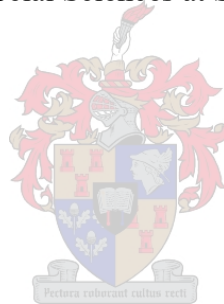


Stigma and the metaphors of language: Reading disease as dis-ease and reclaiming metaphor in selected contemporary South African Literature

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Thesis presented in fulfilment of the requirements for the degree of Master of Arts in the
Faculty of Arts and Social Sciences at Stellenbosch University



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December 2019

Declaration

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December 2019

Abstract

Contemporary South African literature dealing with HIV/AIDS and depression serves to interrogate and expose the racist ideological foundations for the stigmatic language of metaphor which surrounds these diseases. There is an increasing literary urgency and necessity for a reimagining, retracing and rewriting of the language(s) of metaphor which surround these diseases not only in the South African literary context, but also in the greater socio-political context of the country. This thesis ultimately concludes that the South African literary works offered for study work toward reclaiming metaphor by re-appropriating the same linguistic building blocks from which stigma, as language of metaphor, has been itself constructed. In so doing, this study concludes, these authors effectively write toward a more comprehensive and inclusive understanding of both HIV/AIDS and depression.

Opsomming

Hedendaagse Suid-Afrikaanse literatuur wat handel oor MIV/VIGS en depressie ondersoek en ontbloot die rassitiese ideologiese fondament vir die stigmatise taal van metafoor wat hierdie siektes omring. Daar is 'n toenemende dringendheid en behoefte aan die hervoorstelling, en herskryf van die taal (tale) van metafoor wat die siektes aanspreek, nie net in die Suid-Afrikaanse literêre konteks nie, maar ook in die groter sosio-politieke konteks van die land. Hierdie tesis bevind dat die Suid-Afrikaanse tekste wat as bron gebruik is, goed daarin slaag om metafoor te herwin en dat die alternatiewe tale van metafoor, soos deur die skrywers gebruik, uit dieselfde taalkundige boublokke van metafoor as stigma bestaan. Hierdie tesis kom dus tot die gevolgtrekking dat hierdie skrywers hul tekste gebruik om 'n meer omvattende en inklusiewe begrip van MIV/VIGS en depressie te bevorder.

Acknowledgments

I would like to thank my supervisor, Dr Wamuwi Mbao, as well as MC Coetzer, Arno, Carl, Ronelle, and Toni-ann Schneider for their support.

Thanks, Wamuwi, for your invaluable insights and advice. Thanks, too, for your constructive criticism, and for always expecting more from me. Thanks, MC, for allowing me the freedom to pursue my academic interests without penalty. Thanks, Arno, for your unwavering faith in my ability to pull this off. Thanks, Carl, for inspiring within me the love of the English language that started it all. Thanks, too, for your editor's eye. Thanks, Ronelle, for your perpetual availability to me for emotional support and for assisting me in the translation of my abstract to Afrikaans. Thanks, Toni-ann, for dropping everything to share your copy of the DSM-5 with me at such short notice that one time.

Without you all, none of this would have been possible.

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Introduction

In this thesis, I aim to illustrate the myriad ways in which contemporary South African literature dealing with HIV/AIDS and depression serves to interrogate the racist ideological foundations for the stigmatic language of metaphor which surrounds these diseases. By way of close reading of four diverse texts, including Bonnie Henna (née Mbuli's) *Eyebags & Dimples*, Phumlani Pikoli's *The Fatuous State of Severity*, Masande Ntshanga's *The Reactive* and Kgebetli Moele's *The Book of the Dead*, I further seek to highlight the emerging sense of literary urgency for, and necessity of reimagining, retracing and rewriting the language(s) of metaphors surrounding HIV/AIDS and depression; not only in the context of South African literature or the stigmatisation of these specific diseases, but also in the greater socio-political context of the country as a whole.

As such, all texts selected for study have been penned by black South African authors and published within the past decade. This ensures that the voices of the twice-marginalised who are typically affected by the stigmatisation of the aforementioned diseases, and who are represented in the texts, speak with a necessary level of socio-cultural authority. The contemporary nature of the literature further ensures that it speaks directly to the ongoing prevalence of the stigmatisation of these diseases, and the racist legacies and foundations which inform it.

“Depression” is defined as follows by the DSM-V:

Depressive Disorders include disruptive mood dysregulation disorder, major depressive disorder (including major depressive episode), persistent depressive disorder (dysthymia), premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder. [...] The common feature of all of these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function. What differs among them are issues of duration, timing, or presumed etiology [sic]. [...] Major depressive disorder represents the classic condition in this group of disorders. It is characterized by discrete episodes of at least 2 weeks'

duration (although most episodes last considerably longer) involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions. [...] A more chronic form of depression, persistent depressive disorder (dysthymia), can be diagnosed when the mood disturbance continues for at least 2 years in adults or 1 year in children. [...] A large number of substances of abuse, some prescribed medications, and several medical conditions can be associated with depression-like phenomena. This fact is recognized in the diagnoses of substance/medication-induced depressive disorder and depressive disorder due to another medical condition (American Psychiatric Association 155).

The South African College of Applied Psychology (SACAP) states that, according to the South African Depression and Anxiety Group's (SADAG) statistics, as many as 1 in 6 South Africans suffer from anxiety or depression (and that's excluding those who suffer from conditions such as bipolar disorder or schizophrenia – of which depression or depressive episodes may be a symptom) (2013 Online). Furthermore, SACAP states that “research reveals that over 40% of people living with HIV in South Africa have a diagnosable mental disorder” (2013 Online). As such, I argue that mental illness and HIV/AIDS are inextricably linked in the South African context as, not only are they co-morbid conditions over 40% of the time; but they are surrounded by what this study aims to illustrate is the *same* language of stigma. This shared language of stigma is informed by the same metaphors and metaphoric constructions of the *other*. These shared metaphors are in turn informed by the dis-ease born of the legacies of colonialism and apartheid which constructed the false binaries upon which the language of stigma surrounding these diseases constructs an “us” against which to pit a “them”.

Stigma, then, is a language of metaphor and a language of association which attempts to make a disease comprehensible, but also one which seeks to, and successfully alienates and *others* in an attempt to locate the unknown, the feared, outside of the individual or collective subscribing to the stigmatic, metaphoric language surrounding the disease. Stigma is therefore a weaponised language of metaphors by way of which South Africans have historically sought to understand diseases like HIV/AIDS and depression. This default to stigma directly contributes to the ongoing loss of South African lives to these diseases. With 110 000 AIDS-related deaths in South Africa in 2016 alone, and suicides accounting for a further estimated 8395 deaths in that same year (an average of about 23 suicides per day), HIV/AIDS related deaths and death by self-inflicted harm remain some of the leading causes of death among

South Africans (UNAIDS 2017) (Citizen 2013). As such, a reimagining of the language(s) of metaphor surrounding these diseases is crucial not only to destigmatizing these diseases, but to saving lives.

While scholars such as Susan Sontag have previously advocated for a divorcing of disease from metaphor, this study deems this course of action at the very least ineffectual, if not entirely impossible. Instead, this study reflects on the texts of Moele, Henna (Mbuli), Pikoli and Ntshanga in order to illustrate the emergence of a literary urgency for exposing the colonial and apartheid legacies which continue to inform the metaphors of stigma, and the weaponization of alternative languages of metaphor in the fight against stigma. These South African authors' texts resist a demetaphorizing of disease, and instead advocate for reimagining alternative languages of metaphor to better aid their readerships in demystifying these diseases. In their own way, each of these authors display a keen understanding of the nature of dis-ease and disease, and how the former invites an abstraction of the latter. Rather than working against this phenomenon, these authors cast it as ally, and invent alternative abstractions through use of which they attempt to render the unknown disease known by association, *without* resorting to the traditional stigmatic language of metaphors as informed by racist ideologies in the South African context.

In this thesis, I focus on four diverse texts, including two works of fiction, one collection of short stories, and one piece of life-writing. These literary works are produced by both black male and female South African authors. In reading them, I aim to illustrate the pervasive nature of one shared language of stigma, and the solid foundations of racist ideology and apartheid legacies upon which this language rests. If we accept the assertion that “[m]etaphor consists in giving [a] thing a name that belongs to something else”, then I contend that *Eyebags & Dimples*, *The Fatuous State of Severity*, *The Reactive* and *The Book of the Dead* all serve to identify racism masquerading as stigma-as-language-of-metaphor in their own way (Aristotle in Sontag 91). Each text, in turn, reclaims metaphor and uses the same building blocks of a language of association from which stigma is constructed, to build toward a more comprehensive and inclusive understanding of these diseases. These alternative languages of metaphor then stand to represent a literary shift toward re-appropriating metaphor in order to invite understanding and undermine the dis-ease with which stigma, and the racist ideology which informs it, invites people to conceive of diseases like HIV/AIDS and depression.

While the aforementioned authors all work toward using the familiar associative qualities of a language of metaphors to people the sociological stigmatic void, they must all first establish within the confines of their individual literary works the racist ideological foundations for an ultimately shared stigmatic language of metaphor surrounding the diseases they choose to represent in their texts. The authors choose to do so by invoking a wide variety of philosophical and literary schools of thought, as well as by drawing upon the history of the regions, communities and country that their works represent. Therefore, while the texts offered for study were all published in or after the year 2009, some 15 years after the first official democratic election in South Africa, they each speak to the geographic and ideological legacies of the apartheid system and, as a result, this national history *must* be mined in order to better attempt to understand the milieu presented to the reader of the texts by Henna, Pikoli, Ntshanga and Moele.

Apartheid as a formal system of government is perhaps the perfect example of an act of necropolitical necropower; a necropolitical state being one in which the state of siege is perpetual, and the power of, over and to utilize death is wielded by those in power in order to exert control (Mbembe 19). Borrowing from Michel Foucault's notion of biopolitics (in which a ruling few govern the "right of death and power over life" of the oppressed majority), Achille Mbembe asserts that the at once familiar term *racism* is merely a mechanism for simplifying the governance of right to life and right to death (Foucault 135) (17). What separates Mbembe's necropolitics definitively from Foucault's biopolitics (and what makes the addition of Mbembe's conception of necropolitics critical to a nuanced understanding of the Apartheid agenda) is the shift in focus from the biopolitical preoccupation with producing and maintaining life to the necropolitical focus on governing and managing death (13). Mbembe's necropolitics equips critics to read the segregation of South Africa into various and expansive "whites only" spaces for the few, versus the few and squalid spaces allocated to the many as powerful political acts aimed at governing the right to life and death. These actions privilege the right to life of the white minority and keep the black majority "alive but in a [perpetual] *state of injury*]" (21). In so doing, the NP government wielded over the black majority not only the right to life, but the right to death. Mbembe's conception of necropower is thus conducive to my interrogation of the institutional legacies of apartheid and the extent to which they continue to impact the stigmatisation of HIV/AIDS and depression in the country today. In the same way, I argue that the legacies of the necropolitical apartheid system of governance

continue to create a marginalised people against whom health and comfort can be measured, and stigma can be levelled in an attempt to dictate the right to life and power over death.

Mbembe's definition of the slave - as someone kept "alive but in a [perpetual] *state of injury*" – coheres with the NP government during the Apartheid era's conception of Black South Africans (Mbembe 21). "As an instrument of labor, the slave has a price", says Mbembe, and as such, the slave's right to death is withheld by the slave-owner, as the slave's "labor is needed and used" (Mbembe 21). In the same way the collective black body was kept alive to serve the white supremacist government during Apartheid. Similarly, the language of stigma keeps "knowledge" of the disease alive but places the sufferer in the position of the twice-marginalised. By limiting knowledge of the disease(s) through a sense of dis-ease, this "knowledge" is kept alive and shared only in the form of stigma. Thus, stigma is "knowledge" in a perpetual "*state of injury*" in that it is reflective of the racist legacies and outdated ideologies of apartheid and is not actually reflective of fact.

Furthermore, stigma – as an unreliable source of knowledge – is reflective of the ongoing influence of the geographical landscape of the country on the dehumanising and othering of certain demographic groups and communities. As the South African geography continues to inform the construction of the false knowledge system ("stigma"), so must the unredressed actions of the National Party Government which sought to divide the geography along racial lines be held at least partially responsible for the ongoing misinformation which contributes directly to the othering and dehumanisation of the individuals affected by the stigmatised diseases. For example, Mbembe identifies "the township [as] a peculiar spatial institution scientifically planned for the purposes of control" (Mbembe 26). In this way Mbembe brings his conception of necropolitics back to its roots in biopolitics and attempts to illustrate the ways in which Apartheid city-planning served to reinforce the right to life and power over death held by the ruling elite. Mbembe recognizes the township as a mechanism for controlling and preventing "African urbanization" and regulating "the flow of migrant labor" into the city spaces. Mbembe invokes Frantz Fanon and his conceptions of "the spatialization of colonial occupation" in order to further explain the historical and ongoing power of the architectural landscape to oppress (Mbembe 26).

The town belonging to the colonized people... is a place of ill fame, peopled by men of evil repute. They are born there, it matters little where or how; they die there, it

matters not where, nor how. It is a world without spaciousness; men live there on top of each other. The native town is a hungry town, starved of bread, of meat, of shoes, of coal, of light. The native town is a crouching village, a town on its knees (Fanon, 37 – 39).

Mbembe here draws a parallel between the township of Apartheid South Africa and the native town in the colony under sovereign rule. “In [the] case [of the Apartheid township], sovereignty means the capacity to define who matters and who does not, who is *disposable*, and who is not”, and this is the power held by the white-privileging Afrikaner National Party until the late 1980s. A party whose legacy, I will argue, continues to impact the right to life and power over death of South Africans today, and whose legacy is foregrounded in the texts of Henna, Pikoli, Ntshanga and Moele first and foremost as a result of their narratives foregrounding black bodies and the spaces black bodies occupy, both literally and figuratively, in South Africa. Stigma, as a false system of knowledge borne directly of a desire to distance oneself from the feared or unknown by *othering*, is, then, exposed by these texts to still be fundamentally informed by the racist legacies of apartheid, and in particular, the geographical legacies thereof.

Ntshanga’s *The Reactive* is a work of fiction that tells the story of Nathi, an HIV-positive, drug addicted black South African man who makes money selling his ARVs to others instead of taking them himself. Set primarily in various areas in and around Cape Town, the geography is familiar to South African readers, and the places in which Nathi and his team of friends seek desperate HIV-positive people to whom to sell Nathi’s ARVs is not insignificant. The trio is described as visiting “group meetings for the HI Virus [...] in Cape Town” in order to identify potential new clients, but the scope of the geography is narrowed even further, as Nathi specifies “[they have] been to meetings as far out as Hout Bay too, to Khayelitsha, Langa and Bellville” (40). It is integral to the weaving of the narrative web, and the literary representative construction of the very real impact of apartheid legacies on the geography of the Cape, that these are *not* affluent areas. The fact that Nathi and his friends seek the diseased, destitute and desperate in impoverished areas and informal settlements speaks directly to the foundations of the language of stigma in racist apartheid holdovers and geographic divisions along racial lines.

Moele’s *The Book of the Dead* conversely undermines the associative qualities typically assigned to the post-apartheid geographical landscape. The novel sees his protagonist, Khutso, grow up in Masakeng, “a village where only one house had electricity and a borehole” (10).

Khutso, however, remains determined to escape the cycle of poverty into which he was born by becoming a doctor (10). Ultimately, Khutso does make his relative fortune and enjoys a plush life in the affluent suburbs of Johannesburg, but that is where and when he contracts HIV from his wife. Moele's inversion of the expected stereotypical geography of infection serves to throw into high relief the ludicrous conception of HIV/AIDS by the Apartheid government as a prejudiced disease affecting only homosexual and black South Africans who were stigmatized for their "supposed 'promiscuity'" (McNeil Online). By having his protagonist infected by his cheating wife, and by having his protagonist escape the cycle of poverty into which he had been born *before* he contracts the virus, Moele successfully undermines the metaphoric language of stigma typically surrounding HIV.

The reality is that, whether because the apartheid government saw HIV/AIDS as a real health concern only for homosexual and black South Africans, or whether as a direct result of the political upheaval and the chaos of the transition period in South Africa, the country's first democratic government was regrettably slow to acknowledge and address the reality (and severity) of the HIV/AIDS crisis. While the HIV/AIDS epidemic as we know it today initially gained tread in the late 1970s and '80s (during which time the world saw the officially recorded infection rate soar), the South African government did not officially acknowledge the epidemic at that time (AVERT Online). When the government *did* eventually acknowledge the spread of the disease, their acknowledgement proved initially no less problematic than their apparent denial.

"In 1992 a member of the apartheid parliament [...] promot[ed] the utilisation of [HIV/AIDS] as a tool to rid South Africa of its black population", thereby arguably justifying the popular deciphering of the AIDS acronym by black South Africans to mean "Afrikaner Invention to Discourage Sex" (Online) (Kravtsov 126). HIV/AIDS has long been suspected of being a bio- or necropolitical mechanism geared toward policing minorities' rights to life or death, not only by black South Africans but by other historically disadvantaged populations abroad¹. "[T]he fact that [,] in the final years of its existence, the apartheid government had" conducted research on biological warfare and had explored similar necropolitical tactics only served to heighten black South Africans' mistrust of the apartheid government's communications on HIV/AIDS

¹ Russian and other historically anti-American nations have, in turn, "deciphered the acronym AIDS" to read "American [...] Invention to Discourage Sex" (Kravtsov 126).

at the time (McNeil Online). “Whilst the ‘black’ understanding of AIDS [as an “Afrikaner Invention to Discourage Sex] can, then, ultimately not be considered a deliberate attempt at denial by the government, it does illustrate the [possibility] that government denial of AIDS during [the infancy of the “New South Africa”] was [a holdover of the] function of the overall ethos of denial that the apartheid government fostered and enforced” (Meyer & Fourie 147 – 148).

Black South Africans, as the already marginalised, were historically the object of this denial at national level. The apartheid government sought to deny their citizenship, their rights and their humanity. The denial of healthcare as it pertained to the epidemic was thus, some have argued, “more an extension of existing government denial than deliberate and blatant AIDS denial (148). What I aim to illustrate is that HIV/AIDS denialism in the South African context, just like the stigmatisation of the virus and mental illness, is inextricably caught up in systematic holdovers from the apartheid era; including, but not limited to its institutional and geographical legacies, the false dichotomies with which it has burdened the pervading national ideology, and the unequal divisions of power it imposed. All of which continue to impact the right to life and power over death of black South Africans in the 21st century.

The same language of stigma informed by the legacies of apartheid is used in the discussion of depression in the South African context, as illustrated in Henna’s *Eyebags & Dimples*, and Pikoli’s *The Fatuous State of Severity*, more specifically, the short story *To Shy Away in Silence*. While *Eyebags & Dimples* is marketed as the actress’s autobiographical account of her formative years, early adulthood and being diagnosed with depression in her late 20s, *The Fatuous State of Severity* is marketed as the product of Pikoli’s own time spent in an in-patient treatment facility for major depression. This despite the fact that only one of the short stories in the collection, *To Shy Away in Silence*, actually deals directly with depression and with suicidal tendencies. While *Eyebags & Dimples* is a work of life-writing, and *To Shy Away in Silence* is a fictional short story, they both deal with and represent geography and its implications in the construction of a language of stigma in the same way as do the two novels dealing with HIV/AIDS.

Henna, for example, foregrounds her childhood environment and highlights the immediate consequences of growing up in Soweto during apartheid even when not commenting on the impact of colonialism and apartheid on the South African geography as Pikoli does. Pikoli’s

narrator in *To Shy Away in Silence* does not mince words. He blatantly acknowledges that he is still living with the legacy of the colonial and apartheid systems when he says that his identity and city have been written *for* him by “some bigot whose name or story [the speaker] will never know” but whose “family is still all up in [the speaker’s] purse”² (105).

What separates *Eyebags & Dimples* and *To Shy Away in Silence* from *The Book of the Dead* and *The Reactive* is that, while the latter texts expose the use of the language of stigma to associate HIV/AIDS with blackness, the former use the same language to illustrate the extent to which depression has been associated with whiteness in many black South African communities. In fact, depression and mental illness are still largely considered “white man’s disease(s)”, and I argue that this too is as a direct result of the legacies of the apartheid system which continue to be experienced by people of colour in South Africa. This is true especially in terms of the ongoing geographical and economic divisions which speak directly to the original colonial and subsequent white supremacist necropolitical and biopolitical constructions of the apartheid state both literally, geographically and economically, *and* ideologically.

Depression is still highly stigmatized among South Africa’s black majority, and “Western medicine and psychologists are [still largely] frowned upon” (Du Plessis in Health24 Online). The equation of weakness with whiteness and the desire to distance the black self from acts that could be misread as ongoing aspirations to, or assimilations of, whiteness can perhaps, for the purposes of this study, best be understood in Fanonian terms. Fanon’s notions of decolonizing the mind stem from the colonial psychosis or “nervous condition” that he saw as resultant of the colonial encounters with Portugal and France in colonies such as Angola and Mozambique.

In these colonies, the promise was that if the colonial subject could assimilate enough of the colonist’s language and culture then the colonial subject could *become* French, for example, in the case of the Senegalese. In fact, some Senegalese individuals *were* French citizens while some remained colonial subjects, the implication being that “Frenchness” could be attained by

² “All up in my purse” is slang for sex, the phrase being used here by the speaker to suggest that the “family” of “some bigot”, in other words not necessarily the literal descendants of but definitely the institutional legacies of the white supremacists who formalized and instituted apartheid, are still intimately familiar with the speaker and intimately involved in his life.

assimilation. Fanon believed that the enforced racial inferiority of black Africans, and the instating of whiteness as the ideal, continued to impact the psyche of former colonial subjects beyond the moment of liberation. Living with the cognitive dissonance born of a liberated body operated by a colonized mind is what Fanon identified as the “nervous condition”. Fanon proposes that the “nervous condition” of the colonial subject comes as a direct result of the moment that the colonial subject is denied recognition. For example, when he, himself the product of the French colonial system, arrived in France as an educated man his humanity was not recognized. This failure to recognise sees the colonial subject reduced to a void and incapable of recognizing a self beyond the denial of recognition by his colonial master (Musila 2017). The admission to a diagnosis of depression is, then, mistakenly equated (by certain black South African communities) with Fanon’s “nervous condition”, or an aspiration to whiteness in the same way that colonial subjects were conditioned to aspire to belonging within the European landscape by assimilation.

Fanon then stresses that it is not enough to decolonize the physical geography of a former colony, it is necessary too, perhaps even more so, to decolonize the mind. In the case of depression in the South African context, this psychic geography still equates weakness with whiteness, and whiteness with the luxury of depression. Without undertaking a decolonizing of the mind, Fanon theorizes, true decolonization and freedom will not come. Fanon conceives of decolonization as a ceding of power on the part of the colonist. As such, while the colonists relinquished power over the land, the colonial power over the collective consciousness of the colonial subject persists. In contrast, Fanon conceived of independence as the direct result of a violent struggle in which power was won. Fanon argued that independence had to be hard-won by force, or else the difficult task of decolonizing the mind would have to follow the secession of power by the colonists. *If* such a delayed decolonization of the mind was even possible (Musila 2017). In *The Wretched of the Earth*, Fanon devotes a chapter to contemplating violence. In *Concerning Violence*, he reinforces his view that the simplest means to heal the damaged psyche of the colonial subject is violent resistance to the systems which oppress them (Fanon 27). In my chapter comparing the works of Pikoli and Mbuli I illustrate that the writings of both authors thus commit violence against the “nervous condition” at the level of language, by attempting to rewrite and reimagine a language of metaphor by way of which to conceive of depression divorced from the associations thereof with an oppressed or colonized mindset.

In another of his books, *Black Skin, White Masks*, Fanon confronts that false “us and them” dichotomy constructed by colonisation and racial segregation, which continues to enforce a dis-ease with diseases such as HIV/AIDS and depression in South Africa. As this study aims to illustrate, these kinds of false dichotomies, and the language of stigma surrounding these diseases, rely on enforced identities born of the colonial period and reinforced by the apartheid era which continue to influence the colonized minds of former colonial subjects. In *Black Skin, White Masks*, Fanon explains that the black man experiences his being through others. Not only must the black man be black, but he must be black in relation to the white man (Fanon^b 109). Here, Fanon aims to illustrate the extent to which the black colonial subject’s identity is produced and prescribed by the white colonists and supremacists. In so doing, Fanon credits the colonial system with the birth of the false ‘binary’ opposition between black and white in which to be *not white* is inherently to be black, and therefore to be the opposite of all the positive attributes awarded to the white end of the dichotomous spectrum.

Fanon conceives of the black colonial subject as having to know themselves through the gaze of the other, and considers the psychic damage of colonialism as being resultant from this alienation of people from themselves. It follows that the rejection of a diagnosis of depression, for example, can be read as the rejection of another prescribed identity; as the disease is stigmatically associated with whiteness as marker of weakness. The black colonial subject, Fanon concludes, is overdetermined from without.

Colonial subjects have little say in who they are because they exist in a world that is already heavily charged with a prescribed group identity. In the same way, HIV/AIDS and depression are determined from without as a direct result of their stigmatisation. The language of stigma which surrounds these diseases is already so heavily charged with meaning that is determined externally, that denial becomes an attractive option when compared to the decision to live with the stigmatisation and shame. If stigma is informed by false dichotomies, then rethinking the metaphors of language surrounding these diseases and reimagining new systems of metaphor is to seek to determine these diseases divorced from these untruths. To do so is then to seek to render the feared unknown “knowable”. For example, if HIV/AIDS is stigmatically associated with the already stigmatised (like the poor), then these twice marginalised figures in South Africa today must also be considered in Fanonian terms to be suffering as a direct result of the cross-generational violence that is social death (Musila 2017).

Violence, in Fanon's conception, is unquantifiable, and social death is just as violent as physical death because social death sees human beings' entire life's opportunities abbreviated at the moment of birth because of where and/or to whom they were born (Musila 2017). The kind of violence this study calls for is the kind of intellectual violence that revisits the governing principles of post-colonial, post-apartheid life in South Africa and recalibrates the psyche. Such violence dismantles the foundations of false dichotomies upon which the languages of stigma rely, in order to clear the way for reimagining and recreating the language of metaphor. In other words, such violence aims to divorce dis-ease from disease by way of a new language of metaphors devoid of stigma that strives to make the disease "knowable", usual, familiar. It follows that this reconfiguration of the metaphoric language surrounding these diseases, and the decolonization of the collective mind of a country, would allow the HIV+ and depressed among South Africa's citizens to seek treatment without fear of stigmatization (as metaphoric language) or risk of succumbing to prescribed identity.

"HIV/AIDS" and "depression" are, then, both metaphors and linguistic markers which must be subject to scrutiny in an effort to understand the way in which these words have accumulated and attracted metaphoric and associative meaning over the past several decades. In the South African context, "depression" does not refer only to mental illness or one's state of mental health. Similarly, HIV/AIDS refers not only to the Human Immuno-Deficiency Virus, AIDS not only to the Acquired Immuno-Deficiency Syndrome. Rather these linguistic markers speak to preconceived notions around the division of powers, of privilege, and of associated false dichotomies, as they have, over time attracted multiplicitous metaphoric meaning(s) to them.

Mikhail Bakhtin theorizes that all words and works are in constant conversation with both those words and works that came before them, and the meanings assigned to them (Bakhtin, "The Dialogic" 2007). The process of making meaning is, thus, ongoing, and meaning is compounded over time by every utterance of the word or work by every person the world over. Meaning is thus never universal, and the language(s) of metaphor which surround diseases such as HIV/AIDS and depression carry inside of themselves the potential for change from both within and without (Bakhtin, "The Dialogic" 2007). "Bakhtin's utterance [then] always carries the weight of all the meanings formerly assigned to it, the meaning currently assigned to it by the speaker, and the potential meaning assigned to it by the listener" (Schneider 7). And, while Susan Sontag writes "toward an elucidation of those metaphors [surrounding disease such as HIV/AIDS and depression], and a liberation from them" (Sontag 3-4); this

thesis makes a case for the reimagining of alternate languages of metaphor as a means to “know” these diseases, as opposed to a liberation from metaphor entirely.

Sontag’s studies, then, undermine the notion of *dialogism* and attempt to divorce the disease from its multiplicitous meaning entirely; to liberate the diseases and their common public perception from metaphor. Using the works of Moele, Henna, Pikoli and Ntshanga, I aim to illustrate the value in the metaphors of language and the abstractions with which the diseases seem to surround themselves linguistically. If the language of metaphor is simply shifted from the stigmatic to, in the case of *Eyebags & Dimples*, the mundane or cliché – the work of these texts being to reconstruct from their dialogic nature a new language of metaphor for HIV/AIDS and depression that allow(s) the unknown to become the familiar. In the processes of mining dialogic data for the purposes of the reconstruction of a new language of metaphor, the stigmatic associative properties of these diseases, then, only serve to more effectively highlight the ongoing literary and linguistic work necessary in South Africa to identify and consciously work against the legacies of colonialism and apartheid which continue to inform and compound the making of meaning on an ideological level.

In order to fully understand the context within which I undertake this study, and how the unique socio-political history of South Africa directly impacts the literary works offered for study, the first chapter of my thesis is dedicated to offering a broad overview of the country’s history. It also contextualizes key government decisions and moments in time as they pertain to the national attitude(s) (both historic and contemporary) toward (and the stigmatisation of), diseases such as HIV/AIDS and depression.

In Chapter Two I interrogate the language of stigma as represented and resisted by Henna and Pikoli in their auto-biographical work and short story respectively. Furthermore, I offer a comparative close reading of *Eyebags & Dimples* and *To Shy Away in Silence* in an effort to compare and contrast Henna’s use of cliché as an alternative language of metaphor with Pikoli’s active rejection of the romanticizing of stigma and suffering through his use of slang, curse words, and otherwise candid language.

In Chapters Three and Four I attempt to elaborate on my understanding of Susan Sontag’s “AIDS and its metaphors” and what it means for the language of stigma and the perpetuation of false dichotomies within the South African context. Furthermore, these chapters investigate

the intersections of HIV, mental illness, self-medicating, and substance abuse & addiction. To that end, in Chapter Four I offer a close reading of Ntshanga's *The Reactive* in an effort to elaborate on the relationship between HIV, stigma, and the crisis of experience by reading the right to death and power over life in the novel.

In Chapter Five I offer a close reading and analysis of Moele's *The Book of the Dead* in an effort to interrogate the effects and consequences of upward social mobility, bio- and necropolitics and depression in the text. Furthermore, Chapter Five will serve to offer an extended investigation of the language of stigma and the alternative metaphorisation of HIV/AIDS in Moele's novel.

Finally, the concluding chapter sees the consolidation of the findings of the previous chapters into the conclusion that the fear of the unknown that generates a language of stigma around the diseases foregrounded in the texts offered for study is a fear still primarily informed by the systematic and structural legacies of racist systems of governance from colonial times through to the apartheid era which sought to divide the South African population along racial lines (where race quickly became synonymous with economic class). Furthermore, Chapter Six reflects on the manner in which the aforementioned texts work toward peopling the socio-stigmatic void left by discussing diseases strictly in stigmatic, statistical, sociological or demographical terms.

With this thesis I ultimately aim to illustrate the extent to which contemporary South African literature is preoccupied not with acts of writing, but of *rewriting*. I aim to expose the systematic holdovers of the apartheid system and their role in informing the language of stigma, used to other, which continues to construct as axiomatic a divide between black and white South Africans; between the haves, and the have-nots. By way of this study I aim to draw attention to the vast number of South African lives lost annually to diseases such as HIV/AIDS and depression; lives which the literature offered for study illustrates could be saved by the decolonizing of the mind, and the rewriting of the national attitude toward to these diseases in the reimagining of an alternative language of metaphors to stigma. In highlighting the ongoing literary urgency for, and necessity of this kind of linguistic reshaping, I ultimately aim to illustrate the socio-political and cultural awareness of a new generation of South African creatives. And, in presenting the statistical data such as it is, I aim to foreground the potential real-world impact of such continued and sustained literary engagement with the dismantling of

stigma as undertaken by the respective authors of *Eyebags & Dimples*, *The Fatuous State of Severity*, *The Reactive*, and *The Book of the Dead*.

Chapter 1: Socio-political specificity as it pertains to stigma

In order to fully understand the initial development and ongoing sustainability of a language of stigma predicated on racism and racist assumptions within the South African context, it is first necessary to examine the specificity of the country's socio-political history. Furthermore, it is for the benefit of the reader that this chapter highlights some of the lesser publicized, political-adjacent details of the country's early transition into democracy. This chapter further facilitates an interrogation of some of the national attitudes (both historic and contemporary) toward diseases such as HIV/AIDS and depression and questions the circumstances responsible for both their initial development, and sustained prevalence.

As reimagining an alternative language of metaphor to stigma presupposes the necessity for a kind of decolonization of the mind³, it is necessary to consider stigmatized South Africans as suffering from Fanon's "nervous condition". This is as a direct result of their "liberation" being not hard-won by violent means (despite violent anti-apartheid sentiment and protests) but being *given* to them by F.W. De Klerk, who was the first NP politician to call for the formal dismantling of the apartheid system. What is important to understand is that De Klerk is unlikely to have done so in an effort to benefit the oppressed South Africans of colour who were suffering under his government's racist tenets, and who had been violently opposing the system. More likely, De Klerk would have been motivated by a desire to benefit the white minority in South Africa⁴. He arguably recognized the potential benefits to white South Africans of negotiating with black community leaders in order to attempt to secure a peaceful transition to a democratic state, as opposed to clinging to the vestiges of a regime on the brink of being overthrown (SAHO^c Online).

³ "Inspired mainly by Fanon's meditations on the need to decolonize national consciousness, ["Kenyan author and decolonization activist"] Ngũgĩ [wa Thiong'o] has written of the need to get beyond the "colonization of the mind" that occurs in using the language of imposed powers. Like Fanon, he recognizes that language has a dual character. It colonizes in the sense that power congeals in the history of how language is used (that is, its role in carrying culture). But it can also be adapted to our real-life communication and our "image-forming" projects, which means it also always carries the potential to be the means by which we liberate ourselves. Ngũgĩ's last book in English, *Decolonizing the Mind*, was his official renunciation of the colonizer's language in favor of his native tongue, Gĩkũyũ, and its account of the politics of language in African literature can fruitfully be read as an illustration of the abstract claims Fanon makes about art and culture in *Les Damnés* and *Pour la Révolution Africaine*" (Nicholls Online). "Decolonising the mind" then refers to liberating the formerly colonized peoples' ideology of the impact of the language and lived realities of colonisation. Decolonising the mind is then a process of unburdening the internal language or voice of a formerly colonised people of the social and political implications and subtextual oppressive powers of said language.

⁴ As it was, the NP government was itself fundamentally corrupt, and had its own economic motivations for broaching negotiations with the ANC at that time (Van Vuuren 44, 45).

De Klerk thus called for the dismantling of the Apartheid regime not to benefit black South Africans, but to protect white South Africans from the South African racial majority who were refusing to remain in chains and who were increasingly rising up against the racial minority who had been upholding themselves as superior. Read in Fanonian terms, De Klerk's decisions, then, become the ultimate power play in which the right to liberation, violently won, is stripped from South Africa's black majority in the willing secession of power by the white supremacist NP government – leaving South Africa's people of colour suffering from Fanon's "nervous condition", and necessitating the perhaps even more violent processes associated with efforts to decolonize the minds of former colonial and apartheid subjects after liberation. It is thus fundamentally necessary to an understanding of this study to foreground Fanon's theories on decolonizing the mind, and the lasting impact of colonialism on the psyche. Understanding the dehumanizing processes and principles of the colonial practice help us to recognize its reincarnation in such forms as apartheid in South Africa and in turn, to recognize the ongoing effects of these apartheid ideologies in the way in which South Africans (and the South African literary community) continue to violently confront and work to come to terms with such diseases as HIV/AIDS and depression (Musila 2017).

It is, then, without the willingness or ability to take pause to give due consideration to the impact of the apartheid system on the psyche of South Africa's black majority that the government of the transitional period find themselves faced with a new health crisis – that of the AIDS epidemic. While the government's approach to HIV/AIDS education and treatment was sorely lacking and fraught with prejudice during the early years of the epidemic's outbreak, certain actions by the South African government in the transitional period that followed the formal abolishment of apartheid *did* show promise despite the government's preoccupation with nation building and inability to pay due attention to decolonizing the mind. "In 1992, a national AIDS helpline was launched. In 1993, the National AIDS Committee of South Africa (NACOSA) wrote a comprehensive AIDS policy framework", and, post-1994, Nelson Mandela's government did "[advocate] [for] the formation of an adequate infrastructure in order to provide the majority of the population with improved health care" (Grünkemeier 32 – 33). Mandela's government did therefore initially attempt to devote attention to addressing the AIDS crisis in South Africa. However, their time and resources were largely being demanded by the monumental task of managing a major political transition (Grünkemeier 33). Following debates between Mandela's government and civil society on the best ways in which to address

and treat HIV/AIDS, Thabo Mbeki's subsequent presidency marked a drastic shift in the mainstream conception of HIV/AIDS and the approach toward the disease's treatment.

Mbeki himself distrusted western medicine and advocated for an African cure for an African epidemic. As such, his presidency saw a rise in the propagation of "alleged cures and alternatives to antiretroviral treatment"; and, when Mbeki formed the South African National AIDS Council in the year 2000, it is telling that he appointed not a single medical researcher or AIDS activist (Grünkemeier 34, 35). As a result, the government under Mbeki is typically blamed for the uncurbed spread of the virus during his presidency, while researchers *do* note that the Mandela-era government's inability to give the crisis the attention it deserved at the time would have contributed to the rapid spread of the virus both during Mandela and Mbeki's presidential terms (Grünkemeier 35). However, Mandela and his government are not typically accused of the same AIDS denialism as the government under Mbeki. Rather, Mandela's government is accused of "inaction", while Mbeki is associated with undermining "the virology of AIDS" and denying the devastating effects and scope of the virus outright (Grünkemeier 35). This is largely due to Mbeki's infamous claims that "HIV does not cause AIDS" (Cullinan Online).

While Mbeki has since attempted to back-pedal and claim that he never said that "HIV does not cause AIDS", he does admit to claiming that "a virus cannot cause a syndrome" (Cullinan Online). Regardless of his efforts to reframe his presidency since being removed from office in 2008, The Treatment Action Campaign (TAC) continue to condemn Mbeki and his health minister, Manto Tshabalala-Msimang, for causing "delays in making antiretroviral treatment available in the public sector in South Africa" which "resulted in more than 300,00 avoidable deaths" (TAC Online). Furthermore, the TAC maintains that attempts by Mbeki to clarify his original statement are merely "word games" and "a cowardly form of confiscation" (TAC Online).

Conversely, independent researchers have since come out in support of former president Mbeki, stating that "Mbeki was correct in what he wrote in his [2016] open letter" (Tandwa Online). "What [Mbeki] said was the truth", maintains advocate Anthony Brink, one such independent researcher. According to Brink, "[t]he moons isn't made of cheese and a virus doesn't cause a syndrome" (Tandwa Online). In fact, Brink and his research partner, Chris

Rawlins, accuse those who condemn Mbeki for being an AIDS denialist of being brainwashed. Rawlins has been quoted as saying:

It's really sad that there is such indoctrination and brain washing in South Africa after we have gone through the third world experience for so many years. What most South Africans don't appreciate is the huge growing body of scientists who absolutely reject ["the HIV/AIDS hypothesis"] as nonsense (Tandwa Online).

Neither faction's stance negates the fact that Mbeki and Tshabalala-Msimang denied ARVs to HIV-positive South Africans, "describing them as "poison" and accusing the pharmaceutical industry" of pushing their own agenda in order to sell ARVs for profit (Cullinan Online). Also undeniable is the fact that, since Mbeki's ousting from government, and his successors' implementation of an "aggressive approach to combatting HIV, including widespread access to antiretroviral medicine, life expectancy has grown each year by a year" (Cullinan Online).

In his controversial series of open letters in 2016, Mbeki confirmed long-held suspicions that he had "co-authored the Aids dissident thesis, "Castro Hlongwane, Caravans, Cats, Geese, Foot and Mouth and Statistics [*HIV/Aids and the struggle for the humanisation of the African*]" which was distributed to ANC members in early 2002 by ANC MP Peter Mokaba⁵ (Cullinan Online). This thesis accused those who opposed Aids dissidents of racism and claimed that they had internalized racist suppositions about black promiscuity. In so doing, Mbeki and his co-authors both recognised and decided to re-deploy weaponized stigma to their advantage. In the early days of the disease's outbreak in South Africa, white supremacist leaders who sought to distance themselves from the disease by *othering* those who contracted it, ascribed to the disease a certain language of metaphors – the same language of metaphors they had been employing to *other* black South Africans and other people of colour. In so doing, these white supremacist leaders succeeded in falsely attributing a *racial* preference to the virus and reinforcing their racist stigmatic association of blackness with deviant sexuality and

⁵ Originally published here, the website to which Mbeki posted his open letters is now defunct: <http://www.thabombekifoundation.org.za/Pages/A-BRIEF-COMMENTARY-ON-THE-QUESTION-OF-HIV-AND-AIDS.aspx>. A transcript of the original document can, however, be accessed here: https://www.unisa.ac.za/static/corporate_web/Content/tmali/documents/A%20brief%20commentary%20on%20the%20question%20of%20HIV%20and%20Aids.pdf

promiscuity. By highlighting the racist associative properties and language of metaphor attributed to the disease in the early days of its outbreak in South Africa, Mbeki and his co-authors successfully aligned those who opposed AIDS dissidents metaphoro-linguistically with white supremacists and with racist ideology.

This is in contrast to Mandela, who, though perhaps preoccupied and unable to give more attention to the HIV/AIDS epidemic during the turbulent early years of South Africa's transition, still acknowledged and conceived of AIDS not simply as "a disease, [but] a human rights issue"; thus acknowledging the ongoing implication of South Africa's socio-political realities in the acquisition and treatment of the disease and those affected by it, without denying "the virology of AIDS" (Mandela quoted in Moele 166) (Grünkemeier 35). In essence, Mandela both acknowledged the implication of poverty (and the subsequent lack of access to basic human rights such as clean drinking water and proper nutrition) in the contraction of HIV/AIDS and still acknowledged "the virology of AIDS" as a disease. In contrast, Mbeki denied "the virology of AIDS" arguing that it *resulted from* poor nutrition, suggesting that "nutrition is still one of the major causes of [the] [AIDS] infection rate" in South Africa and therefore advocating for HIV positive South Africans to forego ARVs in favour of treatments recommended by "his health minister, Manto Tshabalala-Msimang," such as "lemons, beetroot, African potatoes and garlic", which Tshabalala-Msimang claimed "were better treatments for people living with Aids [sic]" than antiretrovirals (Grünkemeier 35) (Grootes Online). This study, then, aims to further Mandela's declaration that HIV and AIDS are both disease(s) and human rights issue(s) by examining the language of metaphor surrounding the stigmatisation of HIV/AIDS and the extent to which the language of stigma, which the disease shares with depression, is still informed by the legacies of apartheid and its racism.

The notion of a relationship between the two diseases, and in particular the notion of a shared language of metaphors is not, however, new. Sontag imagined a future connection between such mythologized and metaphorized diseases as HIV/AIDS and depression as early as the 1980s. During this time she was working on *AIDS and Its Metaphors* (first published 1989), and she posited that while uncertainty and "the generalizing of infection into an atmosphere" would soon no longer have a place in the conceptualization of bodily illness at all, as "the extreme specificity of what causes illness" becomes more and more clear; such terms as general sickness and infirmity would "[migrate] to the expanding domain of psychology" (128).

Sontag goes on to explain that “[t]he physically sickly person became the neurasthenic or neurotic person” (128 – 129).

If it was once thought that something as vague as an unsuitable or contaminating atmosphere produced in those who inhabited it a bodily affliction in the form of illness, then “the idea of an organically contaminated, objectively pathogenic environment reappeared in the notion of a psychologically contaminated ambiance that produced a disposition to mental illness” (Sontag 129). And, I aim to illustrate, Sontag’s notions are correct and especially applicable to the South African context in which the undercurrents and remnants of a colonial and apartheid history continue to fester and produce a kind of a “disposition to mental illness” as well as a disposition to denialism and the rejection of the very notion of that mental illness which will kill. Sontag’s thinking, then, makes a more than suitable partner to that of Fanon, and in turn independently advocates for the necessity of a decolonizing of the mind. In contrast to Sontag, however, this study argues for a liberation of the disease(s) from the metaphoric language of stigma, but not from metaphor entirely. Rather, this thesis will advocate for the liberation of HIV/AIDS and depression from stigma by way of the construction of a new language of metaphor through which to render the diseases familiar.

In an article for *Destiny Man* titled “Why Black People Don’t Take Depression Seriously” Bulelwa Dayimani tackles the ongoing rejection of the concept of mental illness in the black community (Online). In the article, Dayimani engages readers on the topic of hip-hop artist HHP’s multiple suicide attempts, and the less-than-supportive response the musician received from the black South African community following his disclosure of his depression on national radio (Online). Dayimani reveals that not only was the hip-hop artist “belittled and ridiculed” but called “weak for revealing that he had been through three failed suicide attempts” (Online). She further reveals that while such apathetic responses from the public may be shocking to some, “it’s not surprising because some people in the black community still do not regard depression as a serious illness” (Online).

The article goes on to expose black South Africans’ denial of the realities of depression for a misguided belief in the false dichotomy between black and white. “The main reason [for some people in the black community still not taking depression seriously]”, Dayimani insists, is that “[m]any still [mistakenly] believe that depression only affects white people and is a sign of weakness” (Online). Psychiatrist Dr Jan Tshabalala tells Dayimani that “there is still stigma

around depression in the black community”, and Dayimani quotes Dr Tshabalala as saying that:

People will say that you are weak for seeing a shrink. They will tell you to pull yourself together. Other people in our community will refer to black magic and say that (*bakuloyile*) you have been bewitched (Online).

Psychiatrists like Dr Tshabalala provide valuable insight into *why* black South Africans, and in particular black South African men, avoid seeking treatment for depression. What psychiatrists are unable to say with certainty is just how many black South Africans are affected by depression and simply fail to seek help or choose to self-medicate with drugs and alcohol. Though impossible to say for sure, psychiatrists like Shaheen Kader speculate that “a quarter of South Africans are suffering from depression” (Zimela Online). With white South Africans accounting for only 8.9% of the national population (according to the South African National Census of 2011), and black South Africans accounting for 79.2% of the national population; even if every white man, woman and child had depression, by volume, there would still statistically speaking be fewer white South Africans suffering from depression than black South Africans (Statistics South Africa Online).

Depression in black South Africans is in fact so underdiagnosed but arguably so prevalent that the South African Depression and Anxiety Group has an entire webpage dedicated to *Depression in Black South Africans* which acknowledges that, while extensive studies have not been conducted on the prevalence of depression in black South Africans due to “problems relating to language and cultural differences”, those few studies that *do* exist “indicate that the numbers are seriously high” (SADAG Online). SADAG states that “approximately 18% of black patients presenting at primary health care facilities [are] found to be suffering from depression”, and calls even that number a potential “underestimation” given “that GP’s [sic] fail to detect between 33% to 50% [sic] of depressive disorders in patients presenting to them” (SADAG Online). Contributing to doctors’ difficulty in diagnosing depression in their black patients is, according to Dr Sebolelo Seape, the fact that “most black patients tend to focus on the physical symptoms of depression rather than reporting how they feel emotionally” (Seape quoted in SADAG Online).

In the following chapters I therefore aim to examine the extent to which the false binary opposition constructed between white and black, and the geographical division along racial lines of the country during the colonial and apartheid eras continue to influence the perceptions of both depression and HIV/AIDS in South Africa today by examining the depictions of and grappings with these diseases in the works of Henna, Moele, Pikoli and Ntshanga.

Chapter 2: Depression, Stigma, and Viable Alternatives

Introductory Remarks & Contextual Information

The language of stigma surrounding discussions of depression in the South African context betrays the dis-ease with which the disease is confronted by certain black communities. Despite their myriad differences, including but not limited to differences in style, genre, gender of the author, and conceptions of effective alternative languages of metaphor, both Bonnie Mbuli's *Eyebags & Dimples*, and Phumlani Pikoli's *The Fatuous State of Severity*, highlight the extent to which the dis-ease which births a stigmatic language of metaphor is informed by the country's apartheid legacies and racism. For Mbuli, cliché becomes a viable alternative. Conversely, Pikoli's short story collection rejects the romanticising of language surrounding the disease in its entirety, thereby apparently rejecting the language of excess that is cliché as well. While Mbuli, then, conceives of cliché as a useful language of association, Pikoli, in his short story, *To Shy Away in Silence*, undercuts Mbuli's investment in the romantic alternative language of cliché, and identifies it as problematic in its own right.

The alternative language of metaphor for which Pikoli calls then stands in stark contrast to the florid language of cliché, informed by the Judeo-Christian tradition, employed by Mbuli in *Eyebags & Dimples*. While Mbuli invokes this religiously charged cliché in an effort to establish what her text upholds as a comforting and comfortable alternative to the language of stigma which dominates discussions of depression in her community; Pikoli, by contrast advocates for the deromanticizing not only of the language of stigma, but of all language surrounding depression. Pikoli then finds Mbuli's proposed alternative language of metaphors insufficient to foster real change.

Retrospectively criticizing his own collection, Pikoli concludes that writing about depression, and in particular his own personal experience of depression, necessitates "harsher wording [that's] more brutal about just how suffocating suffering from mental illness is" (6). In contrast to Mbuli's language of cliché, Pikoli then conceives of a viable alternative language of metaphor as one which seeks to render knowable the true torment of living with a mental illness, rather than one which seeks to comfort at the cost of what he conceives of as an accurate linguistic rendering of the experience.

Both *Eyebags & Dimples* and *The Fatuous State of Severity* (more specifically, *To Shy Away in Silence*) highlight the extent to which depression is stigmatically associated with weakness, and the way in which South Africa's socio-political history of institutional racism subtextually charges 'weakness' with racialised associative qualities; connotating weakness with whiteness and thereby rendering admissions to suffering from depression in South Africans of colour an "admission to aspirations to whiteness". For example, though Mbuli does not consciously conceive of weakness as associated with whiteness, she does acknowledge in *Eyebags & Dimples* that she struggled to even identify experiencing any emotional turmoil as to do so would be to admit weakness, which was a foreign concept to her growing up.

Mbuli stresses that her community raised her to believe that "'*Ukukhala akusizi*. Crying doesn't help'", and that the acknowledgement of emotional upheaval is a waste of time (45). This communal attitude serves as further evidence of the extent to which South Africa's apartheid history continues to inform the language of stigma surrounding depression. In the apartheid context, in which to inhabit a black body in a township became automatically equated with inferiority, to show weakness would be to bend to the will of the white minority, and so strength and strength of character became largely prioritized. According to Mbuli, "[t]he only way to wade through the decay that had become the black family unit [in the township] was to keep moving, keep your head up and not give in to tears" (45). The association of weakness with whiteness, and strength with pride and defiance in the face of the prevailing national ideology of racism, then contributes directly to doctors' difficulty in diagnosing depression in their black patients as, as illustrated by Mbuli, black patients "tend to focus on the physical symptoms of depression rather than reporting how they feel emotionally" (Seape quoted in SADAG Online).

In fact, the tendency for black communities to reject expressions of emotional distress has been widely documented globally. One notable study concluded that not only do black populations' perceptions of depression differ vastly from "how depression is conceptualized within [Western biomedical] research and clinical settings", but that the Black communities under scrutiny during the course of the study conceived of depression as "a sign of weakness rather than a health problem", and that, as a result, while black patients would report bodily symptoms of depression, such as lethargy, headaches, nausea, etc. to their primary care physicians, they would not disclose their emotional turmoil, or, they would express the emotional impact of their depression in terms not covered by the DSM-V (Alang 1, 2). Without any indication of

the emotional impact of depression on the individual reporting such vague physical symptoms to their doctor, or in the case of patients reporting emotional experiences that do not align with the current biomedical conceptions of mental illnesses, the differential diagnosis is, in most cases, too non-specific to validate a diagnosis of depression.

The same study went on to highlight the impact of the participants' environment on the manifestations of their depression. The study found that, as a direct result of the geography traversed by participants, depression was more likely to manifest as anger or violent outbursts. The DSM-V model is not, however, equipped to account for environmental impact on the expression of severe depression and, as a result, these symptoms aren't biomedically recognised as markers of depression and so depression goes undiagnosed. While participants in this particular study were African American, the results are universally applicable, and telling of the impact of the geographical legacies of apartheid on black South Africans expressions and manifestations of depression.

A local study conducted by SADAG in 1994 only serves to support the notion that geography influences not only one's expression or manifestation of depression, but also one's predisposition to suffering from the disease. This study concluded that those who suffer from PTSD or anxiety disorders are far more likely to present with depression as a co-morbid condition. Furthermore, the study concluded that:

People who had experienced or witnessed catastrophies that were deemed to be outside the range of normal human experience, like gruesome minibus accidents, the burning of property, political street violence and intimidation, had a higher chance of developing depression (Online).

In South Africa, the reality is that the majority of people forced to bear witness to, or to endure such events/experiences are black South Africans. What predisposes black South Africans to PTSD and anxiety disorders, and therefore to depression, is, then, geography; a geography which is still divided along class and racial lines as a direct result of the country's apartheid history and institutional racism which forcibly equated economic class with race.

There are, then, multiple barriers to the diagnosis of depression in black South Africans, including the stigmatization of depression in black South African communities, but also

including the discrepancies in expressions of depression for which a privileged, Eurocentric model of mental health fails to account. If “Black folks don’t get no severe depression”, that is not to say that they do not suffer from mental illness, but that they will, as a direct result of the impact of their geography on their expression, have alternate means of expressing it. In the South African context, for example, SADAG’s Operations director has been quoted as saying that:

In Zulu, there is not even a word for ‘depression’ – it’s basically not deemed a real illness in the African culture. As a result, sufferers are afraid of being discriminated against, disowned by their families or even fired from work, should they admit to having a problem. There is still the perception that someone with a mental illness is crazy, dangerous or weak. Because there is often an absence of physical symptoms with mental illness, it is considered ‘not real’, a figment of the imagination [sic] (SACAP 2013 Online).

Such splashy generalisations are, however, contentious and also rely on a Western, Anglophone understanding of the supposed dichotomy between mind and body, and a privileging of the English language and unilateral meaning in direct translation. While the English language, for example, differentiates between grief, sadness, tiredness, and depression, Zulu accepts the unification of body and mind at the level of language. As such, the translation of ailments from Zulu to English fails to account for the plurality of the source language, and what would be expressed in the former as a tiredness of not only the body, but of the mind and body as one (*Dangala*), becomes, in English, a purely bodily affliction; making a successful diagnosis of depression all the more unlikely (Ellis 342 – 343). It is, then, vitally important not only to consider the impact of geography on an individual’s expression or manifestation of depression, but also the “linguistically mediated nature of human illness”, and the shortcomings of privileging English as mode of biomedical communication (Ellis 343). Both geography and the language barrier thus inevitably contribute to the underdiagnosis of depression in black South Africans.

When addressing topics such as depression within the context of the black South African community it is, then, of fundamental importance to consider the socio-economic and political legacies, false dichotomies and inequalities which predispose these communities to suffering from mental illness in the first place. To illustrate, following the example set for them by the

white supremacists who came before them in the form of the colonizing forces in the Cape, the National Party of South Africa in 1948 instituted a formalized system of apartheid and furthered the myth of the empty landscape⁶ in an effort to justify their construction of the [so-called] homelands” (SAHO^d Online). To segregate and separate was, then, to the benefit only of White South Africans who profited from, and continue to profit from land grabs, forced removals and who enjoyed the bulk of the wealth the country had to offer. During the Apartheid period, many people of colour “were kept just above destitute because they were ‘non-white’”, and these are arguably some of the luckier ones to have survived this tyranny at all (SAHO Online). This positions people of colour under the apartheid regime as Mbembe positions the slave: kept alive but in a constant state of near-death only in order to service the needs of the slave-master; in this case, the white minority who were upheld, by law, as superior during the apartheid era (21). Failure to redress the geographical divisions of the country post-apartheid has then perpetually predisposed black South Africans to the violent realities to which those living in poverty are routinely exposed, as the geography continues to prevent upward economic mobility and opportunity for those born into poverty as a direct result of South Africa’s apartheid history.

This study, then, aims to stress the importance of a reconstruction of a language of metaphor surrounding depression and argues that any viable alternative would need to account not only for the discrepancies in expressions of depression, but also for the prevalent “mistrust of medical health professionals” among black South Africans (SADAG Online). I further argue that the legacies of the false binaries enforced under apartheid rule are directly responsible for this mistrust, and that the acknowledgement that the foundation for the stigmatisation of depression lies in racist ideology cripples the abilities of stigma to other effectively by undermining the construction of a binary opposition between white and black. The cultural tendency among black South Africans to turn inward, to the family, instead of to western medical intervention is, then, a direct result of the misinformation and false dichotomies

⁶ W.C. Holden, who published a book titled, *The Past and Future of the Kaffir Races* in 1866, was one of the first historians to formally commit the myth of the empty landscape to the page in an effort to legitimize the colonial claim to land in South Africa by suggesting that white settlers and the Bantu tribes they encountered there had arrived in the Cape at roughly the same time, and thus had “equal claim” to the land there (SAHO^d Online). However, no claim from indigenous South Africans has been historically considered “equal” to that of the settlers, and Holden’s theory of “equal claim” to land ownership is no different.

constructed by the colonial and apartheid eras and their credos, which still succeed in delaying diagnosis and preventing black individuals from seeking appropriate treatment.

Undertaking a focus-group based study on depression among older African American individuals, K.O. Conner et al. found that even those who recognise depression in themselves and who would *like* to access treatment struggle to (270). This places depressed black individuals actively seeking treatment in a destructive catch 22 in which their depression is exacerbated by their inability to access treatment options (270). Even in the so-called “first world” in which the study was undertaken (the USA), participants stressed that they felt that “the media needed to do a better job at representing African Americans with depression in a positive way, so that those who needed help would be able to relate [...] and have a greater likelihood of actually seeking mental health services” (271). In the South African context, SADAG’s Operations Director, Cassey Chambers, expresses similar concerns, noting that even those who recognize depression in themselves “don’t [always] know where to go to get help, or are too scared to seek it” due to the stigmatization of the disease within their communities (SACAP^b Online). Texts like *Eyebags & Dimples*, and *To Shy Away in Silence*, then, aim to bridge this gap where media representation is perceived as failing, even in the USA.

“Experts unanimously agree that the nature of the mental health situation in the South African context requires a uniquely South African solution” (SACAP^b Online). When the language surrounding depression in black South African communities has proven to be largely one of stigma informed by false white/black, African/West binaries; SADAG recognizes the need for “an approach to dealing with [South Africa’s] mental health issues that incorporates both western medicine and traditional healing” and which actively works against assumptions that these disease discriminate on the basis of race (SACAP^b Online).

This study thus aims to illustrate the ways in which the aforementioned texts begin the difficult task of reimagining metaphor to express the experience of suffering from depression in an effort to liberate depression and its people from the pitfalls of stigma as default language of metaphor. These works of literature, then, actively work towards destigmatising depression in black communities and make it easier for the afflicted to access treatment options by not only making it easier to acknowledge depression in spheres in which mental illnesses have traditionally been stigmatised, but by empowering the afflicted and allowing them to express their experiences in pre-validated terms. As Chambers stresses:

The first step to helping patients and loved ones is to get them to talk about it. There are still so many sufferers who feel alone, scared and misunderstood. Increased awareness and a policy of educating the public about mental health issues will encourage more people to share their diagnoses and seek help (SACAP^b Online).

This chapter, then, aims to highlight the myriad ways in which, and the extent to which, texts about depression by black South African authors succeed in starting a destigmatized conversation about and increase awareness around mental illness in both black communities, and the artistic communities to whom, from which and for whom they write.

Textual Analysis

Both Mbuli and Pikoli consider themselves artists. Mbuli has been a performing artist since adolescence, and Pikoli is a self-proclaimed “multi-media journalist and multi-skilled artist” (Pan Macmillan Online). As such, both authors’ works acknowledge the romanticizing of the language of stigma surrounding depression, in particular when it pertains to “capital-A *Artistes*”. While Pikoli’s short story, and the collection’s preface are immediately concerned with de-romanticizing the language of stigma surrounding depression, Mbuli’s autobiography is more concerned with developing the language of cliché as an alternative to the language of stigma, and only approaches an exploration of the romanticizing of depression in artists as it pertains to her own doubts and personal insecurities.

A cliché is, by definition, overused (and therefore familiar) and Mbuli’s particular language of cliché additionally draws heavily on typical Judeo-Christian themes in order to make meaning. By relying on the themes of a faith-based ideology in which an all-knowing entity will ultimately be responsible for one’s salvation, Mbuli arguably renders her alternative language of metaphor as romanticised as Pikoli critiques that of stigma to be when it pertains to the discussion of depression among the artistic community. Mbuli’s language of cliché, though it purports to be an attempt at rendering the unknown knowable by association, then finds its primary pitfall in the fact that it presumes the Judeo-Christian themes upon which it relies to be universally accessible (which cannot be the case). Potential shortcomings of her proposed alternative language of metaphors aside, Mbuli’s autobiography does exhibit a keen awareness of the impact of South Africa’s apartheid history and the country’s geography on her community and the stigmatization of depression within her- and other black South African communities. This awareness is not, however, untroubled, and Mbuli’s autobiography effectively tracks her own attempts to decipher the process of indoctrination with the language of stigma; an attempt further complicated by her inability or unwillingness to consider reading the celebration of Christianity by both herself and her community as an assimilation of or aspiration to whiteness.

During the apartheid era in which Mbuli was born and raised, the NP government made use of the NG Kerk (Dutch Reformed Church) and the Bible to justify apartheid, which should be enough to implicate the Christian faith in conversations pertaining to racism and the

foundational institutional racism that informs a language of stigma. In fact, the 19th century missionary movement and missions across “the dark continent” were, as a whole, founded on a set of racist assumptions about Africa and black Africans, including but not limited to the assumptions “that the missionaries were equipped with superior morals and culture and that the people to whom they went had inferior morals and culture” (George 272 – 273). The Christian faith, though by definition “a colonizing activity” continues to play a role in many black South Africans’ lives as illustrated by Mbuli in Chapter One of her book, *My Father’s House* (281). Regardless of the fact that “Christianity [was] the foundation for society in the colonies[;] [t]he practical outcome of [which was] colonization, both religious and political”, of the African geography and its people, Mbuli asserts that, “[f]or black people, going to church is an essential ingredient of every good person’s make-up” (George 282) (1).

From a critical distance, it becomes possible to read “good people”, thus, as those who emulate a particular colonial mode of whiteness and faith. This seeming aspiration to a particular mode of whiteness is, however, challenged in Mbuli’s community’s rejection of the notion of depression as a biomedical disease on the basis of its being a “white man’s disease”. The community appears to celebrate certain assimilations of whiteness, in Mbuli’s recollection, but reject others, like her diagnosis with depression. Mbuli’s reliance on this same religious imagery to construct her language of cliché further problematizes the notion of her language of metaphor. This is as the imagery she employs to work against the stigmatisation of depression, specifically as a sign of weakness and whiteness, is in itself caught up in a racialized semiotics of meaning. This because the Christian faith is in itself predicated on surrender and acknowledging the powerlessness of man in the face of an (inaccurately depicted) Caucasian God.

In the dedications, Mbuli, for example, describes her episodes of clinical depression as “the darkest storms” she’s ever personally had to weather (vi). This is immediately indicative of the kinds of clichés that she will continue to employ in an effort to further an understanding of a biomedical disease not divorced from the weight of its historic metaphors and mythologies, but by way of alternative metaphors which seek to include as opposed to exclude, to render known as opposed to render mysterious (and thus to be feared). The problem lies, of course, in the metaphor’s undeniable association of “darkest” with “worst”, and blackness with badness. Mbuli’s writings against stigma are thus in constant contact with that which they aim to refute in more ways than one. *Eyebags & Dimples* is not ignorant of stigma even if Mbuli’s metaphors

are ignorant of the subtextual racism of a number of her chosen religiously charged clichés. Rather, Mbuli's language of metaphor is constantly dancing with that of stigma; acknowledging and choosing to diverge from stigma in favour of offering new steps to an old ditty. Considered in terms of Bakhtin's notion of dialogism, Mbuli's clichéd metaphors find themselves in a constant state of flux. The author scrambles to reimagine for herself a world in which she can reconcile her upbringing with her present and her future. She entrusts the familiar religious images and metaphors she grew up with, with the task of comforting her community, but this is complicated by the church's history of overwhelming racism. While Mbuli's desire is thus for the church and Christian metaphor to perform a certain comforting function in the lives of her black South African readers, historically, the Christian church has been a site of oppression of those for whom she claims to write.

When Mbuli recalls attending church on a Sunday, she recalls marvelling at the pastor's children who were "so good-looking" with "long hair" (2). Her admiration of the pastor's children, not for their faith, or their actions, but for their particularly Anglo-Saxon appearance, which is branded "beautiful", raises questions about her community's ambivalent relationship to aspirations to whiteness. The rejection of assimilations to whiteness, then, appear to be limited to the biomedical sphere in which the West has been historically pitted against African traditional healing. Mbuli does not acknowledge the assimilation of Western culture that is subscribing to the Christian faith, nor does her metaphor acknowledge the ongoing positioning of lightness as superior to darkness within said faith.

'Depression' is, then, that dialogic utterance burdened with the weight of past, present and future meaning, to which Mbuli aims to add an alternative to the default and dominant language of stigma. Mbuli's text then declares a war on a *known* enemy: (the misconception surrounding) depression among black South Africans. She constructs the war metaphor in the context of depression in an effort to write "a love letter to all who have walked this same road, blind to the stealthy enemy that lurks among [the black South African community's] families, churches, schools and workplaces"; a love letter that may be understood, and that works toward dismantling the stigma associated with depression, and the false dichotomies which continue to prevent her community from seeking treatment for themselves (Mbuli ix). By casting depression as "a stealthy enemy", Mbuli effectively situates depression outside the self at the level of language and renders depression an invading disease, as opposed to a personal shortcoming, at the level of metaphor (ix). However, by constantly invoking the church in her

metaphor, she unwittingly implicates her faith in the socio-political structures which privilege “light” over “dark” and which continue to subtextually pit Africa against ‘The West’.

Ellen Grünkemeier touches on the dangerous and “powerful consequences that the construction of [such] binary oppositions [as Western vs African] [create]” in her book, *Breaking the Silence*, which focusses on examining the realities of living with HIV/AIDS in the South African context (143). Her chapters on Western pharmaceuticals versus traditional African healing practices are vital to understanding the apparent limitations of the disgust with assimilations of whiteness to the biomedical sphere. “Read in terms of the framework of curing and healing”, in which Western medicine is traditionally viewed as curative of an illness, whereas African healing methods are typically considered healing of the whole self, and not only of the body, black South Africans find themselves caught between what is conceived of as a choice between Western and African loyalty and practice, “influenced by the [overly] simplistic dichotomy of biomedicine v. traditional healing practices” (Grünkemeier 142).

As a result of South Africa’s history of racist policy and an unforgotten foray into the biological weapons world, it is unsurprising that suspicion continues to lurk around diseases (such as depression) for which the proposed course of treatment is heavily reliant on the use of western pharmaceutical drugs (McNeil Online). While it may at first glance seem unlikely that a community could so readily accept one element of westernization and colonization (being the Christian religion) while so readily rejecting another (being depression as a legitimate diagnosis and disease), it is, then, a paradox heavily influenced by the South African apartheid government’s active research and investigations of biological weapons “in the final years of its existence”, and the false binary originally constructed between Africa and “the West” (McNeil Online). Perhaps this subconscious cognitive dissonance is, in part, what makes it even more difficult for black South Africans to accept treatment for depression, as to do so would be to accept the power of western biomedicine and could be seen as to prioritize it above traditional healing practices; especially given that many black communities today still perceive accepting a diagnosis of depression as accepting white subjugation by assimilating the mindset of the oppressor who would not view the black individual as equal. This is regardless of the fact that those same communities place great emphasis on going to Christian churches on Sundays.

While Mbuli’s life-writing appears blissfully unaware of the problematics of her Judeo-Christian influenced language of cliché, the author does express an awareness of race and race

relations in her text. For example, though not critical of the church as a political mechanism promoting and prioritizing whiteness, *Eyebags & Dimples* does position Mbuli as growing up aware of being neither “white enough” for her school peers, who mocked her because “[her] hair wasn’t relaxed”, nor “black enough” to fit in in her community in Soweto because she attended “a multiracial school” during the height of apartheid (which inevitably set her apart) (4). Furthermore, Mbuli’s text illustrates a constant awareness of the impact of geography on the lives of her community in Soweto, and her peers at school. For example, Mbuli contrasts the “malnourished scenery” of Soweto, which she refers to as “barren, grim and uninspiring”, with “the opulent suburban world” and the “lush white suburbs” of her schoolmates (17). In so doing, Mbuli acknowledges that Soweto was deliberately constructed not to “[inspire] one to do or become more” (17). Mbuli ultimately displays a keen awareness of the fact that “the township[s]”, like Soweto, were “peculiar spatial institutions scientifically planned for the purpose of control”, as illustrated when she acknowledges that the construction of a township geography as a geography of active oppression was not accidental, it was “part of the plan”, “part of the grand, sophisticated scheme of apartheid, designed to choke the life out of black families” (Mbembe 26) (Mbuli 11, 17).

Nevertheless, she also demonstrates an awareness of her community’s rejection of this prescribed narrative when she details the beauty of Soweto which she saw in the residents who swept their yards every morning and cared for their homes in an act of passive resistance to the racist casting of her community as uncivilized on the basis of race (17). If the apartheid government wanted the world to accept without question that “[t]he town[ship] belonging to the [black] people [was] a place of ill fame, peopled by men of evil repute”, then Mbuli recognizes her neighbours as actively resisting that narrative (26 – 27). For some, her text ultimately implies, resisting diagnoses of depression was (and is) another way of resisting white-imposed erasure of black identity in the same way that sweeping their yards and caring for their homes became many of her neighbours’ mode of passive resistance. Resisting admissions of weakness (as the community reads depression), *Eyebags & Dimples* asserts, would then be to resist a white-imposed black inferiority.

If Mbuli recognizes the effects of the township landscape on her family and their mental health, as well as on her community in retrospect, her mother recognized the bio- and necropolitical tactics at the time, and was evidently aware of the realities of the influence a space could and would have on a young girl growing up in the townships. Mbuli recalls how her “[m]om tried

to keep [her] as untouched by [her] environment as possible”, going so far as to enrol her in Catholic school even though it was an unpopular decision among the black community at the time (12).

With the gift of hindsight, Mbuli recognizes that her schooling “had a powerful impact on [her] socialization” and uniquely equipped her in adulthood to navigate the terrain which *Eyebags & Dimples* does (18). Attending Convent school as one of only two black students rendered her keenly aware to her positioning as black woman in Cape Town when she later lived in the city in her 20s, and observed that she “hardly [saw] [another] black person in the city [because] they seemed to be a forgotten people, all tucked away in decaying settlements far from the centre, the beachfronts or the winding Garden Route” (94). Aware of the position of relative privilege she inhabits as a direct result of her mother’s choice to send her to private school, Mbuli struggles to reconcile the two Cape Towns she has experienced in her mind; for Cape Town, to her, is both the space where she first found healing in religion, and a space in which the right to death and power over life of apartheid’s legacy is still most clearly visible. Reflecting on the geographical realities of life in the so-called “Mother City”, Mbuli concludes that Cape Town is “old-money country, and South Africa’s bastion of white supremacy” which continues to see the majority of black South Africans relegated to the outskirts of prosperous areas, made to service them and disappear into the ether again lest they ruin the privileged aesthetic.

It is then her own family history of depression and lived experience of both predominantly black and predominantly white geographies that ultimately renders Mbuli’s text sensitive to the stigmatisation of depression among black South Africans, and sensitive to this language of metaphor’s roots in racism (18, 19). Growing up during the apartheid era, her exceptional multiracial socialization effectively alienated Mbuli from both of the false binary communities, white and black, and therefore rendered her uninitiated into stigma (as cult language) as it surrounds depression (25, 26). In this instance, being the ‘other’ on both sides of the oppressive “spectrum” offered protection from passively absorbing and being unknowingly inculcated into the language of stigma. That is not to say that Mbuli was untouched by her communities’ ideologies and ideals. In fact, she acknowledges in her life-writing that finding God, and developing a new language of metaphors forced her to confront the fact that “[m]uch of what [she] had come to accept [as fact about herself, and about her world] [she] had assimilated without prior consent from [herself]” (111). As such, she says that her decision to develop an

alternative language of metaphor and to sculpt for herself a new worldview was no accident. Rather, she speaks of her decision as an active one to go “back to the drawing-board [in order to] [trace] [her] way back through the experiences and ideas that had framed and fashioned [her] thinking” in an effort to be an active participant in the construction of her own understanding of the world (111).

Her sensitivity to the pitfalls of false binaries, and her active reflection on the experiences and ideas that had shaped her worldview ultimately lead Mbuli to create for herself a new language of metaphors in an effort to discuss her experiences with depression in *Eyebags & Dimples* in a way that would render an understanding of her experience of the disease accessible to the black South African community. Mbuli proves herself to be painfully aware of the difficulties her text will face in achieving what she set out to achieve. She recognizes that hers is only one voice writing back against a prevailing “cultural disposition and world view [that] [can’t] allow this train of thought” - the acceptance of depression as a medical condition as opposed to a personal shortcoming or weakness (137). Having struggled against these internalized stigmata alone, Mbuli’s life-writing strives to make the journey less difficult and time-consuming for the next generation of young black South Africans struggling to cope with or even to identify and acknowledge their own depression.

Ultimately, Mbuli goes out of her way to stress to her readers that the acceptance of a diagnosis of depression does not equate to having assimilated an oppressive western worldview. She exposes to her reader the insidious ways in which such false binaries as black and white are still being subtextually and subconsciously enforced by things as innocuous as South African geography, and asks the reader to learn and benefit from her own concerted effort to unlearn some of the stigmata she had unwillingly internalized herself. She assures her reader that prior to her diagnosis with depression she had “always viewed the world and other people through [her] opinions, definitions and labels”, and that it was only after actively deciding to discard them that she was able to “[see] more clearly” (170 – 171). Though she was, then, ultimately able to accept pharmaceutical intervention in treating her depression, she remained largely unsupported by her community. She writes that when she broached the subject of her depression and its treatment with black South Africans “there remained a very real barrier [...] against any acceptance of mental illness” (203).

It is as a direct result of having experienced this denialism and resistance to understanding first hand that Mbuli makes it her life-writing's mission to start a conversation about depression in the black South African community. Originally unaware of her own subconscious prejudice towards western biomedicine and pharmaceutical intervention, Mbuli attempts to use her life-writing to assist others in confronting the false binaries that they have unwittingly internalized, and which have birthed the language of stigma in which they are fluent. Reflecting on her initial reluctance to accept treatment, Mbuli writes that "amid all the criticism and indifference from the people [she] valued, and the loneliness [she] faced because of black society's dismissal of mental disorders as a Western phenomenon to which black Africans are immune", she was incapable of accepting even the possibility that pharmaceutical intervention could help her (ix).

Mbuli is then stating outright that she couldn't conceive of SSRI's (a particular formulation of anti-depressants) as a solution to treating her depression because she couldn't acknowledge having depression as a direct result of the stigmatization of the disease within her community. Mbuli then conceives of her life-writing primarily as "a love letter" to that self-same community who could not support her, and "to all who have walked this same road" with depression (ix). Recognizing and acknowledging the difficulty that would necessarily come from unpacking the false binaries which fuel stigmatization and denialism of depression, Mbuli states that she knows her readers may have been previously "too fearful to explore" the realities of depression and mental illness due to the real-world stigmatization and consequences of admitting to having a mental illness within her community. Nevertheless, she makes an impassioned plea to her readers to open their eyes to the "answers and resources that can overcome this oppression, and free [her readers] from the silent torment that steals the life not only from [those with depression themselves] but also from [their] marriage[s], [their] children, [their] friends and colleagues; and from future generations" (x).

Mbuli's use of "this oppression" to refer to suffering from depression is also ambiguous, and I argue that "this oppression" should be read as inclusive of the oppressive denialism and stigma that surrounds depression in her community as the need to deny the existence of depression, and the stigma associated with depression that informs that denial are oppressive in their own right. As stigma as it pertains to the discussion of depression within the South African context, especially the black South African context, is ultimately fuelled by false dichotomy, Mbuli can be read as arguing that the systematic remnants of apartheid and the false dichotomies which continue to prevail are oppressive forces in and of themselves. Mbuli can, then, be concluded

to be speaking also to the greater ideological oppression that is being conditioned to think in false binary oppositions such as black vs white, and to communicate exclusively in the metaphoric language of stigma.

Mbuli directly acknowledges that the black people who made up her immediate community growing up in Soweto, don't talk about depression or admit to having it because of the language of stigma surrounding depression, the language of stigma being one that fosters exclusionary behaviour and justifies the othering of affected individuals. Mbuli's text recognizes that to talk about depression using the language of stigma is to talk about such assumptions and misinformations as that "depression is a white man's disease", and that having depression means "admitting you're weak". This language of stigma is reliant on false binary legacies such as the black/white binary enforced during the apartheid era, and Mbuli dares to talk about depression in the language of the everyday inclusionary as opposed to the exceptional. In her own clichéd metaphors, Mbuli strips depression of the weight of its stigma-symbolism in favour of a new metaphoric which purportedly favours inclusivity, accessibility and understanding. The ongoing exceptionalization of depression, then, generates a certain language of stigma surrounding the disease which Mbuli's text attempts to dismantle. The language used to talk about depression, her text argues, should be commonplace, as depression is commonplace, and should not be burdened with the weight of false dichotomies and stigma.

Mbuli constantly recognizes that it would be easier for someone from her community to begin by acknowledging suffering a "silent torment" than suffering from depression, and so she writes accordingly in an effort to destigmatize and reconfigure the collective community consciousness of depression and the conception of its ideological value; albeit on some level unconsciously (x, xi). Mbuli thus attempts to reinscribe the word with new metaphorical meaning divorced from the false dichotomy which currently serves to reinforce denialism and the stigmatization of the disease. Her activity and activism, then, start at the level of language, and start with identifying the impact of the country's history on language in an effort to offer a viable alternative.

For example, Mbuli is able to trace her family history of depression down the matriarchal line, but she deploys alternative metaphor in discussing her mother and grandmother's depression in an effort not to alienate the reader, who may be open to exploring why Mbuli's mother and grandmother "shared a detached, distant look that seemed characteristic of the Mbuli women";

but not yet open to accepting Mbuli's conclusion that her mother "suffered from postnatal depression" (9) (23). By opening with this abstracted, metaphoric language, Mbuli gently begins the difficult work of rewriting the language of metaphors surrounding depression within her community. Even when describing her own struggles, she does not tell the reader she was depressed, rather, she speaks simply of a restlessness she couldn't shake, an anxiousness, a weight like a wet blanket that smothered and put out the light inside of her (23). Instead of alienating her reader by allowing the language of metaphor to render her self-indulgent or stigmatized; Mbuli personifies anxiety as a "wet blanket" in an effort to situate the disease outside of the self. In the same way, she divorces the self from the disease when she personifies anxiety and writes that it "would catch [her] laughing and remind [her] that sweetness was fleeting" (28) (49). Recognizing the power of the metaphors of language to include or exclude, to invite or to ostracize, she effectively constructs a series of metaphors which serve to work against the prevalent metaphors of stigma associated with depression in the black South African community for whom she writes.

Mbuli also recognizes, however, that the relationship between the power of language and depression is reciprocal, and that depression also exhibited a profound power over her language which she first needed to overcome before she could exert any power over her own choice of language of metaphors. Depression, she writes, rendered her "language [...] more negative and pessimistic", and it is in acknowledging the effects of depression on language intrapersonally that Mbuli's comprehension of language and the language of stigma shifted, which in turn encouraged her to write *Eyebags & Dimples* in a language of metaphors she considered to be geared toward accessibility (225). Regardless of subconscious motivating factors and the shortcomings of her tentative alternative offerings, the fact remains that Mbuli's work recognized the need for new metaphors to write against the ongoing work of a language of stigma to exclude. In using her publicity "to influence society positively", Mbuli successfully not only comments on the limitations of a metaphors of stigma, but the role of literature in South African society (237).

As a revision of her original diary kept in the years immediately preceding her diagnosis with depression, Mbuli's raw and unedited style renders her text immediately welcoming instead of

alienating. Though fraught with tension and not without notable shortcomings⁷, hers is a text without pretence, and it very effectively peoples a void that sociological inquiry and raw data fail to fill. As a self-acknowledged black icon speaking out about depression, Mbuli is able to reach those who wilfully ignore or wouldn't seek out the sociological data which suggests that depression does not discriminate on the basis of race. As a public figure, Mbuli has reach that statistics simply don't, and so, regardless of her text's literary shortcomings, *Eyebags & Dimples* must be appreciated for its use value if not its artistic merit. Mbuli writes in her prologue how, as a child, she “ marvelled at the power of storytelling and its power to nurture and inspire” (vii). Her aim for her book is then to do the work of inspiring her readers. *Eyebags & Dimples* deliberately argues against the value of literary work lying in the ways in which they tell stories, and rather places the value of literary works squarely on the shoulders of the stories they tell; suggesting that even stories that aren't told “well” by Eurocentric literary standards have value beyond the aesthetic. This study, then, argues that *Eyebags & Dimples* primary value lies precisely in the fact that it isn't told “well” by Anglophilic, Eurocentric literary ‘standards’.

What all of the clichés and metaphors that some argue render the text “poorly written” have in common is an attempt by Mbuli to comfort, and to ensure the comfort of, her reader, in an effort to ensure she is heard and to break down the barrier of cultural stigma in order to save other black South Africans from allowing the “wounds [of mental illness to] fester” under a “veil” of secrecy (viii). Like she herself experienced in music an art form that “spoke [her] pain, romanticizing her melancholy with their words” and bringing her solace, she hoped others might find solace in her book. She hoped to voice not only her own specific pain, but a universal pain and that is reflected at the level of language and the accessibility of the metaphor she employs in order to write pain. The dis-ease with the disease experienced by her community, Mbuli posits in her text, is unnecessary, and needs to be overcome in order to prevent more deaths at the hand of depression. Her book argues for an improved quality of life for black South Africans living with mental illness and attempts to educate. Speaking through the pages of her autobiography, Mbuli, then, proclaims *Eyebags & Dimples* of infinite value to black

⁷ *Eyebags & Dimples* exposes its own limitations in that it does not foreground talk-based therapy but focusses solely on the clinical biomedical and pharmaceutical approach(es) to treating depression, which serves to highlight the gap between the ability to discard the language of stigma in theory and live it in practice. To talk about one's depression and “indulge” in the “sadness” is still viewed (or kept out of view, rather) in a particularly stigmatized light even within the context of Mbuli's own book which claims to be all about talking about depression.

South Africans as a kind of guide to the demystification of a poorly understood disease; the stigmatization of which continues to be informed by the bio- and necropolitical tactics of the apartheid era and the ongoing effects this regime has had on the geography of South Africa both literally and ideologically.

In contrast, Pikoli's *To Shy Away in Silence* is not overtly didactic, and does not come right out and question why depression sparks dis-ease. Rather, just like Pikoli and his body of work seem to wonder, Pikoli's protagonist in this short story focused on depression and attempted suicide "wonder[s] why we love pain so much, or at least value it" (101). Pikoli's short story is, then, more concerned with interrogating the culture of romanticizing life with depression and the struggle narrative, than it is concerned with dispelling dis-ease.

To Shy Away in Silence is the only short story in the collection to have been published elsewhere prior to the release of *The Fatuous State of Severity* in 2016. The protagonist's desire to understand why society romanticizes depression, pain and suffering is ironically highlighted by the fact that the short story received little attention prior to its inclusion in *The Fatuous State of Severity*, a collection which in turn enjoyed relative success in comparison due precisely to the romanticizing and glamourization of Pikoli's own time spent in in-patient treatment for his depression. We as the reading public have demonstrated a reluctance to read Pikoli's collection divorced from the author's real-world experiences, and it is this "love [of] pain" that the author arguably calls out in the reflections on the subject by his short story's narrator (101).

To Shy Away in Silence also reinforces the aforementioned findings by Alang that black individuals do not always experience or codify their experiences of depression in biomedically validated and recognized terms (1). Pikoli's narrator in this particular short story, for example, ruminates on committing suicide in various ways, and from this internal conflict and consideration we as readers can extrapolate that the narrator is depressed. To the outside world, however, the narrator only ever affects boredom, which is not typically read as a valid symptom of depression when expressed in those linguistic terms. In this way, Pikoli's short story also raises a call for the reinvention of and reimagining of a new language of metaphors surrounding depression in the South African context. Pikoli's short story actively calls for the validation of the expressions of experiences of depression by black South Africans who don't necessarily codify their experiences in accordance to dominant biomedical and western pharmaceutical models of knowledge. Pikoli does so by using his short story to illustrate the extent to which

the failure to recognize the language of metaphor a depressed black South African is speaking could cost that person their life.

Pikoli's short story addresses this neglect by physicians to read beyond their own default language (of stigma, and metaphor) when the narrator of the short story details having gone to visit the doctor in attempt to secure medications with which he might overdose (103). The narrator says that the nurse who performed his intake exam asked him directly if he had "anxiety problems", and how, regardless of the fact that the narrator's heart rate "[caught] a fit" in reply, the nurse smiles and seems to accept his verbal denial as sufficient instead of reading or even querying the narrator's physiological response to the question in the data generated by the heart rate monitor, blood pressure cuff, and other medical equipment at his disposal (103). Nevertheless, it is evident the narrator expects to have raised concerns with the nurse because he reports feeling "like a mule being sniffed out by one of those four-legged Nazi mongrels at an airport" (103).

The fact that the narrator doesn't want to admit to having anxiety problems could speak to the stigma and shame associated with mental illness. The fact that the narrator visits the doctor not to seek treatment for depression, but to seek a means to end his life serves to illustrate the extreme extent of the shame the narrator experiences for feeling depressed, and for being unable to identify an alternative solution to suicide. The narrator does not want to be found out for being suicidal as his desire to end his life will be viewed as a character flaw, a failure to "man up" and a personal weakness by his community. Finally, the narrator's lack of a "medical aid card" which necessitates his "paying for [the] consultation with the last cent [he] had" also speaks to the privileging of treatment for mental illness and its limitation of access to the wealthy. Due to their financial superiority, the wealthy's money quite literally *affords* them access to treatment; whereas the impoverished find themselves precluded from care. In the South African context in which the vast majority of impoverished citizens are still black South Africans, this reinforces the statements by such bodies as the SADAG that black South Africans with mental illness struggle to access mental health care, even when they are actively seeking it (SACAP^b Online).

The negligence of white doctors in caring for black patients is also implicitly critiqued in Pikoli's narrator's encounter with the white doctor. The narrator mentions that the "[m]otherfucker wasn't even looking up at [him]", and that the doctor dismissed him "[w]ithout

once touching his blue eyes with [the narrator's] browns", leaving the narrator "feeling more useless than [he] was bored" (103). This encounter or apparent *lack* thereof is laden with meaning, and leaves the narrator feeling like he cannot even go about committing suicide right, because he cannot secure the necessary pills from the doctor in order to affect his plan. This dismissal by the doctor without a thorough examination, and the patient-narrator's subsequent hopelessness, also speak to the woefully prevalent under-diagnosis of mental illnesses in black South Africans by physicians. SADAG states that, shockingly, "GP's [sic] fail to detect between 33% to 50% [sic] of depressive disorders in patients presenting to them" (Online). The short story suggests that this is not always due to "most black patients [...] [focusing] on [their] physical symptoms [...] rather than reporting how they feel emotionally", but that the legacies of apartheid and perhaps personal prejudices and pure professional negligence play a role in the under-diagnosis of depression in black South Africans (Seape quoted in SADAG Online). This is evident as Pikoli's doctor character fails to ask the narrator about his mental state at all, even after his in-take nurse appeared to suspect an anxiety problem in the patient. Ultimately this is not the only instance in which Pikoli's narrator's, and by extension his own awareness, of the ongoing effects of the legacies of apartheid on black lives is illustrated.

For example, there is an instance in which the narrator directly acknowledges the extent to which his identity and city have been written or constructed by "some bigot whose name or story [the narrator] will never know" but whose "family is still all up in [the narrator's] purse"; metaphorically all up in his business, dictating his right to death and power over his life, but also literally forcing him to pay up for the privilege of existing in the space (105). Ideologically, the narrator also acknowledges the hand of apartheid and colonial legacies in constructing his identity when he is treated like a common criminal by hotel security when he goes to visit a friend. He tells the receptionist the number of the room he's visiting, and reception calls his host to the lobby to come and fetch him, as though sending the narrator up on his own "is a security risk" (105). "[I]t would be nice if they didn't assume", says the narrator to the reader, "because now I have to fulfil that prophecy" (105). The narrator is exposing the oppressor's prophecies as self-fulfilling – he is told, or in this case treated like he is a common criminal, like he is a security risk, and so he feels obligated to be or is socially conditioned to meet those expectations.

The narrator clearly has friends, which begs the question why he would not disclose his depression to them. In his journey to the party at the friend's hotel room, the narrator speaks

about “the problem with [his] accent” and how “anyone can pick up the English in [his isiXhosa]”, and how that affects the way in which the Uber driver consequently treats him (104, 105). This awareness of his social positioning, as a black man with an English accent, suggests that Pikoli’s narrator’s reluctance to disclose his mental illness may be as a result of his social positioning as already an assimilator of Western culture and “whiteness”. Mentioning how his Uber driver’s attitude towards him shifts when the driver realizes the narrator is a local and will give him directions, and that he’s not a tourist who is going to pay big bucks even if he sounds like a tourist or an expat speaking isiXhosa suggests that the narrator is all too aware of the perception of black men who speak English and embody a certain kind of Eurocentric masculinity. Why, then, would the narrator seek to further exclude himself from his immediate community and their cultural acceptance by broadcasting his suffering from a “white man’s disease”?

There is also, of course, the fact that the narrator explicitly states the he doesn’t want to make his depression and suicidal ideation “anyone else’s problem” (106). While attending the party of his friend staying at the local hotel, the guests find themselves on the roof, and while Pikoli’s narrator considers jumping off the roof of the building right there and then, he ultimately feels guilty for being “inconsiderate [...] by trying to kill the buzz of others” (106). His reluctance to commit suicide in front of his friends is indicative of the guilt many individuals with depression, regardless of race, feel for the ways in which their depression and decisions impact the lives of those they love. This guilt, then, only serves to further isolate those with depression, which in turn fuels the disease. This guilt, then, is a symptom of the language of stigma which surrounds the disease and tells those afflicted that they are a burden on their communities and their families. In contemplating suicide, the narrator is then caught in a Catch 22. On the one hand, the language of stigma surrounding depression informs him he is a burden to those who care about him, and on the other hand, the language of stigma informs him that committing suicide is cowardly, selfish, and just another way of burdening his loved ones.

The narrator’s conception of his final act of suicide as “a performance” for his own personal enjoyment is, then, indicative of the romanticizing of the stigma surrounding depression and the notion that artists and others who suffer do so grandly before making an exit from this life, leaving only a grand narrative to be told in hushed whispers. Pikoli expressly writes against the conception of the departed as ghosts to be revered for the beauty of their pain. In having his narrator attempt to render his suicide private, Pikoli successfully renders this comment a

double-edged sword. By having his narrator desire “the privacy of his kitchen” for his final act (of suicide), Pikoli comments not only on the isolating influence of the disease on his protagonist, but also on the voyeurism implicated in the romanticizing of the stigma surrounding depression, and the way in which the public clamour at artists’ pain.

Pikoli further comments on the dangers of stigmatisation and the romanticizing of that language when the narrator reflects on a post by a “saviour” who commented on an internet board dedicated to “how to check out without really saying goodbye” (109). This “saviour” writes to those visiting the board for tips on how to commit suicide without saying goodbye, telling them about the unexpected suicide of her brother, and urging the suicidal readers of her post to “change [their] mind[s]” because “what [they’re] thinking of doing “is the most hurtful and selfish thing [they] could ever think of doing” (109). The narrator claps back at this language of stigma which renders those with depression responsible not only for their own lives and mental health but for the lives and mental health of those around them by calling this “saviour” another of the “fucking trolls [who] choose to force their own inane goddam projects onto [the suicidal among the board visitors]” (110).

The narrator describes these supposedly well-meaning posters as having “infected [those planning suicide’s] fucking space and forced [those planning suicide] out” (110). “We’re rejects once again”, says the narrator, “[w]e’re pathetic and selfish. Once again, we no longer belong” (110). The narrator thus recognizes and calls out the poster for speaking in the language of stigma and self-centred arrogance, but still blindly romanticizes his own dreams of suicide in that he hopes to leave “...a good story” behind after he’s killed himself, and ends up visiting his friend Tsepho before going through with suicide because he conceives of a farewell in person as “more dramatic” than just “saying goodbye with [his] last hearts” on Instagram, or “favourite[s] and retweet[s]” on Twitter (104). In that same grand romanticizing voice, the narrator for the first time considers if he ought not to hang himself like the “saviour’s” brother did because “there’s a regal air to it, a looming presence” (111).

The narrator is not the only one who romanticizes suicide in Pikoli’s short story. The narrator’s friend, Tshepo, also seems to romanticize and glamourize suicide as an unattainable glory that neither he, nor the narrator, have earned. The narrator reflects, for example, on Tshepo telling him that “he [the narrator] was too chicken shit to do anything”, and how “[he] hadn’t done

anything to deserve a release and was going to be trapped on the precipice of indecision [his] whole life, just as [he] couldn't make a decision on the ledge" of the hotel roof (112).

By this point in his narrative, the narrator attempts suicide by hanging himself with a string of ties, but fails, and he starts to personify the painkillers with which he originally planned to kill himself whenever he acknowledges their presence. For example, when he "hoist[s] [himself] up off the ground" following his failed suicide attempt by hanging, he does so "to the delight and applause of the pills", he says, "who tell [him] their time has come – they're painkillers, after all" (114). In so personifying the painkillers as mode of suicide, cajoling him to take them(selves); Pikoli's narrator, like Mbuli, situates depression and the narrator's suicidal tendencies outside of himself at the level of language and casts depression as an outsider-invader – reimagining for himself a language of metaphor which allows Pikoli to write against the language of stigma which reinforces the idea that those who suffer from depression are simply too weak as individuals and that depression is a result of their own personal weakness.

At the level of language, Pikoli's narrator's personification of the painkillers suggests that depression is not from within, a personal shortcoming, but from without – an invading disease poised against the host. When the narrator wonders how it is that he could "inflict so much harm in trying to do the opposite of what [he] actually crave[d] from life" in removing the tie that was strangling him from his neck with scissors and gouging out chunks of his own flesh in the process instead of just allowing himself to asphyxiate, Pikoli, then, reinforces the notion of depression as an outsider. The aforementioned line then encouraging readers to reflect on the narrator's body craving life even when depression, the outsider-invader, informs the narrator that he is craving death and empowers its minions, the painkillers, to "[jeer] at [the narrator] for [his] disloyalty and lack of follow-through" (115).

Ultimately, Pikoli's short story leaves his reader with one final highlighting of the romanticizing of the stigmatization of depression, which he has aimed to prove as dangerous as the language of stigma itself, when he has one of his narrator's friends respond to his statement that he had "the kind [of night] one is not meant to return from" with an impressed whistle and a response of "ominous" (116). "They're fascinated by my hurt", concludes Pikoli's narrator, and arguably concludes Pikoli about the readers who flock toward his volume hoping to witness in *The Fatuous State of Severity* his own pain and experiences undergoing in-patient treatment for his depression. Readers come to his collection, he concludes, hoping

to bear witness to his pain. In reimagining for himself a language of metaphor divorced from the romance, and the stigma which surrounds depression by default, Pikoli resists the classification of his work as “cathartic”, and so deliberately avoids a chronicling of his personal experiences in stigmatic terms.

Originally self-published, before having been picked up by Pan Macmillan, *The Fatuous State of Severity* furthers Pikoli’s musings on the romanticizing of depression and stigma outside the confines of the short story offered for study. In the introduction to the collection, which Pikoli, in apparent contradiction of the title, called *The Lack of Severity in a Fatuous State*, the author writes that “The Fatuous State of Severity – a mouthful for most – was a state of mind [he] had learned to occupy while recuperating from a depressive episode at a psychiatric clinic” (1). Unpacking the mouthful that is the title of Pikoli’s collection, “The Fatuous State of Severity” could be read as a nod to the author’s experience of the vacuous nature of grieving or grievousness and the relative pointlessness of depression. This would speak directly to the popular black communal conception of depression as a sadness that the sufferer should just “snap out of” as “crying doesn’t help” (Mbuli 45).

Perhaps Pikoli’s choice of title for his collection is telling of the pointlessness of trying to recover or trying to talk about his diagnosis in a culture in which depression is *viewed* as pointless, a reading which his initial self-publication of the volume seems to support. It is telling that a prominent public figure like Bonnie Mbuli appears to have the social clout to be allowed to speak publicly on depression, whereas Pikoli, as a layperson, and a black man, lacked/lacks the right to do so. However, in his retrospective penning of the introduction, Pikoli complicates any and all potential readings of the title by turning that name on its head. “The Lack of Severity in a Fatuous State” seems to hint rather at the way in which depression hollows out one’s existence, pointing to the lack of feeling, of energy, of life-force in a pointless state of depression. There is no extreme in depression, the author then suggests, there is only nothing. This is similar to the hollowing-out effect Mbuli observes depression had on her language.

The Fatuous State of Severity, unlike *Eyebags & Dimples*, is a work of pure fiction, with the standard disclaimer that “[a]ny resemblance to actual persons, living or dead, is purely coincidental” featured prominently on the publication page (Pikoli). What makes this classification in the realm of fiction so interesting is the extent to which the hype surrounding the text is inextricably caught up in the author’s personal experiences and the context in which

the collection was predominantly penned; on a pad of paper, with a pen, in a psychiatric treatment facility following a bout of severe depression (Pikoli Online).

The Fatuous State of Severity as a cultural product is multifaceted, and the author and various friends of his have since compiled video diaries of participants reading extracts from the collection and talking about the book. Further complicating and questioning the positioning and the value of the book as cultural object was the author's initial selling of the book not for a set rand value; instead, the author asked readers to value the book for themselves, and he writes in his introduction about how uncomfortable that made people, arguably because it forced readers of his text to question the ways in which we value cultural objects and assign value to people's lived experiences and expressions thereof. This begs the question, if readers undervalued the collection, were they undermining the literary quality of the text, or undermining the author's lived experience with depression and the circumstances which led to the collection's publication? (3).

Questions surrounding the relevance of the collection's conception to its content and subsequent success beg the question to what extent readers come to the collection expecting to read about Pikoli's experiences in the psychiatric treatment facility, as opposed to expecting stories unrelated to his experiences which he just so happened to pen there. The fact that *To Shy Away in Silence*, the only short story *about* depression, and the only one previously published, didn't generate the same hype that the collection did is perhaps most telling of the expectations with which readers come to Pikoli's text. They're coming to stare at the wreckage, but *The Fatuous State of Severity* doesn't give readers the satisfaction.

With the reviews came the story that made the book: that most of the stories were written while I'd been undergoing psychiatric treatment for clinical depression. A few jumped to label the process as a catharsis, a treatment for my illness. I think this is a mistake that we often tend to make as a society that has an extremely limited understanding of mental illness and likes to glamorize it for artists [...]. I'm not depressed because I'm a writer. Nor do I write because I'm depressed (5 – 6).

Pikoli, here, picks up on a troubling thread which is the popular conception of the artist as a tortured soul. Commenting on this troubling trend in South African poetry circles specifically, Sindiswa Busuku-Mathese, author of *Loud and Yellow Laughter*, writes:

There is a seductive myth that continues to place suffering and creativity in an unholy wedlock. This wedlock is ordained and perpetuated daily by certain enclaves of our creative communities. Let us be very clear, there is nothing restorative about playing up to the old cliché of the “tortured artist”. Nothing. I am tired with [sic] these faux deep narratives circulating all around us, narratives which reinforce the emaciated idea that good writing only comes into being if one is writing from their emotional and psychological deathbed (Online).

Pikoli, and Busuku-Mathese are not the only ones to pick up on the troubling romanticizing of mental health struggles, depression and pain when it comes to artists. Even Mbuli mentions in *Eyebags & Dimples* that her doctor “asked if [she] thought medication would affect [her] ability to create, as some talented artists used their depression to fuel their creativity” (190). Mbuli responded that, while she “understood what he meant [because] [...] [depression] could be a drug in itself”, driving artists to new creative heights, “depression [shouldn’t be] a [necessary] catalyst” for creation and creative output (191). The encouragement and ongoing endorsement of the kind of emotional masochism highlighted by the three authors above serve to illustrate the extent of the ongoing damage and dangers faced by participants in the literary scene in South Africa, a country in which the “lack of infrastructure, support networks and public knowledge of mental health” are already very troubling realities for creatives and non-creatives alike (Pikoli 5).

At the height of his collection’s success, Pikoli wrote an article for *The Superbalist* “about [his] time in the clinic and [his] road to recovery” (6). He says that, while he wrote the article then “using the language of healing and [weaving] a story about working [himself] out of the hole in which [he’d] found [himself]”, he likely wouldn’t write the same article today (6). Rather, Pikoli ultimately concludes that writing about depression, and in particular his own personal experience of depression, necessitates “harsher wording [that’s] more brutal about just how suffocating suffering from mental illness is. The truth is that there’s no magic bullet for its cure” (6). Most importantly, Pikoli writes, “[he’d] stop trying to romanticize the stigmatism of [depression]”; instead, he’d write for those suffering from depression, encouraging them to “be vigilant of themselves every day”, because he comprehends just how hard it is “to feel that isolated from the world” (6).

Pikoli, then, calls for the de-stigmatization of depression, but also for the de-romanticizing of the stigma surrounding depression in the first place. It is not, Pikoli then insists, a great and tragic burden of the romanticized “capital-A *Artiste*”. Rather, the romanticizing of the stigmatization of depression is almost as harmful as the stigmatization of the disease itself. For this reason, Pikoli’s writing, particularly the short story, *To Shy Away in Silence*, works not only against the stigmatization of depression, but also against the romanticizing of the stigmatization of depression, and towards a new language of metaphors which aim to express the unpleasant realities of living with depression divorced from the stigma informed by latent inequalities and apartheid legacies, as well as the misconception that it is an artist’s lot to suffer them, and that that suffering is somehow noble and beautiful.

Despite differences in form, style, and their conceptions of effective alternative languages of metaphor, both Bonnie Mbuli and Phumlani Pikoli’s works therefore go a long way toward, at the very least, exposing the dis-ease with which South Africans approach the discussion of depression, one of the primary causes for that dis-ease being the ongoing effects of the country’s socio-political history of racism on its people both physically, geographically, and more abstractly, ideologically.

Chapter 3: “AIDS and Its Metaphors” in the South African Context

Within the global context, “South Africa has frequently been singled out for the extent and particularities of its [HIV/AIDS] epidemic” (Grünkemeier 3). Shula Marks argues that these particularities come as a direct result of the “distinct[ly] high-risk situations” vulnerable South Africans have historically found themselves in, and continue to find themselves in today (Grünkemeier 3). There are a number of historical actions at national government level that have predisposed certain racial groups to the kind of vulnerability to which Marks refers. Certain “high-risk situations”, such as the “massive (forced) population movements during apartheid” continue to have a lasting impact on South Africa’s geography. As township spaces serve to perpetuate the cycle of poverty into which black South Africans were forced during the apartheid era not only geographically but ideologically, so too does this space serve to render the individuals who inhabit it today particularly vulnerable to further “high-risk situations” including exposure to violent crime (Grünkemeier 3). As a result of the institutional legacies of apartheid, these vulnerable individuals remain predominantly black South Africans. This history and the resultant “lack of social cohesion” inevitably influenced, and continue to influence the narrativization of HIV/AIDS at a national level (Grünkemeier 3).

The language of stigma surrounding HIV/AIDS in the collective South African imagination is, then, built upon this foundation of distinct socio-political inequalities. The following chapters, and the novels analysed within them, thus advocate for the development of an alternative language of metaphor in an effort to reimagine the disease with new metaphor and meaning. In analysing and resisting the primary metaphorisation of the disease the novels of both Moele and Ntshanga serve to illustrate the impact of the predominantly stigmatic representation of the disease on their characters’ attitudes and behaviour. These novels, then, recognize AIDS as a signifier “overdetermined with meaning” that “acutely reflects and embodies underlying discourses of power” (Schmidt & Da Rocha Kustner 71). In other words, the novels of both Moele and Ntshanga demonstrate an awareness of the language of stigma being informed by the unequal divisions of power and the right to death and power over life of contemporary South Africans along racial lines as an ongoing (but direct) effect of the colonial and apartheid systems. *The Reactive* and *The Book of the Dead*, then, illustrate the extent to which HIV and AIDS have already been dialogistically imbued with socio-political, biomedical and cultural meaning. Their works then serve to further illustrate how reimaginings of alternative languages

of metaphor may serve to unburden future discussions and considerations of the disease from the burden of the language of stigma which seeks to exclude, to isolate, and which ultimately claims lives.

Sontag conceives of the language of stigma as generating a metaphorical landscape which those affected by the disease are forced to inhabit. She then imagines the othering effects of stigma in geographic terms. This conception of the language of stigma as removing affected individuals from the self on an ideological geographical level speaks directly to the identical motives of the forced removals actioned by the apartheid government. As Sontag conceives of stigma as attempting to divorce the self from risk and the disease at an ideological geographical level, so too did apartheid seek to divide the other from the “superior” white self at a national geographical level. Sontag’s choice of metaphor is, then, fundamentally self-reflexive, and she acknowledges as much when she describes her work on “Illness as Metaphor” as an attempt to unpack “the punitive or sentimental fantasies concocted about [moving into and inhabiting the realm of illness]: not real geography, but stereotypes of national character” (3). Through “Illness as Metaphor”, Sontag intends to illustrate the stereotypes and assumptions societies make about those who inhabit *illness*, and to undermine the attempt by these societies to define illness as an unchartered territory which the healthy should fear. Illness, Sontag argues, is rendered a metaphorical geography alive with horrors beyond the healthy’s wildest dreams in an effort to establish it as indisputably alien to the uninfected/unaffected. As she acknowledges, the construction of the realm of illness is predicated on the fundamental desire to other, and the metaphorisation of illness is therefore irrevocably prone to excess. The following chapters will illustrate the extent to which the construction of a stigmatic language of metaphor in the context of HIV/AIDS and the South African epidemic inevitably relies on associating the disease with the already-marginalized, “in [terms of] the power structure of the dominant culture, such as those who are gay, poor or uneducated”, in an effort to more effectively other the affected/infected (Schmidt & Da Rocha Kustner 72).

In order to further a discussion centring around the historically impoverished and uneducated “already marginalized” figures in South Africa it is first necessary to mine the country’s apartheid history and examine the ways in which this institutional racism and privileging of the white minority first constructed the black body in South Africa in contrast to itself, *as other*. If discussing the stigmatic language of metaphor surrounding HIV/AIDS by default *is* to discuss poverty and the legacies of such systems as apartheid, then to discuss poverty today

still means conversations will centre largely around the experiences of black South Africans. Texts like *The Reactive* and *The Book of the Dead* then explore iterations of the disease within this socio-demographic context in an effort to illustrate the necessity for reimagining metaphor and re-metaphorizing the abstract language that surrounds HIV/AIDS. In offering up alternative languages of metaphor, Moele and Ntshanga effectively open up new avenues for the collective consciousness and understanding of the disease, divorced not from metaphor entirely, but from stigma and the racist legacies which inform that language. In so attempting to shape the way whole communities conceive of HIV/AIDS, texts such as these work toward unburdening the affected from the weight of stigma which continues to restrict their access to treatment.

Part of this work of unburdening HIV/AIDS of stigma is unburdening the virus from the weight of the false dichotomies upon which it relies. These false dichotomies include that between white and black as imposed by the apartheid government. Similarly, previous chapters of this thesis have established the false binary constructed between western biomedicine and African traditional healing practices. These false dichotomies remain those of primary concern to discussions of stigma as it pertains to HIV/AIDS as they were of primary concern to discussions pertaining to the stigma surrounding depression in black South Africans. The false dichotomy between western medicine and African traditional healing is particularly pertinent to discussions of the stigmatisation of HIV/AIDS in South Africa as such influential political leaders as Manto Tshabalala-Msimang advocated for “an African cure for an African Epidemic”, regardless of the fact that overwhelming evidence suggested ARVs were the best course of treatment available. This mistrust of western biomedicine betrays the black majority’s fear of the white minority’s power to administer the right to life and power over death (McNeil Online).

This mistrust of western pharmaceutical intervention is evident in the case of Fana Khaba, an HIV+ Yfm radio DJ who declined antiretroviral treatment even after it had been made freely available to him. Khaba took ARVs for mere days before abruptly abandoning this regimen in favour of experimenting with alternative remedies (Grünkemeier 141). Khaba’s decision to abandon his antiretroviral treatment at a time when ARVs were not accessible to the vast majority of South Africans became unintentionally politically charged (Grünkemeier 141 – 142). Unlike figures, such as Zackie Achmat, who made deliberately political and public refusals of ARVs until they become freely available to all, Fana Khaba offered no public

statement pertaining to his abandonment of the treatment. Khaba's decision to forego ARVs then proves deeply personal, and though he sought to further no political agenda by making this decision, both the left and right have subsequently tried to claim Khaba as the posterchild for their own causes. Filtering out that noise by paying deliberate attention only to the insights of those closest to Khaba, and to the prevalence of the legacies of apartheid in the South African socio-political and cultural ideology, it becomes clear that perhaps the biggest potential motivator of his decision comes from Khaba's being "led to believe that he must decide between the two paradigms of '[W]estern v. African' influences" (Grünkemeier 142).

Grünkemeier comes to the conclusion that "[r]ead in terms of the framework of curing and healing", in which Western medicine is traditionally viewed as curative of an illness, and traditional healing practices are considered more holistic, Fana Khaba was likely "influenced by the simplistic dichotomy of biomedicine v. traditional healing practices" (Grünkemeier 142). Caught, then, between what is conceived of as a choice between Western and African loyalty, Khaba chooses alternative healing practices. As Grünkemeier ultimately notes, "Khaba's drug refusal was not the result of an active or rational decision-taking process but rather a way of coping with what he believed to be the necessity to decide between these two opposing possibilities" (143). Though his decision proved fatal, Khaba's was not a suicide mission. He did not want to die, and is described as being willing to do whatever it took to make himself well again, be it taking ARVs, praying, or visiting herbalists (Grünkemeier 142). There simply came a time when his faith in traditional healing practices surpassed his faith in ARVs, and so he stopped taking them for fear of their doing more harm than good. In a country in which AIDS was historically suspected of being an "Afrikaner Invention to Discourage Sex", it is no wonder, then, that certain HIV positive black South Africans, like Khaba, remain wary of western biomedicine (Kravtsov 126) (Grünkemeier 143).

Sibongile Radebe, Khaba's fiancé, further emphasizes the impact the binary opposition between his treatment options had on the DJ. After his death, Radebe felt compelled to clarify to the press that she did not force Khaba to keep on taking the antiretroviral medication because it was making him feel worse and wouldn't have been able to help his health anyway as he no longer believed in the drug by that point (Grünkemeier 143). This comment serves to illustrate the holistic understanding of treatment in the African traditional sense, in which "physical ailments cannot simply be treated with pharmaceutical or biochemical interventions because mental and spiritual as well as confidence in the medication are equally important"

(Grünkemeier 143). In his own understanding, and in the understanding of those closest to him, not only would Khaba have had to believe in the ARVs in order for them to prove effective in treating his symptoms of HIV, but taking the ARVs would have required of Khaba to relinquish his right to control over his own life and return, however temporarily, to an infantile state in which he would need to be cared for. Ultimately, he would be relying on western pharmaceuticals to police his right to death and power over his life (Grünkemeier 143) (Foucault 135). Admitting weakness as a black man, relying on Western medicine to keep him alive, and relying on his family to provide for him in adulthood “would have gone against [Khaba’s] self-image (Grünkemeier 144). In fact, this reluctance among black South African men to cede control or admit dependence (which could be perceived as weakness) is arguably one of the primary reasons for the high suicide rate among young black South African males. To admit to a mental illness such as depression, for example, plays into the same power dynamic as to admit to the life-saving necessities of ARVs. To accept treatment would be to accept the power of western biomedicine and could be seen as to prioritize it above traditional healing practices, thereby willingly placing the power over one’s life into the hands of western medicine.

HIV was, of course, not the first affliction to have been afforded such polarizing opinion, and the development of such excessive language of stigma. It is then important to consider what separates the stigmatization of HIV/AIDS from the stigmatization of those diseases which came before it. It is also important to identify why these diseases are no longer stigmatized to the same degree, and whether or not the same tactics for their destigmatization could be applied to the effort to destigmatize HIV/AIDS.

In her original work on illness as metaphor, Sontag singles out Tuberculosis as the primary carrier of metaphor of the previous century, and at the time singled out cancer as the primary carrier of metaphor for the twentieth century (5). In singling these out, Sontag stresses that diseases tasked with carrying the weight of metaphor are those which are not understood, those which are “intractable and capricious” (5). The reason TB has largely retired its weight of metaphor in the twenty-first century is because the disease is no-longer a death sentence in developed countries because effective treatments and cures exist. Unburdened of its mystery, the disease is unburdened of the weight of stigma, as to understand the bacteriology of TB is to understand that there is not a causal relationship between TB and (for example) passion, or immorality, as there was once thought to be. Those infected with TB are, then, unburdened of

stigma *because* the mystery surrounding the disease has largely dissipated. Though the virology of HIV/AIDS is far less mysterious now than in the early days of its outbreak, this understanding of its virology has not proven sufficient to adequately dismantle the prevalence of a default language of stigma surrounding the disease. This is why texts such as Moele's and Ntshanga's novels, which work towards alternative metaphors of language, are so still so important. What worked once (divorcing the disease from metaphor and stigma entirely in the developed world as in the case of TB), has not proven effective in the South African context when it comes to HIV/AIDS (or TB, for that matter⁸), and so, alternate means and methods become necessary.

In *AIDS and Its Metaphors*, Sontag ultimately concludes that “[t]he metaphors and myths [surrounding illness] [...] kill” (99) This has proven to be true at least in South Africa, where HIV positive individuals still willing forego ARV treatment (regardless of its documented efficacy over the past decades) (Sontag 99). South African society at large's inability to unpack the foundation that informs the myth and stigmatic metaphor surrounding the disease prevents the afflicted from seeking treatment in the first place. As a result, stigma (informed by the latent false dichotomies of the colonial and apartheid eras) kills. Ntshanga and Moele, then, argue in favour of a societal shift toward a new language of metaphors that acknowledges the roots of the stigmatic language of metaphor and actively works against stigma and the denialism it fuels. As Sontag notes that cancer inevitably took the reins from TB as mythologized disease in Europe, so too was cancer soon surpassed in the popular imagination and replaced with a new “disease whose charge of stigmatization, whose capacity to create spoiled identity, [was] far greater” (101). Sontag is referring, then, to HIV/AIDS as the latest global pandemic. “It seems”, she goes on to say, “that societies need to have one illness which becomes identified with evil, and attaches blame to its ‘victims’, but it is hard to be obsessed with more than one” at a time (101). Unlike cancer, “AIDS is understood in a premodern way, as a disease incurred by people [...] as members of a ‘risk group’ – that neutral-sounding, bureaucratic category,

⁸ Daftary et al. note that, while forces have in the past decades rallied to challenge the “stigmatisation of people with HIV”, there has been no similar rallying of forces to “[contest] programmatic norms that reinforce TB stigma”. “Raising awareness about TB stigma”, the authors conclude, “is insufficient to mitigate stigma” – instead they identify the need for those living with and who are affected by TB to “begin collectively organizing to change harmful practices”. While they acknowledge that “TB science can be used to affirm the rights and dignity of people with TB”, as Sontag's work on *Illness as Metaphor* suggest, “[c]ommon TB policies and practices [must] be modified to reduce TB stigma” (Online).

which also revived the archaic idea of a tainted community that illness has judged” (132). AIDS as metaphor then “attaches blame to its ‘victims’” in a way that cancer does not (132).

In the South African context (in which the stigmatisation of the disease is reliant on the inherently racist systematic legacies of apartheid), AIDS is burdened with the war metaphor and named invader come to judge the already-marginalized for their sins (Sontag 102). It is then interesting to note that as stigma is only a front, a shell by way of which AIDS is known, so too is AIDS in and of itself only a shell. It is the name not of a particular illness, but the name given to “a medical condition, whose consequences are a spectrum of illnesses” (Sontag 102). AIDS is, to some extent, only a metaphor or euphemism in and of itself. AIDS does not actually kill the afflicted, it simply allows opportunistic infections to do its dirty work, killing the host. Sontag notes the usefulness of comparing the “stages” of AIDS to those of cancer and of syphilis, in which “tertiary syphilis” is the “most dreaded form” in the same way that stage IV cancer is worse than stage III (107). Sontag conceives of HIV, the virus that initially *attacks* and *invades* the body (to invoke the war metaphor), as the first stage of the disease(s) also known as AIDS. AIDS as the “third and final stage” of an infection with HIV initially became, according to Sontag, irrevocably associated with death in the same way that “the generic idea of death [had once] been a death from cancer” (109). She goes on to describe AIDS as “the [new] generic rebuke to life and to hope” (109). In the early days of the virus’s spread, Sontag aims to emphasize, it was impossible to conceive of the possibility of “living with HIV”.

Even in its infancy the disease was being constructed internationally as something to be feared, to wage war against. It is no wonder, then, that the disease immediately “generate[d] [round itself] a preoccup[ation]” with drawing a “distinction between [its] putative carriers” and “the general population” (Sontag 113). In South Africa, this so-called “general population” was defined in direct opposition to the already-marginalized, including the poor and “people with darker skins” (113). “The fact that illness is associated with the poor”, Sontag notes, and that the poor “are, from the perspective of the privileged, aliens in one’s midst – reinforces the association of illness with the foreign: with an exotic, often primitive place” (137). The general population constructed in contrast to this affected *other*, in the case of HIV/AIDS, is then “white heterosexuals who do not inject themselves with drugs or have sexual relations with those who do” (113).

Ultimately, it is those in power, “health professionals and other bureaucrats” who have the privilege of defining the “general population” (Sontag 113). It is worth noting, then, that those in power during the initial advent of the AIDS epidemic in South Africa were white supremacists who were concerned only with constructing AIDS as a disease afflicting solely “the already stigmatized” (Sontag 113). To be black in apartheid South Africa, for example, was already to be stigmatized, and the fear of the black other was already so deeply engrained in the collective consciousness of the white “general population”, that to give the “general population” one more reason to fear contamination from the black body would hardly have been remarkable. In fact, conceiving of AIDS as a black man’s affliction out of darkest Africa was hardly new, AIDS having long been considered “another infestation from the so-called Third World” (Sontag 137).

Just as it is possible to “detect racist stereotypes in much of the speculation about the geographical origin of AIDS”, so too is it possible to detect the racist legacies of such systems as apartheid in the language of stigma (Sontag 124). The stigmatization of the disease serves not only to marginalise but to dehumanise the afflicted in the same way that the apartheid state sought to dehumanize black bodies. If “[t]he most terrifying illnesses” are those that are “perceived not just as lethal but as dehumanizing”, it then makes logical sense in the mind of the xenophobic white supremacist to attribute the birthplace of the virus to the ancestral home of those black bodies they have already dehumanized (Sontag 124 & 137). A refusal by (a) black South African(s) to be tested or treated for HIV/AIDS can then be read as a refusal to be further marginalised and dehumanized by stigma; not a death wish.

As TB was once stigmatically associated with promiscuity and immorality in Europe, so too has HIV/AIDS in the South African context in the twenty-first century become stigmatically metaphoric for poverty, promiscuity, and a lack of education. HIV/AIDS becomes, apparently, an unwitting metaphor for blackness, as blackness is still burdened with the metaphors of the country’s past which continues to cast predominantly black South Africans as impoverished, and without access to education. This as a direct result of the biopolitical and necropolitical construction of both the geographic and ideological terrains of South Africa which continue to systematically and systemically privilege white South Africans and disadvantage South Africans of colour due, not only but in large part, to the unequal economic divisions of wealth and power in the country. Unpacking the metaphors of stigma surrounding HIV/AIDS *is*, then, to unpack the metaphors of blackness in comparison to white privilege in the South

African context. To talk about HIV/AIDS in the language of stigma, *is* then to talk about and to reference linguistically these tangible and intangible bio- and necropolitical remnants of a racist system of apartheid. It is this language which Ntshanga and Moele ultimately undermine in inventing new systems of metaphor by way of which to conceptualise HIV/AIDS in the South African context.

Chapter 4: *The Reactive* and Convergence

Overview

Masande Ntshanga's *The Reactive* exposes the linguistic connections between the languages of stigma that surround both HIV/AIDS and depression. In identifying the similarities between the stigmatic language used to discuss HIV/AIDS and depression respectively, Ntshanga effectively suggests that the stigma surrounding these diseases is informed by the same foundational mistrust of the *other*. In the South African context, this mistrust of the other is informed by the false dichotomy that the colonial missions and subsequent apartheid state sought to enforce between black and white, positioning them on opposite ends of a binary system. *The Reactive*, then, alternately abstracts language and metaphor in order to attempt to make the diseases known divorced from their default metaphors and the associative powers of their shared language of stigma. In so doing, Ntshanga effectively offers an alternative language of metaphors with and by way of which to people the sociological stigmatic void. The language of stigma thus betrays a collective discomfort with the aforementioned diseases and exposes the foundational racism and prejudice upon which the language of stigma relies. Not only will this chapter illustrate the extent to which *The Reactive* exposes these foundations for dis-ease, but it will further serve to assess Ntshanga's attempts to provide alternate metaphors of language as a lens through which to consider both HIV/AIDS and depression. Finally, this chapter will assess the extent to which Ntshanga's alternative metaphors are successful in liberating these diseases from stigma.

Ntshanga's protagonist, Lindanathi, is a young black man living in South Africa who confesses to the reader in the very beginning of the novel that "[t]en years ago, [he] helped a handful of men take [his] little brother's life" (5). His confession is however, ultimately undermined by Nathi's admission that he is an unreliable narrator. In his own words, most of the time "[he and his friends are] probably coming down or high. [They] don't manage to stay in between for too long" (Ntshanga 20). Their memories (and judgements) are, therefore, clouded at best. As a result, Nathi's confession, and his own faith in his guilt, are simultaneously personally experienced by the narrator as absolute, and rendered unreliable in the eyes and minds of outsiders/readers. Nathi's preoccupation with the death of his brother is ultimately the driving force behind *The Reactive*'s plot, and the narrator's desire to express to the reader "what

happened to [him] in Cape Town after Luthando had taken his death” is indicative of an innate desire to share as a means to either unburden and forgive, or to condemn. *The Reactive* thus acknowledges at its core this power of language to ostracize or to accept. When Nathi doubly marginalizes himself (as a black man) by deliberately infecting himself with HIV, it is then precisely because he is aware of the real-world implications of the language of stigma. Nathi then deliberately seeks to impose the stigmatic associative qualities of the disease upon himself in an effort not only to punish himself for his brother’s death, but also to justify his depression and self-imposed social isolation. Thanks in no small part to the language of stigma surrounding the disease, infecting himself with HIV serves to concretize and legitimize Nathi’s feelings of isolation and gives him a socially acceptable cause for his melancholy, and his lack of regard for his health and his life.

Though Nathi attempts to take his own life in apparent penance for having taken his brother’s, he unexpectedly finds himself living with HIV instead of developing full-blown AIDS and succumbing to opportunistic infections. This despite the fact that Nathi does not take his ARVs, opting instead to commit a protracted suicide over many years. Though “Luthando had taken his death”, Nathi is, then, unable to take even his own right to death and power over life into his own hands as “the virus is arrested in [his] blood” (Ntshanga 6, 192). As a result of his inability to take his life on his own terms, Nathi and his friends, Ruan and Cissie, indulge in self-medication with drugs and alcohol, and take perverse pleasure in playing a game which they affectionately call “Last Life” (95). “Last Life is the name [they] c[a]me up with for what happens to [Nathi] during [his] last year on the planet”, and the trio play the game in an apparent effort to exercise their imaginary control over life and, more importantly, over death (24). While waiting for a death which he chases daily, Nathi and his friends content themselves with selling his ARVs to other HIV positive individuals in order to make money with which they might purchase more illicit drugs. Ultimately, *The Reactive* is a sustained literary reaction to the stigma surrounding HIV/AIDS, one which considers the intersections between mental illness, HIV, self-medication and addiction in a nuanced manner.

Treating depression with HIV & addiction: A close reading

The Reactive positions Nathi as painfully aware of the intrinsic relationship between marginalization and blackness within the South African context. For example, Nathi notes within the first few pages of the book that he had long since learnt how “to trade on the pigment [he and his black community] were given to carry” (7). An awareness, even in childhood, of the ways in which his race positions him in society speaks simultaneously to Nathi’s awareness of the socio-political realities of his environment, and the self-fulfilling racist prophecies which see a promising young black university student transformed into a drug-addicted dealer living with HIV; an extreme recourse to which he is driven by guilt and depression. It is evident to the reader that Nathi is suffering from depression, even if the narrator himself is incapable of articulating his experience in those particular words. Rather, Nathi opts to exist in a state of protracted denial. In his own words, Nathi has his “eyelids closed against [the] idea” that he may be depressed (14). If he is, he’d rather not know about it.

Despite his depression, Nathi’s decision to deliberately infect himself with HIV is not a straightforward attempt at suicide as he doesn’t have the moment of his death in mind when he infects himself. Rather, he is thinking of his *life*, and, fuelled by guilt, the extent to which he can punish himself in life for the death of his brother. When asked by his Cissie whether he “ever considered what would really happen to [him] the moment [he] died, [Nathi] told her [...] how [he] never thought about that, how thoughts like that wouldn’t have allowed [him] to do what [he] had done” when he infected himself (18). Nathi is, then, focused on *living* with HIV, and preoccupied not with his death but with his punishment, and the bodily suffering he incorrectly presumed the virus would inflict on him on his behalf. It is that anticipated suffering that Nathi apparently considers both an adequate punishment for his crimes, and a socially visible and acceptable cause for his depression. But the virus fails him and instead of metering out the punishment he anticipated, Nathi is (again) as his name suggests, condemned to “wait” (21). “Lindanathi means wait with us”, and Nathi spends his adult life waiting for suffering which does not come (21). As a result, Nathi self-medicates with drugs and alcohol as a means to escape both the monotony of waiting, and the realization that even HIV won’t punish him for his supposed crimes.

Nathi, as he admits himself, is “the one who is supposed to be dying”, but he *isn't* actively dying, and that's the problem (22). It is precisely because Nathi has no interest in prolonging his “wait” for death that he doesn't take the antiretroviral medication provided to him. Rather, Nathi and his friends sell his ARVs in a scheme to make money to feed their collective drug addiction(s) (because this self-medication helps Nathi temporarily “forget about” his HIV, his guilt and his depression “as much as possible”) (22). Of course, Nathi's ability to profit off the sale of ARVs in the first place is telling of the socio-political realities of living with HIV in the early years of South Africa's democracy. Selling his pills only proves lucrative because of the particularities of Nathi's milieu at the time. As a result of the early AIDS denialism at national government level, ARVs were initially not freely available in South Africa, nor would treatment have been affordable for the vast majority of those affected. In fact, Michel Sidibe, executive director of UNAIDS notes that, as unbelievable as it may seem, “in [the year] 2000 there were only 90 people in South Africa on treatment” (Mkize Online). It was only in “April 2004 after a lengthy battle between activists and former President Thabo Mbeki and Health Minister Dr Manto Tshabalala-Msimang, who questioned the link between HIV and AIDS, and ARVs effectiveness” that “South Africa introduced free ARVs in the public sector” (Gonzalez Online). Prior to this roll out, ARVs were near impossible to come by, with treatment access being limited to government officials and their families, and those who could afford to and/or were still healthy enough to get to a number of small clinics from which international aid organizations and private doctors were operating to distribute ARVs that they had brought in from abroad and paid for out of their own pockets (Gonzalez Online).

Bearing this in mind, it becomes possible to read Cissie's conviction that she, Ruan and Nathi are “basically slaves” as indicative of a recognition that they're enslaved by the particular post-apartheid socio-political ideological system they inhabit. In contrast, Nathi does not conceive of himself as a slave to his diagnosis, his addiction, or his milieu. Nathi's rationalization is that “[t]he three of [them] aren't slaves [because] [they] each wrote matric in the country's first batch of Model Cs” (25). Therefore, he reasons, they had an opportunity to rise above the “slavery [to your circumstances] thing” and can't be slaves to any such system (25). Cissie, in a rare moment of incredible lucidity and insight, recognizes the institutional and other machines working overtime, under the surface, to govern their supposed “choices” and “freedoms”, even if Nathi can't see it. In this way Ntshanga successfully comments on the extent to which the right to death and power over life of black South Africans is still largely determined by the lasting effects of a racist system of apartheid designed to oppress them. This is evident in the

ways in which South Africa's geography continues to be largely divided along racial lines, in the privileging of education in non-African indigenous languages, and in the opportunities afforded the financial elite relative to those afforded to the impoverished (who are still predominantly black South Africans) by the state.

Initially, Nathi appears to be getting by in his denial not only of his disease(s) but in his denial of the trappings of the institutional systems in which he finds himself caught. That is, until "[his] uncle Bhut' Vuyo" sends him a text message telling him that he has "come of age" (27 – 28). Confronted, once again, by family and ultimately by guilt, Nathi attempts to continue to live in the denial with which he has become so familiar, and so he "delete[s] the message" (28). Despite his best efforts, Nathi is unable to shake his dis-ease and the feelings stirred up by having received the message from his uncle. The relief Nathi expected to feel as a result of deleting the message and taking "to the glue again" to self-medicate "doesn't arrive" (28). Instead, Nathi's train of thought is interrupted by, presumably, the effects of the glue. The next coherent thought the reader has to latch on to is Nathi's account of receiving a sobering call from his caseworker, Sis' Thobeka (from whom he gets his ARVs). In order to continue to profit off the war on people's bodies by reselling his ARVs, Nathi knows he must keep Sis' Thobeka happy enough that she will continue providing him with the medication.

In contrast to the ARVs, Nathi's potential clientele are not in short supply. He and his friends "score a lot of customers at group meetings for the HI Virus [...] in Cape Town", and the trio attend meetings in urban, suburban and informal settlements across the city (40). The areas Ntshanga gives his characters to target and to fixate the sale of their ARVs on is indicative of the language of stigma surrounding HIV. The areas mentioned by name include Hout Bay, Khayelitsha, Langa and Bellville. While Khayelitsha and Langa are known informal settlements or townships, and Bellville is easily recognised as a lower- to middle-class neighbourhood at best, Hout Bay may seem at, first glance, to be the odd one out economically speaking. The stigmatic correlation between economic status and the contraction of HIV is, then, being highlighted by Ntshanga in his naming of these areas, as is the unequal geographic divisions of land during and after the apartheid era in South Africa.

Though Hout Bay does not immediately conjure in the mind of the reader the same images of poverty and marginalization that the townships do, Ntshanga uses the invocation of the name of this neighbourhood to offer a nod to those in the know. Not only does the inclusion of Hout

Bay on this list imply that the economically well-off are just as capable of contracting HIV as the already marginalised are, but it also, more importantly, invites the reader to question the ways in which the apartheid government divided land, and the ways in which we continue to use language, particularly language relating to geography, as a means of exclusion and marginalization in South Africa today. This is evident precisely in the fact that Hout Bay seems out of place when included on a list with Langa, Khayelitsha and Bellville when, in fact, one of Hout Bay's most densely populated suburbs, Imizamo Yethu, is comprised of "both a designated housing area and an "informal settlement" area, which is largely comprised of small shack dwellings"⁹ (Miller Online). In the same way in which the propaganda driven towards foreign tourists, and, as a result, the popular imagination of Cape Town does not include Khayelitsha as one of its largest and most densely populated suburbs, so too is Imizamo Yethu linguistically excluded from the designation of "Hout Bay", despite the fact that the suburb is geographically situated at the heart of the Hout Bay area, "[n]estled between two [...] affluent housing estates" (Miller Online).

All four spaces listed are, then, despite appearances, home to a large number of Cape Town's marginalised citizens. The fact that Nathi and his friends visit these areas in order to find potential clients to whom they can peddle ARVs speaks to the nature of the stigmatisation of the disease as affecting the already marginalised, and, Ntshanga suggests, this stigmatisation of the disease says much more about the stereotypes surrounding the "kinds of people" who contract HIV than it does the realities of the disease and the experiences of those living with it. For example, the facilitator of one of the support group meetings Nathi, Ruan and Cissie join is a white woman named "Mary, [a] red-haired counsellor, [who] sits on a plastic chair opposite the three of [them], [with] a halo from the fluorescents sketching a delicate crown around her Technicolor bob" (41). Ntshanga's positioning of a white woman as a group counsellor on drug abuse and HIV is telling. Given the stigma surrounding both diseases (addiction and HIV), how difficult would it be *not* to perceive this white woman as being in a position of power, and how difficult would it be *not* to read any sympathy or empathy she offered as condescension? The fact that both her name and her halo conjure up Judeo-Christian images in the mind of the reader further draws attention to the early Christian missions to Africa and offers a subtle critique of these missions' inherent racism as an aside. Ultimately, Ntshanga relies on the

⁹ For further reading, please see *Unequal Scenes* by Johnny Miller at <https://unequalscenes.com/hout-bay-imizamo-yethu>

racialization of the group leader to raise questions in the mind of the reader as to whether or not Mary is a fellow addict and HIV positive person or not. In so doing, he forces the reader to question their own stigmatic and racist reading of the counsellor as separate from those receiving counselling based on her race.

This is not, however, the only instance in which Ntshanga racializes the support group space. Neil, another of the addicts in the group, is a former teacher who is not HIV positive but who became addicted to blow and then to heroine. Ntshanga seeks to position Neil, as a white male addict, as the lowest of the low in the white South African community who are still being systematically upheld as superior to people of colour in South Africa as a direct result of the institutional legacies of the apartheid system which continue to privilege the few and disadvantage the many. Nathi recognizes Neil's inferior position among other white South Africans but rationalizes that "[e]ven though Neil's a serf in his community, he's a nobleman in [theirs]. [And that] [they] could've pulled a lot of money out of him" had he been HIV+ (43). In having his narrator consciously position a white male addict as a superior source of income, Ntshanga successfully critiques the socio-political and ideological realities of life in contemporary South Africa in which former systems of government, and the latent geographical and commercial implications thereof continue to privilege the white minority.

Ntshanga does not, however, only use the support group as a mechanism for highlighting the stigmatisation of HIV and/or addiction. Rather, the support group also functions as a place where Nathi can support his denialism by projecting his feelings onto other addicts. The unlucky recipient of Nathi's projections is usually a woman called Olive. Nathi says that she is "the one [he's] come to feel for the most in [their] meetings, but there's nothing [he] can do to help. She suffers from something [he] [has] no treatment for, and [he] can only watch her when she drops her head in shame" (46). But there comes a time when even projecting his feelings onto Olive stops working for Nathi. He receives the text message from his uncle, and suddenly "[he] realises that [his] feelings for [Olive] have been drained from [him], and that [he] can no longer use her as a hiding place" (46). Though Nathi has been hiding his own depression, insecurities and guilt in Olive, the text message from his uncle reminds him of a promise he made long ago, and forces him to confront the fact that he'd been projecting his own feelings onto Olive all along in order to avoid dealing with them. Bhut' Vuyo's text message, then, shatters Nathi's comfortable sanctuary of denial, and in his employing this

mechanism, Ntshanga successfully undermines the efficacy of denial as a long-term (or even short-term) solution to living with HIV and/or depression.

Nathi is not, however, the only individual in the support group to undermine the auspices of safety and titular *support* by projecting his feelings onto another and attempting to erase his guilt through denial. There are those in the support group who would, whether consciously or unconsciously introduce the language of stigma into the conversation, and so there are those who favour public denial in the form of lying about their HIV status or how they contracted the virus. Ta Lloyd, for example, tells the group that he contracted HIV during his tenure as paramedic. And, while this may be true, some of his fellow support group members suspect that his “story [is] make-believe” (49). As Ta Lloyd resorts to obfuscation in an effort to avoid stigmatisation, Ntshanga suggests that this renders him more vulnerable to falling victim to those who aim to profit off the war on people’s bodies. In a further attempt to distance himself and his family from stigma, Ta Lloyd believes the fraud who promises him an HIV cure for his wife, another individual secretly living with the disease. In an effort to protect other vulnerable support group members from falling victim to the same schemes as members like Ta Lloyd have, Mary, the group counsellor, will often “intervene when the misinformation piles too high” (49). The positioning of the white group counsellor as moderator of the discussion and determiner of facts further allows Ntshanga to offer commentary on the historical socio-political positioning of white bodies as superior to black bodies. Ntshanga also effectively comments on the positioning of the white individual as author of history:

[One] could say [Mary] takes the role of rearranging [their] history. Playing the part of proof-reader, Mary fixes [them] wherever she finds [them] mistaken, adding her own revisions to the stories [they] use to explain [them]selves to the world (49).

This speaks directly to the conception of history as a construct, a story we as a society have agreed to tell ourselves. Ntshanga’s critique is that this story has historically been one authored by a racist white man. It also raises questions surrounding who dictates or generates a language of metaphors surrounding a disease (in particular stigma as it surrounds HIV/AIDS). It suggests that the lived experiences of the affected are routinely dismissed and not considered absolute truth by the system. Rather, the official narrative is enforced, edited, dictated by those who police the infected - in this case the white group counsellor. Power, then, in the linguistic,

experiential sense, is once again highlighted as being situated in the hands of the white minority.

The false axiomatic association of power with whiteness is not the only false equation being levelled at or during the proceedings at the group support meeting. In speaking about the person who has offered his wife a miracle cure from HIV, Ta Lloyd describes him to the group as “a medical doctor”, and “a white man”, “just like [Neil]” (50). Ntshanga uses this description to illustrate another false axiomatic association of knowledge and power with whiteness, and perhaps, specifically, with white masculinity. This equation of power, knowledge, and a cure with whiteness is problematized, however, by Ta Lloyd’s admission that “[the promise of a cure is] not an easy thing to believe [...] [e]ven in Khayelitsha” (51). Why, then, is a cure not an easy thing to believe in, even when whiteness is being automatically associated with knowledge? Perhaps, it is because the doctor’s white masculinity also gets in his own way, as western intervention in an “African epidemic” were decried at government level by the likes of Thabo Mbeki and Tshabalala-Msimang (Grünkemeier 34). Even though this white doctor is telling Ta Lloyd he “shouldn’t give Nandi [his wife] any more ARVs”, Ntshanga implies that it is still difficult to trust him in that he represents western intervention in “African affairs” (even if his method of intervention is not pharmaceutical) (51).

Ntshanga further highlights the positioning of his characters in relation to the construct of an African/Western dichotomy when Nathi reflects on the funeral of his brother, LT. According to tradition, Nathi had a particular ritual function to fulfil at the funeral. He should have but cannot remember whether or not he actually did “wash [his] hands free of [his] little brother[’s] [spirit] at [the] gate” to the cemetery (125). Tradition calls for Nathi to have washed his “hands free of Luthando’s spirit, emadlakeni, in a cracked white bucket” set out for that express purpose; and in his reflection on that day Nathi seems to wonder whether his failure to wash his hands of LT’s spirit may be why he continues to be haunted (125). Whether or not Nathi really believes this is the cause for his haunting is immaterial. The point is that this once again positions African culture as existing in direct opposition to dominant Western culture. According to the traditional beliefs of his community, Nathi’s cure for his haunting would’ve been to have remembered to perform this ritual. Instead, unsure whether or not he remembered to, and still feeling haunted years after the fact, Nathi infects himself with HIV and then resists Western treatment in an effort to pay for his sins. Nathi also doesn’t see a shrink for his depression but rather self-medicates, which situates him in direct opposition to Western

medicine and pharmaceutical (or other) intervention. As a result, Nathi's own denial and resistance to treatment serve to reinforce the black/white false dichotomy and construct of an African/Western binary opposition which continues to exist and fuel stigma in South Africa today.

The relative prevalence of mental illness among characters in *The Reactive*

As illustrated in the preceding chapter, Nathi is not the only character in *The Reactive* to suffer from mental illness. The relative prevalence of mental illness among characters in the novel arguably speaks directly to the socio-economic environmental factors which serve to stigmatise diseases such as HIV/AIDS and depression in that they are affecting already marginalised individuals. Though she is a disposable character, Olive, suffers from depression and serves as a mirror to reflect Nathi's state of mind. In contrast, Ruan suffers from a mental illness which is explored in much more detail than Olive's depression. Unlike Nathi, Ruan does not apparently suffer from primary depression, but from anxiety (of which depression is often a co-morbid condition). In fact, it appears as though Ruan's anxiety, and the stigmatisation thereof, greatly contributed to his own self-medicating tendencies.

Ruan experiences increasing social isolation and marginalization as a result of his anxiety and loses several jobs as the direct result of "a slew of unforeseen panic attacks" before he finally finds gainful employment thanks to the relative benefits of nepotism (78). In fact, Ruan's anxiety is so severe that "he could [often] be found curled up, or fainting on carpet tiles or buffed lino" and that several of his ex-employers "suggested he seek out a programme for special care" (78). In an effort to avoid the stigmatisation associated with suffering from panic attacks and anxiety, Ruan often bribed his doctors to "say it was epilepsy" (78). However, his employers wouldn't accept his doctors' notes and Ruan "was always fired" (78). His desire to bribe his doctor and hoodwink his employers is, then, indicative of the stigmatisation and marginalization he anticipates facing, and ultimately does face, as a result of his anxiety. Though all of Ruan's former employers feign empathy and wish him well, "they [describe] him as too great a liability to keep on a payroll" (78). In writing Ruan's experiences, Ntshanga, then, comments on the real-world implications of the stigma surrounding mental illness.

It is this stigmatisation which both Ruan and Nathi are trying to escape by self-medicating with drugs and alcohol. The pair find comfort in their unspoken mutual agreement not to judge or to question one another's motivations for self-medication. Still, though the drugs offer Ruan a temporary respite from his anxiety and its stigmata, the practice of self-medication with illicit drugs invites stigma and associations of its own. These stigmata, the novel would suggest, are easier for many to live with, as addiction among black South African men does not carry the same stigmatic associations with *weakness* as mental illness does in their community. Masking

their mental illness with addiction, Nathi and Ruan then successfully escape stigmatisation from their community as a result of their mental illness, by opting instead to subscribe to the stigma associated with drug use. This stigmatisation is typically from outside their community, which arguably makes it easier to bear as they are able to maintain their sense of collective identity with their community. Regardless, self-medication does little to improve their conditions, and still renders them doubly marginalised and stigmatized figures as they are stigmatized and marginalised for their mental illness by their own community, and stigmatized and marginalised by the white South African community for their self-medication with drugs and alcohol.

In an effort to free his mind from the clutches of depression and guilt, Nathi appears also to have “freed” his mind from the tethers of a concrete reality. The drugs he takes ultimately cause him to dissociate, and at one point, Nathi realizes that “[his] hours have become something foreign to [him], [and] that they’ve taken on a pattern [he] can no longer predict” (82). He even hallucinates his dead brother, and thus proves unable to escape his own guilt and the stigmatisation of mental illness at an intrapersonal level. This because, despite his attempts to self-medicate, Nathi is unable to escape his own subconscious. Even Nathi’s hallucination-brother questions his sanity and tells Nathi that “[his] mother say[s] they’re taking [him] to a doctor” (119). It remains unclear whether this is merely Nathi’s hallucination taunting him, in that he cannot escape stigma and his own guilt even in his drug-addled hallucinatory state, or whether Nathi’s mother ever did suspect her son suffered from mental illness.

While Nathi’s mother may or may not have taken him to see a mental health professional, the reader does learn that she took him to see their “pastor, Mr Pukwana, [...] after service” (119). Unfortunately, the pastor told Nathi that his depression was “only happening inside [his] head” and that, therefore, it wasn’t *real*” (119). This community tendency to turn inward in times of trouble and, in this case, seek the aid of a pastor as opposed to a doctor, is instrumental in allowing Nathi’s depression and psychosis to fester well into his young adulthood. The cultural and socio-political context in which Nathi’s mother made this decision suggests that she was incapable of recognizing mental illness in her son. Instead, she turned to their pastor for guidance when she noticed a disturbance in her son’s spirit in a more abstract sense. As a result, Nathi grows up with undiagnosed and untreated mental illness(es), and ends up infecting himself with HIV and self-medicating with copious amounts of drugs and alcohol.

Mental illness is evidently not uncommon in Nathi's world, nor was his initiation into the realm of mental illness delayed till adulthood. In fact, Nathi's childhood encounters with mental illness are numerous. Death and suicide are illustratively commonplace in the world in which he and his brother were raised. For example, Nathi recalls Bra Ishaak, an epileptic, hanging himself "from the rafters of the chicken shed", and how his body was found by Nathi's Muslim uncle (120). This early inculcation of children into the realm of suicide and mental illness is further highlighted by Cissie when she recollects a young girl at the day-care at which she works trying to commit suicide by "[swallowing] a cup of detergent" (122). Cissie says that the girl's name, Zanele, "meant that her parent had had enough girls" (122). In a novel preoccupied with the dialogic and prophetic qualities of language, this suggests that this young girl's very name speaks to her suicide attempt. When her very name means she is surplus, how can she be expected to occupy space in her family, in her community, and in the world, without feeling as though there is need to apologise for it? The fact that Nathi doesn't find this attempted suicide by a child at all unusual or outside the realm of possibility, even though Cissie is incredulous when she relates the tale, suggests that the prejudicial framing of women, and suicide attempts among black South Africans is not out of the ordinary within the context of the world the novel reflects.

Finally, even Nathi himself comes close to committing suicide on one occasion. Treated poorly by a customer at his then-job as a cashier in a grocery store, Nathi momentarily considers slitting his wrists just to "please the customer", whom he perceives as considering herself superior to him and therefore wishing him dead (and the annoyance he represents to her, thereby resolved) (127 – 128). This prevalence of suicide and death in Nathi's environment since childhood, and the ease with which he considers his own suicide in adulthood, speak directly to the implications of both his family and larger community's economic status and racial makeup in their access to healthcare and treatment options for mental illness. Nathi's community, and countless others like it, find themselves trapped in an economic and socio-political state of impotence as a direct result of the apartheid laws which sought to oppress South Africans of colour. It is also as a direct result of this cyclical nature of poverty that Nathi is able to fund his drug habit by selling his ARVs. The same legacies of apartheid and systematic racism responsible for the stigmatisation of HIV/AIDS and depression help ensure Nathi has a client base, as these institutional legacies continue to police black bodies and dictate access to basic health care in Nathi's contemporary moment. This is especially true of the early

21st century in South Africa, a period in during which ARVs were not yet freely available, nor affordable when they could be tracked down.

It is, then, worth noting at this juncture that Nathi very rarely, and only towards the end of the novel explicitly states that he has *HIV*. Usually he just speaks about “[his] sickness” or something equally vague and non-committal (116). At the level of language, which the novel stresses time and time again is vital to both life and effective communication, it is telling that Nathi does not freely describe himself as HIV positive. Given the socio-political and ideological landscape the character routinely traverses, this obfuscation arguably serves to delay the kind of prejudice and stigma with which a reader approaches an HIV positive character and person by default, because it delays the revelation that Nathi is HIV positive. The reader is then forced to suspend any preconceived notions they may have willingly or unwittingly assimilated during the course of their lives, because they cannot label and judge Nathi as an HIV positive person until he comes right out and claims this identity. Denying the name of “his disease”, then, not only speaks to Nathi’s desire to live in a state of perpetual denial but also speaks to a denial of the inevitable stigmatisation of the disease. By not accepting his diagnosis, Nathi by default refuses to accept the associations which stigma would make with him as HIV+ individual. Nathi, for example, is not a promiscuous man, he is not a gay man, and he did not contract HIV “by accident” or by not being careful. As a result, there is no default language of stigma applicable to his unique narrative as a university-educated black man, with a good job, who deliberately infects himself with HIV. As a result, Nathi’s denial could also be read as a rejection of these stigmatic associations. In writing a character to whom the traditional stigmata of the virus are not applicable, Ntshanga then effectively launches an investigation into both the foundations for the predominant stigmatic language of metaphor surrounding the virus, and into viable alternatives.

HIV, stigma and the crisis of experience: The right to death and power over life

Geography and the traversing of space are key components of *The Reactive*'s critique of the dominant metaphors of stigmatization surrounding both HIV/AIDS and depression. These key components afford Ntshanga the opportunity to explore the geographical and ideological remnants and legacies of apartheid and its white supremacist systems, and the ways in which these perpetually influenced landscapes (whether literal or metaphorical) continue to inform the stigmatic language of metaphor surrounding HIV/AIDS and depression in South Africa. The country's geography is thereby held responsible for contributing directly to the policing of its inhabitants' right to death and power over life (Foucault 135) (Mbembe 21). For example, Nathi gets robbed and stabbed in Observatory, a suburb of Cape Town. When he calls emergency services, the dispatcher tells him he will have to "wait [for] the ambulance" (141). Nathi's immediate surroundings inevitably contribute directly to limiting his access to health care. Nathi's need to wait for emergency medical care is, then, one way in which geography contributes to policing someone's right to death and power over life.

Reflecting on his ambulance ride, Nathi recalls "[driving] in silence through the suburb where [his] pockets had been emptied", and notes how he could "[feel] the air change" once "[the ambulance] went over the bridge, across Lower Main Road and up to Groote Schuur Hospital" (143). This allusion to a "difference of air" on the other side of Lower Main Road is indicative of the shockingly prevalent ongoing geographical segregation of urban South African spaces along racial lines. When considered in archaic, miasmatic¹⁰ medical terms, this reference to a "change in air" speaks directly to the perception of certain spaces being upheld as superior to others. In the context of the novel, predominantly lower income and black South African communities' spaces are being read by Nathi as having an air of danger, and general "badness" (as in the case of Observatory, where Nathi was stabbed), while higher income areas are being read as having an air of health, wellness, and goodness (as Nathi is being taken to the hospital there). Thus, Nathi perceives the very air in certain spaces to be oppressive as they are burdened

¹⁰ Historically, "taking fresh air" was considered a viable and restorative option for the treatment of illnesses including but not limited to TB, depression and asthma. The diseases were believed to be caused by miasma or "bad air". For further reading see: Jouanna, Jacques, and Neil Allies. "AIR, MIASMA AND CONTAGION IN THE TIME OF HIPPOCRATES AND THE SURVIVAL OF MIASMAS IN POST-HIPPOCRATIC MEDICINE (RUFUS OF EPHEBUS, GALEN AND PALLADIUS)." *Greek Medicine from Hippocrates to Galen: Selected Papers*, edited by Philip Van der Eijk, Brill, LEIDEN; BOSTON, 2012, pp. 119–136.

by the weight of stigma and the ideological and geographical remnants of racism and a false black/white binary constructed and enforced by the apartheid government.

Ntshanga draws further attention to the ongoing geographical implications of the formally abolished apartheid system, and the failure of subsequent governments to redress it at systematic, geographical levels, when Nathi reflects on his upbringing and, more specifically, his mother's role in local government. When Nathi was twelve, his mother took a job working for the government in town, and this afforded the family access to a wealth of new, previously inaccessible spaces. Nathi and his family would previously have been effectively denied access to these suburbs in town by their race and former economic standing. It is only as a result of his mother's new job that Nathi's family have the financial freedom and relative status necessary to access the neighbourhood. This does not, however, mean that they are welcomed. Rather, Nathi and his mother are still considered outsiders, and shunned by the racist townspeople simply because "[they're] blacks" (109).

This overarching social exclusion does not, however, stop Nathi and Luthando from going to play video games with a particularly spoiled, rich, white Afrikaans kid named Werner. This despite the fact that Werner and his family are also racists who fundamentally seek to dehumanize, exclude and isolate Nathi's family. For example, even when playing videogames with Werner, Nathi and LT are not allowed inside their house. Werner's father won't let "Africans" onto the property so Werner throws "the controllers through his burglar bars like bones on a leash" and Lindanathi and LT have to "[scuttle] after them on [their] bare and calloused feet" (110). Nathi and LT are then made to hide in the garden and peer through Werner's bedroom window in order to play the games with him. Werner's sense of superiority and entitlement are further evinced by his poor sportsmanship. He typically quits playing with Nathi and LT as soon as he starts losing. He then yanks his remotes back in through his window and wipes them down, as though blackness were catching, and he has to protect himself from the two black boys. Werner's treatment of the brothers is, then, reminiscent of the racist ideological foundations of apartheid which held as axiomatic that black South Africans were kept alive, but in a perpetual state of injury, only to be of service to their white South African counterparts. In other words, historically, black lives were being spared for white convenience in the same way that Werner doesn't even like Nathi and LT, he simply likes manipulating them by "[bribing] [them] over to his home with ice lollies and [his] video games" (109). In so doing, Werner exerts a perverse kind of power over them in order to feel dominant and feel as

though he is doing his part in projecting a particular kind of white, Calvinistic, Afrikaans masculinity.

As a child, Werner's ulterior motives seem inconsequential to Nathi, who goes to play video games with Werner not because he doesn't have his own, but because he doesn't have "as many as Werner" (109). Initially, Nathi doesn't see himself as coming off second, or as being manipulated, because he gets to play Werner's many games, even if it is only on Werner's terms. LT, however, proves to be a more insightful child, and recognizes the power dynamics in their relationship with the white boy even if he is unable to adequately express his perceptions. In an attempt to communicate his understanding of their relationship to his brother, LT tells Nathi that he thinks that Werner is a pig, and that he can tell that all Werner ever does is play videogames and masturbate (110). This upsets Nathi primarily because he desperately wanted his brother to be jealous of him and the new geography his mother's position has afforded him access to. Instead, LT highlights the ways in which Nathi is still excluded from the landscape, both literally and ideologically, and this upsets his brother. Nathi *wants* his brother to see how much *better off* he and his mother are, compared to LT's family. Nathi's equation of geography with privilege is reflective of exactly that which the apartheid state sought to enforce on the national geographic scale by taking such measures as the Group Areas Act. As a result, geography became inextricably linked to privilege in that it was racialized under the control of a racist regime.

Unlike Nathi, Luthando cannot stand the blatant white intolerance and racism that Nathi seems keen to deny or to ignore in favour of focusing on the relative privileges the suburbs afford him. As a result, LT accuses his brother of aspirations to whiteness and, pinching his nose, tells Nathi that "everything else about [him] [is] white, so why would [he] mind having a pinched nose on [his] face" (111). What Luthando recognizes is that, in trying so desperately to make his brother jealous, Nathi is emulating whiteness in an effort to establish himself as superior to LT and LT's family. In retrospect, Nathi is able to recognise that his brother was right, and that some "part of [him] was charmed" by being accused of "acting white", as, in his estimation, this served as an acknowledgement by LT of his superiority (111). As a child, Nathi then equates whiteness and assimilations of whiteness with superiority. In subsequently deliberately infecting himself with HIV as an adult, and in going back to Bhut' Vuyo's place from Cape Town, Nathi is, then, in his own way rebuking himself for his initial aspirations to whiteness and aligning himself with the double marginalization that comes from being a black HIV

positive man. Nathi thus ultimately decries his own ambitions to whiteness and superiority over his kin by going back to his brother's family in an effort to essentially become or stand in for his brother and thus fulfil his promises to the family he left behind.

Nathi, who once celebrated the opportunity to live in a town, literally leaves the city space to go and live with his dead brother's family in Du Noon, where "Bhut' Vuyo and his wife spend most of their lives making a home inside a shipping container" (which Nathi notes "isn't an unusual way to live in Du Noon") (177). This contrast serves as an ultimate testament to the implications of geography in ongoing inequalities, apartheid legacies and the stigma they fuel in the South African context (177). In describing Du Noon, for example, Nathi reflects on the container-settlement, and says that "[he] can't help but peer into the dim insides of the crates" as they move deeper and deeper into the bowels of Du Noon. "It feels", Nathi says, "the same as seeing regular poverty, but cut into sections and prepared for export" (177). By using the word 'export', Ntshanga, then, calls into question the powers of the international gaze for whom such depictions of poverty might be exported. In a day and age in which there is public outcry when Google grossly misrepresents the realities of poverty in South Africa by returning images of predominantly white South Africans when users search for images of "squatter camps in South Africa"¹¹, it raises questions about the country's export and exploit of certain images and imaginaries of poverty in order to manipulate international opinion.

The politicization of the township space is, however, hardly new, and even its inhabitants often consider their actions in political terms. For example, when Bhut' Vuyo takes it upon himself to build a latrine next to his family's container, Nathi notes that "[h]is latrine is more of a gesture than a necessity. It's a political project" (181). Nathi reads Bhut' Vuyo's construction of the latrine when there are communal government toilet blocks nearby as a political statement, and Bhut' Vuyo himself supports Nathi's reading when he tells Nathi that "[they] aren't wealthy, but [they] aren't prisoners"; in effect suggesting that while they may not be of financial means, they do not need to subject themselves to the standardized and dehumanizing treatment from the government (182). Bhut' Vuyo suggests that they do not need to accept what the government deems sufficient at face value and be grateful, because they are not

¹¹ For further reading see: MAHLOKWANE, JAMES. "Why Google's 'squatter camps in South Africa' search shows white people?". *IOL News*, 14 June 2018 [Online]. Available at: <https://www.iol.co.za/pretoria-news/why-googles-squatter-camps-in-south-africa-search-shows-white-people-15471557> [Accessed 5 December 2018].

prisoners to the will of the system, and the (dis)order which it would impose on them. While he is, perhaps, optimistic, he is definitely not naïve. Bhut' Vuyo does not conceive of his family as prisoners, regardless of the fact that the impoverished are popularly conceived of as "victims of circumstance". Rather, he celebrates Du Noon's relative superiority to Khayelitsha, where, he says, "[t]he toilets don't have walls [and where] a man's wife must relieve herself. There, with men and children watching" (182 – 183). Dissatisfied with the status quo, Bhut' Vuyo puts his hope for the future in Nathi and asks him whether he is "going to change all of this" one day (meaning the realities of township life and poverty)? (184).

Though optimistic and hopeful about the future, Bhut' Vuyo's mind is ultimately exposed to be suffering the lasting effects of colonization and apartheid oppression on the psyche as he is still unable to conceive of a world in which black South Africans, like Nathi, will have the power to make real change without white endorsement. He asks Nathi not whether he will "change all of this" alone, but whether he "and [his] whites" will change everything? (184). He thereby implies the impossibility of the outcome without the approval of the historically (violently) enforced "superior race". Ntshanga thereby suggests that, regardless of the birth of a democratic government and despite appearances, the locus of power in South Africa is still squarely located in white hands.

If Bhut' Vuyo is optimistic, and Ntshanga's text is ultimately realistic, then Ruan exists as Bhut' Vuyo's pessimistic counterpoint. While Bhut' Vuyo expresses his hope for the future, Ruan advises his friends to "make the choice to transmute: discard all desire for a better prison" (123). This speaks both to his personal pessimism, depression and fatalism and to a crisis of experience beyond that which is experienced by Cissie and Nathi, who cope with their crises of experience by projecting their fears onto existential questions of the death of mankind. The next generation of educated black South Africans upon whom Bhut' Vuyo in part pins his hopes is thus proven to be becoming largely disillusioned with the dream of a "rainbow nation" and the promises of reform and equality made by the first post-apartheid government (and even subsequent governments' officials). Change, then, is perceived as never coming; Lindanathi best suited to "wait[ing] with [them]" for a God(ot) that will never come (21).

For example, when Cissie, Ruan and Nathi are having a discussion about the birth of the nation after 1990, they mention Nelson Mandela and how, "[f]or years, South Africa was basically this one man. People used to call him uTata we Sizwe, the father of the nation" (114). Cissie

goes so far as to suggest that, for a while, “we were all him” (115). Ntshanga arguably invokes this blanket sense of two-dimensional collective identity in order to critique the “rainbow nation”-preoccupation of the first democratically elected government with “nation building”. This preoccupation, Ntshanga suggests, was ultimately too grand in scope, and saw, as a result, that individual realities and experiences got neglected in favour of the grand narrative of the nation. This in much the same way that individual realities and experiences got neglected during the apartheid era and the years immediately after, a time during which these experiences were supposed to be heard and accounted for by the TRC, though many believe the TRC fell short of its goals¹².

Ntshanga suggests that because the “new South Africa” got swept up in the hype of one man’s dream for a rainbow nation, issues like the HIV/AIDS epidemic got swept under the rug and weren’t afforded the national attention they deserved. Rather, the government focused on diverting energies to the crafting of a superficially shiny, unified national identity unmarred by the realities of poverty, disease, and latent inequalities and how they should and would be addressed. This reading is reinforced by Cissie’s comment to Nathi that “when [the end of the world] comes, it won’t be mass destruction; the end of the world is the destruction of the individual” (138). This, again, speaks to the notion of the death of the individual which Nathi, in turn, encounters when confronted by the man in the mask.

In the novel, the trio plan to sell their entire surplus of ARVs to a mysterious figure in a mask who promises them a massive payday for their stash. Instead, the masked figure disappears from their lives as suddenly as he appeared, taking his money with him, but not before posing each of the three of them a riddle. Nathi’s riddle is about “a canopy of plants that grew to cover the sky over a great city” (133). And, while, initially, “the people took cover under its shade, surrounding themselves with the plenitude of its fruit”, one day “[t]he forest demanded more room”, and so “[t]he middle classes were hung up by their ankles from the high weave branches”, following which:

¹² For further reading see: Lindahl, Amanda. “Restricted Reconciliation: Limitations of the Truth and Reconciliation Commission of South Africa”. *University of Wisconsin Eau Claire*, December 2010 [Online]. Available at: <https://minds.wisconsin.edu/bitstream/handle/1793/60881/LindahlFall10.pdf?sequence=2> [Accessed 5 December 2018].

[T]he prison warders, together with police captains and constables, uncaged members of the prison gangs, spilling armies of these men into the city's streets. In the end, the authorities pitted the gangsters against each other in circle fights, while members of the middle class, in the fashion of rotted plantains, snapped off the branches and dropped into the centre of the maul (133).

While the exchange is metaphorical (and wholly unreliable), it is possible to read into Nathi's understanding of this riddle as speaking to the death of the individual and the end of the world. Just like Cissie's comment that the death of the world is actually the death of the individual, this anecdote-cum-riddle sees the death of the individual in that people are divided into classes and hierarchies arbitrarily. Their isolation into these groups, then, speaks directly to stigmatisation and is reminiscent of the forced segregation along racial lines during the apartheid era; a false binary opposition which informs stigma to this day. Given that the novel reflects a real world setting in which HIV/AIDS was denied at government level, ARVs were not freely and readily available and fear of the previously constructed *other* served to fuel the stigmatization of HIV, Ntshanga effectively argues that dis-ease with the disease stems from the death of the individual and the rise of social ordering based on apartheid legacies.

Ultimately, *The Reactive* is a text that is hyperaware of the stigmatisation of HIV/AIDS, and the stereotypes and associative properties which the language of stigma seek to attach to the disease. Ruan, for example, recalls how his former supervisor, a man he worked with when he was a "high-school sport medic", "believed the AIDS-infected should be put on one island and left to fend for themselves" (136). Nathi, in turn, recalls how, when he worked in the lab testing HIV samples, "people in [his] profession [had] to maintain a casualness around the virus. Even back then", he notes, they "had to apply reins on how [they] expressed [them]selves on the issue. There was the stigma to bargain with. Even in the most controlled cases, when mishandled, empathy could register as a cause for despair in a patient" (145). Finally, Nathi's teacher from his school days called HIV an "Earth [that] was gutted open with so many new graves for paupers that when the clouds parted, they revealed a view from the sky that looked like a giant honeycomb. [...] [E]ach grave was meant to contain the bodies of twenty adults" (161).

But it is not just HIV that is stigmatized in the novel; so too are the kinds of people who are supposedly at increased risk of contracting it. For example, Nathi speaks about his brother, and

says that “[he] guess[es] [he] had a few more [sexual encounters with girls] than LT did before [LT] turned to a boy in his neighbourhood” (173). As a result of the realisation that his brother is bi- if not homosexual, Nathi confesses to being “scared of being close to [LT]” because:

The rumours about [LT] had spread; [he’s] been set apart. [Nathi] didn’t want people to mix [them] up, to look at [him] the same way. When the Mda house came under pressure to make a man out of its sissy son, [he] kept away – [Nathi] crossed [his] arms in Cape Town (173 – 174).

This is evidence of the stigmatization of homosexuality in black African communities, and of the stigmatization of homosexuality in general as it was thought to pertain to the transmission of HIV during the epidemic’s infancy. AIDS was originally known as GRID and was considered a “gay man’s disease”, which exposed the stigma and scorn attached to homosexuality in that time and place.

Though harbouring a backward, prejudicial judgement of his brother, Nathi still describes himself as “a model C who didn’t know his clan name from his asshole”, thereby suggesting that he is a part of a new black male South African generation that doesn’t necessarily subscribe to tradition and past norms (173). This self-identification is, then, somewhat ironic as this supposedly enlightened youth still suffers under the burden of maintaining the same stigma and prejudice that was instituted by generations past (173). Nathi wanted nothing to do with his brother after he found out LT was gay, lest people should think he was the same way inclined by association. Both Nathi, and LT, then, are doubly marginalized figures in the South African context: Nathi as a black HIV positive drug addict, and his brother as a gay black man. Nathi’s infecting himself with HIV is then his attempt to make things right with his brother for abandoning him literally and figuratively in his time of need. Nathi deliberately re-marginalizes himself in order to punish himself for the way he treated his brother. By forcing himself to live out his days as his brother did, as a doubly marginalised figure, Nathi then commits himself to trying to understand how his brother must have felt. Of his motivations, Nathi says:

A year after I graduated from Tech, and a week before the sixth anniversary of your death, I infected myself with the HIV in the laboratories. That’s how I became a reactive. I never had the reactions I needed for myself, and I couldn’t react to you

when you called to me for help, so I gave my own body something it couldn't flee from. Now here's your older brother and murderer, Luthando (174).

My name, which my parents got from a girl, is Lindanathi. It means wait with us, and that's what I plan on doing. So, in the end, I guess this is to you, Luthando. This is your older brother, Lindanathi, and I'm ready to react for us (198).

Nathi's decision to live as doubly marginalized figure is, then, *reactive*. He reacts against the stigma and isolation that he too affected on his own doubly marginalized brother, and resolves to react and reject this for the both of them from this point forward. Nathi therefore metaphorically becomes his brother, both as doubly marginalized figure and ultimately as initiate, for he does end up undergoing the same initiation which led directly to the death of his brother. Though the reader learns that Nathi is not actually responsible for his brother's death, Nathi's guilt stems directly from the fact that he abandoned his brother in the initiation quest as a direct result of his prejudicial attitude toward him. As a result, Nathi resolves to both live with the stigma he burdened his brother with facing alone, and ultimately completes the initiation LT had hoped might liberate him from his social exclusion born of the stigmatisation of his sexual orientation.

Chapter 5: *The Book of the Dead*, The War on the Living

Overview

Published in 2009, the emergence of Kgebetli Moele's *The Book of the Dead* coincided with a period of political change in South Africa that would see the government go from an official position of AIDS denial to one of active engagement with the disease and global AIDS rhetoric and research (Simelela & Venter 249). Moele's timely literary exploration of the AIDS pandemic not only reinvents the language of metaphor in turning the war metaphor on its head and against humankind, but also, as this thesis aims to illustrate, positions women in South Africa, and in particular black women in South Africa, in a specific way in order to highlight the extent to which stigma and the stigmatic assumptions the racist white supremacist apartheid government sought to attribute to impoverished and black women, are reinforced and replicated by the kind of toxic black masculinity encoded in the novel. This chapter aims to unpack how black women in the novel are, then, positioned as doubly marginalized by default; not only by apartheid and its contemporary institutional legacies, but by patriarchal oppression and stigmatisation by black men. Furthermore, this chapter aims to explore the extent to which Moele's alternative metaphors work against both the stigmatisation of HIV/AIDS in South Africa, and against the ongoing oppression of black South African women within this particular context.

Moele's identification of the war metaphor as prevalent enough within South African HIV/AIDS education as to be recognized when turned on its head is supported by extensive research. Ellen Grünkemeier, for example, identifies the war metaphor as prevalent due to its simplicity. When medical jargon fails to produce understanding in the target audience, the simplified war metaphor helps affected individuals effectively conceptualise the virology of the disease. Grünkemeier recounts an anecdote offered by journalist, Johnny Steinberg, for example, in which Steinberg observed "an AIDS counsellor [advising] two young HIV positive Xhosa women to go to the nearest clinic for a CD4+ count" (90). When the young women return to the counsellor the following day, however, they return without the necessary test results. Steinberg recalls that the "counsellor [then] realises she made a mistake: she instructed the women in English and used the term 'CD4+ count', when she should have told them to go

to the clinic to “count [their] bod[ies]’ soldiers” in isiXhosa (Steinberg paraphrased in Grünkemeier 90 – 91).

Grünkemeier concludes that these young black women, while unable to recall and understand the medical jargon, were more than capable of “[making] sense of war imagery [and] ‘counting the body’s soldiers’” (91). While the war metaphor then proves useful to furthering the understanding of the disease cross-culturally, it also contributes directly to the “cultural construction of HIV/AIDS” and therefore to the language of stigma. The war metaphor invariably informs the rhetoric surrounding the disease within the South African context, and influences the way in which the South African public conceive and speak of the disease (Grünkemeier 91). In fact, the war metaphor has become so ingrained in the universal language of understanding surrounding the disease that it is rarely recognised for metaphor. As a result, Grünkemeier conceives of the war metaphor as a “dead” metaphor. By turning the “dead” metaphor on its head, Moele effectively “Frankensteins” an alternate version of the metaphor and brings it back to conscious, conspicuous life. In problematizing the typical presentation of the metaphor, and having the disease wage war on humankind, *The Book of the Dead* skilfully drives the reader to reconsider their conceptualization not only of the war metaphor, but of the disease itself, by positioning the HI Virus, which serves as narrator, as a willing participant in this metaphorical warfare. In other words, “the novel uses a strategy of defamiliarization intended to make the readers aware of the signifying processes” which, more often than not, go unrecognized at a conscious level (Grünkemeier 94 – 95).

In reviving the “dead” metaphor, Moele then offers his readers an alternative language of metaphor that calls deliberate attention to the failings of the predominant language of stigma which typically surrounds the disease, and goes on to use the novel to illustrate the extent to which the geographical legacies of apartheid continue to inform the language of stigma which the novel works against. By personifying and positioning the HI Virus as an active agent in the construction of the language of stigma, Moele, then, successfully divorces the disease from the host at the level of language and implicates the language of stigma in the ongoing oppression of black South Africans at an institutional level.

In summary, *The Book of the Dead* sees protagonist, Khutso, go from upwardly mobile black university graduate with a beautiful wife (aptly named Pretty) and a son he dotes on, to an HIV positive widower who abandons his son in order to pursue his revenge mission of infecting as

many women as possible with HIV. In chronicling Khutso and the HI Virus's journey, Moele effectively confronts the reader with their own implication in the construction of a language of stigma and highlights the socio-political and ideological climate in South African in the early 2000s. In so doing, Moele sheds light on the myriad ways in which legacies of the apartheid system continue to impact the everyday lives of black South Africans', policing their rights to death and power over life. In Khutso's apparent perpetual state of depression, it is also possible to read criticism of the implications of mental health, or rather ill-health in not only the metaphorisation and stigmatisation of HIV/AIDS, but also in the spread of the disease and the motivations behind Khutso's revenge mission. Moele's novel is then illustrative not only of the dangers of the language of stigma and the racist legacies which inform it, but also of the inextricably intertwined nature of depression and HIV/AIDS in the South African context as both co-morbid conditions, and stigmatic-linguistic relations.

Upward socio-economic mobility, bio- & necropolitics and depression

Moele's novel is offered in two parts. The first half of the novel is called *The Book of the Living*, which stands in stark contrast to the novel's title, from which the second half of the novel takes its name. The novel is narrated by the HI Virus, as evinced by the use of "I" when the virus finally introduces itself to the reader directly in Chapter 12 (77). It is this virus-narrator, then, that uses the first 11 chapters of the novel to frame Khutso's life experiences, including his contraction of HIV, as intricately connected to his state of mental health. Firstly, the virus absolves itself of responsibility for Khutso's mental ill-health and frames poverty and Khutso's upbringing as responsible for his depression. In so doing, Moele uses the first page of his novel to blatantly acknowledge the cause and effect relationship between poverty, which continues to largely affect black South Africans as a direct result of the country's apartheid legacy, and depression. The virus, which Khutso only acquired in adulthood, assures the reader that "Khutso had never enjoyed his life; he had only ever endured the struggle that his life had been" (9). In an effort to be even more explicit, the narrator goes on to say that Khutso had never "felt true happiness" in his entire life (9).

If one reads Moele as drawing parallels between Khutso's subsequent upward socio-economic mobility and the rise of the new dispensation post 1994, then one can read Khutso's perpetual mental ill-health as indicative of the ongoing corruption and institutional ill-health of the post-apartheid government which failed to adequately address the HIV/AIDS crisis in the epidemics infancy, and failed to redress the institutional legacies of apartheid which continue to inform the stigmatisation of diseases such as HIV/AIDS and depression. By framing Khutso's mental ill-health as persevering despite his relative upward socio-economic mobility, Moele then effectively calls into question the status of not only Khutso's health, but the relative "health" of the socio-economic and political environment as well as the national ideology that upheld socio-economic upward mobility as the epitome of success and, therefore, just cause for happiness.

Khutso's childhood poverty, which is indicative of the socio-economic realities many black South Africans continue to face, is foregrounded in the novel, with education ultimately being positioned as the primary means of improving an individual, and their community's, economic standing. Aspirations to education and a desire to escape from Masakeng to the "city of gold"

are equated with happiness, but despite Khutso's achieving these communal aspirations he has never "felt true happiness", nor has his education elevated the economic standing of his community (9). Just as Bonnie Mbuli observes of the geography of Soweto, Masakeng is geopolitically designed to limit inhabitant's access to resources for supporting upward mobility or economic participation in the country. Despite Khutso's eventual education and his relative success in Johannesburg, his experience of prosperity is limited to the confines of the city space, and his hometown does not profit from his financial success due in large part to its being geographically removed from the centers of industry and thus far removed from service providers, means of production and other resources necessary to improving the infrastructure and thus the economic power of the neighbourhood. The impoverished landscape of Khutso's upbringing is, then, "part of the grand, sophisticated scheme of apartheid, designed to choke the life out of black families" (Mbuli 11).

Moele does not shy away from acknowledging this role of Masakeng as signifier of oppression. In the same way that Mbuli acknowledges the abundance of liquor stores in Soweto as a sinister mechanism of the apartheid government to control the black populace, Moele illustrates that the abundant availability of drugs and alcohol in Masakeng had the potential to derail Khutso's aspirations. While Khutso initially works hard to excel at school so that he might escape Masakeng for the city, the temptation to start "smoking dagga" eventually proves too great, and Khutso starts "bunking school" to smoke with his friends (16). As a result of his poor attendance, Khutso fails that year of school, and could easily have failed to extricate himself from poverty entirely had he not redoubled his academic efforts. Moele then invites his reader to observe the potential effects of the trappings of self-medicating with drugs and alcohol on perpetuating cycles of poverty and asks his reader to recognise the effects of the apartheid geography on the availability of these substances in the first place. Both Mbuli and Moele thus argue that the availability of these substances in impoverished areas are extensions of the original apartheid machinations designed to oppress black South Africans and preclude them from economic upward mobility.

Moele furthers his implication of the geography in the construction of the language of stigma, and calls for the development of an alternative, when his narrator notes that "the well-educated" who return to Masakeng "from university [behave] like strangers in the community" and "[think] of themselves as better than everyone else [...]" (17). In contrast, Khutso and his friends dream of reinventing Masakeng and "[packing] the village's poverty into a container

[for] export [...] to foreign lands” (19). By contrasting previous graduates’ tendencies to stigmatise their town of origin once they have escaped that geography with his protagonist’s desire to reinvent Masakeng and its geography for the world, Moele effectively states his case for developing alternative, inclusive language(s) of metaphor to replace the stigmatic language of metaphor which relies on constructing an ‘other’. Moele further develops his aims by having one of Khutso’s childhood friends, Ngwan’Zo, talk about how they would one day pave the existing footpaths in Masakeng instead of creating new ones because “[their] life [in Masakeng] has engineered [the paths]” and they should remain that way. In so suggesting, Moele is cautioning the reader against reading *The Book of the Dead* and his aims to work against stigma as an attempt to rewrite the legacies of the stigmatization of HIV/AIDS and the apartheid legacies which inform the metaphoric language (19). Rather, Moele aims to recognise and concretize the origin of the associative metaphors of stigma as it pertains to HIV/AIDS, without denying or rejecting the value of metaphor in an understanding of HIV. *The Book of the Dead*, then, seeks not to reject metaphor, but rather the foundations of a metaphoric of stigma reliant on outmoded, racist suppositions left over from the apartheid and colonial eras. Just as Khutso and his friends dream of improving Masakeng while remaining true to and recognizing the history and lived experiences of their place of origin, so too does Moele want to improve on and offer alternatives to the dominant modes of metaphor surrounding HIV/AIDS in South Africa without undermining or ignoring the history that continues to inform the stigmatisation of the disease today.

Khutso and his friends are not without hope or noble ideals. Ultimately their desire to open up a law firm in Masakeng would not, however, come to pass, as all three men in varied ways fall victim to the same toxic masculinity which drives them in adolescence to rape a girl.

Though Khutso and his friends harboured lofty ideals in their youth, the threesome fall victim to the kind of violent, toxic masculinity often born of such geographies of poverty and oppression. When his friends begin to gang rape a young girl, for example, Khutso is “unwillingly forced on top of her to take a turn” (25). The implication by Moele is that Khutso’s non-participation would have been read by his friends as weakness. Khutso therefore participates in order to maintain a particular code of violent masculinity, socially validated by the effects of his geography. Moele draws attention to this destructive cycle of poverty breeding violence as the phenomenon is no doubt ongoing, as indicated by increasing reports of violence

against women and children¹³. What differentiates Khutso from his friends in the imagination of the reader is, then, that the narrator reveals Khutso's remorse for his actions and his enjoyment of the rape. This differentiation between the apparent experiences of his friends and his own guilt serves to reinforce the notion that toxic masculinity, like poverty and crime, is implicated in the effects of Masakeng's geography, and in the ongoing effects of the institutional legacies of apartheid.

Ultimately it is not only Khutso's reaction to the rape that serves to differentiate him from his friends. Khutso is also the only one of the three to matriculate, indicating, in however small a way, the extent to which the odds are stacked against black South Africans born into poverty. Khutso is made out to be the exception, not the rule, and despite the expectation that Khutso's education would uplift and empower his community, it would not come to pass. Khutso's mother clearly expected her son's success and upward socio-economic mobility to be hers, as is evinced in her reaction to his having received his matric certificate. When he receives it, his mother is ecstatic and does a "ritual dance, thanking all of her ancestors because she had never believed that she would ever hold a matric certificate in her hands" (27). Though his mother enables his education and spends her life-savings on sending him to university, Khutso increasingly comes to view both his mother and Masakeng in condescending terms. What his mother then intended for the good of his community instead drives Khutso to seek to disassociate himself from Masakeng and from her.

Khutso's mother, therefore, exists in contrast to Pretty, the woman who would become Khutso's wife. If Khutso is increasingly disdainful toward his mother due to her lack of education and rural existence, then Khutso is increasingly drawn to Pretty due to her educational ambitions and perceived urbanity. Pretty is aptly named and uses her extraordinary beauty in order to finance her studies. If Ntshanga's Nathi learnt early on how "to trade on the pigment [he and his black community] were given to carry" then Moele's Pretty learnt how to trade on her looks (Ntshanga 7). In the same way that Nathi exploited his blackness, which racist rhetoric upholds as a detrimental trait, in order to "go to school for free" Pretty exploits her femininity and beauty, which the patriarchy upholds as a negative and would use as a weapon against her, in order to pay for her schooling (Ntshanga 7). In both instances characters

¹³ "Research shows that lower-class people who live in lower-class areas have higher official crime rates than other groups", and these "lower-class areas" remain the areas historically designated as black or coloured areas under the Group Areas Act imposed by the apartheid government (Libetse Online).

are marginalised and oppressed – Nathi for the colour of his skin, and Pretty doubly so for both her blackness and her gender. In both instances these characters capitalize on and utilize for their own benefit what society would use to oppress and control them.

This positioning of Pretty as a woman pursuing an education at the cost of selling her body is a critique of the stigmatization and stereotyping of both black women and sex workers in general. Pretty's story serves to people the sociological void left by data and gives a voice to the already marginalised in society, as even Pretty says "[she] [doesn't] like what [she] [is]. It is not what [she] want[s] to be" (37). After meeting and falling for Khutso, Pretty confesses to him that "[she] [has] done some things that [she] is ashamed of", but that "[she] can't erase them, so [she] hope[s] that [Khutso] can live with them" (48). "I am not some little rich girl", Pretty tells him outright, "I had to make hard choices" (48). Pretty then serves as a prime example of an impoverished person negating their own feelings for economic survival. This in the same way as poverty may drive another to negate their own morals in order to ensure their economic survival by way of criminal activity. The same society at fault for doubly oppressing black South African women, like Pretty, gave her the idea for mobilizing her femininity in her fight to escape poverty by getting an education. Pretty learnt from the first man who raped her that her beauty was also her currency (38).

It is, then, possible to read Pretty's narrative as a critique of the institutional legacies of apartheid which continue to perpetuate the cycle of poverty which necessitates Pretty's negation of her own feelings and morals for her economic survival in the first place. And, the prevalence of Pretty's narrative within real-world South Africa is growing (Retief Online). One can further read Khutso's assertion that "a girl like [Pretty]" couldn't "*not* have a past like she has" as indicative of the reality that poor black girls selling their bodies for the sake of their own survival is more an eventuality than an outlier in the South African context; especially when the poor girl happens to be beautiful and has been effectively taught by society from a young age to believe that her beauty is her ticket to upward mobility and happiness (48, *emphasis my own*). Moele further critiques the stigma surrounding HIV/AIDS when Pretty is stigmatized as being overly promiscuous and personally responsible for contracting HIV without any acknowledgment or understanding of the socio-political, economic and ideological realities which drove Pretty into the world of prostitution in the first place. This despite the fact that Pretty does not contract HIV during her time as a sex-worker, but later on.

Stigma is, however, not only prevalent among the educated or in the city space. The stigmatisation of homosexuality, which has been intricately connected to and entangled in the conception of and stigmatisation of HIV since the advent of the epidemic, is evident even in Masakeng. When Pretty comes to visit Khutso at his mother's house for the first time during a break from their schooling, Khutso's mother is so excited that she "jumped up ululating, reciting the family's praise poem and Khutso's praise poem", for "[t]here had been times when his mother had been worried about Khutso's lack of interest in girls. She had even, at times, thought that he might be a homosexual, but Pretty's appearance eased her mind" (51 – 52, 53). Khutso's mother's *fear* that he might be a homosexual speaks to the stigma faced by homosexuals in his community, and this stigmatisation would be intricately connected to the stigmatisation of HIV which was originally conceived of as affecting homosexuals exclusively. This is another way in which *The Book of the Dead* ultimately turns popular conceptions of HIV on their heads. Khutso is *not* a homosexual, and every transmission of the virus in this novel is through heterosexual sex. Not only does Khutso contract the virus through heterosexual sex but he contracts the virus from his wife, with whom he is monogamous (even though *she* is not).

Moele employs the wedding and subsequent marriage between Pretty and Khutso not only to undermine the stigmatic association of the spread of the virus with homosexuality, but also to further explore the conception of aspirations to upward mobility as aspirations to whiteness which necessitate the erasure of black cultural identity. While both Pretty and Khutso come from black South African families who follow traditional cultural practices in the lead up to their wedding, the young, increasingly urban couple ultimately "[opt] to have a white wedding" instead of a traditional wedding (55). Though their families followed cultural guidelines, and had "[d]elegations from the two families me[e]t and follow [...] the traditional protocols for uniting two families", Pretty and Khutso ultimately opt to buck the tradition in which they were raised (55). The couple are then illustrated as equating success and upward mobility with a particular kind of western whiteness, a culture which they assimilate in their desire to forgo cultural tradition in favour of the stereotypical big white wedding. It is HIV which ultimately forcibly separates Khutso and Pretty from their aspirations to a particular kind of lifestyle equated with whiteness because of the stereotypes and stigma surrounding the "kinds of people" who contract the virus. In the early days of the South African epidemic it was mistakenly assumed that only people of colour could be affected by HIV. Their HIV statuses

would then preclude Khutso and Pretty from a particular kind of successful urban existence equated with whiteness.

Moele further problematizes the positioning of such upwardly mobile young black families during the late 1990s and early 2000s when he has one of Khutso's friends express to Pretty that "[b]lack people don't like educated people like [them]" (61). Tshepo, this friend of Khutso's, is attending the first birthday party for Pretty and Khutso's son, Thapelo, when he tells Pretty that their education sets them apart from the black majority who he proclaims "don't like" them (61). Though Tshepo is an otherwise disposable character, his comment in that moment is telling of the ways in which successful young black South Africans are often perceived as having so internalized their aspirations to success (which are falsely equated with aspirations to whiteness) that they preclude themselves, and/or are otherwise precluded from their communities of origin at the level of language. For example, Tshepo betrays a tempestuous relationship with his own identity as black man when he refers to "black people", in his statement to Pretty, as though he were temporarily excluded from that community based on his education, urbanity and relative financial superiority.

The Book of the Dead further complicates black masculine identity and Moele critiques the encoding of a particular patriarchal and toxic brand of masculinity as illustrated in Khutso's raising of his son, Thapelo. Khutso is shown to have an obsession with his son and with encoding that particular toxic masculinity in him. For example, "Khutso taught Thapelo how to fight", and told him that "[he] was a man now" when the boy "was [only] four years old" (63). This absurd militarization of a four-year-old speaks to the kind of violent, toxic masculinity which young black men internalize and which ultimately prevents them from seeking help for mental illnesses in adulthood. "Thapelo", for example, "learnt never to cry when he was with his father" because his father once told him outright that "[he] [as a "man"] should never cry" (64). This encouragement of stoicism and the equating of crying with weakness, and therefore with femininity, is, according to "Johannesburg psychiatrist and stress guru Dr Jonathan Moch, why men try to keep symptoms of depression or stress private (Keeton 16). It is no wonder, then, that "[m]ore men are at risk of dying from suicide than women", as men are being inculcated from an early age into a toxic masculinity predicated on the perception of emotion as emasculating and inherently feminine (Keeton 16). With "poverty [invariably] increase[ing] the rates of depression" among South Africans, and with the majority of South Africans living in poverty still being black South Africans, it remains predominantly

this community who are at increased risk of suicide. Researchers are, in fact, particularly concerned “about the impact of depression on young black South African men” (van Niekerk Online).

Not only is depression and its stigmatisation, then, largely implicated in the way in which those affected conceive of and deny HIV/AIDS in South Africa; but the bio- and necropolitical machines and machinations of apartheid evidently contribute to the generation of a language of stigma surrounding these diseases on an ongoing basis. With the socio-political and geographical landscape of South Africa today continuing to contribute to the oppression of black South Africans, Moele’s novel serves to further unpack the implication of the racist properties of the language of stigma in perpetuating the oppression of black South Africans.

In the second section of his novel, in which Khutso encounters and infects various women with HIV during his revenge sex spree, Moele successfully comments on and critiques the false dichotomy between white and black, as well as between Western and African traditional healing practices (and Africa and ‘the West’ in general). Elizma, for example, is the first white woman with whom Khutso has sex, and she is depicted as a kind of white holy grail, an empty landscape for the black man to conquer. Khutso is described by the virus-narrator as being turned on by just “the sight of a light-complexioned black woman”, implying that “to feel the thighs of a white woman” must by nature be even better (131). This association of whiteness with superiority is evidence of the internalized racism of the country and Khutso’s community at institutional and collective ideological level. Not only does this encounter between Khutso and a white woman undermine the early racist and stigmatic association of HIV with blackness, as Elizma renders herself a white HIV positive woman, but the positioning of race in their encounter is also indicative of the supposed aspirations to whiteness which all black individuals ‘should’ embody.

Khutso, for example, is positioned as having “a dream come true” because “he, like almost all black men, spent too much time looking at naked white women in newspapers, on TV and everywhere else he could find them. And here he was, not looking but having the real thing” (131). This positioning of race in relation to the gaze not only serves to comment on aspirations to attaining (and possessing, or dominating over) whiteness, but also to representations in the media. If *The Book of the Dead* is a novel about predominantly black characters, it begs the question how those black characters are positioned. In answer, it is necessary to identify the

novel's shortcomings. Yes, Eliza is a white woman who contracts HIV, which superficially undermines the stigmatic association of HIV with blackness, but she still contracts the virus from Khutso, a black man, who infects her maliciously, which reinforces other racist stereotypes and stigmas surrounding sexually violent and irrepressible black men. In describing their sex, the virus-narrator effectively complicates the interracial sexual encounter between Khutso and Elizma as it positions their sex as a "fight" between black man and white woman. This speaks directly to not only the violence Khutso and the virus are enacting upon Elizma in deliberately infecting her with HIV, but also to the violence enacted upon black South Africans by the institutional legacies of apartheid (131).

The Book of the Dead not only explores the false dichotomy which pits white against black, but also that which pits Western pharmaceutical intervention against African traditional healing practices. Moele drives his reader to question the positioning of Western pharmaceutical intervention and antiretroviral treatment in binary opposition to African traditional healing practices in more than one instance. For example, while Khutso initially forgoes any treatment in favour of rampantly spreading HIV, the virus itself eventually needs to convince Khutso to begin taking ARVs to save its own life. It may seem counterintuitive to the virus's stated aims, but "[i]n [actual] fact, [the virus] loves [ARVs]. [It] want[s] [its] soldiers to live as long as they can. [It] want[s] them to have the freshest faces for the longest time, so that no one ever suspects that they are sick" (133). By maintaining the host's health, the virus then ensures its own reach.

While the virus forces Khutso to take ARVs to treat his body, and to prolong its own life, it cannot, however, apparently stop Khutso from pursuing traditional remedies and homeopathies to treat his holistic being as well. Though Khutso is taking ARVs at the virus's behest, his faith, then, remains in the traditional healing practices with which he is familiar. For example, Khutso insists on ritually cleansing himself following his sexual encounter with a seventeen-year-old from the "ghetto" (135). The virus narrates that following sex with the girl, during which Khutso failed to satisfy her, he "decided that [they, he and the virus] had to clean [them]self thoroughly" (136). It is not made clear whether Khutso seeks to cleanse "themselves" of the influence of the neighbourhood, or of his inability to "satisfy a seventeen-year-old girl" (136). Regardless, ARVs are positioned as treating only Khutso's physical body, which he views as a shortcoming of the medication. Khutso still feels a need to treat his whole selves, and turns to African traditional healing practices to do so.

Khutso's return to African traditional healing practices is, at the level of language, telling of his developing relationship with the HI Virus. While Khutso and the virus become a royal "we" at this point in the novel, they are also an "ourself" and not an "ourselves", suggesting that they are, as the many Biblical allusions in the novel suggest, a kind of triune God: God the virus, God Khutso's body, and God Khutso's mind. They are three-in-one: mind, body and virus. If ARVs are positioned as treating the virus, with the side-effect of treating the body, then Khutso is positioned as perceiving of traditional healing practices as an all-encompassing remedy for God the virus, God the body, and God the mind. Given the authoritative control of the virus at the level of language, however, it begs the question whether the HI Virus is not, in fact, the mind, and Khutso the virus; as HIV is narrating, navigating and making their decisions on their behalf.

This setting up of the virus as controlling further complicates a reading of the false dichotomy between Western biomedicine and African traditional healing as it casts Western biomedicine as the favoured mechanism of the virus to sustain its own life. ARVs are then simultaneously positioned as life-saving and villainized as weapon of the invading virus. Moele, it seems, is incapable of solving this paradox within the confines of the novel, as the positioning of ARVs as weapon of (as opposed to against) the virus is undermined by the failure of traditional healing practices to save Nonkululeko's brother, when she believes that ARVs would have saved his life. *The Book of the Dead*, then, continues to grapple with the validity and impact of this false dichotomy between ARVs and alternative treatment in Khutso's encounter with Nonkululeko, and her family history of the virus.

Khutso initially struggles to bed Nonkululeko because "[she] had seen what [HIV] could do second-hand. She had watched her brother die a slow, disgraceful death" (137). Though her family initially kept her brother's diagnosis from both her and their community, Nonkululeko "had seen the disease take [her brother] down" (137). As opposed to Khutso, who concedes to taking ARVs, Nkululeko's family opt to treat Nkululeko's HIV by more traditional means and immediately began consulting with "the very best of the local traditional healers – although they had never been a family that believed in traditional healing" before (138). Perhaps it is denialism that drove Nkululeko's mother to so doggedly pursue alternative medicines – if her son didn't have HIV, he didn't need ARVs and traditional healing methods would work. This denialism, which would ultimately cost her son his life, is evidence of the stigma and fear bred by the disease and which Nkululeko's mother hopes to avoid.

Instead of seeking Western medical intervention, “Nkululeko’s mother put her ear to the ground and listened. The ground told her of great healers, some of whom healed in the name of Jesus, others who healed with the power of the ancestors. They went to one who healed the physically and mentally disabled in the name of Jesus” (140). There is, of course, marked irony in Nkululeko’s mother’s willingness to assimilate and accept healing in the name of a Western religious export courtesy of the Western missions, when she rejects the validity of ARVs, and will not take Nkululeko to a “Western” hospital. Nevertheless, when faith healing fails, Nkululeko’s mother takes him to “another sangoma” instead of taking him to the hospital (140). This sangoma “claimed that he could clean [...] blood” (140). Even though this sangoma maintained that “not one of his HIV-positive patients had ever died”, “Nkululeko’s mother still believed [her son] was not HIV positive” (140). Her ardent denial is evidently fuelled by her fear of the family being stigmatized for her son’s diagnosis, as she goes out of her way to assure the community that they are not visiting the sangoma for a treatment for HIV, but that the sangoma is simply going to “wash [Nkululeko’s] bad blood” (140). In contrast to his mother’s faith in the alternative healing practices and denial of his diagnosis, Nkululeko actually just wants to be left to die in peace. He experiences this sangoma’s blood cleansing rituals as invasive and lacking in merit. However, his mother makes him feel guilty for wanting to give up, and so he begins to feel “he [has] no choice but to endure the rituals for another week”, for her sake (141).

This is not the only point at which Nkululeko’s thoughts, feelings and admissions contradict his mother’s. Nkululeko told his sister that “[he] [was] HIV positive”, but his mother immediately contradicted him and told his sister that “[h]e [didn’t] have Aids [sic]” (142). This implicit assumption on the part of their mother, that HIV *is* AIDS, speaks to a lack of education and an incomplete understanding of the virology of the disease. In an effort to avoid confronting the unknown, and the stigma associated with HIV, she instead insists that “[Nkululeko] is bewitched, and because of that the sangomas can’t see what is wrong with him” (142). Nkululeko’s mother’s denial, then, fuels her hope, because for as long as she believes that he has been bewitched because people are jealous of his success, her son can be cured. Her firm belief that his bodily ill health is as the result of having been cursed also serves to reinforce the perception of bodily illness as one part of a holistic, mind-body-spirit experience as opposed to a medical condition from a purely Western medical position. This

perception, then, justifies in his mother's mind the course of treatment she has sought out for her son.

Ultimately, however, it is another of his mother's "renowned healer[s]" that tells Nkululeko simply that "[he] [has] Aids [sic]" (143). Though this recognition of his actual diagnosis seems a likely cause for hope that he may finally receive effective treatment, the healer's prescribed course of treatment for AIDS is *still* not ARVs. Instead, Tshiane prescribes the rape, of "a spotless white female goat that had never given birth", "during a full moon" (143). Nkululeko is further instructed to "drink a potion that Tshiane had given him" before "[having] sex with the goat" and to "leave [the goat] to its fate" when he's finished (143). Tshiane's cure's final steps involve total silence on Nkululeko's part until he has "looked directly at the midday sun" (143). If he is able to complete all these steps as instructed, Tshiane opines, Nkululeko will be cured.

Nkululeko, perhaps as a member of a younger generation ready to confront his diagnosis initially refuses this course of treatment and tells his mother outright to let him die, but she goes out to find a goat regardless of his protestations. Repulsed though he is by Tshiane's directions, Nkululeko ultimately concedes to his mother's wishes, because he cannot bear to disappoint her. However, "[a]fter the night of the full moon the family was destroyed. They couldn't even share a table any more. They couldn't look each other in the eye. It had made them strangers to each other, and, worst of all, Nkululeko still tested positive" (145). This choice of treatment divides them, and none of the members of the family are comfortable living with what Nkululeko had been driven, by his mother's denial, to do.

Nonkululeko is the one who finally tries to save her brother's life by getting him to a hospital for treatment but, alas, her efforts come too late (145). Despite his resistance to his mother's string of traditional healing attempts, "Nkululeko was [still] a typical black man. He hated the hospital – the hospital was a place to be born; it was for children – but [by that point] he was too weak to fight [his sister]. They admitted [him] immediately, believing that he was living on borrowed time – his viral load was very high, his CD4 count was below 100 and he had tuberculosis" (146). Nkululeko dies despite the intervention by hospital staff; but as far as his family, especially the older generation, is concerned it is not the progression of the disease that kills him; it is the interference of the doctors that put the final nail in his coffin. At the funeral, the virus-narrator notes, "one could almost touch the anger, confusion and fear of the older

generation” (146). The older generation thinks having turned to the hospital is what killed not only Nkululeko, but his mother, who died shortly after he did, with no apparent cause bar the meddling of the “West” in “African” affairs.

Ultimately, and this despite her first-hand knowledge of the disease, Khutso infects Nonkululeko, and she commits suicide as soon as she receives the diagnosis (152). While everyone in her family, who remain unaware of her own eventual diagnosis with HIV, thinks she has killed herself because she couldn’t handle losing both her brother and her mother in the same year, Khutso knows the truth and he lists her cause of death in his “Book of the Dead” as “suicide”, no epitaph (152). Depression, stigmatisation and the apartheid legacies and false constructs and binaries it produced are then increasingly implicated in not only Nonkululeko’s cause of death, but the conception and denial of HIV/AIDS at the communal level. The novel then, ultimately, seeks to question and not necessarily to resolve the ongoing conflict and false dichotomy between Western biomedicine and African traditional healing practices.

The stigmatization and the alternative metaphorisation of HIV/AIDS

The first person diagnosed with HIV in *The Book of the Dead* is Khutso's wife, Pretty. Pretty's diagnosis and subsequent suicide serve to illustrate to the reader the fear and stigmatization which inevitably accompany an HIV positive test result, and which ultimately drive Pretty to isolate herself immediately from her family, and finally from the foreign notion of "living with" HIV (by committing suicide). Pretty is described as being no stranger to taking "countless [HIV] tests", and her history of favourable outcomes arguably lulls her into a false sense of security. Having previously engaged in far riskier sexual behaviour than a single extramarital affair, she does not expect to have contracted HIV as a well-to-do suburban wife. Pretty's own thinking is therefore influenced by the language of stigma surrounding HIV/AIDS, as she clearly believes that if she was going to contract HIV, she would have contracted it during her youth, and not now that she has escaped the cycle of poverty into which she was born, and left behind the sex work to which she was driven by circumstance.

Pretty's reaction to the news that she has tested HIV positive is extreme. "[O]n the way home [after the test]" she cannot help but to burst into tears, and is so overcome by emotion "that she ha[s] to stop the car on the side of the road" where she cries for hours before coming to the conclusion that her only way out is to commit suicide (73). In so concluding, Pretty automatically excludes herself from "The Book of the Living", the first section of the novel during which her revelation is detailed. In this self-exclusion it is evident that Pretty cannot conceive of HIV and life simultaneously. This makes it clear to the reader that not only does Pretty mistakenly conceive of HIV as a death-sentence in the literal sense, but also in the social sense. Pretty's awareness of the stigmatisation of the disease leads her to choose self-exclusion and suicide over the social death and exclusion resultant from stigma. As a former sex-worker who has evidently been unfaithful to her husband, Pretty conceives of the stigma she will face as a literal fate worse than death.

Despite her best efforts to commit suicide immediately, Pretty does not find a convenient truck to drive under, and so her plans are temporarily foiled. Forced to re-enter the realm of superficial suburban bliss, Pretty does not, however, disclose her diagnosis to anyone except to her son, Thapelo. Whether driven by maternal instinct, or by a desire to disclose her status

to the party least likely to pass judgement¹⁴, Pretty at one point tries to tell Thapelo that his “[m]other is dying and [that he] will soon be left all alone [...] [because] [she] think[s] that [Khutso] is dying too” (27). However, her confession goes unheard because Thapelo “had fallen asleep” before she could get the words out (72). Terrified, then, of the stigma she would face as unfaithful wife, as black woman, as mother and former sex-worker who has contracted HIV, Pretty opts for a “*chemically induced death*” rather than living with the stigma and in that way protracting her own suffering (73).

As Pretty commits suicide by drug overdose, Moele once again highlights the villainization of Western pharmaceuticals in a novel which already has an evidently contentious relationship with the false dichotomy between Western biomedicine and African traditional healing. Her cause of death is officially listed as “*chemically induced*”, and this euphemistic language is indicative of the larger language of stigma surrounding HIV/AIDS, mental illness, and suicide. It also alludes to the unreliable nature of statistics pertaining to HIV/AIDS-related deaths in the epidemic’s early years, as doctors and families often opted to list the cause of death as the opportunistic infection which the deceased last contracted as opposed to listing the official cause of death as HIV or AIDS-related infection. This was done in a transparent effort to avoid the associated stigma. Pretty herself avoided this stigma from external sources by failing to disclose her test results to her husband, but ultimately imposed the oppressive effects of that language of metaphor on herself, ultimately leading to her death. It is only three weeks after Pretty’s death that Khutso finds his dead wife’s diary and that he learns from her private confession that she was HIV positive. Her death and his subsequent discovery then act as catalyst for the emergence of the self-acknowledged HI Virus-narrator in the novel, and Khutso’s anger-driven revenge mission to infect as many people as possible with HIV.

It is, then, at this point, after the reader and Khutso himself have been made aware of his inevitable contraction of the virus, that the virus-narrator for the first time chooses to identify itself explicitly. The virus, in its own description of itself, then simultaneously writes itself *into* metaphor, and against stigma. Introducing itself to the reader, the virus proclaims:

¹⁴ As a child, Thapelo has arguably not yet been fully inculcated into and taught the language of stigma which would call for him to judge and reject his mother on the basis of her diagnosis.

I. I live amongst you, waiting like a predator. I am faceless. I am mindless and thoughtless. But I am feared and despised. You hate me. But then I put on a face – wear a human face – and I am respected, appreciated and valued. I am I (77).

The virus immediately invokes the Biblical “I am”, thereby implying that it is an abstract superior being devoid of the limitations traditionally imposed by time and space. However, likening itself to the Biblical “I am” does not negate the fact that the virus simultaneously calls itself “mindless and thoughtless”, thereby complicating the identity of the narrator. If the virus is “mindless and thoughtless” then it, by its own admitted nature, cannot narrate a novel. However, the use of the first-person “I” inevitably assigns the role of narrator to the virus which employs that language and directly addresses the reader.

Perhaps, then, it would be more accurate to say that public perception of the mindless virus narrates the novel. If it is the public perception of an otherwise inanimate, un-personified virus that acts as narrator, then it is ultimately stigma narrating *The Book of the Dead*, as the virus is in and of itself not capable of this action. However, imbued with the linguistic power of metaphor, and the language of stigma, the virus becomes capable of writing itself into and thereby problematizing the language responsible for its animation.

The narrator of the novel, then, problematizes the war metaphor responsible for its personification in that the stigmatic virus-narrator conceives of itself as “lovingly summon[ed]” when the war metaphor intrinsically relies on violent conceptions of the disease (77). By writing against the assumption of violence made by the war metaphor and writing in the language of stigma which would have speakers believe that those who contract HIV are “asking for it”, the stigmatized virus-narrator effectively forces the reader to confront their own (un)consciously internalized prejudice. The shock of finding their thinking aligned with that of the demonized virus, given voice by stigma, is then intended to drive readers to rethink the language of metaphor by way of which they conceive of HIV/AIDS.

The stigmatized virus-narrator’s direct address, then, speaks to Moele’s intended aims for his novel, and his desire for his critique to live beyond the confines of the text. Thus, the function of the direct address is to disrupt the reader “in the act of following Khutso’s narrative” and to confront the reader with the implications of the war metaphor on conceptualizations of an otherwise inanimate disease (Schmidt & Da Rocha Kustner 76). By exposing readers to an HI

Virus “reflecting upon itself and the reader’s potential future infection”, Moele drives the reader to consider the absurdity of a language of stigma which seeks to divorce the self from potential risk at the level of language (Schmidt & Da Rocha Kustner 76). By personifying the language of stigma in the form of a disease fighting back, Moele implicates the reader in the construction of a stigmatic language of metaphor which seeks to define the self by excluding the ‘other’, and seeks to expose the oft ignored predatory perception of the disease inherent in the war metaphor.

By foregrounding the necessity of reading the virus as predatory in order to make sense of the war metaphor, Moele then critiques the perception of the virus as “out to get you”: when in reality the virus is, in its own words, “mindless and thoughtless” (77). This inherent assumption of predatory behaviour on the part of the virus is then exposed by Moele to be inevitably supportive of the language of stigma as it serves to justify the othering of HIV-positive individuals as soldiers fighting for the spread of the virus. If this is taken to be true, then the stigmatic language which supports HIV-carriers’ exclusion and isolation is perceived to be not only valid but necessary. In assuring readers that the virus is “mindless and thoughtless”, however, Moele categorically undermines this reading, and thereby forces the reader to confront the HI Virus’s non-participation in the man-made war of either language or biomedicine.

If, as Moele opines, the HI Virus is no more “out to get you” than the common cold, then the particularly violent stigmatisation of the disease must speak to society’s systematic and historically internalized prejudices and the need to divorce the self from risk at the level of language. The HIV positive individual is, as a result, constructed in stigmatic terms as either an innocent victim or a slut who was asking for it. Moele’s complication of the war metaphor therefore forces the reader to renegotiate their relation to the language of stigma and the assumptions and stereotypes, prejudices and conclusions they’ve internalized during the course of their lives. By complicating the war metaphor and exposing it as yet another mechanism for the stigmatisation of the disease through the creation of another “us” against which to pit a “them”, Moele remetaphorizes the disease as complicit in its own stigmatization. In Moele’s personification of the stigmatized virus the denialism and fear with which the disease is typically met is exposed to be the HI Virus’s greatest weapon. In reimagining and repositioning the war metaphor, Moele uses the very language of stigma in order to advocate for and drive

his readers to alternative languages of metaphor by way of which to attempt to better understand the disease.

Moele illustrates the passivity of the HI Virus, and undermines the very war metaphor which the stigmatic virus-narrator attempts to construct when he has Khutso contract the virus from his wife. Though Khutso ends up on a path of revenge infection, neither the virus, nor Pretty were out to wage war on his body when he first contracted the disease. Khutso is a faithful husband who contracts the virus within the confines of marriage. This in and of itself problematizes popular conceptions of and stigma surrounding the spread of HIV. Khutso can not belong to either stereotypical stigmatic category, as his revenge spree precludes him from the designation of “innocent victim”, and the way in which he contracted the disease to begin with precludes him from being categorized as “asking for it”. Khutso’s unique narrative then effectively serves to undermine the stigmatisation of HIV positive individuals as a collective by actively illustrating the limitations of such binary thinking. It is arguably Khutso’s rebellion against these stigmatic designations that drive him to “live [his] life to [his] death and spread the virus while he is able (81). Unwilling to play the stigmatically prescribed role of “innocent victim” to his wife’s “slut who was asking for it”, Khutso then resolves to “fuck ‘em all” and make his community pay for his suffering which the text implies could have been avoided had the burden of stigma not existed to drive his wife to suicide nor Khutso to the rejection of a victim’s identity (81).

It is once Khutso is committed to his path of revenge that he first has the “Book of the Dead” printed up. Though he initially searched for a ready-made journal in which to record his conquests, none of those on offer leant his quest the gravitas to which he felt it was entitled. As such, he ended up having a book custom made to look and feel “like a Bible” – another book for the damned (82). Moele’s recurring use of religious imagery speaks to the metaphorisation and abstraction to which humans are prone in any and all of his attempts to render the incomprehensible universe known. In the same way that religious texts, including the Bible, make use of parables or extended metaphors in order to explain complex concepts, so too does Moele argue the language of stigma makes use of metaphors of othering in an effort to render HIV both known, and situated outside the realm of possibility for the user of the stigmatic language.

Finally, Moele implicates South Africa's history of racism, and the ongoing institutional effects thereof, in the construction of the language of metaphor surrounding HIV when he has the custom bookbinder fear Khutso's motives for printing up the volume. The store manager who prints *The Book of the Dead* for Khutso is initially very uncomfortable and suspicious of him. He makes a weak joke about fearing Khutso might be a serial killer hoping to keep score (a guess a little too close to home), and Khutso makes the store manager feel bad for his discomfort when he responds that "[t]he black man is always a suspect..." (83). Not only does this speak to the ongoing racist collective consciousness as perceived in South Africa today, but to Khutso and the virus's need to commit their victims to the page. Their relying on the written word to account for actions taken is telling of Moele's own intentions and hopes for his novel. The value of the word committed to paper is thus not underestimated either by the author, or by the stigmatically personified virus itself. Even in the context of the novel, the importance of providing an account, of keeping score and recording are emphasized. While sociological and scientific data can, to some extent, offer an account of the HIV/AIDS epidemic in South Africa, the emergence of such literary works as *The Book of the Dead* suggest that such data is wanting. Literature such as Moele's then serves to people a void in the data that fails to account for the implications of language and stigma on accounts of and accounting for HIV/AIDS.

Khutso's "Book of the Dead"

If the virus first identifies itself as narrator after Khutso discovers his wife's HIV status, it truly comes into its own and begins to take responsibility for Khutso as its subordinate when the novel transitions into its second half, *The Book of the Dead*. This is evident in the opening phrase to the second section of the novel: "I wrote it in the middle of the first golden page. I underlined it. He had taken the words right out of my mouth" (88). The "I" responsible for these lines is not Khutso, but the virus-narrator to whom he now plays willing host. The virus furthermore tells Khutso that "[they] are going to fuck 'em dead" and deliberately infect as many people with HIV as possible, a sentiment to which Khutso reacts with a smile as he had refrained from promiscuity and rebellious or illegal behaviour during his university days, but no longer sees the point (81). Khutso's glee in the promise of "fuck[ing] 'em dead", and his sado-masochistic delayed rebellion is, then, indicative of an instability in his mental health, and a perverse attempt on his part to self-medicate his grief and depression with enacting violence upon his sexual partners (81). The virus, as previously illustrated, does not, however, view its spread as an act of violence. Rather, the virus considers being infected with HIV an "honour" and gives Khutso the supposed "honour of being the first entry" into its "great book" of the dead (89). The virus then records an account of Khutso's infection which includes his age, height, weight, status and CD4 count. The inseparable duo would go on to record several new names in this book in the same fashion.

The first woman the virus goes after through Khutso is Thabiso, who ends up being "the second to make it into [the virus's] holy book" (90). Again, invoking Judeo-Christian imagery, the virus's quest to infect more people is framed in terms of a religious conversion mission, and the virus itself is heralded as a god. Still Moele writes against stigma, because though "Thabiso [is] a[n] [unfaithful] married woman with a child, she [was also educated and] had a degree and drove a top-of-the-range sports car", none of which could protect her from her lack of morals and respect for her husband; or from HIV (90). While stigma would, then, encourage the reader, as the narrator does, to condemn Thabiso to infection for her promiscuity, stigma would also typically encourage the reader to assume Thabiso to be impoverished and uneducated; neither of which she is. In undermining the associative stigmatic qualities of the slut but precluding an unfaithful spouse from the camp of "victim", Moele then further complicates and drives the reader to question their stigmatic tendency to want to demonize the HIV positive for one reason or another. This stigmatisation of the disease, and Thabiso's

awareness of it is what ultimately drives the second HIV positive woman in the novel to be the second to commit suicide (91).

In condemning both of the first two HIV positive female characters to death by suicide, Moele effectively exposes the language of stigma to be not only predicated on a set of racist assumptions, but also to be gendered and gender aware. If women, and in particular black HIV positive women are being framed as aware that they will be perceived as sluts, and thus doubly inferior, then Moele reveals the kind of violent masculinity Khutso is upholding to be implicit in the generation of the language of stigma and in the patriarchal oppression of black South African women. Furthermore, Moele displays a keen awareness of the framing of homosexuality within the context of HIV infection. This is evident in Khutso's first meeting with the men who would become his hunting party. When "Khutso and [the virus] [walk] into an exclusive restaurant in Rosebank [...] five men [are] sharing a table [in the corner,] and at first [the virus] [thinks] that they [are] gay" and wants to ignore them (92). It is only after "Khutso [recognizes] one of them" that they, Khutso and the virus, go over to the men's table in order to shake the familiar man's hand (92). The virus's initial reluctance to engage with the group when it mistakenly identifies them as homosexual men is illustrative of Moele's sensitivity to the gendered and sexual orientation-aware nature of the stigmatisation of HIV. The virus's reluctance can then be read as further implicating itself in the language of stigma as one can read its hesitation to engage with the homosexuals as a stigmatic assumption that, as gay men, the group would be easy pickings – already soldiers in the virus's army on the basis of their sexual orientation.

As it turns out, these men make up "an unofficial team" who regularly visit Durban with the express purpose of fucking as many women who aren't their wives as possible (94). It is on a fuck-hunt with these men that Khutso-and-the-virus first meet Demie, a "twenty-seven [year old] [...] mother of a six-year-old boy and [a] PA to some manager in some part of Durban municipality" (95). Demie is described as well-off and "[has] her own town house and a nanny to look after her son" (95). As such, she is constructed as the antithesis of the stereotypical stigmatized HIV positive woman. The virus, however, finds her resistance of the stereotype hilarious, cute even, and, boasts that though "[Demie] played hard to get" at first, she was ultimately infected regardless, and that now "[it, the virus,] was there to stay until death would [them] part" (95). Once again, the reader is forced to confront their own stigmatic perceptions and assumptions about the kinds of people who contract HIV as Demie only contracts the

disease because she was lied to and manipulated by Khutso who promised her that he would stay with her. Anticipating, perhaps, that the story of Demie's infection would not be enough to drive the point home, Moele writes the infection of a child.

Moele's most blatant method of antagonizing and inspiring his reader to rumination on the nature and construction of stigma remains Khutso's infection of the girl-child, Reneilwe. Moele's virus-narrator attempts to blame the child for her own infection, setting her up as having seduced Khutso because "[c]hildren these days try and behave like adults" (115). In so doing, the virus, and stigma, lay the blame at Reneilwe's feet, and conceive of HIV as a punishment for the child's promiscuity. This is the same stigmatic way in which the virus encourages readers to conceive of Demie and of Pretty before her. However, both the law and Christo-centric morality, which the novel regularly invokes in its imagery and symbolism, would suggest that, as a child, Reneilwe is innocent by default, and that Khutso, the statutory rapist, took advantage of her. The alternative straightforward reading would be to read Reneilwe as innocent victim, but Moele does not allow his readers the comfortable confines of stigma, and complicates any straightforward reading of her character as the fact of the matter is that Reneilwe is more blatantly promiscuous than any of the other adult women Khutso-and-the-virus encounter.

Even if a child, and even if misled, Reneilwe is, then, careless and complicit in her infection when compared to, for example, Jar, who wouldn't sleep with Khutso without a condom on until she was engaged to be married to him, and even then, only did so because she "forgot about safe sex" in the heat of the moment (99). Reneilwe herself says that "[she] [is] bad" and calling herself a bitch, an act of self-degradation, only serves to titillate her (122). In fact, when she returns to school at the end of the school holidays, Reneilwe teases Khutso and tells him that "[i]f [he] want[s] to disgrace [himself], [he] can come and see [her]"; thereby actively inviting and rendering herself complicit in her continued "victimization" (123). This encounter forces readers to question why one might be inclined to pardon Reneilwe, but condemn Demie, or Jar, or Thabiso, or Nomsa?

Stigma, Moele seems to suggest, has its foundation in historically patriarchal and racist systems of oppression, and that is why South Africa and literature in general require new metaphors by way of which to rethink HIV. Moele reinforces this reading when he has the virus-narrator itself reflect on its public perception, and its power in the popular imagination. "I have been

talked about so much that people say my name like it belongs in a nursery rhyme”, says the virus (110). “They have seen me take down gladiators – eat them up, put them in bed and leave them wearing nappies – and yet they are still not afraid. I have become... usual. These people, they are so intelligent that they think I will never come for them” (110). In so saying, the virus speaks directly to the power which it is lent by stigma, arrogance, and silence. Denialism and stigma, then, are the virus’s two greatest weapons.

“When they recognise my work”, it continues, “some start to look to God, and others put all their hopes in a traditional doctor, but it doesn’t really matter which you choose, they are both full of lies” (110). By excluding ARVs and Western pharmaceutical intervention from the list, the virus is ipso facto recognizing ARVs and biomedical intervention as the only effective course of treatment. The virus is, however, not overly concerned about having its cause dampened by the effects of ARVs because it is aware that the power of stigmatisation and denial will prevent most from seeking treatment. Perhaps most powerfully, the virus speaks directly to the reader and recognizes that “[the reader will start to stigmatise [them]self” (110). This speaks directly to the construction of the stigma surrounding the virus at the level of language, and at the *human* level. The virus is not stigmatized because of anything *it* does, rather the human beings who play host lend the virus this power. The personified virus, here, places the blame for stigma at the feet of those who both fear and play host to it. The virus comes right out and tells the reader that stigmatization and metaphor; it’s all human. Moele then powerfully reinforces his initial statement that the virus is “mindless and thoughtless” (77). It is the reader and their kind, being human, that require metaphor to make sense of the world around them, and that is why metaphor is both the problem, in that the language of stigma relies on it, and the cure in that a new language of metaphor is the only way in which man can effectively reinscribe HIV with alternate meaning divorced from the othering power of stigma.

Moele ultimately reinforces the abstract nature of the disease, and the population and creation of stigma by man when he has Thapelo, Khutso’s son, tell his father that “[he] [is] terrified of Aids [sic]” and that he “hate[s] it” (163). “If Aids [sic] were a person”, Thapelo tells his father, “I would kill him or her with my bare hands, but there is no Aids [sic], there are only people, and that is the worst thing about Aids [sic]” (163). The virus, commenting on Thapelo’s statement, confirms the child’s understanding, and says that what Thapelo suggests is “[t]rue, there is no Aids [sic], only people” (163). This means that “stigma” is ultimately comprised solely of and by people, and that the metaphor is just people and *peopled*. Therefore, the only

way to move past those populations is to people new metaphors in order to champion new languages of understanding. There are just people, the virus and Moele's text as a whole conclude – people who are marginalised and people who aren't; and the onus is placed on works of art, and literature for mass consumption to champion the development of a new language of metaphors through and by way of which to further a non-reactive understanding of and approach to the disease(s). "Aids [sic] is no longer just a disease", the text concludes, "it is a human rights issue" (166).

The Book of the Dead is only one author's attempt to address the human rights crisis that is the AIDS epidemic which remains publicly and linguistically weighed down by the weight of stigmatization and the oppressive rhetoric which continues to inform it. Moele ultimately concludes it to be insufficient to attempt to conceive of this disease divorced from the weight of metaphor entirely. Rather, *The Book of the Dead* acknowledges the basic human instinct to define by exclusion and comparison but aims to complicate and problematize the dominant metaphor in an attempt to people the stigmatic void left by the old language and propose an alternative that does not rely on racist and/or patriarchal exclusionary ideologies in order to make meaning. In his framing of black South African women as doubly marginalized and oppressed by both the language of stigma as it surrounds HIV/AIDS and the particular code of violent masculinity as illustratively enacted by Khutso, Moele furthermore unpacks the extent to which the language of stigma is inherently gendered, and asserts that an alternative language of metaphors would need to work against not only the stigmatisation of the disease and the racist rhetoric which informs it, but also against the inherently gendered assumptions originally made by the racist rhetoric which informs said stigmatisation. If the language of stigma is predicated on such legacies as that of apartheid, then Moele ultimately concludes that any proposed alternative languages of metaphor must account for the gendered dynamics of said racist histories, and the positioning of, in particular, black women as not only inferior to and oppressed by white men and women, but also inferior to and oppressed by the toxic masculinity adopted by black South African men in response to their historically enforced "racial inferiority".

Conclusion

My close readings of the texts of Mbuli, Pikoli, Ntshanga and Moele have led me to conclude that the nature of the language of stigma, as it pertains to disease within the South African context, is to *other*. As a direct result of the country's history of racial segregation and racism, this inherent inclination to other has resulted in the development of a language of stigma predicated on falsely constructed racial binaries and racist ideologies. As close reading of these texts has revealed, the general South African populous, and the black South African populous in particular, is still largely affected by the structural and systematic legacies of apartheid. This, in turn, renders these individuals vulnerable to stigmatisation as that language of metaphor relies on these former racist methods of othering and excluding in order to make meaning. To talk about disease in the South African context *is*, then, to talk about the *people* who have come to represent the infected. And to talk about the infected must necessarily be to talk about the way in which these people have been historically represented. Whether the infected are mistakenly and misguidedly conceived of as predominantly white, as in the case of depression, or predominantly black and impoverished, as in the case of HIV, these texts, and the alternate metaphors of knowing which they champion, shed light on the destructive and cyclical reliance of stigma and such racialised misconceptions and prejudices on the legacies of apartheid and its construction of false binaries.

Kgebetli Moele's *The Book of the Dead* develops this argument even further by explicitly calling for a more intersectional reading of the false binaries and superior/inferior paradigms of power constructed and enforced not only between black and white, but also between black South African men and women. Moele's novel effectively subjects the HI Virus to a literary interrogation which positions it not only as biomedical concern, but as a human rights crisis within the context of contemporary South Africa. Moele's novel actively resists the epidemic remaining linguistically weighed down by stigmatisation and the oppressive rhetoric which continues to inform that language. Instead, Moele acknowledges the basic human instinct to define by comparison but alters the tendency's trajectory toward problematizing the dominant metaphor in order to propose an alternative language of metaphor which may be driven by the same instinct but which does not rely on exclusionary racist and/or patriarchal ideologies in order to make meaning. Moele's *The Book of the Dead* therefore not only recognizes that to speak about HIV/AIDS or depression in stereotypical and stigmatic terms is by default to racialize the disease and the language which attempts to render it comprehensible; but further

advocates for and attempts to construct new and non-racialized languages of metaphor through which to render disease universally comprehensible.

Similarly, Mbuli's evocative and oft-critiqued use of cliché serves to effectively divorce disease (in her case depression) from the language of stigma which actively works toward exclusion and isolation. By way of a new metaphors of inclusion and understanding, Mbuli's life-writing deliberately attempts to situate disease in the realm of the everyday, and to people the void generated by stigma and the raw historical demographic and sociological data and misinformation surrounding disease in the public perception. Similarly, Pikoli's short story, *To Shy Away in Silence*, proves preoccupied with the perverse public marriage of dis-ease and romantic fascination as it pertains to depression. As Moele's novel does, so too do the works of both Mbuli and Pikoli isolate the South African geography as a contributing factor to the development of a language of stigma, and the dis-ease with which the public confronts disease. They too, therefore, expose the ongoing role of the country's socio-political history of racism in determining the expressions of dis-ease through the use of stigma.

Finally, by way of its very title, Ntshanga's novel both identifies the double marginalisation of the stigmatised individuals living with HIV/AIDS and/or depression, *and* necessitates a reaction. His protagonist reacts against the stigma and social isolation the novel attributes to the lingering socio-political and geographical effects of apartheid and racial segregation on the country's collective consciousness. Nathi ultimately takes responsibility for changing his own ideological framing of his experience of twice-marginalised existence and in so doing effectively advocates for the reframing of metaphor surrounding disease. In having his protagonist evolve throughout the course of the novel to the point where he can reimagine and reshape his relation to the world around him, and to his own perception of his disease by ditching denialism in favour of an admission of his HIV status, Moele effectively suggests that the development of alternative modes of metaphorizing and relating to disease are necessary to not only personal but societal growth. It is only in his self-liberation from the weight of stigma, and in confronting his past and retracing his own familiar faults and failures that Nathi is able to *react* against the predominant mode of discussion as it pertains to both HIV/AIDS and depression in South Africa. And it is only as the result of his recognition of the role of the socio-political and geographical legacies of the apartheid system in determining this predominant language of metaphor, stigma, that Nathi is able to reject it.

Ultimately, the texts offered for study largely work toward reclaiming metaphor and re-appropriating the same building blocks of a language of association from which stigma is constructed to build toward a more comprehensive and inclusive understanding of both HIV/AIDS and depression. These contemporary texts collectively speak not only to the prevalence of ongoing institutional racism and discrimination in South Africa, but work toward interrogating this racist ideological foundation for the stigmatisation of these diseases within the South African context. In further advocating for the necessity of reimagining, retracing and rewriting the language(s) of metaphors surrounding HIV/AIDS and depression in South Africa, these texts reflect a literary urgency for a new approach to both literary and ideological self-definition, and the development of a collective culture of inclusion and equality at not only a superficial, or even socio-political level, but at a linguistic one. Identifying the roots of South Africa's collective dis-ease with disease as lying in the subconscious internalisation and legacies of racism and racist systems of governance then allows for the conscious and deliberate development of a(n) alternative language(s) of metaphor which actively resist(s) the exclusionary tendencies of stigma, but still seek(s) to render the feared and unknown diseases knowable by way of more ideologically unburdened association(s).

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