sustaining her relations of value in the world. It was exactly by subjunctively leaving open the different trajectories that her life could take that she managed to stay true to all these different values that mattered so deeply. In line with my argument in this article, we will see how her narrative performances actively nurtured subjunctive elements to manage conflicting ethical demands, without needing to choose or exactly specify the possible turns that her future could take.

“A stable family”: between medicine and marriage

In Banda Aceh, Tabinda stayed in the drop-in center of the support group, where she appeared eager to learn about HIV. She asked staff members questions about what kind of food could help to raise her CD4 levels and reproduced information about opportunistic infections aloud. She wrote down all information on medication and medical advice in a notebook, quickly becoming what the support group staff dubbed a *pasien berdaya*, a “capable” patient, echoing the moral discourse of responsabilization promoted by HIV programs around the world (see, e.g., Benton 2015; Nguyen 2010; Robins 2006; Zigon 2011). Her quest for the right medication, however, took much longer than she had initially expected and this disappointment quickly reduced her initial optimism. As one of the first regions in Indonesia, Aceh has since 2010 implemented a policy guaranteeing universal free health care. With the right reference letter from one’s own district hospital and identity papers, health care in Banda Aceh’s public hospital is now free of charge. While this system has made hospital care accessible for many more patients, it has also led to the public hospital being overburdened. There are long waiting lists for operations, a lack of beds for patients in need of urgent medical care and long queues for a doctor’s consult.

Over the next weeks, I often waited for hours with Tabinda to see one of the hospital’s lung specialists who could treat her tuberculosis. Tabinda turned out to be allergic to a number of drugs used in tuberculosis treatment and therefore one of the specialists prescribed a treatment that involved a daily injection for three months. In Banda Aceh she travelled to the hospital to receive this injection every day. From the start, however, we all worried about what would happen when Tabinda would go back home. As discussed above, HIV patients are frequently discriminated against at local clinics and hospitals where nurses and doctors often refuse to provide treatment, even for minor conditions. Since news about Tabinda’s seropositive status had somehow leaked from the district’s hospital to her local clinic, it was highly uncertain that the injections would be continued back home.

Tabinda's main worries, however, concerned her marriage and her children. She kept expressing deep sadness about the loss of contact with her daughter. Her more immediate concern was her husband, who had almost forbidden her to go to Banda Aceh: "I had to kiss his feet to be allowed to go!" she said during one of the first days. "He doesn't trust me on my own here..." When she added that he kept pressuring her to come back home, a support group member who was with us interjected: "No! you have to get treatment first." Tabinda agreed, "I want to get treatment, I want to get well." One night, she sent me a text message saying: "Even though my household is falling apart, I will energetically pursue medical treatment." On the phone her mother also advised to seek treatment first. In a way that reveals a concerned investment in the narrative open-endedness of the future, she said: "get treatment first, later [you can] see how [to go on]..." But even though her husband started to demand money from her, Tabinda kept trying to appease him and avoid a definite choice between health and marriage.

When I asked Tabinda why she would stay with her husband instead of going home to her parents, she answered, "I always wanted to have just one marriage (*berumah tangga*, lit. to have a household) [in my life]." And, "I care for him. I cared for the first one too, but I couldn't handle it anymore." A few weeks later she revealed that she had had one more husband, who had been stealing, lying and spending all her money, but whom she had repeatedly run away with against her parent's wishes because she "loved" him, "cared for him" and "wanted to have a family." Clearly, having a family and a stable household was one of Tabinda's main desires, something she kept striving towards and which she therefore tried to carefully balance with her wish to get treatment.

Like the aforementioned discourses of development, the ideal of a stable nuclear family is strongly anchored in Indonesian nationalism and nationhood in Indonesia is deeply gendered (Steedly 2013, 18).⁸ Moreover, loyalty to one's husband is an important Islamic

value. It is therefore perhaps not surprising that Tabinda desperately kissed her husband's feet to get permission to travel to Banda Aceh. When she told me about the divorce from her previous husband, she drew at length on a discussion she had had with a religious teacher at the time and she kept arguing that in the end it would be up to God to respond to (and judge) what they had done. She now seemed committed to make the third marriage a success, but the need to take care of her own health against her husband's wishes again jeopardized this desire that was so complexly shaped by gender, religion and nation, as well as by her own life trajectory. Apart from her husband, everyone she talked to, including her mother, her younger sister, doctors, support group staff and me, urged her to take care of her health, as her mother said, "first," leaving open a future in which anything was still possible. This "first" sustained a subjunctive track that Tabinda embraced without having to clearly delineate the different possibilities for "later". She kept in touch with her husband in the hope that "later" would bring new openings.

The second part of Tabinda's one-month stay in Banda Aceh indeed brought relief. Her daughter suddenly called to say that she was alright and a few days later Tabinda's husband called again to ask for money, but now he told her the reason he wanted her to come back: people in the village were talking about her, telling him that she left him and would not come back. After Tabinda sent him some of her last money he became very supportive again and visited the local clinic to argue for her right to get her daily injection. After more than three weeks in Banda Aceh, Tabinda finally received ARV medication and even though the doctors urged her to stay on a little while she decided to go home. In the middle of the story, the future of both her health and her marriage remained uncertainties.

A day before she left, Tabinda gave me a letter which, she said, could help me with my research and which contained her life history up to the moment she got to know her second husband, the part we had not discussed in the earlier interview. When we had lunch

together that day she summed up the misfortunes of her family: two of her elder sisters had experienced severe domestic violence, another one's husband took a second wife against her will, a fourth sister died during a car accident, and her mother recently suffered a stroke. "They all have their own problems," she sighed. Yet, her family members were now starting to support her emotionally, though they would still not send her money, arguing that the marriage was her decision and that it was her husband's responsibility to take care of their household. "In my notes you will read about the rest of our family's history," she concluded.

In the letter she pulled in different stories about the past that related to her investments in key values of marriage and family as well as her current hopes and worries. Her letter contained a detailed life history in which Tabinda discussed her family's tragic past. When she was very small, she wrote, a pregnant sex worker had come to their house to claim the right to her father's assistance. After the woman died in the car in which Tabinda's mother was taking her to the hospital, Tabinda's mother was accused of murder and sent to prison – events that Tabinda describes as *tragedi* (tragedy, invoking the classic dramatic narrative form) and *musibah* (misfortune or disaster, a word with religious roots that suggests an interpretation of misfortune as fate). Tabinda described this event that "shattered" her family as a formative period in her young life, which seemed to have crucially influenced her future complex relations with her parents and perhaps her own repeatedly stated desire to have a "stable family" (*keluarga yang baik*). It was while reading the letter that I learned about Tabinda's first abusive husband and about "strange" things that happened to her, such as the appearance of five dwarfs around her first child right after she gave birth. The last part of her letter describes the marriage with her second husband, the gambler, and offers a reflection phrased as a confession:

The truth is that that marriage was not the first one but the second. My second marriage failed, [so] I should also not have wanted this third marriage, because everything we are looking for in this world can vanish in a moment, but [we should be] looking for good things [in Islam] that are for God...

Importantly, then, the fostering of subjunctivity, of the range of possible trajectories that her own narrative could take, for Tabinda not only involves creating narrative ambiguities that incorporate her worldly strivings, but also the knowledge that God may take things away, or may otherwise intervene, at any moment. The place of religion in her ethical project here may be strongly connected to her social situation of insecurity in which the near future has become very unpredictable, increasing the appeal of the distant future and the afterlife (cf. Robbins 2007). At the same time it is important to remember that even though her cultivation of religious moral dispositions may have become particularly pronounced in these uncertain times, religion had been part of Tabinda's life for a long time and therefore reached far beyond being a coping mechanism. Tabinda ends her letter with hope:

Sometimes I have taken risks of which I didn't know the effects, but most problems can change shape – even if this happens slowly. While I may now be like a run-down house that almost fell down, the wood still has roots. I hope the roots will strengthen the house so it will be secure again.

Tabinda's letter was what in Indonesian is known as a *curahan hati*, (litt., pouring out one's heart), a mostly one-to-one sharing of personal feelings. Indeed, her letter contained many meaning-making tools, including metaphors (such as the run-down house), and cultural and religious concepts (such as *musibah*, disaster). But more important for my argument in this

article, the letter, like Tabinda's other narrative expressions, was a performance that invested in the narrative (re-)making of the world. Through this particular performance she built her relationship with me, imagining further audiences through my expected future writing. Moreover, she narrated her relations with her family members, her children and her husband as her particular involvement in a "world." The past of breaking, creating and sustaining these relations crucially influenced the world she found herself in. Throughout her narrative performances, including the letter, text messages, and conversations, she did not settle on one convinced and convincing narrative – as some true believers, fully recovered addicts or former anorexia patients may do (see, e.g., Shohet 2007) – but kept entertaining multiple possibilities for her marriage, parenthood and health to develop.

Narratives, especially those of "trouble" (Garro 2003), often lack coherence and linearity. What I suggest here is that incoherence, ambiguity and uncertainty, in short fostering the subjunctive, may be deliberate strategies, employed by narrators to maintain multiple relationships of value in the world. Thus Tabinda continuously adjusted to the vicissitudes of her relations with her husband (and her daughter) as well as her medical condition by not foreclosing possibilities but instead making room for unexpected turns and divine intervention. As time evolved and new crises appeared, religion came to play an increasing role in Tabinda's narratives. The next section elaborates on her active investment in the possibility of divine intervention, which brought into view new perspectives on her past and future.

"Perhaps it was God's wish": trafficking in possibilities

Two weeks after her return to the village Tabinda was back in Banda Aceh, severely ill. She had been given the same antiretroviral drug combination that had caused such serious side effects in December, and soon after she started taking the drugs again her body became

covered with burning red spots, later turning to big black ones indicating Steffen Johnson's disease – one of the regular and severe side effects of ARVs. Her lips were so swollen that she could hardly eat or drink. After she started experiencing these side effects, she had been admitted to the district's hospital, and on the phone she sounded optimistic, telling me: "The doctor has said that I should be strong, even though there are side effects. I pray to God every day, I asked for His help and He has answered my call." Yet when her condition worsened, the doctors decided to send her and her husband to Banda Aceh by ambulance.

In Banda Aceh, Tabinda lost consciousness several times and when I visited her in the hospital her optimism had vanished: "I think too much," she said, "... this struggle has already lasted so long. Yesterday I thought it would be over." But it was not: a new drug combination helped her to recover yet again, though physical recovery did not end her social problems after she went home. At the end of the month, Tabinda texted me that she was ostracized from the community, with people moving away from her when she entered the mosque to pray. Her faith kept being crucial in facing the challenges: "I surrender to God. My heart cries, but I still have faith. I ask God [for help]. Even though this path is full of thorns and burned by continuous fire, I won't let [this] break my spirit, which is full of mysterious desires, Anne, yes, this is just how my life is." Although I never found out what "mysterious desires" she alluded to, I noticed how she not only presented her struggle as a narrative, a difficult "path" on which faith helped her to keep going, but, like in her letter, it was also the poetic language itself through which she narratively created that path. In addition to making sense of life, her narrative thinking and writing were poetic acts of worldmaking, creating a path rather than merely describing it.⁹

After my fieldwork ended a few weeks later, I kept in touch with Tabinda through text messages and phone calls. The relationship with her husband was still a major topic in our conversations, and she kept describing it alternatingly as caring and abusive. However, in

October 2015, more than a year and a half after I last saw her, the situation changed significantly. Tabinda texted me that she had broken up with her husband, gone home to her parents in North Sumatra, and stopped taking anti-retroviral drugs. She said that she did not believe anymore that she had “that illness,” or, she said, at least it had not been proven. More important than medication, Tabinda argued, was “self-change” and “worship”:

I was created by God, and I believe in God. The lab results [of the HIV test] were not correct. Or maybe they were correct, but...[she pauses]. I don't have that illness, I am normal. Perhaps medication can make people better but it has to go together with worship. It is a balance, do you understand?

I answered that I was worried about her and that perhaps she could take an HIV-test again and she responded that if she had the money, she would go to Banda Aceh to do it.

When I asked if she was still coughing, she further explained her change: “It is the cough that convinced me that it is not that illness [HIV]. Someone/something whispered to me [litt. I had a whispering], ‘if you are wrong, you cough.’ It is a sign. The cough is there but not [because of] the illness. Do you understand?” Although I know that people often rather leave mysterious things like “whisperings” implicit, I also knew that I would not understand unless she told me more. Therefore I suggestively asked her whether she thought someone “did this to her,” implying black magic – talk of which is omnipresent in Aceh, and certainly in the area in which she lived with her husband. She neither confirmed nor denied, saying that “there was jealousy from his previous wife,” but that this [what we were discussing now] “involved religion.”¹⁰ She explained:

Perhaps it was God's wish to make me go back to my parents because they are at home alone. I have a brother in Yogyakarta, and a sister in Yogyakarta. I have an older sister in Medan who rarely comes home. But I am uncommitted (*netral*), I can go anywhere. Perhaps that was God's wish. Do you remember how everyone in the village ostracized me? I think that was a [divine] sign.

New insights had changed the ways in which Tabinda interpreted her illness and her marriage, giving shape to a new narrative of what happened, or might have happened. Religion was still crucial, but now it was not just Tabinda having faith, but God giving her signs. Illness and medicine became implicated in the distribution of moral responsibility. With the illness as a divine sign that she should leave her husband, not only was divorce transformed from an unfaithful deed to a virtuous act, the illness itself was transformed from a biomedical condition in which medication could help to an affliction with spiritual origins that should be cured by "self-change" and "worship." And yet, Tabinda did not dismiss (biomedical) medication altogether and even though she repeatedly stated that she did not have "that illness" she also left open the possibility that she indeed did have it.

Such statements can be called paradoxical, but more importantly they are subjunctive elements in ongoing narratives. Such subjunctivity is central to Tabinda's narratives over the years, as she may get better, her marriage may hold, the relationship with her children may improve, she may have HIV, which she may have contracted from her first or her second husband – but things could also be otherwise as mysterious things that happened in the past may happen again to unexpectedly change her life and God may intervene in unexpected ways. It is therefore by narratively searching for – culturally informed – interpretations *and* leaving open multiple possibilities, that Tabinda navigates through her world. Her actions, such as her weeks of seeking health care in Banda Aceh against her husband's wishes, her

return home against the doctors' wishes, and the break up with her husband, entertain multiple future possibilities of health and illness, having a stable family life or not, of being – or failing to be – a good mother and daughter and a pious Muslim. Though plots and interpretations may offer solace, most of the time there is no plot to be followed and it is very uncertain what particular actions and decisions might lead to. Indeed, as I argue here, often it seems most helpful to not determine future parallel plots, as in Tabinda's mother's advice of treatment now, just see what happens later.

It is exactly by working on the relations with the world and others (including God, her husband, her mother and sister, her daughter, doctors, the support group staff and myself) in ways that keep open future possibilities that Tabinda's narratives of commitment to marriage and medication, redemptive poverty and economic development, her parents and children in North Sumatra and her hoped-for family life in Aceh enable her to keep going in the face of new and recurrent problems. More generally, it is the subjunctive capacity of narrative, the capacity to not be straightforward, but retain the mysterious, uncertainties and multiple perspectives, that helps to hold on to open-ended pasts and futures.¹¹ The subjunctive elements of narratives do not eschew attempts to maintain fidelity to our "singular being-in-the-world" (Zigon 2014a). On the contrary, I suggest that subjunctive elements of narratives help, in Zigon's terms, to attune to the world and maintain fidelity to who we are by helping to keep open multiple possibilities of relationships that matter to us. Thus, throughout all the dilemmas she faces, Tabinda's narrative "performances" actively embrace, in Steven Black's sense, conflicting ethical demands, trying to stay true to her family, her health, her marriage, her faith, and socio-economic development. For this world-making effort, she needs the sort of "trafficking in human possibilities" that narrative thinking offers.

Conclusion

Anthropological studies of the subjunctive elements in narratives have shown that people may retain multiple narrative perspectives on the beginnings and futures of their life trajectories to make sense of the difficult situations they find themselves in (Garro 2003; Good and Good 1994; Good 1994; Mattingly 2014; Whyte 2002). Drawing on Tabinda's narrative of struggle with illness, marriage and poverty, I have argued that narrators not only actively employ subjunctivity to give meaning to experience, but also to navigate relationships of value in the world in acts of narrative worldmaking. The subjunctive character of narrative performances may help to stay true to multiple things that really matter, even though these things may present conflicting moral demands. Although entertaining a range of possible past and future trajectories may involve constructing different parallel narrative plots (Mattingly 2014, 124), it may also leave these possibilities plotless, indeterminate and open to the options available in the process of balancing values and social relations with the world and others. By not imagining clear beginnings and endings of narratives yet actively retaining narrative possibilities and even embracing the mysterious, values that may seem incompatible in the present – such as, in Tabinda's narrative, a good marriage and pursuing health care, or being a good mother and having a stable household – may all be kept open for future moral striving.

In times of AIDS, people around the world may hold on to different interpretations of the illness that strikes them as well as a range of options for treatment, nurturing hope, desire, and optimism amidst conditions of uncertainty, anxiety and pain (see, e.g., Whyte 2002; Wood and Lambert 2008). An HIV diagnosis itself may not offer certainty – something the people involved may indeed not all strive for (cf. Pinto 2012). Diagnosis, in Tabinda's narrative, is one event of contestation that she frames both within the parameters of biomedical discourse (calling into question the validity of the blood test) and outside of it (referring to a divine whispering as a potentially more reliable source of knowledge).

Arguably, a future positive test result may similarly not foreclose other diagnostic possibilities (cf. Whyte 2002, 180). It is Tabinda's active investment in these options that gives "creative potency" to her narrative experience (Good 1994, 153).

Yet, Tabinda's narrative also shows that although subjunctivity may provide a mode of narrative that helps one attune to the world while staying fideliou to what really matters (cf. Zigon 2014a), this is by no means an easy process. Keeping open multiple narrative possibilities, including those of mysterious or otherwise spiritual intervention, also means retaining the anxiety of uncertainty and the possibility of failure. Yet, sometimes, it is the indeterminacy offered by the subjunctive that may help people to go on in the face of adversity and aspire for a better life.

Epilogue

After our call in October 2015 Tabinda changed her phone number and for a while I could not reach her. At the end of the year I contacted her younger sister, who gave me the new number and told me worriedly that Tabinda was depressed and behaved like "a crazy person". The last time we spoke, in spring 2016, Tabinda repeatedly said that she was not crazy, even though others might say so. She told me she had changed her name to Fariza and that she felt better now due to a mix of herbal medicine and increased religious practice that she would like to recommend to others. She expressed doubts about her recent decision to move out of her parents' house, where she had been quarrelling with her aging mother about jobs, but emphasized her desire for independence and for starting her own business again. She briefly mentioned a man who wanted to marry her and she vaguely said that sometime she would contact her trusted lung specialist in Banda Aceh to prove she did not have "that illness." Once more the activities and relationships in her everyday life seemed to be falling apart and reassembling in new ways. Though partly unspoken, in her story, doing another

blood test, going back to her parents, being a successful businesswoman, contributing to her daughter's upbringing, perfecting her religious practice, meeting a suitable man to marry, and receiving divine signs all remained within the range of the possible.

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Notes

¹ The personal names used in this article, “Tabinda” and “Fariza,” are pseudonyms.

² Jarrett Zigon (2014b) has powerfully argued against the idea that narrative unity itself is temporally coherent. Instead, he proposes to analyze experiences not as part of a future and past that flow into each other in the present, but as a range of “could-be’s”, “having-beens” and “could-have-beens” that we may relate in what he calls the “Now” through active acts of temporalization.

³ <http://www.unaids.org/en/regionscountries/countries/indonesia> (accessed 31 January 2017); Indonesian National AIDS Commission (2014).

⁴ Data obtained from Aceh’s Provincial Health Office, June 2014. This number concerns the number of diagnoses between 2004 and mid-2014. New cases are diagnosed every month.

⁵ Oral informed consent for participation in the research and for interviews was always first established by the support group staff in my absence and repeated by me prior to the interviews. During participant observation, I kept checking regularly whether the HIV-positive patients accompanied by the support group were still comfortable with my presence.

⁶ Like Sarah Willen (2014, 97) in her highly insightful account of her relationship with Marlene, an undocumented migrant worker in Israel, thinking through my relationship with Tabinda I have often asked myself “*Why* would she choose to disclose these elements of herself to me, and why in this way?” I have come up with a range of answers, ranging from practical benefits to emotional resonance, friendship, and even enjoying taking on the role of research participant. I agree with Willen that it is highly important to think through the kind of “creative sociality” that we co-produce as ethnographers and the ethical obligations that come with this involvement, even though our answers will necessarily remain partial.

⁷ For an insightful analysis of Islamic ethical striving in the Acehnese context, see Kloos (2015).

⁸ During the second half of the twentieth century, the nuclear family became a mirror of the stability of the nation at a larger level as the nation itself was continuously portrayed as a family with the president as a guiding and caring father and the people as happy and docile children (Shiraishi 1997).

⁹ Poetry and more generally the use of poetic language are very popular in Indonesia. See Barendregt (2008) for an account of the use of (Islamic) poetry in text messages.

¹⁰ Like the strange encounter with the five dwarfs after her first delivery, the source and context of the “whispering” remained obscure to me. Indeed, such obscurity may be part of the productive narrative role of mysterious encounters. In her account of spirit encounters in

the same area where Tabinda was born, Mary Steedly (1993, 15) writes that “encounters with spirits confront official standards of plausibility and good sense; truth here must come to terms with strangeness, and strangeness with the regulative disciplines of narration.”

¹¹ Even when certain possibilities are actualized while others are not, this does not mean a range of pasts and futures cannot be retained in other ways. As Victor Turner (1982, 84) has argued, “[s]ubjunctivity is fittingly the mother of indicativity, since any actualization is only one among a myriad possibilities of being, some of which may be actualized in space-time somewhere or somewhen else.”

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