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Exploring experiences and perspectives of health, illness and death in selected contemporary African postcolonial texts.

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Thesis submitted in partial fulfilment of a

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2019

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Abstract

This study explored the depictions and perspectives of health, illness and death in selected postcolonial texts written after the year 2000. Although tantamount attention has been directed to notions of health, illness and death in literary texts (medical narratives) largely from scientific and clinical perspectives, the study primarily focuses on memoir accounts of experiences and perspectives of health, illness and death. In response to the dearth of critical work, which primarily refers to body and its wellbeing socially integrating clinical diagnosis and the socio-natural human factors. The study interrogates how memoirs depict the health, illness and death subjective experiences and perceptions of people in typical African communities. My argument is that literature and memoirs in particular, are a site where conceptions of perspectives and experiences of people (Africans) are (de)constructed. The experiences of health, illness and death are not an exception. In reading the selected texts, I focused on how a merger of factors such as culture, gender, beliefs (African and Religious), age, society, and social status are drawn from the personal narratives in the selected memoirs (re) conceptualise the notions of health, illness and death in a typical African community. The discourses in memoirs challenge the norms and the construction of human and social expectations in dominant ideological discourses such as culture, beliefs, gender, race, class, democracy, post colonialism, Afrocentrism among others. The study enters into a critical conversation with the postcolonial personal (memoir) representation of health, illness and death as a human social context. Using discourse analysis and literature review, I have placed Postcolonial, Afrocentric and bio-political perspectives of several writers in conversation with the health, illness and death defined practices voiced in the selected texts. The discursive debates in the study allow us to consider personal or individual experiences and perspectives as chambers, sites and conceptions of knowledge production in a typical African community and this either silence or make visible the minority and marginal African social ideals and interpretations of health, illness and death as well as body agency. The study established that, the hybridity of perspectives and experiences in personal narratives (memoirs), the subject, and discourses are in the 'third' space from where the writers challenge the norms which dictate over the nature of how the body (subject) and the other social factors decipher health, illness and death. Thus, my thesis concludes that the perspectives and experiences examined in the selected texts, the socio-cultural factors of human existence premise the interpretations of the clinical understanding of the body as the point of departure, but socio-cultural interpretations of the body pre-occupy perspectives and experiences of health, illness and death. The clinical aspects and interpretations of the human body are then perceived through the social production of information. The selected texts are *Our Kind of People: A Continent's Challenge, A Country's*

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Hope (2005) by Uzondimna Iweala, *Eloquent Body* (2012) by Dawn Garisch, *The Last Right* (2013) by Marianne Thamm, *Postmortem* (2014) by Maria Phalime , *Holding My Breath* (2016) by Ace Moloi.

Key words: death, health, illness, perspectives, postcolonial.

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Declaration

I, Nyete Liberty Takudzwa (11574338), hereby declare that this research has not been submitted previously for academic purposes at this or any other university, it is my own work in design and execution, and that all references are duly acknowledged.

Signature……………………………. **Date……………………**

Nyete LT

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Acknowledgements

I would like to thank my Supervisors Dr G.S Mashau and Dr L.M.P Mulaudzi for their professional guidance, support and expertise. I would also like to thank all the staff members in the English Department especially, Prof E.K Klu for their academic and moral support. To Prof. Klu; you were more than a mentor throughout this whole journey, words cannot equally express my gratitude. Thank you Prof Klu.

Finally, I would like to thank my friends Flora Maruva Takayindisa, Pertina Nyamukondiwa; my brother Chenjerai Murimwa, my parents Annah and Agnes Nyete and all my family members for their unconditional love.

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Dedication

This is for you, Mom. Thanks for always being there for me, harbouring my tears. Thanks for hosting my shine, and rooting for me, even when I didn't know it. Thanks girl!

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Contents

Contents vi

1 Introduction and Background 1

1.2 Problem statement 6

1.3 Aim and purpose of the study 8

1.4 Study Objectives 8

1.5 Research questions 8

1.6 Justification of the study 9

1.7 Significance of the study 10

1.8 Scope and Delimitation of the study 11

1.9 Research design and research methods 12

1.10 Theoretical framework 13

1.11 Literature review 21

1.11.1 Health, illness and death in literature 21

1.11.2 Cultural variations 22

1.11.3 Gender and political variations 24

1.11.4 The African views of health, illness and death 26

1.12 Key assumptions 30

1.13 Structure of work 31

Chapter 2 33

Representation of health in *Eloquent Bodies* and *Postmortem* 33

2.1 Introduction 33

2.2 Book summary 42

2.3 Defining health/wellbeing from an African perspective 44

2.4 Perspectives of health 68

2.5 Gender and health/wellbeing 80

2.6 Health and the human genome 86

2.7 Environment and Health 90

Conclusion 94

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Chapter 3: Exploring the representation of illness in *Our Kind of People: A Continent's Challenge, A Country's Hope* 95

3.1 Introduction 95

3.2 Defining illness in the African context 104

3.3 Representations or depictions of illness 105

3.4 Illness and society 110

3.5 Illness and culture 118

3.6 Identity and illness 124

3.6 Illness and gender 129

3.7 Illness and the economy 131

3.8 Illness and the social market-square 132

Conclusion 133

Chapter 4 134

4.1 Introduction 134

4.2 Book synopsis 136

4.3 definitions and perceptions of death and dying 139

4.4 Reading Death and Dying in *The Last Right and Holding my Breath* 153

4.5 (Re)presentation of medicalised death and dying 160

4.6 End-of-Life as a decision 163

4.7 socio-cultural perspectives of death 164

4.8 Religious perspectives of death 175

Conclusion 178

Chapter 5: Conclusion 180

Reference list 186

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Chapter 1

1 Introduction and Background

Health, illness and death, are issues formally and generally believed to be solely medical, the advent of modernity brought about the supremacy of science and technology, where information, perspectives and experiences are primarily produced. This scientific supremacy did not only change the African body ethics and conduct, but it also brought about a myriad of pre-conceived perceptions and experiences of health, illness and death, let alone the discovery of an endless crop of diseases. Day (1997:30) shows that "Centres for Disease Control in 1995, identified over a hundred patients with life-threatening illnesses that were considered to be of an infectious cause, but that could not be linked to a known pathogen". Literature documented that colonialism brought about civilization, which entails scientific and clinical models used on perceptions and experiences of the body imposed and adopted in Africa.

Arnold (1993) regarded illness as colonising the body. In that light a lot of writers came up with the concept of decolonising science after realising the positive relationship between medical science and hegemony (Kochan 2018, Pyke 2015, Vice 2010, Tabensky 2008). Apart from the fact that, little has been done on the recognition and acknowledgement of African socio-cultural spectrums of health, illness and death, there are nuances in representations, perceptions and experiences of these issues where they are depicted. Scholars such as Mignolo (2000) and Quijano (2000a, 2000b) have recorded the concepts of coloniality, colonial power and differences which also illuminate on the use of science and clinical behaviour and being as colonial tools. In a study of indigenous Australians, Sherwood (2013) acknowledges that colonialism undermined the socio-

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culturally intimate indigenous health and wellbeing. As a result, the postcolonial advocates valorised the diverse indigenous factors behind health, illness and death, which is locally related to. However, it is not without its own weaknesses.

Although, the colonial legacy is still a subject across the aspects of health or wellbeing, which include physical fitness, a considerable range of postcolonial studies such as Ashcroft (2011) have recommended the acknowledgement and valorisation of minority socio-cultural aspects of health, illness and death. Pilla-Nemutandani *et al.* (2018:1) contend that “the indigenous health care system continues in the post-colonial era to be perceived by antagonists as a threat to Western medicine. It has been associated with witchcraft, actively discouraged and repressed through official government prohibition laws”. Thus, Vaughan *et al.* (2008:64) assert that:

> Health attributions influence health beliefs and subsequent health behaviours. Health attributions are partly shaped by culture. In turn, cultural health attributions affect beliefs about disease, treatment, and health practices. Likewise, culture influences health and healing practices. Certain cultures have culture-bound syndromes…Differences in culture in its broadest sense (e.g. race, ethnicity, country of origin, socioeconomic status, gender) are present in virtually all interactions and these differences must be acknowledged and considered as healthcare decisions are made. This process is a learned process and a key role for the medical.

Helman (2001) asserts that in different cultures and places illnesses and health are attributed to individual factors (bad habits or negative emotional states), environment (pollution and germs), social world (interpersonal stress, medical facilities, and actions of others) and supernatural factors such as God, destiny, and indigenous beliefs which include witchcraft. These ideals are also considered in the issues and perspectives of death. In explaining the various aspects of postcolonial ideologies of Global Health, King (2002) highlighted that colonial and postcolonial ideologies of

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health and death remains intertwined, however, significant differences are becoming apparent. Thus, there are a lot of factors behind the literary representations of health, Illness and death.

Thus, this study mainly focused on the experiences and perspectives behind health, illness and death in the contemporary, postcolonial Africa. These literary representations are therefore, indicative of dispositional and behavioural attributes of human beings, which serve as a symptomatic function of the social, political and economic situations within societies. The study examined and explored the literary represented issues of health, illness and death, employing the Afrocentric, biopolitical and postcolonial theories, to illuminate the pretexts behind the representations, attitudes, behaviours, and language used in the texts among others. Thus, the study used an eclectic approach, to acquire a well-informed analysis and illuminations of the worlds of health, illness and death, drawing from literary texts, commentaries and ethnographic information among others.

Literary representations show that health, illness and death, have up to this day played imperative roles in human history. Historically, health, illness and death have determined the fate of workmanship including national armies, where these issues also gave rise to the fall or escalation of political communities and instigated tremendous human and bio suffering across epochs and ages. Several scholars agree that the recurring, catastrophic and sporadic outbreaks of illnesses have played an important role in shaping the course of human history (Cantor 2002, Trevisanato 2004). Drancourt and Raoult (2002) recorded that, over a period of about 200years, almost 50% of the European population perished, contributing to major socio-political changes in the Byzantine Empire, which led Europe into Middle Ages. According to Cantor (2002), plagues devastated populations and changed the course of history through their impact on medieval economics, the balance of military power, geopolitics, and almost all aspects of day-to-day cultural

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lives. Transversely, Africa and other continents are not an exception, because health, illness, and death also played a crucial role in creating the African human history.

Ember and Ember (2004:186) recorded that, "development efforts were stalled by millions of deaths and other health problems in the newly emerging nations" In *Understanding and Exploring Illness and Disease in South Africa*, Nkosi (2012) highlighted that diseases/illnesses have crippled the world so dearly and seemingly illness governs the poor. Nonetheless, Ferzacca (2004:185) argues that "the health consequences of colonialism immediately faced by postcolonial regimes cannot be characterized by one set of health problems, health practices, and perceptions". Thus, there are several experiences and perceptions regarding the notions of health, illness and death. Hence, the study intends to focus on the discourses of these notions as represented in African postcolonial literary texts.

There are several issues and concepts surrounding the discourses of health, illness and death across the globe and Africa in particular. There is a considerable volume of research on these issues in the fields of Humanities, and Social Sciences, however, little has been done on these issues in the field of Literature in particular. Despite the scientific analogies of health, illness and death, some studies focused on these notions from traditional and religious points of view, where scholars such as White (2015) explain the relationship between illness and healing processes as influenced by one's religious background and beliefs. Studies on the histories of medicine covering the issues of health, illness and death are also found in huge numbers across nations. Brain (1977), opened a can of these histories from the period of Galen, one of the famous Greek physicians who practiced in Rome during the 2nd century A.D, where quite a number of illnesses and causes of death were discovered. Taylor (2015), acknowledged that, three hundred years before the Common Era (CE) writers such as Hippocrates, wrote *On Hemorrhoids, On Fractures, On Ulcers, On Surgery, On*

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the Sacred Disease. Conversely, there is a lot of archaeological research on the issues surrounding health, illness and death, from both global and local perspectives, however, studies show that, up to this day, little has been done on these subjects from an African postcolonial literary stance.

Nyang'ori *et al.* (2006:1937), indicates that, the social issues of health, illness and death of the African continent's indigenous people have received little attention, "although the African Commission on Human and Peoples' Rights (ACHPR) in 2005 described them as some of the most vulnerable groups on the African continent, whose health issues are often precarious, receive very limited attention". Nevertheless, where experiences are central, concerns are that, they must be interpreted and understood to heal the suffering body, let alone the fact that clinical interpretations cannot exhaustively capture the issues found in the world of an ill being. As a result, there are a lot of issues yet to be explored on these issues, hence, the study seeks to examine the representations of social experiences and perceptions of health, illness and death in the selected contemporary, post-colonial African texts.

Thus, cultures and ethnic groups identify and regard health, illnesses, symptoms, causes and death from different perspectives, hence each one of them, in most cases have established different treatment and coping strategies. According to *Mental Health, Culture, Race and Ethnicity* (2001:25) "culture also influences the meanings that people impart to their illness". The kind and prevalence of health, illnesses vary among societies, while cultures interpret and regard death differently. Ember and Ember (2004) argue that differences in health, healthcare systems and experiences reflect on the regional, gender, ethnic, class, age, urban and rural circumstances. Hence, "where one lived in terms of geography, and where one stood in terms of colonial social structure were significant determinants of health for emerging postcolonial societies" (Ember and Ember 2004:185). The study therefore, seeks to explore how cultures, beliefs, gender, age, location

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and class affect the experiences and perceptions of health, illness and death as represented by postcolonial literary texts.

1.2 Problem statement

Health, illness, and death are issues constantly examined from scientific perspectives. Seemingly, several fields including literature shun the concepts from their areas of inquiry, although there is a plethora of literary texts particularly addressing these issues. However, these concepts have received little attention from an ordinary African social perspective, since science and technology have taken dominion over humanity. Pierret (2003:7), notes that quite a number of fields have incorporated the study of health, illness and death, but "little consideration has been given to the social structure". Lived experiences, thoughts and feelings are generally regarded as secondary issues, considered unscientific and to some extent dismissed (Saggers and Gray 2007). As a result, in most perspectives and ideals, science seems to be the most effective way of illuminating issues of health, illness and death, such that literature among other fields of study appears fragile to these concepts. Thus, although science has enormously contributed to the growth and development of the allopathic knowledge of death, health and illness, there seem to be a sustaining, fixed-focus on science, however, other fields such as Sociology, Anthropology and many others are prevalently appearing in the social scenes, focusing on experiences and significance of these concepts in various societies and individuals.

Therefore, the problem is that there are a lot of literary works written on the issues of health illness and death, both fiction and non-fiction, but little has been done on the critical analysis and research to reflect on the perceptions, experiences and significances of understanding certain intricacies of health, illness and death from a social perspective in the study of literature across Africa. It is

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noteworthy to mention that, mental illness and HIV/AIDS have however, received considerable attention in the literary platforms of research and critical analysis. However, the representations of death, illness and health have not been broadly explored by literary researchers; as a result, this study seeks to examine and explore these concepts from a literary perspective, using African contemporary postcolonial literary texts; primarily focusing on memoirs.

Memoirs remain one of the literary genres which are waveringly adopted into the academic literary spectrums. Despite the notion that memoirs are part of the literary genres that people (readers) can engage with, either actively or passively, even out of the conscience of the body during sickness or death. Hollander (2001) asserts that memoirs create a sense of community. In a critical analysis of food memoirs, Waxman (2008) argues that memoirs draw readers to food and inspire authors to write them, but, these texts, generally yield an actively engaged reader. Hence memoirs are referred to as life writing, life narratives or life representations, Regardless of the ongoing debates about the difference between memoirs and autobiographies. The problem is that, these self-representations have flooded the bookshelves, although their literary value is questioned. Hollander (2001:1) asserts that, “these autobiographical works are being published at an amazing rate”. Parini (1998:40) contends that, in his “local bookstore, tall stacks of such books rise in unstable towers beside squat, less impressive stacks of recent novels”. However, self-writing has been under explored up to this day. Were (2017) notes that self-writing is a distinct sub-genre, which has not enjoyed critical attention. As a result, this influenced the choice literary genre for the study.

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1.3 Aim and purpose of the study

The study sought to examine and explore the depictions of health, illness and death in selected African postcolonial texts. As a result, the study seeks to create a scholarly study of representations, experiences and perceptions of health, illness, and death in an African postcolonial context using literary texts, to illuminate these concepts from a social and none-scientific perspective.

1.4 Study Objectives

The objectives of the study are to:

- Explore the representations of health, illness and death in the selected literary texts.
- Investigate the factors affecting the experiences of health, illness and death in the African post-colonial context as represented by the selected texts
- Examine the effects of colonialism on the experiences and perceptions of health, illness and death as represented in the texts.
- Critically probe the notions of biopolitics on the issues of health, illness and death in the African context as represented by the selected texts

1.5 Research questions

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- How are health, illness and death issues depicted in selected literary texts?
- What the factors affecting the experiences of health, illness and death as depicted in the selected texts?
- How did colonialism affect the experiences and perceptions of health, illness and death as represented in the texts?
- How have African contexts of health, illness and death responded to the issues of biopolitics as represented in the texts?

1.6 Justification of the study

Research and critical analysis on health, illness and death have been vastly carried out across continents, which produced a great deal of stereotypes imposed on the experiences and perceptions of characters. Schafer (2002:226), acknowledges that usually characters are tagged into stereotypes, which "do not lump the Other into a single category; they parcel out fears and fantasies into different groups". In most cases these stereotypes are claimed to be universal, although little has been done on the contemporary African landscape in the field of literature. It is from this background that the study, seeks to give a critical analogy of experiences and perceptions of health, illness and death, peculiar to the African context, yet adding on what has been done on the subject in the field of literature. The findings of the study will either support or challenge the already existing universal stereotypes denoted on the characters. There are a lot of literary texts both fiction and non-fiction particularly on health, illness and death, however, studies show that little has been done to illuminate the non-scientific or non-clinical factors behind health, illness and death in the African context using literature as a subject. Evidence from published research documents show

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that in South Africa, less than five research studies on the subject have been published. Therefore, this study intends to unpack the African peculiar experiences and perceptions of health, illness and death as represented in selected texts.

All the selected texts are non-fiction chiefly because, in one way or another, they represent the authors' lives, experiences and perceptions of illness, health and death. Thus, the reason why I chose non-fiction texts over fiction or any other genres is that, they mirror the reality to a certain extent. By so doing such texts, bring to life the reality of experiences and perceptions, at the same time opening up new lenses and thinking about health, illness, death and understanding the African society in general.

1.7 Significance of the study

This study seeks to add information and knowledge to the newly existing body of knowledge on medical humanities in the African context and less prominent in literature. The study comes at a time when there are new crops of diseases and illness, which apart from the scientific and technological mishaps they are bringing, new experiences and perceptions are also part of the package, which is however, neglected as depicted by the literature that I have studied. Thus, the study will enrich the existing body of knowledge on the literary and social aspects of health, illness and death, which is an area that has not been really researched on. Significantly, the study will articulate the nuances in the representations, experiences and perceptions of these issues in the contemporary postcolonial time frame. This is because, there is not much work done on the issues of health, illness and death in literature, although, studies have established that, literature is also used to teach about the experiences of suffering bodies, illness, and death, yet, promoting humanism (Donohoe 2000). The research will craft a scholarly study which will appeal to a wide

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range of readers, because of its non-scientific approach and the study of representations which mostly relate to the use of literature to illuminate the issues of health, illness and death. Several literary studies such as *Fragments of illness: The Death of a Beekeeper* as a literary case study of cancer by Bondevik *et al.* (2015), *Illness and narrative* by Hyden (1997), The disease-subject as a subject of literature by Kottow and Kottow (2007), just to mention a few were done on the scientific aspects of health, illness, and death, however, there is a paucity of research informed by social perceptions and experiences on the concepts in the field of literature, although there are a lot of literary primary texts particularly addressing these issues *per se*. This study will also be a point of reference in the academic field of humanities and literature.

1.8 Scope and Delimitation of the study

The study examines literary texts as primary source of information. It will only focus on the social experiences and perceptions of health, illness and death in the contemporary postcolonial Africa. Thus, the study will not be detailing the scientific and technological intricacies of health, illness and death. However, due to the paucity of information on these notions in the field of humanities and literature in particular; this research will use some texts, journal articles and information published in some scientific and other fields as points of reference and commentary to a certain extent. Nonetheless, the study will use *Our Kind of People: A Continent's Challenge, A Country's Hope*(2005) by Uzondimna Iweala, *Eloquent Body* (2012), by Dawn Garisch *The Last Right* (2013) by Marianne Thamm, *Postmortem: The Doctor Who Walked Away* (2014) by Maria Phalime, *Holding My Breath* (2016) by Ace Moloi and *Cancer: A Love Story* (2017) by Lauren Segal as primary texts among others, although it will draw from other approaches such as data, mainly research data from other fields to form the bases and background to the study.

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1.9 Research design and research methods

The study adopted a qualitative research approach, and data was collected from both primary and secondary texts. Qualitative research approach was used because, the study is mainly interpretative and exploratory, involving in-depth and inductive reasoning.

The study mainly employed literary discourse analysis, literary survey and literature review. Discourse analysis is the relationship between language and contexts. Nordquirst (2010) defines discourse analysis as a study on ways in which language is used in texts and contexts. On the other hand, a literary survey is an outline of scholastic or research views on a given subject. According to Copper (1998) a literary survey is a literature review which he defines as a collection of secondary sources with critical findings on a certain issue. The study aimed to explore and take a critical analysis of possible pertinence of literary narratives in representing issues on health, illness and death in the selected texts. Literature review, as research tool, gave an overview of other researchers on the topic, which helped in the critical analysis of the perceptions and experiences of health, illness and death in the primary texts.

In cooperating the above techniques, I explored the experiences and perceptions of health, illnesses and death through the postcolonial, biopolitical and Afrocentric theories, using the chronotope model of analysis or study apparatus. The study adopted Bakhtin's concept of "chronotope" as a tool for analysis, chiefly because of how it relates literary discourse and ontic material related to the study, although the concept problematises the notion of authenticity. Bellingham (2016:45) asserts that, "this experiment attends to how chronotopes constitute ontic material effects, with which ethics can be seen as entangled". The chronotope model made a mark on the literary seen

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for constituting space and time in the formation of representational material, focus is on its ability to enact the reality in literary discourses. Bakhtin (1981:345) regards the novel as the representation of “reality itself in the process of its unfolding”. In Batkhin’s view, all literary texts create chronotopes, because, when put into perspective, texts resemble the existing realities “available in a given historical stage of human development” (Bakhtin, 1981:1306). Although, the selected texts are classified as non-fiction novels/ memoirs, employing Bakhtin’s chonotope, contextualised the study, creating a more vivid and physical analysis of the texts. Thus, the notion of space and time set in the texts is transformed into the existing Africa’s battle with disease and outside perceptions of health, diseases, illnesses and deaths in Africa. However, Ogundipe-Leslie (1994:5) argues that “literature cannot be said to mirror society in a mechanistic way. She points out that writers are involved in a creative intervention into the world rather than a mere reflection of it”.

1.10 Theoretical framework

Postcolonial theory

The study employed postcolonial theory as part of its tools of analysis. Post-colonial theory is an ideology at the intersection of race, colonialism, gender, language, identity and politics. However, post-colonial analysis draws from a wide variety of theoretical perspectives and their associated strategies and techniques. Thus, post-colonial theory generally points to the period after the European/Western imperialism, the hybrid cultures that came into being as a result of the imposed Western cultures, the identities, socio-economic and socio-political stances that were bred by the

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western infringements as well as the perspectives of humanity that came with the notion of political independence. Ashcroft *et al.* (2003:1) highlight that:

> post-colonial analysis increasingly makes clear the nature and impact of inherited power relations, and their continuing effects on modern global culture and politics. Political questions usually approached from the stand-points of nation-state relations, race, class, economics and gender are made clearer when we consider them in the context of their relations with the colonialist past. This is because the structures of power established by the colonizing process remain pervasive, though often hidden in cultural relations throughout the world.

The focal point of postcolonial theory in this study is on the concerned and determined post-independence narratives associated with the former European/Western colonial African, which emanates from the complex varieties of mixed identities, geographic and social re-settlements, racial constrictions, as well as new disease experiences bred by the Western colonial experiment. Political and cultural legacies of colonialism gave birth to various experiences regarding the African human body. Nayar (2013: 75) reported that “violence upon the body, then, was a hallmark of the colonial condition”.

Frank (1995) applies the intervention of illness in a post-colonial perspective as narratives colonised by dominant biomedical discourses. Frank (1995:10) claims that Western medicine has taken over and dominated illness experiences, “just as political and economic colonialism took over geographic areas, modernist medicine claimed the body of its patients as its territory”, such that the African unique qualities of health, illness and death experiences are forced into a unified, biomedical view of what it means to dominant colonial groups. Therefore, the study will mainly focus on four tenets among other postcolonial theoretical approaches, because these tenets form the basis of the study. Among other postcolonial tenets, these tenets directly speak to the notions of health, illness and death as pretexts of one’s identity and context.

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First, postcolonial theory decentres European/ Western perspectives, which integrate all regions and continents into a global continent instituted through colonialism and decolonisation. Although postcolonial theory accommodates multiplicity, it resists universality. Dussel (2000:472), noted that, the ideals of postcolonial theory "push back to resist paternalistic and patriarchal foreign practices that dismiss local thought, culture and practice as uniformed, 'barbarian' and 'irrational'". This is because, it has identified the complex process of adopting a foreign identity that is both different and colonial. Krishna (2009: 2) argues that, postcolonial theory,

> articulates a politics of resistance to the inequalities, exploitation of humans and the environment, and the diminution of political and ethical choices that come in the wake of globalization. If neoliberal globalization is the attempt at naturalizing and depoliticizing the logic of the market, or the logic of the economy, postcolonialism is the effort to politicize and denaturalize that logic and demonstrate the choices and agency inherent in our own lives.

Second, postcolonial theory depends less on conventional timeframe, which emphasises continuity of entities, attitudes, relationships, among other attributes across regimes. The theory does not invest on the passage of time, from the colonial emancipation of former colonies, however it fortifies the need to interrogate changes caused by colonisation and decolonisation. Usually, results show changes in the identity of the colonised and colonisers, because of appropriation, destruction and centring of knowledge and systems of knowledge and concentration of wealth, power and epitomised cultural values and norms. Such results are detrimental to cultural values and norms of the Other. Consequently, concentrations undermine the power of individuals in the collective Others to identify themselves on their own terms.

Third, postcolonialism places power—its circulation and appropriation, its agents and objects, its forms and tools of expression, and its limits—at the heart of historical analysis. Parsons and

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Harding (2011:4), claim that, postcolonial theory "demands an excavation of indigenous ancestral history, traditions, languages, and culture, to restore, sustaining honour and status to that which was stolen".

Finally, postcolonial analysis works against dichotomies and binarisms by rejecting divisions between 'subalterns' and 'agents'. Generally, this emanates from the colonial European superiority complex which tends to portray non-European/non-western cultures as a homogenous mass of Other people, creating an "us-them" dichotomy brought by the interaction between the coloniser and the colonised—the generalised Other. Smith (2007:12), states that, postcolonial theory, "challenges the superiority of the dominant Western perspective and seeks to re-position and empower the marginalized and subordinated Other". Parsons and Harding (2011:1), assert,

> post-colonial theory is committed to addressing the plague of colonialism. Post-colonialism theory calls for justice and seeks to speak to social and psychological suffering, exploitation, violence and enslavement done to the powerless victims of colonization around the world by challenging the superiority of dominant perspectives and seeking to re-position and empower the marginalized and subordinated.

In the view of the study, Frank (1995) acknowledges postcolonial theory on the medical advancements which allow individuals with chronic conditions to live longer, hence they are no longer classified in the sick/well binary status. Consecutively, post-colonial criticism allows individuals to make meaning of their illness experiences, and identity constructions for those approaching death. Therefore, postcolonial theory seeks to intervene, acknowledge other voices and achieve equity across diverse populations in different spectrums of life which include health, illness and death, against the universal and colonial ideals of illness, health and death experiences. With this background in mind, the study examines the representations of health, illness and death experiences in African contemporary postcolonial texts. Various representations of communities,

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issues, people, and relations will draw means to understand the factors behind experiences of health, illness and death as well as how imperialism influenced the production of these representations.

Afrocentric theory

The study employed the Asante's Afrocentric theory. The theory emerged from the works of activist writers who include Maulana Karenga, Rosa Parks's and Martin Luther King Jr.'s *Civil Disobedience* 1991, Marcus Garvey's *Pan-Africanism* 1919, Booker T and others. Afrocentric theory was propounded as a cultural and spiritual revitalization of Black people which was also initiated by Washington's theory of economic independence, W. E. B. Du Bois's reclamation of African civilization as the cradle of humanity, Malcolm X's cultural nationalism, and Nat Turner's revolt (Asante, 1988). Afrocentric theory is one of the eclectic theories which was propounded from a diverse area of knowledge and philosophies which regard Africa as a subject.

Although the theory has a lot of tenets, the study intends to capitalise on a number of aspects which clearly addresses the issues of health, illness and death in the African context. The focal point of the Afrocentric theory is on the regeneration of human knowledge from a cultural and historical perspective of the subject. For instance, Mbiti (1990) clarifies that, in the African context death is not the end of life, but it is rather a transition to another part of the world in a state of collective immortality. According to Ross (2010:45) "diseases and disorders are believed to arise from natural, social or psychological disturbances that create disequilibrium expressed in the form of physical or mental problems. Mind, body and spirit are seen as one, and no distinction is made between physical and psychosocial problems"

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The Afrocentric theory questions the Western universal moral, political, and intellectual justifications. Asante (1998), asserts that the Afrocentric theory raptures from the universal concept by providing agency to African subjects in voicing their own history contrary to being mere subjects in the framework of Eurocentric disciplines. Nantambu (1996:47) advocates that it represents "the most potent challenge to the European power structure (European nationalism) in the past 100 years". Afrocentric theory shows a clear epistemological rupture from the Eurocentric paradigm. Thus, the theory centralises the African raw perspectives and ideals. Goba (1974:68) for example, noted that in the African context,

> The individual depends on the corporate group. Only in terms of other people does the individual become conscious of his own being, his own duties, and his privileges and responsibilities towards himself and others. When an individual suffers, he does not alone but with his kinsmen, his neighbours and his relatives whether dead or living. Whatever happens to the individual happens to the whole community happens to him as well. His life and that of the community is one and cannot be separated for it transcends life and death.

Afrocentric theory embraces the non-hegemonic alternative perspectives in the understanding of human expressions in our diverse multicultural society. Thus, unlike Eurocentric theories, Afrocentricity is not totalitarian in nature, chiefly because it does not seek to replace the "white knowledge" with "black knowledge" (Asante, 1998: xi). According to Asante (1998: xii), "the Afrocentric idea is projected as a model for intercultural agency in which pluralism exists without hierarchy and respect for cultural origins, achievements, and prospects is freely granted". This theory seeks neither a totalising nor a universal scope and not an essentialised perspective of knowledge. It does not set as a universal standard, such that Afrocentrists do not criticize Eurocentrism. According to Mzama (2001:388) the theory simple views "the European voice as just one among many and not necessarily the wisest one"

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The other aspect of Afrocentric approach is that knowledge requires location. Asante (2009:4) noted that "chronology is as important in some situations as location". The African location becomes the methodological approach to African traditions and cultures. "Afrocentrism places Africa at the centre of African people's world while stressing all people's entitlement to practice and celebrate their own culture as long as it does not interfere with the collective wellbeing" Mzama (2001:389). This also gives a platform to refuse the subaltern place that has always been conferred to Black/African expressions, cultures, and art, by Eurocentrists. Asante contends that, regaining the African platform, standing on the cultural spaces, and validating the ways of viewing the universe will help in achieving the kind of transformation required to fully participate multicultural societies. Karenga regards Afrocentricity as "essentially a quality of perspective or approach rooted in the cultural image and human interest of African people" (Karenga 1998:404). However, "without this kind of centeredness, we bring almost nothing to the multicultural table but a darker version of whiteness" (Asante, 1998: 8)

As a cultural theory Afrocentricity is committed to reclaim the ancient African classical civilizations as the place for interpreting and understanding the history and livelihoods of Africans, narratives, myths, spirituality, and cosmogonies. Mzama (2001:388) says, "the Afrocentric idea rests on the assertion of the primacy of the African experience for African people. Its aim is to give us our African, victorious consciousness back". Since the ancient African civilizations did not separate religion and philosophy, and their contributions to art, literature, and science were directly connected to the principles of ancient wisdom, African world sense, cosmogonies, institutions, concepts, symbols, and voices can only be fully perceived and appreciated through a holistic paradigm like Afrocentricity. Embracing all these aspects in a systemic network of meanings, the theory conveys African peoples' sense of the world and of their existence. It also provides an

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epistemological tool to deal with social and cultural manifestations either from a cultural/aesthetic, social/behavioural, or even political/functional perspectives, in search of African identities. Generally, from a literary perspective African aesthetic creative forces are never dissociated from real life.

As one of the African cultural theories, Afrocentric theory will connote the concepts of health, illness and death in the study from an African perspective, outlining the central epistemologies African-ness in the perceptions and experiences of health, illness and death. However, the theory is closely related to postcolonial theory. It flows from the epitomes of postcolonial theory.

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1.11 Literature review

1.11.1 Health, illness and death in literature

Stories, narratives, poetry, fiction, memoirs, and other literary genres often bring powerful archetypal stories to readers and the society at large. These literary genres expose readers to worlds that are usually outside their own experiences, in most cases, they are emotionally engaging. These include the worlds of illness, health and death, which also highlight issues of culture, religion gender, socioeconomic, socio-political status, and many others. As a result, studying the typical worlds of health, illness and death represented in literary texts, requires one to attend to language, plot, epoch, contexts, relationship between characters, gaps in the narratives, metaphor among others.

In *Teaching Film: A Perspective from Narrative Medicine*, Spiegel (2008:34) stated that,

> a premise of Narrative Medicine is that attentiveness to how stories are told can make you better at considering a patient's story -or another caregiver's story or your own. It can help you identify what pieces of the story might be missing, the nuances of time, what more you'd like to know, or what doesn't seem to fit. Notice[ing] where a story begins and ends, who's included in the story, whether or not it runs along a familiar plot line, how the teller's affect changes in the course of the telling.

Hunsaker (2000:14) acknowledges that "literature teaches us in unique ways to imagine the other, to use the imagination as an instrument of compassion, to tolerate ambiguity, to dwell in paradox, to consider multiple points of view." Through literature, people experience new circumstances, meet a variety of people in different points of health, explore diverse philosophies in health

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matters, commute between examples and universal truths, and develop empathy and respect for others in their respective situations (Charon 1986, Ratzan 1986, Spiro 1995). However, it is of paramount importance to note that there is usually no single-unanimous correct answer in the interpretation of these literary texts. Cambra, and Delpoio (2012:2) noted that, "reductionist thinking is pervasive, but the challenge in medicine is dealing with messiness and nuance." Despite the various interpretations of these texts, Hyden (1997), claims that narrative has attained a fundamental status in the studies of illness experiences. Such nonmedical literature can also be used as an adjunct to dying and death as well as an insight of the experiences of suffering an illness, and death, thereby promoting humanism in a community or society (Charon *et.al* 1995). Charmaz (1983), established that, narrative refers to the reconstruction of a life story and a sense of self, while, Mathieson and Stam (1995) argue that the questions of identity should now be sustainably reduced to the concept of narratives. Carricaburu and Pierret (1995), refer to narrative as a tool also used to describe shared experiences through individual accounts. However, it is not without its own weaknesses, as Brooks (1998:4) explains, narrative "demarcates, encloses, establishes limits, orders". Couser (1997:5) noted a disjuncture between the experiences of illness and the convention of the comic plot in autobiography, which requires the narrator's lot to improve, although "those with chronic illness may have difficulty reconciling their experience of illness with the comic plot expected of autobiography; in many cases the culturally validated narrative of triumph over adversity may simply not be available".

1.11.2 Cultural variations

Although health, illness and death are mainly of scientific significance, these issues are inseparable from one's cultural system, socio-economic values, socio-political contexts and beliefs among

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others. Hence, Bury (1982: 179) noted that medicine is also regarded as a "cultural system, as both an important resource to people in times of distress and pain and as a constraint in their search for the deeper meaning of experience". Understanding the context of illness and its interactions with cultural factors as a framework has so far served as a point of reference in many fields of study (Bury 1982). Thus, people tend to tap meanings of health, illness and death quite frankly from their cultural/religious beliefs. Williams (1984a:197) argues that,

> People's beliefs about the causes of their afflictions fit into a comprehensive process of 'narrative reconstruction' in 'an attempt to reconstitute and repair ruptures between body, self, and world by linking up and interpreting different aspects of biography in order to realign present and past and self with society.

Death is also a profound product of culture. Olokor (2011:51-52), asserts that, "religions and cultures of the communities or societies individuals belong to, play a prominent role in commemorating the deceased and deceasing." Cultural values, customs, and socio-cultural experiences of a person can influence one's attitude toward death and dying, positively or negatively. Furthermore, Olokor, (1998:35) argues that, "it is the attitudes of a society that greatly influence the attitudes of the terminally ill toward impending death, and it is the culture of a people that greatly determines their attitudes toward death and dying".

In general, issues of illness and death in most cases are not spoken about in a manner other issues are explored in people's day-to-day lives. A number of scholars have acknowledged that, in most cultures, death and dying conversations are usually absent from everyday talks (Bern-Klug 2004), while physicians do not often give candid talks on death (Iedema *et al.* 2004). Langellier and Peterson, (2004), observed that often cultural depictions capture situations where individuals overcome illnesses, but death is somehow avoided. Radley and Billig (1996: 222) indicated that, "people use health beliefs to make themselves accountable to others and to articulate for others

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their own position in the world". As Duck (2011:81) explains, "our bodies and behaviours are perceptual objects for others to observe". However, quite a number of scholars noted that, the relationship between various meanings and significances require further study in order to take other factors such as timing, context, norms, expectations, and the emotionally profound body into consideration (Freund 1990).

1.11.3 Gender and political variations

Although health, illness and death issues can be defined discretely, gender and political variations in experiences and perceptions remain an issue across cultures and status. These differences are believed to be highly emphasised in patriarchal or male-dominated communities where gender is stereotyped according to the dictates of the culture (Akinwale *et al.* 2009; Fawole, 2008). Gender is one of the central basic human disparity that equally affects health and illness and death. Taivalantti (2012:4) confirms that, "attributes attached to gender contribute to the incidence of the experience of life events in general". Pardue and Wizemann (2001) argue that, gender determines the incidences and severity of illness. Conversely, Waldron (2005), argues that gender differences in health experiences and mortality, are affected, shaped and influenced by the level of development in a given country. Some scholars suggest that gender differences are because men and women also differ in terms of ethical beliefs, values, and behaviour (Ameen *et.al,* 1996; Tyson, 1990).

In Waldron's view, biology and culture, are likely to be fuels of male risky behaviour, since studies suggest that the male hormone (testosterone) contributes to males' superior physical activities and aggressiveness; the domino effect, which leads to the generally, high mortality rate caused by homicide and accidents men are prone to encounter (Waldron 2005). However, Waldron (2005),

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argues that, biological differences between men and women in health and death are not justified, although one cannot tear societal differences from biology. Case and Deaton (2003), argue that, since, women are less likely to be exposed to physically taxing jobs than men, chances are that, they do not suffer from the physical after-effects of work, hence, their health deteriorates at a slower rate. Settler and Engh (2015:136), support the issues of light duty jobs assigned to women, asserting that, "in the colonial context, labour was defined in particularly gendered and racialised ways, 'women's work' was defined in relation, and restricted, to the home". Although women generally occupy an inferior position in most African societies, mostly with a fragile, petite physical view, according to Case and Paxson (2005) women are less likely to die at any age, because of differences in the frequency of chronic conditions men and women encounter. Pardue and Wizemann (2001) clarify that, the variances in health, illness and death are also subjective to individual genetic and physiological structures in as much as it is with one's interaction with the environment and experiences. This can also be pre-determined by cultures and beliefs.

However, the notion of gender remains debatable, because on the contrary, some scholars argue that, men and women are not significantly different on these dimensions (McNichols and Zimmerer, 1985; Jones and Kavanagh, 1996). According to Lange (2008:4) "the way in which novels are perceived by readers depends on the sex of the author. Males have often been thought to represent universal experience". Hence perceptions and experiences of health, illness and death might be significantly variant from the position at which one experiences it. Therefore, all these differences reduce into beliefs and cultural values, chiefly because gender is regarded as a social status. According to Vlassoff (2007:47), "sex refers to biological differences, whereas gender refers to social differences". Therefore, the issues of gender variations on health, illness and death remain debatable.

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In as much as other variations are at play in the definition and understanding of death, health and illness, the notions of politics and power are not an exception in the story. Agamben (1991), argues that, death is not only a biological aspect but rather, it is also a political decision. There seem to be a subtle, yet strong political shift of attention towards acquiring power over human beings than there is towards resources. Pereira (2013:13), noted that there are political frameworks which produce bodies and subjectivities "as mere fruits of the exercise of power and control". This idea is regarded as the governmentalization of life. Lemke (2011), asserts that at this stage the government debates between the notions of make live and let die. Foucalt (1978) states that, the political power that once worked towards avoiding death, now works on regulation and production of life. Pereira (2013:14), articulates that "biopower marks the moment in which power begins to invest in life". However, the notion of biopolitics and biopower do not only rely on acquiring political power using the human body as instrument, it also stretches to the economic dimensions of the society.

1.11.4 The African views of health, illness and death

For various reasons, definition and understanding of health, illness and death are up to so far not unanimous. For that reason, therefore, there are quite a number of factors that wire each and every definition of health, illness and death, which makes each and every one of the definitions contextually relevant. Settler and Engh (2015), argue that the sociology of health variously defines health as the absence of disease. However, some scholars contend that, health is a social phenomenon (Balog 1978, Germov 2009). These scholars hold that, health should be measured against the environmental conditions where the body exists. Generally, studies locate health at the centre of the social world. Cho *et.al* (2011), indicate that health is marked by psychological

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wellbeing. Some assumptions are that health is a connotation of self-discipline and good body management. Therefore, body shapes and illnesses also constitute the idea of health (Goedecke *et.al* 2006). Hence, Bradshaw and Steyn (2001) claim that Africans are more likely to define health not so much as the poor management of the body/being, rather, as the poor management, ill-provision of infrastructure and services by their postcolonial governments. This is a result of the colonial period ideals. In Settler's view, health in regard to the black body was characterised by contradicting and pervasive representations which were subhuman yet superhuman; child-like, threatening superstitious and savage, constantly requiring government's intervention to tame, sculpture, cure and heal (Settler and Engh 2015). In his perspective of black theology in the United States of America, Pinn (2010), asserts that the American protestant religion emphasized that black bodies need to be kept under surveillance, policed, arrested in pain and labour, otherwise, they would blossom into chaos.

Although it seems to be common knowledge to define death, as a scenario when one ceases to live or breath, it remains a controversial ground to tap on because there are a lot of perceptions attached to it. Aries (1979) argues that, death is a private affair, drained of its meaning. Adamo (2011), defines death as the end of life and aspirations. However, there are quite a lot of differences and controversies attached to dying and death. Aries (1979) asserts that, just like primitive, African indigenous people, during the Middle Ages Europeans also accepted death as part of life, however, by the twentieth century they so much attempted to deny it. The Euro-Western perspective of death articulates that, life ends as the body ceases to live, while the African view, on the contrary, denotes that people do not cease to exist once they are physically dead. Instead, they transcend to the spiritual world to live in the community of the living dead, (Mbiti 1990, Bujo 1998 Ramose 2002a). Therefore, "from an African perspective death is a natural transition from the visible to the

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invisible spiritual ontology where the spirit, the essence of the person, is not destroyed but moves to live in the spirit ancestors' realm dead" (Baloyi and Makobe-Rabothata 2012:232). As a result, there are various rituals associated with death in the African context, hence, Vaughan (2008:342) argues that, "African attitudes to death could be viewed with a degree of nostalgia". Evans-Pritchard (1949) states that, African societies developed complex and extravagant rituals to manage death because, death also incited fear, revulsion and it also posed social problems for the living.

Therefore, communities adhere to their mourning practices which leave a sense of management and satisfaction towards their dead. However, Sigmund Freud (2005:204) argued that all these rituals and mourning "involve detachment from the ones we have lost". Apart from the rituals attached to death, there are acceptable and unacceptable ways of dying. A good death is regarded natural when one reaches a certain age for instance, will be off ered the opportunity of reincarnation and a welcome influence on the world of the living, whereas bad death brought varieties of vindictive ancestral spirits (Geschiere1997, Green 2002). Nonetheless, African urbanization, international migrations, the absorption of new/foreign cultures, particularly Western and the rapid developments of new technologies have distorted the mourning practices described by colonial anthropology and painted it with the universal, Western perspective of death. However, Baloyi and Makobe-Rabothata (2012:232-3), dispute the often-held view in mainstream psychology that behaviour, in this case the concept of death and the bereavement processes "have universal applicability, articulation, representation and meaning… No measure of imported experience can ever be authentic, unless it is constructed and interpreted from within the context of the lived experiences of the recipients." It is against this background, that one can argue that, the contexts of death and dying are continuously shifting and dynamic, hence, research is constantly required.

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However, “little attention has been paid to the history of death practices in Africa in relation to demographic change, urbanization, the interventions of the colonial and postcolonial state and the availability of new technologies” (Vaughan 2008:341).

The postcolonial context of health, illness and death remains debatable due to the overwhelming growth of controversial pandemics in this epoch. The representations of this outgrowth of pandemics in postcolonial Africa leaves a lot to be desired from different perspectives such as, socio-economic, socio-political, cultural, and others. Settler and Engh (2015:143), assert that:

> Postcolonial deconstruction of the black body has sought to expose and lay bare how colonial travel accounts, administrative records, media and popular anecdotes, have continued to shape representations of the black body, as well as the resistance to such representations. Our reflection on the intersection of health, the body and religion in the postcolonial context focused in particular, on the ways that the representation of black bodies have informed and shaped rights, choices and opportunities in the postcolonial context.

In as much as postcolonialism and its accounts/stories have made enormous efforts to reconstruct and recreate their identities and representations, fashioned in an African centred form, the colonial stereotypes and representations are still far from vanishing. Fanon (1967a:111) states that, “it is widely accepted that most colonial representations of self and other are the result of protracted histories informed by a thousand details, anecdotes and stories”. Thus, the medical fraternity which entails health, illness and death conformed to the perceptions and representations of the day. Where “their philanthropic dreams hardened into colonial realities, the black body became ever more specifically associated with degradation, disease and contagion” (Comaroff 1993: 306). Webner (2002:175) also noted that, “making people cases of postcolonial subjectivity gives very little sense of what particular individuals are actually trying to do in the post colony. Subjectivity is not a characteristic of the times. It is about specific uncertainty that particular actors experience

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as they try something that matters to them as they undertake to deal with the problem." According to Pederson (2012:24) the postcolonial scheme accommodates multiple identities, however, "an individual is thought to perform a particular identity before an illness and experiences affect identity after the onset of the illness. As a result, some scholars such as Lewis and Butler (1974) find stories with experiences of illness and death are inconsistent, uncomfortable, confusing, not tidy, although they "allow ailing individuals to reclaim a certain and stable identity" (Pederson 2012:24).

1.12 Key assumptions

The key assumption of the study is that, the representation of contemporary postcolonial experiences and perceptions of health, illness and death are shaped by the European-Western grounds which dates back to colonialism. Thus, the representations of these concepts are less indigenous to the traditional African pretexts, rather they have a bold touch of the European-Western, universal factors.

Therefore, the sub-assumptions are that: the representations of contemporary, African postcolonial health, illness and death show that there is a gap between one's own culture and their perceptions and experiences of death, health and illness.

- Experiences and perceptions of health, illness and death are diverse, and apart from age, gender, and culture, there are still a lot of factors which are determined by the storylines, setting, and characters at play.
- Health, illness and death are issues that are presented in a way that shows that the ill body is usually expected to be a prisoner of medicine and its technology, which are supposed to determine one's death.

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1.13 Structure of work

Chapter 1: Orientation and background of the study

This chapter provide a background to the study; discussing the notions of health, illness and death as representations in African literary texts. The general spectrum of experiences and perceptions of these notions were reviewed. The chapter gave a detailed account of the theoretical framework that will buttress the study, indicating the context of the study.

Chapter 2: Dawn Garisch (2012) *Eloquent Body*, and Maria Phalime (2014) *Postmortem: The Doctor Who Walked Away* This chapter focused on the experiences and perceptions of health in the selected texts. The stories in the texts mirror the contemporary identity of healthy beings, and the transitions there is into illness. The chapter zoomed into the peculiar experiences and perceptions of health in the contemporary Africa society, and these texts are set in South Africa.

Chapter 3: Uzodima Iweala (2012) *Our Kind of People: A Continent's Challenge, A Country's hope*. This chapter examine issues surrounding illness in the text. The foci of this chapter is on illness; looking at a typical Nigerian society, illuminating its experiences and perceptions of illness. The author of the text tried to make contact with some HIV/AIDS carriers when he visited Nigeria, comparing the perceptions of people in his country of citizenship and the perceptions of the people on the ground living with the infection and those living with the infected. Thus, the chapter will examine the notion of illness as represented in the selected text.

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Chapter 4: *The Last Right* by Marianne Thamm (2013), *Holding My Breath* by Ace Moloi (2016)

This chapter explored the issues surrounding death in the selected texts. Matchaba and Kennedy introduce different sets and voices of death, accommodating a number of experiences, acquired in a remarkable time span. This chapter discussed the various contemporary conceptions of death as represented in the selected texts.

Chapter 5: Conclusion of the study

The focal point of this chapter is to sum-up the examined experiences and perceptions of health, illness and death, outlining how these notions are represented in the selected texts.

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Chapter 2

Representation of health in *Eloquent Bodies* and *Postmortem*

2.1 Introduction

There are a number of factors which contribute to health or the wellbeing of a people, such as physical appearances, physical abilities, financial status, and medical interpretations among other issues. Theorists, literary writers, scientists, philosophers and other specialists from a wide array of knowledge have been working on a lot of various prospects to enhance and illuminate health/wellbeing across the globe. Literature has also been increasingly settling into the cause, mainly as a tool from which Medical doctors, patients, scientists, researchers, philosophers and others communicate health concerns as they evolve. African literature is not an exception. This chapter focused on the representation of health/wellbeing in *Eloquent Bodies* by Garisch Dawn and *Postmortem* by Maria Phalime. The chapter adopted postcolonial, African and cultural approaches to assess the relative significance of the factors behind health/wellbeing as depicted by the selected authors. Although the selected texts were written by two female doctors, however, one of them (Maria Phalime) is no longer in the medical practice; the texts outpour versatile complex perceptions of health from both the clinical, and the social/general spaces. However, the texts give a rich South African postcolonial and post-apartheid texture, with which the study will use to draw relations to other parts of the continent. The chapter entails a brief history of the concepts of health/wellbeing in the African context. Secondary texts were employed to explain the different dimensions of health and discussing the different dynamic components of human health/wellbeing as a social phenomenon. Generally, there are a number of aspects which define health/wellbeing. Since time immemorial, health has been regarded as an obvious component of humanity; a part of human

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life, expected of a human being from birth effortlessly. However, it has been, and it is to a certain extent acceptable that health deteriorates with age in the human and animal kingdoms. It is from this background that the clinical health systems and science intervened to keep and enhance perfect health status of both animals and human beings. Nonetheless, there are a lot of factors behind the notion of health/wellbeing, which are, to a considerable extent overlooked, yet pivotal in sustaining health/wellbeing, although some of them are to be put into consideration against the negative impacts they perhaps have on wellbeing. For that reason, therefore, the study will explore the embedded issues more humanist to medicine in health/wellbeing from an African perspective, as depicted by the selected texts.

Health or wellbeing has also been one of the most controversial issues in most parts of the world, and this is due to the diversity and dynamics of communities and societies thereof. However, health/ wellbeing is a much more individual aspect, which varies from one person to the other; mainly determined by one's cultural background, place of origin, values, societal status, identity, race, gender and many other variables that come with human kind. Bharmal *et al.* (2015) call these variables Social Determinants of Health (SDOH). Although most recent studies largely focus on ethnicity and genomes in discussing issues of health, from both social and scientific perspectives, other variables are equally important. According to Bhopal (1997), determining health, or discussing health in light of some variables, mainly excluding other variables perpetuates inequalities. In his view, to analyse other variables for instance leaving out socioeconomic factors is naïve, because, these variables are intertwined to other variables in a way or the other. Regardless of the scientific and academic conflicts of the significance of health variables, studies show that, all variables have a role to play, however, the choice or significance is largely determined by the context and purpose of any given study. Literary studies are not an exception.

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Literary works from legends and canons have played an enormous role in giving a reflection of health issues across the globe, however, these issues have not been largely explored due to the scientific underpinnings that lurks behind the notion of health/wellbeing of the body and people in general. Science has not made it any easier. Among other critics of the relationship between medical health and humanities, Gottschal (2008), clearly asserts that it is a concept that is guilty of amateur errors and it gets messier, with probabilistic triangulations of life and social sciences. Shapiro *et al.* (2009), contend that, humanities remains a side-line of the main project. Exclaiming such sentiments almost three decades after the realisation of the importance of humanities in health issues is appalling. From a literary perspective, the works of the 1800 German philosophers such as Arnold, Keats and others are worth mentioning, because they have been in the field during the initial development of science and technology to which they attested in their works of art.

In *Matthew Arnold and the Romantics,* Gottfried noted that the marriage between medicine and science gained prominence when Science was beginning to pack itself in packages which were indifferent to humanities (Gottfried 2016). Quite a lot of prominent European/German poets existed during this period where they saw the evolution of science and technology, hence they took it upon themselves to demystify these notion as far as human beings are concerned. For these poets Science is pregnant with certitude, while art (humanities) could satisfy, and each of them lacked the other. (Dawson and Pfordresher 1996, 2009; de Behar 2009; Blanchette 2010). Although, Chapple (1986:4), mainly focused on the relationship between Science and literature, in *Science and Literature in the Nineteenth Century,* he argues that the "relationship is based on the assumption that science just as much as literature cannot be insulated from the general culture of the age". In simple terms O'Hear (1995:228) asserts that, there is a remarkable difference between science and other human ventures, however, insofar as science "aims at the discovery of causes and regularities in the physical world ... with an existence

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apart from us, the humanities and the arts focus on the way things appear to us, matter to us, and have significance for us". This has a lot to do with how the subjects react to the objective truth. As a result, one could not be validated without the other, hence the marriage. It is from these arguments medicine and the humanities combined gained prominence, especially from the literary perspective. The notion of health issues is not new to the field of literature, however there seems to be a paucity of works of literary criticism mainly focusing on African literature, especially at this juncture; where there is a lot of activity on the literary platform. Developed countries have long adopted the concept and termed it medical humanities which Greaves and Evans (2000) defined as the second generational response to the scientific culture of medicine, after the 1960s-70s haul by the likes of Matthew Arnold, John Keats, Harold Bloom, William Blake, Joseph Conrad, just to mention a few. Medical humanities are now sporadic across different areas of study, although it mainly focuses on medical narratives in the literary field.

The international literary market is filled with literary works on health, with whom most of the writers are doctors-cum-writers, while some unconscious-health writers, find themselves writing about health, possibly because of plot/setting or when breathing life to their characters, some are patient-cum-writers and many others. Europe, Britain, America and other developed States have long been comfortable with the concepts of medical humanities and medical narratives, which is contemporarily enjoying the influx of critics and ideas on the literary works, which compels one not to mention even a few, because of the mammoth number of the ongoing production of such literature. However, according to Greaves and Evans (2000), "in Britain interest in "medical humanities" has emerged only recently, whereas in the United States it has been developing over the past thirty years". Nonetheless, it is noteworthy to mention that there are a lot of ostensible issues behind the contemporary development of medical humanities in developed States and developing States are not immune to these controversies.

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Although the notion of medical humanities seemed to have been far-fetched from the continent, especially the first phase, African writers, from the cannons Chinua Achebe, Ngungi wa Thiongo, Cypren Ekwensi, Wole Soyinka, Bessie Head, Flora Nwapa and many others, initiated a fair share in the representation of health issues for the continent. In an unconscious mode, these authors depicted the African ideals of health/wellbeing. For instance, in *Things Fall Apart,* Achebe stated that, “as he broke the kola, Unoka prayed to their ancestors for life and health, and for protection against their enemies” (Achebe 1958:6). A considerable number of incidences in the text, points out to the issues of health. According to Atkinson (1998) *Question of Power* by Bessie Head is a reflection of money, health and survival strategies. These texts and others depicted the issues of health as the microcosm of the African context. Cannon writers preceded the reflections of health issues in literary writing especially after the economic revolutions abroad and the colonial invasion in Africa. Determining one’s health has been an official scientific duty from the inception of science and medicine. The academic fraternity and research are known as evidence-based worlds, where in most cases scientifically proven concepts are highly regarded. This has taken a toll on the capacity of literary studies’ focus of health/wellbeing of the body and people in general, because, mostly science and medicine certify human health/wellbeing. It is beyond comprehensible doubt that science and medicine have played a paramount role in enhancing health/wellbeing over the past decades, when compared to the pre-medical epoch.

Although, Garisch (2012:8), describes science beyond its benefits, she acknowledges the importance and beauty of science saying,

> the development of scientific method has shaped our age. It has helped us to differentiate fact from fiction. It can allow us to test our intuition and assumptions to see whether they hold true , and under what conditions they do. In medicine, science has helped us to identify unscrupulous practitioners

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and bogus treatments. It has provided us a means to develop inspired strategies and interventions towards assisting the ill and injured and improving quality of life.

However, the social aspects of health and wellbeing, which are less or beyond the scientific ideologies cannot be overlooked, because they constitute the definition of health/wellbeing to a considerable extent. Science, medicine and evidence-based research have been discounting these aspects until recently' where studies or courses such as literature and medicine (Medical Humanities), history of medicine: body, mind and cultures are now part of the Medicine qualification. However, these courses are mostly rampant in developed continents and countries, while it slowly infiltrates the African continent and Witwatersrand is the only university in Southern Africa which has recently introduced literature and medicine as a course. Nonetheless, it is not without its own weaknesses, because some scholars find the inclusion of humanities in science and medicine as a disruption to the field in a way or the other, overlooking the humanistic inquiries that come with the humanities(literature) to science and medicine.

Privileging science and medicine has been an issue that disintegrates the humanistic aspects of the body from its experiences and feelings. To a certain extent I am compelled to believe that side-lining these aspects at some point negatively impact the determinations of health/wellbeing in some people. This disintegration ignores and misfortunes the experiences, feelings, translations, questions of pathophysiology, language, unresolved issues of culture, human expressions and invalidating other kinds of arguments on the human body. This places science and medicine at the confluence of human wellbeing, pouring into almost all aspects of a human being and its life. Nayman (2016) explains that, applying social science perspectives on health/wellbeing means acknowledging the importance of influencing structures and pathways on a societal, community, and individual levels. Nevertheless, these issues have been at the realm of research in developed continents.

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Ludwig von Bertalanffy's Systems theory that he propounded in the 1940's and was developed by Ross Ashby in the *Introduction to Cybernetics,* (1956) acknowledges paradigm shifts in the understanding and dealing with health after the robust exploration of science, technology and medicine. von Bertalanffy propounded the Systems theory as a reaction to the science and technology reductionism, while attempting to revive the unity of science. The tenets of the theory emphasise that effective and real systems are open to, and interact with, their environments, and that they can acquire qualitatively new properties through emergence, resulting in continual evolution. Instead of reducing an entity (the human body) to the properties of its parts or elements (organs or cells), systems theory focuses on the arrangement of and relations between the parts which connect them into a whole. Thus, concepts and principles of organizations underlie different disciplines (physics, biology, technology, sociology and many others), which provide a basis for unification. Developed continents have so far accommodated other aspects of a human being into ensuring, understanding and defining health/wellbeing. This is probably because they initiated the innovations of science, medicine and technology, which they used and promoted globally enough to attempt amalgamated versions of understanding and dealing with health matters. Or due to the advanced research levels in these developed continents, there has been some prospective efficacy discovered in a unified system of health/wellbeing. While other continents such as Africa are taking baby steps into exploring science, medicine and technology on health; however, in adopting these innovations, there seems to be a neglect of the former paradigms of health. Surprisingly literary writings and authors seem to be attuned to the paradigm shifts as they tell the tales of life in memoirs and representations human and animal existence in fiction.

Consequently, there has been a notion of roofing the unresolved issues that surrounds the human body, in favour of commercial scientific technology and products, which however, created public cynicism over humanistic and holistic expressions of health/wellbeing other than

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science, medicine and technology. However, Evans *et al.,* (2001), argue that, such supportive structures of individuals' health/wellbeing are largely shaped by interactive processes where social contexts, social positions, and resources play an important role. Although cynicism against over the social aspects of health was mainly created to promote science, medicine and technology, health/wellbeing remains a concept clearly scattered across the scientifically undermined variables (gender, class, race, cultures and many others mostly outside science, medicine and technology). For a number of reasons, the new cynicism has so far created a rift between human expressions, experiences, language, feelings considerations, knowledge and the body as the object in medicine. Varying from one continent to the other, socio-economic, political and socio-cultural issues largely speak to science, medicine and technology before the body; this is regardless of the cynicism seen planted into the uterus of human brain.

In *Technology, Tradition and the State in Africa,* (2018) Goody asserts that, various modes of technology are connected to the different aspects of political and socio-economic systems. These notions leave little to be desired on the African continent, mainly because of its farfetched scientific, medicine and technological primitiveness. There has been a lot of excuses behind the position of Africa on the world ranks of science, medicine and technology, where a lot of dues are paid to the notion of colonialism. Although some scholars and literature argue that there has been an extensive growth in the adoption of technology in Africa (Ukodie 2004, Ossai-Ugbah 2011, Magezi 2015). It is imperative to note that, irrespective of the rate at which Africans are adopting technology into almost every aspect of their day-to-day lives; the rate at which is adopted is the least when compared to other continents. Akpomuvie (2011:178) argues that,

> European colonization and imperialism helped to initiate the decay of our technological and cultural institutions… There has been the tendency towards the establishment of wholesomely imported technology which is intrinsically unviable within the culture and environment of the African society. On

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> the part of Africans, the general feeling of inferiority (generated by this massive importation syndrome) has given rise to negative ideas about products of indigenous technology while foreign products are seen as superior.

On the other hand, Ogbu (2004:5) laments that,

> Africa's brain drain phenomenon has both pull and push factors that have contributed significantly to the poor state of science and technology in the region. Given poor political and economic conditions of most African states, many top scientists voted with their feet. Those who were trained abroad, sometimes at great expense to Africa, refused to return. Some developed countries also put in place policies to attract highly specialized Africans thereby depleting the meagre stock.

Thus, there is a number of factors which leaves Africa as a continent undesirably perfect enough to privilege Science and technology at the expense of human experiences, human expressions, feelings cultural backgrounds, beliefs and other aspects to define and understand the notions of health. This is because these innovations are still accessible to a very few African citizens; to those who are able to access these innovations, they still need their humanistic expressions to be heard and considered. They also have health inquiries that are beyond science, technology and medicine. Deneulin and McGregor (2010) elaborated that, the social understanding of health/wellbeing goes beyond individualistic notions of what it means to be healthy/well, rather it also highlights relational and collective processes (Coulthard *et al*. 2011). The notion of health/wellbeing also goes beyond the material (technology) and concept of basic needs; it also reflects on the importance of social, psychological, and cultural needs required to sustain or thrive (McGregor *et al.* 2009, White 2010). It is from this background that this chapter seeks to elucidate the notions of health as depicted by the selected author from an Africanist point of view; while considering the various and dynamic cultures of Africa and is postcolonial stance.

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2.2 Book summary

Eloquent Body (2012) by Dawn Garisch, strikes as one of the sacred journeys of the mind ejected on paper. The author is one of the doctor-cum-writer, and doctor-cum-patient/ patient-cum-doctor who is fascinated about literary strengths and the beauty of expressing oneself outside the objective world of medicine. As a result, her story cracks the walls of objectivity and focus such that she seems to be derailed into the beauty of expressions and literary aspects, which at some point detaches the reader from the story of her life as a doctor, a patient (suffering from an autoimmune condition) and a family woman.

However, all these meanders make it a memoir. Distinctly, Garisch tells a story of her life and that of her family, mainly focusing on the issues of health/wellbeing, healing and the philosophies of the body from a subjective position, as a doctor, part of a family and the society or communities she had been part of. She explores the dynamics of the body towards wellbeing; its natural abilities to heal itself, even with the help of medicine, from a well-informed point of view. Her story rambles through the South African health system, zooming aspects from her workstation, which characterises her colleagues and patients; the escalating regards for science, medicine and technology in healing and maintaining human health/wellbeing. Enjoying her literary art endeavours, she dissects the aspects of health in illnesses giving reference to her own condition (autoimmune disease) and the encounters in her profession, in an Arnoldian fashion of Science, Medicine and Art; where Science and Medicine provides certitude, while Art satisfies (gives it a subjective undertone). This makes the book a complex text which is somewhat easy to read, outside her literary fascinations. Nonetheless, the title *Eloquent Body* leaves a lot to be questioned, or in short, the title creates a fertile platform for curiosity towards what it is that makes a perfect and fluent-like body. In summary the text is a living account of the body infested with multiple underpinnings as it swims through the sea of living, permeated

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by the need to prove rationality. Her writing style is a true reflection of her profession, full of referrals, which is not typical of our usual African authorship. Her narrative is a full-proof of philosophies.

Postmortem. The Doctor Who Walked Away (2014) by Maria Phalime, presents an intriguing story of a former Medical Doctor who decided to hang the stethoscope for mainly lack of satisfaction from the profession among other reasons. After almost a decade in the field Phalime resigned from the profession of her dreams and the book serves a document of inquiry of her resignation, which in turn impregnated the text with sourpuss. At some point the text strikes as a response to some canard issues behind her resignation. The title directly speaks to her story as she dissects her journey throughout the profession marking areas of concern or turn-off points. However, she seems to be on a guilt trip, where her postmortem is validated by other doctors who took the same paths. Most of her named characters—more than ten, with whom she probed in search for like terms, which a considerable number of the characters satisfied. However, upon meeting fellow doctors who kept their promise to the cause, she seems inflicted with intense guilt as a South African, who has possibly lost her sense of patriotism; and she questions her decision after more than five years off the radar. Retrospectively the text fiddles around the South African Health Care system on a more subjective note, which informs the health/wellbeing perspectives as part of her story across workstations. Her numerous encounters with health-related issues from patients and workmates from her University years, makes the book intriguing, besides the notion that it is generally an easy read, typical of contemporary South African writing which does not miss the opportunity to make reference to apartheid. Both books are a combination of eventive and commentative narratives.

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2.3 Defining health/wellbeing from an African perspective

Health/wellbeing is a phenomenon that has so far faced a lot of phases of paradigm shifts, while there are a lot of prospective dynamic concepts, hence it is defined from multiple vantage points. Up to this day there are a lot of scholarly views which define health in a lot of perspectives, of which some of them are overwhelming projects, but among the ever-evolving definitions and understanding of health/wellbeing, paradigm shifts are acknowledged. Prilleltensky (2005) asserts that although he defines health as a model consisting of four Ss (sites, signs, sources and strategies), there are new paradigms for health/wellbeing, which among them he acknowledges SPECs (strength, prevention, empowerment and community conditions). In a historical review of the 20th century health, DeAnguloa and Losada (2015:49) noted that,

> there have been shifts in the paradigms that have governed medicine and human health in the modern western world. There has been a shift from the focus on specific biological analysis and pathological diagnostics to complex human interactions with the environment and with socio-political and economic processes. There are complex models of systems in immunology, in neuroscience, and in genetics, as well as complex ways of understanding interactions as in epidemic modelling, in social media technologies, socioeconomic factors, and artificial intelligence.

As a result, studies have acknowledged that health/wellbeing has multiple facets from which it is regarded, even within the science, technology and medical fields. Since time immemorial health has been defined as the absence of disease or illness. An ill feeling and the knowledge that one has any given disease usually renders one an unhealthy status. The physical being and diseases mainly took centre stage in defining health/wellbeing in most people across the world. Banks *et al*. (2006) clearly defines health/wellbeing as the absence of disease. Their study was mainly based on “illnesses and biological markers of disease” (Banks *et al.* 2006:2037). This

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ideal came to gain momentum with the advent of science and technology across the globe. Science, technology and medicine generally test the body (blood, cells, external and internal organs, as well as other scientifically termed parts of the body visible to the microscopes). Failure to meet the scientific and technological expectations one is generally regarded as unhealthy and the opposite is true.

However, this tattered the human fabric into a more physical fabric which shunned quite a lot of aspects central to human emotional and environmental beings. Insofar as there are loopholes in understanding health as the absence of illness, this definition has stood the test of time globally. This is regardless of its shortcomings and criticism.

It is noteworthy to acknowledge that, possibly due to the fact that the authors of the two texts in quest for this chapter are medical doctors, who have also acknowledged the definition of health/wellbeing as the absence of a disease. As a result, they both aspired to become doctors in a bid to maintain health, heal and cure people, as the most reckoned measures of restoring health. However, it was part of their aspirations into the profession among others. As medical doctors in the fields of science, medicine and technology, to a certain extent they subscribe to the definition of health as the absence of disease. Like Banks *et al.* (2006), Phalime (2008), also compares the workload (patients she had to treat each day) between the hospitals she worked in South Africa and Britain. She recorded that throughout her Britain internship, she only encountered "one case of HIV during the whole year I was there… My internship was a breeze, by South African standards" (56-7). The interpretation of her comparison defines health/wellbeing as the absence of a disease; she implies that more hospital visits signify an ill-health community/people and less hospital visits signify a healthy community/people and from her experience England (Haywards Heath) conforms to the latter.

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Such assumptions subtly draw from the postcolonial contexts of Africa and Africans, and not to talk of the notion of utopia mirage, which constantly thwarts her ego throughout the text. These notions strike beyond assumptions, mainly after her commentary on Vicky's decision to partake in community service in the UK. This seems as the best decision anyone in the medical field can ever take. Sympathising on Vicky's former working experience at Newcastle Provincial Hospital, she asserts that,

> even with her easy-going personality, Vicky found the work challenging and she yearned for a different experience. She decided to go overseas for her community service, a decision largely motivated by a desire to gain experience in a relatively normal working environment. She worked in the UK's National Health Service and though the conditions, were far better that what she experienced at home, she also saw the perils of throwing money at health care (Phalime 2014:192).

Navigating towards the concept of health/wellbeing, Phalime positively regards the UK and its health system with high esteem, and for some reasons every other African citizen can easily relate with her.

However, from a post-colonialist and Afrocentric perspectives, such ideals perpetuate the colonial binary relationships and hegemony. In Mazama's discretion, "the Afrocentric idea rests on the assertion of the primacy of the African experience for African people. Its aim is to give us our African, victorious consciousness back. In the process, it also means viewing the European voice as just one among many and not necessarily the wisest one" (Mazama 2001:388). The idea has never been to suffocate Europe/ West over the brutal colonial project they imposed on the continent, instead operating on a more inclusive and equipoise level has been an ongoing project among postcolonial theorists. It is true that UK among other developed countries have amassed bio-power in ways beyond justification, however, the manner in which the author is acknowledging the hegemonic position at with England stands in medicine 'inferiorates' her, Vicky and the continent at large. In short, she is speaking from an inferior

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position; secondary to her own being and native environment, upholding the master superiority as she embraces her servant inferiority.

This aspect echoes Toundi's childhood white supremacy ideals, in *Houseboy* 1968, which led him into the white man's captivity, mainly because of the sugar sweets/ lumps he was given. Sugar lumps attracted Toundi enough to denounce his own family and cultural norms into a houseboy, which is ironic. Juxta positioning Toundi and Phalime's brags of the Western privileges they acquired from following the white man's standards, one can realise that they carry the same ideals; different scenarios, epochs and standards. "A dog of the Father was the king of dogs" (Oyono 1968:20). My internship was a breeze, by South African standards" (Phalime 2014:57). Obasi (2018:53) contends that, "the manner by which Toundi was attracted to the White world is coterminous to a hand shake of exploitation". Anderson and Pols (2012) argues that constantly privileged western knowledge and perspectives, assume simple unidirectional (or even bilateral) relationships between 'centre' and 'periphery'. Phalime's bio-power, and superiority acknowledging remarks on the UK, its health care system and the health status of its people is evidence of "the uncalculated alienation, separation from traditional African reality...this implies a mischievous engagement and leads to death" (Obasi 2018:58). Rhetoric of how she aborted her career in medicine (taking care of health/wellbeing), or better still, the death of her career and a huge effect on the South African health care system, which is highly challenged by the shortage of personnel.

Therefore, the whole UK issue that Phalime puts into picture, defines health as the absence of disease, which is clarified by the fact that the hospitals were not fully packed and the working schedules were not demanding, when compared to the African experience. The majority of her patients were senior citizens who suffered from "off legs….an all-encompassing term used to describe a variety of ailments that characterised the general deterioration of body and mind as a result of old age" (Phalime 2014:56). Apart from the occasional travel related tropical

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diseases, typical patients were old people, suffering from the inevitable. Retrospectively, her UK experience and ideals of health/wellbeing, surmised by the typical patients at the hospitals, strikes to me as utopia mirage. The narrator seems green with envy, towards both the UK health care system and the state of wellbeing in the country. She portrays the grass-is-greener-on-the-other-side image of health/wellbeing among the English.

On the other hand, Garisch (2012:5, 82) portrays health/wellbeing as the medical doctor's mandate, because it is their responsibility to maintain, heal and cure bodies. "In those seven years I learnt about an approach to the body that had enormous impact on the wellbeing and life span". Our long training was designed to defeat illness and prolong life" (82). "Our class of just under two hundred students was taught that illness and injury are the failures of anatomical and physiological systems. We were steeped in the attitude that death is an enemy" (Garisch 2012:4). Thus, in the absence of disease there is health. However, this definition leaves a lot to be desired and a lot of unanswered questions. How about the cases of unknown diseases and incapacitated bodies after an illness? How will this definition account for trauma, stress and other subtle illnesses that science and technology cannot detect? Hence Garisch asserts, "Even now, thirty-five years later, we know very little about the auto immune conditions…I was suffering from an illness that medicine barely understands" (Garisch 2012:4). The narrator led a normal healthy life with a disease, such that she says, "the 'sick' part of ourselves might be the healthy part" (Garisch 2012:2). This is ironic of the world certified definition of health according to the World Health organisation. Literature shows that health can not only be defined as the absence of a disease, instead there are a lot of factors from which health can be defined, determined or regarded. As a result, happiness is one of the precepts of health/wellbeing.

Often times people regard happiness as sign of health/wellbeing. While some find happiness as a component of health, others determine health/wellbeing from physical appearance and

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social status. However, this has been a scholarly debate across fields of study. In the midst of the turmoil of academic inquiries on health and wellbeing throughout medicine, science, technology and other fields across the humanities, Phalime relates to the notion of happiness and health, however, it seems she discovered that happiness can actually make life easier in times of ill-health, especially in cases of chronic illnesses. Mama's character is symbolic of the relationship between health/wellbeing and health. However, Mama's case, is symbolic of health beyond the absence of illness, which Garisch (2012), claims that "the 'sick' part of ourselves might be the healthy part". The woman (*Mama*) was diagnosed with cervical cancer but wanted to see her kids and always talk about them, which was what made her happy even in the midst of an ailing body.

Perhaps one could say, the thought of her children kept her going and strong. This directly relates to the ideals of 'joys of motherhood'. Joys of motherhood is one of the African female writing characteristics. The concept of joys of motherhood in the face of ill-health/relationships/living conditions is a trend across African female writers. In *Zenzele: A Letter for My Daughter*, Amai Zenzele, asserts that bringing her daughter into the world was one of her major contributions she had done to the world. As a result, her "conscience rests joyously with this knowledge" (Maraire, 1996: 193). Thus, motherhood is a process that is beyond giving birth, it seems like a fulfilment, an obligation, a purpose to 'womanity', which impedes women's focus on negative aspects of life, such as ill-health. Science resonates to such elements of health as hedonic and eudemonic wellbeing. Hedonic or subjective wellbeing is rationalised as the rifeness of positive emotions on negative ones, and in general, life satisfaction, while eudemonic health focuses on optimal functioning (Ryan and Deci 2001, Diener 2009). Apart from the fact that, valorising motherhood has been a trend in African writing, especially among African female writers, whom among them include Amata Aidoo,

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Buchi Emecheta, Yvone Vera, Mariama Ba, Sandiwe Magona, Nadine Gordimer, just to mention a few, there seem to be a relationship between motherhood and health/wellbeing.

From an African cultural perspective motherhood resonates with fruition, control and happiness in a woman's life at some point in time. African cultural theorists Mbiti (1970) argues that, motherhood is a source of happiness for women, such that it attracts frowns and scorns from both family and community members. Therefore, *Mama's* motherhood stories during her battle with cervical cancer, perhaps, injected strength, happiness and satisfaction, enough for her to cope with the sad news and her illness in a healthy manner. "Thinking back, I realise that in the old lady's insistence on talking about her children, she was trying to tell me about what mattered to her, about the children she'd borne in the womb that was now riddled with disease" (Phalime 2014:46). The direct translation of Phalime's assertion is that health/wellbeing is not only determined by the absence of disease. Instead there are quite a lot of other aspects of life that can keep one healthy enough to meet their deadline on earth without emotional breakdowns. "Being happy or unhappy is interpreted in the wide sense to include not only sensuous pleasures and pains, but also spiritual fulfilment and mental sufferings" (Ng 2015:3). This is a concept that Atul Gawande one of the internationally recognised surgeons and writer, currently advocates for, especially in this age of pandemics. In *Being Mortal and What Matters in the End*, Gawande advocates for peaceful death, which is made possible by giving such patients, provision to resources of happiness in their final days.

In some instances, such as illness, happiness is regarded as the most indispensable determinant of health/wellbeing (Ura *et al*. 2012, Graham 2008). Generally, it is indisputable to contest the view, although it is a subjective matter, whose regard varies from different one vantage point to the other. From a lay perspective, happiness/joy can be taped from a healthy body. Ross (2005) asserts that there is a covariation between health and happiness. This explains why people who encounter unfortunate situations, be it ill-health, death of a loved one, injuries or

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anything sad, are sedated into positive thinking, the eudaimonic and hedonic phases. In fact, the lay understanding of eudaimonic and hedonic wellbeing is hope. Some even resort to these places effortlessly, in a bid to cope with their situations. Although they say, we live by hope, but a reed never becomes an Iroko tree by dreaming; hope or hedonic and eudiamonic wellbeing has been a place of easier sustenance in the contemporary African communities that are faced with pandemics.

Postmortem dissects this ideal among characters; Phalime's narrative shows that, patients do not always administer hope on themselves, in some cases hope is prescribed to them in so many ways, however, indirectly by health practitioners. For instance, the Groote Schuur early-twenties young man with active HIV-related Tuberculosis, whom the narrator referred to as *Bhuti* was only encouraged to have hope for life. It is noteworthy to mention that patient characters in the text were given contextual names, which vary from gender to their diagnosis except Asive (the HIV positive boy), the rest of them are *Mama* (mother/woman), *Bhuti* (brother/young man) and men, women, and girls of given age groups. "Male patient in his early forties" (32) "the woman who came into the MOU" (37) "a young woman during community service" (41) "a young man from the Eastern Cape" (43) and the list goes on. The author shows that hope is administered to a patient especially where there is no cure; the specialist at Groote Schuur Hospital gave *Bhuti* hope for tomorrow, when he praised him for feeling better,

> how are you? the consultant asked
> I'm feeling better Doctor, he responded softly,
> that's good to hear the specialist continued
> the doctor kept on splashing him with showers of encouragement each time he made efforts to be stronger although he was not, as he valiantly heaped his ebony legs over the side of the bed, and he looked as if he was summoning strength he had long forgotten he had. The specialist kept on praising him and "the young man looked pleased with himself". Upon every effort "the specialist nodded his encouragement

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> and the patient took the next step and the next step until he had walked about a metre and a half (Phalime 2012:65).

Although the hope and happiness did not last because the specialist summoned for his discharge, he was at a point where he gathered will-power towards physical functions of a healthy body. At this point the patient had acquired eudiamonic health (the optimal functions enough to sustain his body). The difference between the young man and Mama is that, he was bedridden from defaulting his treatment such that he needed a jump-start, hence the specialist administered hope in him, while Mama was in a position to administer it herself.

Health and happiness are closely related, to an extent that changes and either of the aspects have lasting effects on the other (Easterlin 2003, Diener and Chan 2011, Graham 2008). A considerable sum of studies acknowledges that mental state influence physical functions, hence psychological wellbeing positively affects physical health. Zautra (2003) noted beneficial effects of positive mental states. According to Veenhoven (2008:450), "happiness is conducive to physical health. It is believed that happiness helps to heal the sick and that it protects people in good health against getting ill". Surprisingly, this concept is not only limited to holistic medicine perspectives and approach the World Health Organisation also defined health along those lines. WHO defined health as a "state of general physical, mental and social wellbeing and not only the absence of illness and defect" (Seedhouse, 1997: 41). Happiness, a considerable weight/ weight gain and the ability to carry out social functions both mentally and physically are denoted as health/wellbeing. The ancient Greece, Christian and Eastern wisdom and religious literature ascertain that happiness signifies life worth living and assumptions are that, a happy being pursues virtue over the course of a lifespan.

Nonetheless, some studies argue that, there is no proven evidence of the positive effects of happiness on health. VanDam (1989) argues that positive attitudes cannot stop serious illness and that the idea of 'fighting cancer' with happiness is a mere illusion that blames the victim.

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Several studies have indeed failed to find longer survival times among happy cancer patients and some studies even report shorter survival times (Derogatis *et al.* 1979). There is also doubt about the protective effect of happiness and even reports of greater mortality among cheerful people as a result to their riskier lifestyles (Friedman *et al.* 1993). In summary of the notion of happiness and self-satisfaction, subjective wellbeing is authenticated. Carr (2004:12) defines subjective wellbeing as "a positive psychological state characterized by a high level of satisfaction with life, a high level of positive affect and a low level of negative affect" In this view health/wellbeing is not only limited to physical health. However, a critical analysis of the notion of subjective wellbeing, show that, apart from its positive response to chronic conditions, it might mitigate light physical considerations mostly, in lifestyle-oriented conditions. Vleioras and Bosma (2005), argue that, although subjective wellbeing refers to feeling well, it is highly parallel to healthy personality characteristics.

Alternatively, including the social aspects of a patient in medical examinations, and in a more scientifically stipulated manner speaks to the concept of medicalization. Medicalization is a concept from the 1970s, which condemns the overarching involvement of medicine in human social spectrums. It is generally defined as

> a process by which human problems come to be defined and treated as medical problems. It involves the application of a biomedical model that sees health as freedom from disease, and is characterised by reductionism, individualism, and a bias towards the technological. Medicalization analyses have roots in social constructionism and sociology, revealing the ways that such varied conditions as addiction, childbirth, infant feeding, sadness, erectile dysfunction, and death have come to be medical issues to be treated (Clark 2014:2).

Birrer and Tokuda (2017), assert that, medicalization is the redefinition of conditions well known as social and psychological phenomena into disease states. The manner in which Phalime probes the early-forties patient is likely to be infringing into one's personal life,

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although as a medical doctor she finds it as the only solution that relieved him from the phantom chest pains. Phalime's remarks show the need for her to probe issues outside the biosphere. "As the consultation continued I learned that this man was otherwise well, and he had none of the medical conditions that would predispose him to heart diseases…. then I began to probe further, delving into psychosocial factors (Phalime 214:33). Although, this is typical of the African traditional medical way of diagnosing illnesses, it is beyond doubt that the author (doctor) is virtually correct in trying to deal with the root cause of the problem for the wellbeing of the man. Unlike the Western medical system which has a diverse and dynamic way of diagnosing health matters, the African traditional medical practitioners resort to anthropomorphising health issues inquiring from the supernatural realm.

The African medical practices are culturally sensitive (De Andrade and Ross 2005). On the contrary critics regard it as medicalisation which is generally negatively perceived, mainly due to the price tag that comes with the practice. However, some scholars such as Earp *et al.* (2015) opine that, medicalization cannot be defined as negative development, because in some instances it reaped tremendous results. Probing into the psychosocial aspects was a move towards a positive direction and it is one of the well stipulated approaches in the medical fraternity, which she called "bio psychosocial approach" (32). This approach relates the social spheres of life as part of health/wellbeing, where social-ills are intertwined with the physical body, or the social status manifests in the physical body. Thus, a healthy social status, sustains health/wellbeing. Nevertheless, medicalisation constitutes quite a number of factors, which influences medical diagnosis or intervention in dealing with social issues.

Medicalisation is a concept that is capitalist, medical, scientific and technologically driven, however, studies show that it is also pushed by other factors outside medicine. van Dijk *et al.* (2015), argue that doctors are not the main drivers of medicalisation, instead they are gatekeepers in the chain. Conrad (2007), contends that, medicalisation is dependent on media,

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pharmaceuticals, consumers and biotechnology among other factors. The ideals of medicalization directly underscore the notion of bio politics, however, it is noteworthy to assert that the African cultural characteristics of health/wellbeing are best described in stoic philosophies. This is mostly bold in African men. The early-forties character is exemplary of the 21st century men, whose sense of stoicism is however compromised. The fact that he is relieved of his chest pains only by the doctors listening ear, as a man of African descent underscores the African cultural incongruence. While on the other hand it is an exhibit of the trending advocacy of human dependence on medicine, to sustain wellbeing/health.

Nevertherless, the author did not get into particular details of how she dispensed a solution to the problem or stress caused by his wife who is “always complaining about money. She says there’s never enough. What can I do? I’m trying my best” (33). It is clear that, at the end of the consultation he used the doctor’s magic/science to solve the domestic problem. “I nodded and immediately his posture relaxed. He sat back in his chair and smiled for the first time” (Phalime 2014:33). Typical of Garisch’s thin woman in her thirties, whose husband is an alcoholic, causing chaos in the family such that she also suffered from chest pains. Similarly, “for the first time during the consultation the woman looked happy” (25). These characters represent the relationship between emotional wellbeing and the body. Emotional wellbeing/health, manifests on the physical body, however, medicine seems to be a far-fetched solution to the problem. Hence the thin woman said, “oh no, I don’t need help” (25), after she realised the embedded problem to the chest pains.

Thus, the relationship between medicine and human beings or medicine and wellbeing/health is symbolic of a symbiotic relationship. From Phalime’s narrative, the relationship seems to be more appealing to the medical systems and personnel, because usually diagnosis or consultation comes at a price, which is more profitable to the medical industry. In acknowledging the symbiotic relationship, Phalime explains how the healthcare training has a

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lot to do with this relationship and practitioners are well equipped to administer the processes. The author states that "the intention of the subject was to introduce use to a reality that was sometimes easy to forget when working in the confines of academic medicine- that patients' social circumstances and psychological make-up contributed to the symptoms that brought them to seek help at a health care facility" (31). While Garisch is more focused on the body or physical aspects of health/wellbeing in particular, she argues that, where social aspects of health (as stress), were medically treated, practitioners even labelled it "fruit loops …until recently, scientific tools were unable to prise open the mystery of the subjective experience of inner life". Science was limited to diseases. "Medicine was generally straightforward: find the germ and kill it…limited …to diseases that affected brain function like speech or movement" (Garisch 2014:15). This shows that it is guaranteed that science or medicine cannot, under normal circumstances map these issues, however, the concepts are dragged into the medical fraternity, for a purpose.

Though, it is not without its own weaknesses, the concept of medicalization signifies a symbiotic relationship that largely benefits the healthcare system and the pharmaceuticals, through a subtle and professional injection of medical dependence and cultural structures. Illich (1975:77) articulates that,

> the proliferation of medical agents is health denying not only or primarily because of the specific functional or organic lesions produced by doctors, but because they produce dependence. And this dependence on professional intervention tends to impoverish the non-medical health-supporting and healing aspects of the social and physical environments and tends to decrease the organic and psychological coping ability of ordinary people.

However, due to the rampant amounts of research and medical developments, the reasons behind medicalisation remain debatable up to this day. The health system has created pre-diagnosis and sub-clinical conditions which have assimilated every atom of humanity into

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medical conditions to determine and measure health/wellbeing. According to Clark (2014:2), "the predominance of medical framings of global health has created conditions for disease mongering and medicalization". These conditions have constructed a health/wellbeing culture across the globe. However, one cannot rule out the possible specks of diversity in the universal health/wellbeing culture created by medicine. Lupton (2005) acknowledged the significance of understanding cultural constructions of health. Airhihenbuwa (1995) and Dutta (2008a) among other scholars, recapped the need to foreground local cultural contexts and local meanings surrounding the constructions of medical culture. However, the whole notion of medicalization resonates with Foucalt's ideals of biopolitics. *The Birth of the Clinic,* 2003 by Foucault clearly shows the shift of human gaze towards medicine, and science, from which people will be easily controlled.

Nonetheless, he finds the hinges of the shift embedded in language; the adoption of all aspects of human life into medicine lies in syntax. Both Garisch (2012) and Phalime (2014) regard these para-medical conditions in 'therapy'. Foucault argues that this shift was simply a change in the way practitioners perceive and express conditions; not objectivity, but rather a syntactical reorganization of conditions, which also integrated death into medicine. Thus, like Agamben, Foucault, asserts that conditions, including death, are neither a biological nor scientific reality, but rather more of a political decision (Foucault 1973). Precisely, medicalization directly alludes to Foucault's *anatomo-politics of the human body*, and *bio-politics of population*. In anatomo-politics of the human body, the body is regarded as a machine; disciplined, optimised of its capabilities, extorted of its forces, increased congruence in its usefulness and docile, however, on a more individualised basis. Holmes *et al.* (2006:2) confirms that, "many power techniques are involved in the construction of docile, obedient and compliant bodies". On the other hand, *bio-politics of population* was aimed at the physiological processes of the body which include births, deaths, levels of health, longevity, reproductive health, among others,

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through a series of interventions meant to whose regulate and control. Therefore, Foucault, (1998: 139) complains that the use of both anatomo-politics of the body and bio-politics of population in emphasising power "was no longer to seize, deduct or kill, but invest life through and through". This is a direct reflection of medicalization as represented in both *Postmoterm* and *Eloquent body*.

Insofar as medicine/science is objective, it tends to render a universal approach; a sweep through solution; one-size-fits-all strategy which could be problematic to the diverse and dynamic African cultures. Garisch (2012:30), maintains that, one of the strengths of the medical model in which I have been trained is also a weakness, in that, in terms of disease we are not interested in the personal details or subjective experience…in medicine we don't want the whole subjective, perambulating story". She further explains that wellbeing is not only a physical concept, rather, the psyche and environment are part of health/wellbeing. On the other hand, Phalime (2014), depicts the same issue in a problematized manner and more personal, which is the primary institution affected by the notion of universalism in the human world. The emotionally stressed male patient, in *Postmortem,* who perhaps misinterpreted Phalime's medical diagnosis caused by his family (social) issues, to a flirt, because, response to the therapeutic session she administered on the man, unleashed seductive compliments and gestures to save his manhood, which was possibly stripped by medicine/health care system.

In the selected texts, some men even deny therapy, in a more masculine manner, such as in the case of the poet Rilke, who wrote that he was "afraid that therapy would rob him… 'I don't believe that therapy can extract the thorn from one's side" (Garish 2012:26). On the contrary the man in his forties, responded in a manner that was possibly meant to remind the female doctor of his cultural manly position in the process. She says, "his mouth was curved in a smug grin throughout, and I felt that the therapeutic partnership I tried to so hard to establish had left me very exposed" (Phalime 2014:34). On a lighter note, one could argue that, he infused some

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masculine traits in his actions, which led to an uncomfortable situation. Such situations have a bottomless pit of controversies in the field of health care, and gender activists and advocates are out and about in a bid to address the notion of gender and masculinities in doctor-patient relationships.

Nonetheless, the homogeneous approach to health/wellbeing, which is said to be influenced by the Western medical ideals has so far pushed the boundaries of African cultures, which exploits African masculinities. From an African cultural perspective, men do not talk about pain and health related issues, mostly to women, if they do, it is regarded terminal and far beyond bearable. This recalls the African proverb which says a man does not run among thorns for no reason; either he is chasing a snake or a snake is chasing him. Health/wellbeing issues have always created a pedestal of monopoly for practitioners, while it decentralises the African paternalistic conceptions. Mojola (1988:30) stated that from an African point of view the human welfare, wellbeing and morality were "essentially humanistic and man-centred". This cuts across traditional and modern practice, giving an example of Achebe's Okwonkwo who obeyed Ezeani's instructions and took her punishment for violating the sacred week, however, he did not want his neighbours to know. The character (mid-forties, emotionally stressed man) suffered reciprocal altruism, which left him vulnerable, hence he had to regain strength and capacity through, subjecting the doctor. Such predisposed responses to factors of medical wellbeing/health in an African context (South Africa) as depicted by Phalime is nothing new from a cultural perspective (African patriarchy). This response is a clear-cut reciprocity to the circumstance that threatened his culturally socialised being. The whole context shows that the universal medical interpretation of health/wellbeing threatens both the individual and cultural aspects of a human being.

However, Nyamongo (1998) argue that the fear of illness because of its capacity to reduce men to what is called marginalised masculinity, has an effect on man's behaviour in health

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care. Thus, Fanon and Said perceive nothing better than a restructured and reconstituted humanism, liberated from universalism and imperial violence. A critical analysis of the depiction of cultural and individual (identity) threats accentuates the notion of particularism in the approach to health/wellbeing issues; at least for Africa, because of its momentous diverse and dynamic cultures. This explains the indistinguishable challenges and the slow grasp of the human expectations among Africans in this virus age; Africans seem to lack universal literacy required of a human being to understand the aspects of health/wellbeing.

In *Eloquent Body*, the narrator speaks from a point of observation on the clash between cultures and science. To support the hostility she observed between the two, she quoted Candice Pert, a neuroscientist who asserts that, "the body/mind split as a cultural construct is not supported by the recent discoveries" (16). However, Pert's claim leaves a lot to be desired, because it seems the human body/mind came into the world of science, not the other way around. In lay man's interpretations, Pert shows how science has overtaken the human body and mind, which is a direct cultural dismantle, especially in the African context, because the African culture is heavily pregnant with a diverse spectrum of traditional/indigenous sciences, peculiar to its indigenes. Garisch acknowledges that, Pert's research straddles the traditionally opposed paradigms of alternative and mainstream medicine, looking for more inclusive and truthful science" (Garisch 2012:16). It is from this background that scholars, such as Raj (2013:337) disputes that,

> the history of science in its classic positivist-idealist mode hardly ever asked the "Where?" question of the practice of science. Science was universal knowledge, ideally founded on mathematical formalization and experimental verification. Its spread was not considered to be worthy of scrutiny, taken care of by the simple fact that rational beings universally accept what is true; any resistance to its dissemination was a result of false beliefs or irrationality on the part of the host community.

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Drawing from the African cultural ideals, men do not usually show their vulnerable parts of life; the 'men do not cry' discourse. Clark (2014:1) argues that the "universality of biomedical concepts across culture is assumed in the globalisation of health but is strongly disputed by transcultural precepts". This echoes the symbiotic relationship between medicine and human beings in determining health, which clearly defines the hegemonic ideals that come with these cultural constructions. However, both Garisch (2012) and Phalime (2014), show socio-cultural nuances associated with the universal medical culture/medicalization as a whole, in defining and understanding health/wellbeing.

The Goals of Medicine. Setting New Priorities 1996, illuminates the complexities of the symbiotic relationship between medicine and human beings on defining health, stating that,

> medicine has essential ends, shaped by more or less universal ideals and kinds of historical practices, but its knowledge and skills also lend themselves to a significant degree of social construction. It is a reduction of the former to the latter that is the real danger, not holding both in a fruitful tension with each other (Project Report 1996: 17).

Retrospectively, the concept of medicalization as a symbiotic relationship in the African context can be traced back to colonialism (ethical imperialism), however, its sustenance speaks to the concept of bio politics in a postcolonial context. Illich (1995) asserts that, historic perspectives on medicalization blame medical imperialism for clinical, social, and cultural iatrogenisis. A critical analysis of the two texts in question, shows a great deviation between their schools of thought regarding health/wellbeing. The represented aspects of health in Phalime's text have the iatrogenisis underpinnings, when compared to Garisch, whose focal point on health has a lot to do with the lifestyle, body and its ability to resolve and sustain health. In most cases, Phalime clearly shows that her training is the foundation of her medicalised ideals towards health, even outside the scientific scope.

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One of the striking incidences where the narrator injected science in an inappropriate situation is when she justified the ignorant 14-week pregnant young girl. “My training attuned me to the medical clues that told me what my patients feared to utter. Often, I had read between the lines…at other times, however, diagnosis was plainly in view I nearly missed them by searching for more elusive clues” (Phalime 2014:43). Apart from the fact that the author defines health/wellbeing beyond the absence of disease as it is well known from a general and lay perspective, this shows that the narrator is by all means hoarding all aspects of human life into a scientific interpretation. This is a clear-cut case of iatrogenesis. In general, iatrogenesis is more of a process whereby aspects of life are viewed from a medical perspective. The narrator of *Postmoterm* uses medical/science lenses in almost all her encounters.

On the contrary, Garisch, in *Eloquent Body* is quite aware of this social nemesis, such that her story seems to be pregnant with efforts to debase iatrogenesis in defining and understanding health/wellbeing. Living with a chronic illness, Garish’s story strikes me as a project which she initiated to explore human life beyond medicine and science. It is not a surprising turn taken by a medical doctor who was born into medicine, professionally and otherwise. As she says, “I was born in a family and a culture where it was deemed essential to know where one was heading. I belong to a healing profession, where the training harnesses knowledge and skills in the service of diagnosis and cure. These are worthy goals, yet I have come to appreciate another way of living” (Garisch 2102: xv).

However, the constant evolution of science and technology sustains a debate over the determination of health/wellbeing. In as much as the concept of medicalization is very bold enough to be understood by each and every sensible human being, literary depictions show that it is appealing and irresistible, because people want healthy bodies and quick fixes after voluntarily tempering with their healthy bodies. “Ostensibly, we go to the doctor, for information, advice and appropriate treatment. Often enough, what we really want is

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reassurance and a quick medicinal fix" (Garisch 2012:14). Day-to-day conversations in street corners, dinner tables, over drinks and other social talks confirm that everything is medicalised; no human condition seems natural and medicine has taken all aspects of life for perhaps capitalist reasons. Nonetheless, medicine has grown into people's lives and has become irresistible in many ways. Hence, a doctor/medicine has something about everything; the doctor has to certify wellbeing in almost every aspect, such that societies and communities have been swept off their feet into the system. There is a huge shift from natural human evolution and health/wellbeing cultures towards the medical phenomenon.

A lot of studies on the epidemiology of such a critical shift are currently underway. According to Correia (2017:14), "medicalization has largely been achieved not only through the work of medical professionals or scientists but also increasingly through the efforts of patients or citizens seeking to legitimize their distress through defining it as a "medical" problem". This is generally known as the placebo effect. Williams *et al.* (2017:778), argue that "attempts to adapt the concept to the complexity of contemporary societies has resulted in growing attention to co-evolving processes". The placebo effect has taken the notion of health/wellbeing by storm. A visit to the doctor, or a dosage signifies or certifies health/wellbeing. The question is what are the influences of placebo effects of medicine mostly in the African context? It is noteworthy to acknowledge that; the placebo effect is the main tool for medicalization. Placebo effects have driven the concept of medicalization way beyond human imaginations. Some scholars have contended the concept of medicalization as one of the bizarre philosophical concepts.

Physical appearance is one of the central definitions of health/wellbeing. Appearing or looking physically intact is usually referred to as health. In most cases than not, physical appearance is the connotation of health. Garisch (2012:216), confirms that "science confines itself to things that can be measured, yet our lives are shaped both consciously and unconsciously by powerful

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images. The power of the image or symbol …speaks in many tongues". Phalime emphasises the idea of physical appearance in her rounds in the neonatal ward. Upon looking at the premature babies she said "I felt as if I had stepped onto hallowed ground, and all my yearnings for the morning evaporated…. they looked barely human, more like new born puppies with their translucent skin, still covered in lanugo …. they lacked cherubic chubbiness" (48). However, this view is not without its own weakness. Chubby bodies were generally considered as a sign of happiness, wealth and health in most African communities, while petite bodies were a sign of ill-health, malnutrition and suffering and people did not favour the sight of such physical appearances. Hence, they use intervention methods to gain weight and chubbiness. Women were considered as 'able bodies' given their chubby bodies, and that was also an added advantage towards marriage. For a number of reasons most likely men selected chubby women for marriage when compared to petite women. In some parts of Africa, girls/women aging towards marriage are subjected to a feeding scheme in a bid to boost their weight or the expected health looking appearance. This practice is generally known as *gavage*. Ouldzeidoune *et al.* (2013) define *gavage* as a force-feeding method used to fattening the geese. It is called *leblouh* in Mauritania. Among the Ibibio and Eriktribes of Nigeria, women are deliberately fattened in seclusion to ensure fertility before marriage (Brink 1990, 1995). In some African communities and cultures a considerable amount of weight, even up to obesity is regarded as health/ wellbeing and wealth, irrespective of the health risks thereof. In most cases gaining weight in women comes with curves, and curves are generally known as a spectacle to most men. Curvy or chubby women are attractive to the male visionary imaginations, which makes them look healthy, outside the influx of nutrients. People form opinions from what they see physically (Popkins 2010). Conversely, this concept has some quasi-scientific and technical validation which remains debatable up to this day. According to Fregal *et al.* (2007, 2013),

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there are a lot of health complications associated with underweight, as a result overweight or obesity may reduce mortality.

Nevertheless, underweight is associated with deficiency and ill-health. However, these studies acquired a lot of criticism from multiple facets, where some regard obesity as one of the rampant causes of death across the globe. Although, there are a myriad of controversies regarding the authenticity of overweight as a definition of health, it is noteworthy to acknowledge that some African communities regard overweight as a connotation of health and *vice versa.* A lot of studies are budding across different areas of study regarding the appearance expectations of a healthy being. Nonetheless, the concept of physical appearance in determining health/wellbeing, remains controversial. Thus, in most definitions of health, physical appearance is only one of the factors which define health among others. It is from this background that the World Health Organisation (WHO) defined health as "state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (International Health Conference 1946: 1).

Garisch employs images to give a comprehensive description of health/wellbeing. The use of images is not a new concept to the literary field, and it is one of the literary devices that has magnificent prominence in writing. The writer used images to draw the magnitude of appearance and make feeling known in describing aspects of health. Images are a clear explanation outside clinical and scientific spheres of health and enable one to relate to the pictured situation of feeling. Kao and Jurafsky (2012:4) credit that "one of the most important and oft-repeated pieces of advice for writers is the following: Show, don't tell". Apart from the fact that imagery is a literary and poetic device of all times. The use of images reaches where words can get, while they simplify complex issues and help them register in the mind for a long time.

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According to Bower, (1970) and Jessen *et al*. (2000) imagery or images easily facilitates relational association between concepts. From a medical perspective, literature shows that, picture/images are worth a thousand words, and they are regarded as diverse modalities, which constitute an important source of anatomical and functional information for the diagnosis of diseases, research, education (Kalpathy-Cramer *et al.* 2015, Simpson *et al*. 2015). Although in most cases these images are more eloquent in describing pain, in *Eloquent Body,* the author gives an illustration of the body giving reference to the backache pain she felt at some point:

> the image of the embryo cradled in the crocodile's mouth arose from my backache…. a crocodile is one of the fiercest and most formidable creatures on earth. It has survived and flourished in the same form for millennia…. the crocodile can hold its young protectively without killing them, carrying them from their hatching place on the bank to the safety of the river. I love this image. In contrast, those images espoused by most spiritual paradigms are of goodness and light. (Garisch 2012:218-219)

The image of the crocodile is one of the images that stormed the folktale world up to this day, and due to its formation and characteristics it has been used to drive feelings home. A critical analysis of the crocodile image in the context of health/wellbeing the author emphasises the notion of the 'healthy sick', which indicated in her first chapter. Through images including the crocodile image, abused dog and the collage painting that her friend created among others indicates how the writer managed to elicit a more personal and natural understanding of health/wellbeing and what it feels when otherwise.

The use of images when representing the notions of health/wellbeing is a conduit not only to critically analyse and give a perception of health, but also question the medical or scientific response to these images in delivering, giving awareness, understanding, recognising and acknowledging the aspects of health/wellbeing to established societies whose images were vivid before medical interventions to health/wellbeing. Africa is not an exception. The *American Journal of Public Health* emphasises that,

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> the power of images lies in their capacity both to convey information and to evoke reaction, often in the form of a feeling or an impulse. And if we know how to use and interpret them, images may also provide a critical space for thinking about the very enterprise of health, for they capture the relationship between the development of health and our contemporary assumptions and actions. That there is a relationship between images and the health of the public is not a new idea by any means. The concern that certain images may inspire unhealthy, even deadly behaviour has been and remains a constant anxiety (*American Journal of Public Health* 2010:1268)

The ability to explain and express oneself resolves a lot of nuances to adherence, relationships, and situations, which include health/wellbeing issues, and this is most applicable to the ravaging world of viruses, of the present Africa and the rest of the world. However, Wendland (2015:3) opines that, "visual stimulation has a tendency to cage one's fantasy within the particular forms chosen by the artist".

Determining health from physical appearances has also been under a lot of scrutiny for quite a lot of years up to this day. Studies show that a diseased body can be healthy/well. The ongoing argument is that, given the rampant growth of chronic illnesses, and aging, human beings are prone to be inflicted in one way or the other, but that does not render them unhealthy; especially when the illness can be managed. As a result, the (WHO) definition of complete wellbeing is regarded as an unworkable goal (Huber *et al.* 2011). Bircher & Kuruvilla (2014), contend that, such a definition classifies people as unhealthy for even the most mild and well-managed chronic conditions or minor disabilities. Under this definition, people who require reading glasses or braces would not qualify as healthy. Smith (2008) argues that it is "a ludicrous definition that would leave most of us unhealthy most of the time". As a result, the definition of health/wellbeing is quite subjective or relative. Therefore, the definition is not unanimous across board, especially in the face of the premises of public health, which is currently riding the tide of the African health care system in a bid to socialise an inclusive system, to a accommodate African diversity. Amidst the controversies of defining health/wellbeing the

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World Economic Forum (2013:5), argues that "when people think of health, they tend to think narrowly about treatment and care delivered by a healthcare system rather than broadly about a health system that includes policies, products and services aimed at disease prevention and wellbeing". It is from this background that the study will explore the different perceptions of health/wellbeing.

2.4 Perspectives of health

Due to the evolution of technology, time, cultures, science, beliefs, class, environment and lifestyles, health has been viewed in various spectrums from which it is highly subjective. People consider health/wellbeing in different values from which they adhere to, while others tend to be trendy, assimilating all the health/wellbeing ideals that come their way. However, some factors such as gender and age remain resilient to the evolution for the most part. As gender prospects cut across cultures, religions, beliefs, class and other realms, the natural biological aspects of either of the sex, curtails equality. Human bodies react and respond outside gender, but age, to a larger extend. Inasmuch as human beings are exposed to a lot of circumstances beyond their age, the physical body remains faithful to age. Thus, there are quite a lot of perceptions influenced by both natural and humanistic factors. Health/wellbeing is usually regarded as a package that comes with life at birth. Upon inception, wellbeing has little or nothing to do with choices. Under normal circumstances, children are born with a gift of health upon life. As a result, wellbeing/health, becomes an ideal that people do not understand unless tempered. It seems people do not understand or depict the feeling of being healthy up until there are complications in their bodies. For that reason, therefore, maintaining health becomes one of the tertiary issues in one's life, except for those who once encountered complications directly or indirectly, who are well informed, and those who come from certain communities from which health awareness and wellbeing activities are a norm. However, these

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factors remain a challenge in Africa, mainly due to the economic constraints ravaging the continent. As a result, people's lifestyles are obliged to conform to economic needs and survival strategies, which are however, a clear contrast of health requirements and expectations for the human body. For instance, some people are obliged to work in some of the environments where there are things or situations they are allergic to, while others engage their bodies in strenuous work which is beyond the capacity of their strength and the list goes on. In response to the African status quo, people have surrendered their health to doctors, health practitioners, science and technology.

Doctors, medical practitioners in their different accolades and traditional healers (witch doctors) are common ground to the lives of people across board. An overwhelming amount of investments in the health sectors exhibit the dependency that people have on medical health services. Medicine has taken toll on the day-to-day maintenance and sustenance of lives across the globe. The dependency is actually serene in the case of Africa due to the limited medical resources, hence quite a lot of lives are lost in the process. Both *Eloquent Bodies* and *Postmortem* show the prominence of doctors and healthcare facilities in the sustenance of health. At some point the depictions of health/wellbeing in these texts seem to annul the responsibilities of an individual to maintain their own health, apart from visiting health practitioners. In *The Medicalisation of Life*, Illich stated that, "it has not yet been recognized that the proliferation of medical institutions, no matter how safe and well-engineered, unleashes a social pathogenic process" (Illich 1975:74). While, health practitioners on the other hand takes it upon themselves to maintain and sustain people's health. Unconsciously, Phalime seems to be aware of that notion as a doctor, among other health practitioners, although she is of the view that it was induced by the former health system that had an authoritative doctor-patient relationship, hence she says, "we were taught to establish a therapeutic partnership in which patients became active partners in the management of their health" (32). Although

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Phalime explains the issue behind the reluctant mode in which people operate in regard to health, while loading expectations from medical practitioners, it is clear that the medical system is trying to channel people to take charge of their health in one way or the other, through this therapeutic partnership.

However, it seems bleak, because an establishment of the therapeutic relationship and other seemingly viable doctor-patient relationships which gives patients an active role in the management of their health are mostly limited to the consultation room and to a certain extend. These relationships do not speak to the patient before the consultation room, mostly in regard to lifestyle related health/wellbeing and the related complications. In retrospection of such issues, one is prone to understand such issues from African, cultural and postcolonial perspectives. However, the contemporary health system as depicted by the two authors do not show reformations worth celebrating in addressing health issues and the patient-doctor relationship because the doctor still has an overriding responsibility over health/wellbeing. “I needed to learn before I was ready to take on the responsibility of patients’ wellbeing” (Phalime 2014:49). This shows and medicine, science and doctor centred approach, which overlooks human and cultural diversity. This is a prevalent ideal in the African context, which is largely frowned upon by postcolonial and cultural theorists. The notion is the polar opposite of freedom, and independence among African indigenes, especially after the all imposed health care system by the colonisers including apartheid.

Both *Eloquent Body* and *Postmoterm* shows a huge drift between health/wellbeing and culture. Both the authors show a transition from a pre-independent (apartheid) South Africa to the post-apartheid South Africa, which is applicable across African nations. Apart from the fact that, the transition represented in the texts illuminates of the time of writing and the generation from which the author belongs; it underlines the notion of postcolonial mayhem across Africa. Phalime (2012) narrates that most of the patients that were coming to the hospital were either

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stabbed, raped, beaten, shot in gang fights, unwanted pregnancies or HIV/AIDS related. "I felt drained as we left the ma with a blade in his brain. His injury was horrific, but it was by no means the worst I'd seen. I had grown accustomed to seeing patients who had been shot, stabbed, bitten, hacked…. there seemed no end to the ways in which people could inflict harm on each other and it was our job to mend them as best as we could. (54). This mayhem sends Vongai out of medicine as a doctor. "I struggled with the volume of patients I was seeing on a daily basis. Rustenburg has large mining population, and with this comes alcohol abuse, domestic violence and an enormous amount of HIV (129). In interpretation, health/wellbeing took a different shape from the colonial period (apartheid), transition, to the postcolonial day up to this day. Culture remains deeply embedded in the transition, as the African population embraced the notion of freedom from the colonial strongholds, exercising freedom in so many ways that they imagined in a free mode, however, with an ill-conscience of the body and wellbeing/health. In the same vein in *Eloquent Body*, the author is surreal about the nature, the body and humanity. However, she comes blunt on the post-independence impacts on health/wellbeing.

> "Our political, economic, and sociological arrangements frequently seem counter-intuitive. We must suspend our better judgement in order to accept much of what has become 'normal'…the way we live makes for a shaky foundation, we put our full trusting weight on what might turn out to be veneer. Veneer is the thin covering we take for the real thing…. we need to agitate for and promote good governance, so that civic life is supported by policies that promote sensible practices in food security, environmental integrity, public health, crime prevention, energy, health and welfare. Yet we are inclined to search too deeply (55-56).

The selected texts readdress the ambivalence created by postcolonial science, medicine and culture. Analysing the idea that most of the issues that tends to impact health/wellbeing at some point can be controlled and addressed, but it seems African cultures and politics have put health/wellbeing beyond critic. "Our heads are so deep in the sand, it's no wonder we are

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having difficulty breathing" (57). In retrospection, culture is not static and it is an agent of time, and every society instils cultural norms of its day. Health/wellbeing is not immune to the socio-cultural insurgences. "Whether we are aware of it or not, the society we live in has ways of daily forcing its values on us" (Idang 2015:101). It is in light of those values that health/wellbeing are determined at a large scale. Post-independence science/medicine, cultures and values has been a source of insecurity and anxiety across the African citizenry.

Although other studies have included economy in the band of insecurities; economy comes secondary from a cultural vantage point. However, the notion of culture, comes in as a controlling tool over humanity, wellbeing/health in a bid to preserve power after the colonial system. From the representations of health/wellbeing from a socio-political perspective, by Garisch (2012) and Phalime (2014) and other scholars, mostly former colonies, one would say postcolonial policies were meant to curb the insurgencies from the civilised communities, regarding all aspects of life including leadership. For that reason, therefore, outright control and forced values became the only way to preserve leadership, which took the shape of the former colonial system; in tandem with Foucault's notion of biopolitics.

Foucault the father of biopolitics argues that the trend in politics was using the general public as the point of power. Although, he was commenting on the seventeenth century Europe. His ideals seem to be the undercurrent of the contemporary Africa, in many aspects. 'Power over life' in Foucault's main argument in this context. The texts in question alludes to the argument in many instances throughout their narratives. For example, Phalime (2014), asserts that, her training as a doctor taught her to process bodies "shifting them a few steps away from death and hoping they would stay there for as long as possible" (64). At some point in the text she annotates that as a doctor her priority is to fix bodies and this is not parallel to Garish's representation of the medical fraternity towards the general public. Precisely, Garisch (2012) stated that, doctors embody the split between nature and the human body, which drives people

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to keep their bodies in check with medical products, and she also emphasises on the doctors' mandate to fix human beings. "What I keep forgetting is that, healers want to fix things….it is almost impossible to tell someone in the healing profession that you don't want to be fixed" (58-59). On the hindsight, health/wellbeing is one of the things that is used to preserve and secure power, which in the case of Africa, was initiated by the colonial cause.

Insofar as medical practitioners are socialised to take charge of human lives (health/wellbeing), people are made to believe that human lives can only be determined and explained in medical/scientific terms. Thus, Phalime asserts that a human being is not well until proven. Although, it is sometimes true, citing the example of the 17-year-old Khayelitsha girl who claimed not to be pregnant until proven. "The pregnancy was confirmed when I tested her urine", thus, one of the narrator's lectures in medical school used the seemingly sexist adage that, "a woman is pregnant until proven otherwise" (41). The whole idea of only using medicine /science to determine health/wellbeing and other issues in the body regardless of human explanations of how they feel in their bodies, tampers with the human source of security and knowledge and beliefs in their own selves and bodies. Hence, they rely on the government to provide such facilities and resources. "Insecurity stems in part from our inability to control and predict the future…yet insecurity does not only concern the physiological problems of inner life. To feel secure, we also need to feel that we have a good footing in the world. Our political, economic and sociological arrangements frequently seem counter-intuitive" Garich 2012:55. Due to the fact that, the healthcare system is a government entity in Africa, the general public is forced to rely on government for health security, in the same manner as economic security. This resonates with one of the characters *tata* in *Postmoterm,* who visited the hospital to get a fake disability endorsement from the doctor for him to apply for a disability grant from the government to feed his children since he was not working. *Tata* was not the only one I this bracket; nurses asked for doctor's prescriptions to sell to pharmacies for medical insurance

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claims, while the working class collect doctor's notes/ recommendations for a leave from work. One of the characters wanted a doctor's note to attend a funeral. This is indicative of the state control over human life, through medicine and science, although the general public is going all-out to manipulate the system to their advantage.

Foucault calls the first one, the *anatomo-politics of the human body*, which centred on the body as a machine: 'its disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility'. The second pole he calls the *bio-politics of population* and targets the body of the species (or population) with all its aggregated biological process: births, deaths, levels of health, longevity, reproductive health, among others. These processes are subject to a series of interventions whose purpose is their regulation and control. Through the combined effect of these two poles, the goal of power was no longer to seize, deduct or kill, but 'invest life through and through' (Foucault, 1998: 139).

Bio-politics and anatomo-politics are invested through the whole of the social body at all levels and in the structures of the state. They are becoming utilized by diverse institutions, ranging from the school to the police to the administration of collective bodies, and operate in the sphere of economic processes as well. But they also act as factors of segregation and hierarchization, underpinning relations of dominations and effects of control (Foucault, 1998: 141). While the thought that biopolitics is part of a technology of power that seeks to foster life and targets the growth, productivity, or health of populations may appear *prima facie* benign, biopolitics remains a system of control, founded on the basis of discipline (Kelly, 2014). Discipline provides the micro-scale interventions in individual lives that become the basis for large scale control of populations.

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It remains awkward to assert that colonialism brought civilisation to the African context of life. Criticism from all walks of life mainly pro-African, have been on a rage to thwart all ideals that seems to regard colonialism on a lighter note at all capacities. However, an aloof observation of the whole colonialism discussions within reach, shows that, civilisation/modernity was part of the colonial system, and it was an irresistible bait that was used to conquer and dismantle Africa and its people. As a result, it is perceptible for civilisation/modernity to have controlling effects when adopted, mainly favourable to the coloniser (current African leadership). Most of the contact areas were clearly set to create pedestals for the coloniser to remain superior, in one way or the other. This has been the case with most systems which were adopted from the colonial systems and the healthcare system is not an exception. During the inception of colonialism across Africa, medical practitioners were mainly pro-colonial whites, who some of them later initiated blacks from the colonial doctrines into various professions which supported the colonial cause, and other relevant facets. Health care, medicine and science were not exceptions.

From the texts, mainly in Garisch's view, the invention of science/medicine was one of the best human life improvements that ever happened on the planet and the most memorable venture to the African continent. However, it tampered with the human/body/physical nature, through its objective stratification of the body, health and rational. Garisch shows that science/medicine brought stratified ideals of the body, in a much more horse blinkered sense, where science and books interpreted the human body in a believed to be rational manner. She says, "I have witnessed both the invaluable strengths and the short comings of medicine as it is currently practices, also how non-rational interventions can provide relief in surprising ways. As a patient, I have come to understand that the body has an intelligence that is not accessible at present through science" (Garisch 2012: xv). Such empirical knowledge, or understanding is in tandem with the postcolonial cause, which appreciates science as dogmatism. Although,

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literature shows that decisions and conclusions must be informed by comprehensive scientific evidence instead of personal experiences and feelings, which may reinforce the recognition of scientific dogma (Sutherland *et al.*, 2004; Linquist, 2008). The postcolonial, mostly African post-colonial ideals do not give science and medicine full credit towards the definition of health/wellbeing. Rasnick (2015:83), stated that, "science uses the weight of its authority to set the limits of permissible science discourse. The authoritarian, even totalitarian nature of science had led to colossal errors that grow like cancer in the absence of self-correction inherent in democracies". As a result, the doctor-patient relationship set the doctor/health practitioner to speak from a position of power, while the patient occupies an inferior position, which was infested with ignorance, and medical-science has been keeping the public in that position till date.

Vhaughan (2013:162) convicts that, texts by jungle doctors (doctors in Africa) reflect the "battle of science and reason with ignorance and superstition". DeNicola (2017:60) argues that, "medical ignorance is particularly dangerous". Retrospectively, impaired participation of patients in matters of their health is ignorance (Saino *et al.* 2001; Kaplow 2005). Unfortunately, the evolution of epidemics has not only rendered the former colonies ignorant to medical-science, but most people across the globe even some medical practitioners. In retrospective, the evolution of pandemics keeps medicine, science and technology superior and afloat. This implies that the developed worlds in charge of science and technology still controls the developing world; however, rendering them ignorant and inexperienced even towards humanity. Ironically Toni could not resuscitate Asive's condition such that he has been crying all weekend, however, the narrator only used a smile to calm the ailed boy (Phalime 2014:12). This was because Toni has lost touch with human aspects of wellbeing outside science and medicine, which is the imperially imposed undercurrent of health/wellbeing. When ignorance

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cuts across doctors and patients, the superior/inferior (orient/occident) positions are dismantled; ushering equality, which the postcolonial and Africanist advocates implore.

In dissecting her story behind leaving the medical profession, Phalime could not but, show the trails of the system towards the maintenance of health/wellbeing in the field, and as an African whose story is sitting right at the realm of the new dispensation from apartheid in South Africa. "Traditionally the doctor-patient relationship saw doctors positioned at the superior end of the paternalistic relationship. In this role they doled out instructions, castigated patients for perceived wrongdoing and mumbled incoherent and often poorly understood diagnoses in doctor-speak" (Phalime 2014:31). Phalime directly recalls the notion of bio politics in this context. In actual fact, science and health practitioners have been the cohorts of bio politics up to this day. This could be the reasons why people surrendered their health to the practitioners, not because they necessarily did not care but because the system rendered them ignorant and expected them to seek help from an inferior position. Furthermore, such attitudes could not suffice, not only because it was dysfunctional and at the detriment of the patient, but also with the collusion of freedom, human rights, pharmaceuticals and pandemics, surely require a different patient friendly approach. In a study of health and its system in South Africa, Coovadia *et al.* (2009:817) assert that, "the roots of a dysfunctional health system and the collision of the epidemics of communicable and non-communicable diseases in South Africa can be found in policies from periods of the country's history, from colonial subjugation, apartheid dispossession, to the post-apartheid period". These notions land us to appropriation of systems and structures towards improving health/wellbeing, however, it also reflects on the sustainable elements of the orient/occident relationship that both medical-science, health practitioners have towards patients. Such a response could have also been proliferated by the limited access to information at that time, hence they relied on the system and its policies for survival and the maintenance of health. Phalime shows the post colonialist perspective of

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health, and how it is almost a reformation of the colonial ideals of the health system in regard to the maintenance of health/wellbeing; that is healing, curing and management of health.

Phalime (2014:14) acknowledges the notion that, doctors regard themselves as supreme beings over health, however, she discovers and contends with the reality when she was in practice. "Asive brought me face to face with a harsh reality that would be reinforced over and over again during my brief medical career; not everyone is not going to get better, some people will just die" (14). In *Eloquent Body,* Garisch makes it clear that Medical Doctors are socialised to regard anything outside cure, or healing and managing health as medical failure. Literature assert that, some doctors regard their unsuccessful attempts to save lives as failure on their part and the medical system. Hence Vongai walked away from the profession, after realising that she could not restore health in some of her patients.

Health/wellbeing is mainly determined by the physical capacity of human beings and other aspects seem to be bonus cases in the African perspectives. Emotional health seems to lack considerable amount of consideration, perhaps because it is an invisible aspect. As a result, everyone is assumed emotionally health/ well unless proven otherwise. Neither is the social wellbeing. Social ills and conflicts are regarded as normal, where people carry around ill-relations with pride. This makes emotional and social health issues pagan to the context of health in the African communities. Rarely did the characters in both books relate their ill-habitation to their emotional and social stabilities unless the doctor insists, and yet they still invalidate the notions. Studies shows that people validate what they see. Phalime gave an example of one of her patients in his mid-forties, who has been frequenting the consultation room because of intermittent chest pains and there seemed to be less of a solution to his problem. As he says, "I've been here before with this, Doctor, but nobody can tell me what's wrong". As a result, "he looked distressed by this unexplained symptom" (Phalime 2014:32). Unlike other Doctors whom the man met in the consultation rooms, Phalime decided to look

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for psychosocial factors, however the frequent visits he had and no show are a clear indication of the little validation given to other factors outside the physical, when determining health /wellbeing. Therefore, this ideal, goes beyond the African cultural norms, which exudes the psychosocial factors when determining wellbeing as feminine. The female figure or femininity is a secondary aspect in the African perspective, followed by childhood. Where issues are equated to the femininity, there is less consideration. The lower status of women influences how the society responds, and alternatively, women tend to internalize social factors more than men who deals with it in more positive's ways, such as sports.

Lifestyle is one of the major factors of health/wellbeing. The two texts of inquiry clearly set the notion of lifestyle as one of the paramount determinants of health/wellbeing. From the onset, Phalime (2014) describes how township lifestyle has affected both his brother and father's life till they died. Abbie had resorted to street life such that the narrator wondered if he was alive at the time of writing where was he going to be; probably in prison. Her father was an alcoholic who became epileptic as a consequence of some head injury. Most of her patients were brought to the consultation room because of lifestyle orientated complications, which include alcohol abuse, gangster shootings, drinking and driving, domestic violence, just to mention a few. One of her characters threatened to commit suicide after realising that he is HIV positive just before his wedding. On the other hand, Garisch (2012) clearly said that most of the complications she dealt with in the consultation room were a result of poor lifestyle and contends that people want to have good health yet they live the polar opposite. She emphasises that, "our bodies mostly want to get better, and work hard to do this, despite the ways we love that are contrary to this drive. (218). She also gives a clear example of a young men who was involved in extra-marital sex yet paranoid about contracting HIV/AIDS, such that he kept on taking HIV tests. Although all the tests came out negative. Xu *et al.* (2012: 2) argue that "quality lifestyle is the new health indicator". A comprehensive number of research results

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show that lifestyle is one of the forceful factors in determining both physical and mental health. "In modern affluent societies the diseases exacting the greatest mortality and morbidity— such as cardiovascular disorders, obesity, diabetes, and cancer—are now strongly determined by lifestyle. Differences in just four lifestyle factors—smoking, physical activity, alcohol intake, and diet— exert a major impact on mortality, and "even small differences in lifestyle can make a major difference in health status" (Khaw *et al.* 2008:376).

Albeit, the notion of lifestyle is a controversy to the African cultural practices, there is need extensive and sustained awareness that contemporary medicine needs to focus on lifestyle changes for primary prevention, for secondary intervention, and to empower patients' self-management of their own health. African cultures have been guilty of operating on the polar opposites of contemporary wellbeing/health. Phalime gives a good example where African culture contradicts with wellbeing/ health prospects; the couple who died locked together "in their final embrace, their bodies bloated and crawling with maggots. They had been having an affair, and the woman's husband had hunted them down to their rendezvous point and shot them" (113). The African culture celebrates multiple sexual relationships. The traditional rights of African men entails having multiple partners (Ngubane 2010, Baloyi 2013). This is one of the African cultural norms, which have sprawled all causes of death among indigenes. Both Garisch (2012) and Phalime (2014) are brazen about the notion of human behaviour in the age of virus, bacteria, weapons and other body destruction conduits.

2.5 Gender and health/wellbeing

Both the authors of *Eloquent Body* and *Postmortem,* did not particularly focus on gender in their narratives. Nonetheless, their stories resonate to the concepts of gender in a subtle manner. It has long been assumed that sex (the biological differences between men and women), rather than gender (the socially defined differences between men and women),

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determines health. For example, in most countries, male life expectancy is lower than that of females and this is projected to continue. However, in recent years this male disadvantage has become far less significant than before. For example, in England and Wales, between 1970 and 2003, male life expectancy increased by four years, but life expectancy for women increased by only three years, with the gap being 6.2 years in 1971 and 4.3 years in 2003 (ONS, 2005c). So, while women were assumed to possess a biological advantage, given changes in patterns of life expectancy, this assumption is being challenged. Africa is not immune to these statistics and gender variations in mortality.

However, Garisch and Phalime show that men under consume medical concerns. Wellbeing comes natural to them such that they take it for granted up until the body is out of function in one way or the other, and the opposite is true for women. However, it is so exciting to release that the manner in which the mid-forties man in *Postmortem* permeates the space of his female doctors metaphorically speaks to notion of gender displacement regarding to health/welling. It is not doubt that, medicine and health/wellbeing has been an androcentric issue, which has slipped off different types of reforms across the globe. In that regard it is overwhelming to realise how the gender transformation seems to be infiltrating in the human tissues as it is on a social capacity. However, it is a complex ideology that has opened a whole can of worms among scientists and the humanities. Treichler (1999: 45), asserts comments that medical authorities are “heirs of an ancient medical legacy of semantic and gendered imperialism … [which serves to] define and categorize, codify and regulate, and contain and silence the diseased others whom they diagnose, treat, and study”. Inasmuch as a number of men in both the texts still harbours health related issues in a bid to keep their head up high, like the bleeding man who ran away from the hospital with a lot of blood and the young men who walks out of the consultation room in *Postmoterm*, the shift seems to be beyond face value, where molecules and tissues have override the image, gender roles, sex and cultures. The combination of

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personal and economic interests in largely male-dominated professions means that the discourse is inevitably androcentric. Medical knowledge and power are closely linked. Throughout her interviews, women are seen at the forefront of the medical profession although some of them are no longer in the field. “The fact that many of the doctors I interviewed were women wasn’t lost on me. Perhaps it was mere coincidence, brought about as a result of my initial search through my contacts and former colleagues (Phalime 2014:159). This strikes as a subtle celebration of women into professional fields which were formally regarded as male dominated or androcentric fields.

However, it turns out to be a nail in the body of African cultures. The author of *Male Daughters, Female Husbands* argues that, “indigenous concepts linked to flexible gender constructions in terms of access to power and authority mediated dual-sex divisions, the new Western concepts carried strong sex and class inequalities supported by rigid gender ideology and constructions” (Amadiume 2015:119). Nevertheless, the African cultural prospects of gender remain an ongoing debate, because some studies show that patriarchy has never been an indigenous African ideal. This is because the pre-colonial Africa saw women in positions of leadership and politics, which was later distorted by the European contact with Africa. In *Re-creating Ourselves: African Women and Critical Transformations,* Ogundipe-Leslie defies the idea that African tradition is naturally restrictive to women, hence she believes that patriarchal structures were Western/European projects. “The British simply swept aside previous female political structure in society, replacing them with completely male structures and positions” (Ogundipe-Leslie 1994:29). She further moans that, the fact that the colonialist contact shrunk the African woman’s position into patriarchal values of the European rule is hardly acknowledged; it remains unaddressed even by Western feminist theory. From a postcolonial perspective, Mohanty indicates the colonial project was characterised by “creation and homogenization of “the other,” and alludes to the production of a particular cultural discourse about what is coined

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the third world" (Mohanty 1991: 52). Phalime valorises women and painstakingly set them in influential positions, where they were able to actively participate in the decision making of life (health/wellbeing). A position which overrides all aspects of human life. In that regard, Postmoterm echoes D'Almeida's ideals of the political significance of women's authorship, using literature as a venue through which women, "portray themselves as actors instead of spectators. They are at the core instead of the periphery. They explore, deplore, subvert, and redress the status quo within their fiction" (D'Almeida 1994: 22). Garisch (2012) did not do any less through writing her own story as a woman; valorising and celebrating her being as a woman.

The two texts depict both gender and sex as one of the influencing factors of health/wellbeing. The authors show a difference in the day-to-day business of men and women as part of the factors behind the impacts of health/wellbeing. In *Postmoterm*, the narrator portrays a picture that has a lot of men involved in most dangerous activities which are huge risks to health/wellbeing when compared to women. These activities include gangs, shooting, raping (although it also has a huge effect on the victims/women), stabbing, the use of dangerous weapons, alcohol abuse, and promiscuity among other health risk activities. "I felt drained as we left a man with a blade in his brain. His injury was horrific, but it was by no means the worst I had seen. I had grown accustomed to seeing patients who had been shot, stabbed, bitten, hacked…there seem no end in the ways in which people could inflict harm on each other, and it was our job to mend them as best as we could (54). The list of these casualties is endless throughout the text as the author dissects her experience as a doctor. In these encounters' men takes centre stage, while most of the women strike as victims of male activities and adventures.

> That night was no different to any other that I'd worked there…. women who had been beaten by their boyfriends; friends who had fought and then stabbed each other; minor gunshot wounds…. some of the injuries were serious. Two men were brought in, a stranger who had been speeding ran them over, as

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> they stumbled in the street drunk…. killed one of them and seriously injure the other. The driver himself had been drinking. (93)

A critical analysis of these encounters show that men regard their physical strength as invincible enough to survive adventurous activities when compared to women, or their risk calculations are obscure, or men just have a different approach to the body in their day-to-day activities.

There is a huge sex and gender difference in the probability to take risks among men and women. Saltonstall argues that gender is implicated in everyday experiences of health, highlighting that different approaches of men and women towards body maintenance may have practical spin-offs for health (Saltonstall 1993). A number of plausible hypotheses immediately present themselves. Harris and Jenkins (2006:49) regards this behaviour as a cognitive reaction that has drawn a lot of academic attention:

> one hypothesis is that women do not evaluate the probability of negative outcomes differently than men; they simply assume (perhaps rightly; perhaps not) that they would be more emotionally upset or harmed by negative outcomes, should these occur. Alternatively, women assess as greater the probability of unfavourable outcomes, without projecting any stronger negative reactions to these outcomes than do men.

Most of the leading causes of death in men are a result of their behaviour, which expose them to certain illnesses. (Kimmel and Messner 1995, Francome 2000). Although Garisch's ideals of risky lifestyle is not comprehensively explained in gender terms, she confirms that, "many physical difficulties we see in the consulting room are self-inflicted. People usually have the means to keep themselves healthy and develop themselves to heal, yet curiously we often choose lifestyles that run counter to health and healing, which make enormous demands on the restorative capabilities of the body" (Garisch 2012:78).

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The two texts have joined the contemporary haul of gender paradigm shift, where masculinity is not only associated to men, but where it is due. Both the authors have portrayed women at the top of their game, exhibiting both physical and emotional strength and the opposite is true. The manner in which the authors depict men in a health/wellbeing scenario cannot be regarded as emasculating rather, it is a portrayal of the formerly concealed elements of maleness and the raw exigencies of the physical body, which are not necessarily determined by sex/gender. The wailing man in *Postmoterm*, who seem to have forgotten that the doctor has attended to him is a clear exhibit of the nuances between gender, culture, sex and health/wellbeing. Or has it more to do with pope culture, generational genes, or values. One would assume the cost benefit analysis of upholding gender values at the brink of health/wellbeing. In African cultures, men have forever been healthy, while women assumed the chicken or inferior health status. However, studies noted that human biology is a major determinant of health. Arber and Ginn (1990) argues that, not until recently, health disadvantages were concomitant to gender, women rather than on men were on the centre of the foci. Due to the dynamic economic cultures, women are no longer confided to the kitchen and house hold duties, hence they are now equally of more susceptible to health/wellbeing risks. The two authors cite women in different professions in the consultation room regarding work-related health issues.

Women are depicted as more articulate and aware of health/wellbeing related issues. In some cases, women seem to be more capable of handling health related issues in a more rational manner when compared to men, although sex differences have also been drawn upon to explain patterns of mortality. For example, coronary heart disease (CHD), which is the leading cause of death in developed countries, was once thought to affect men more than women. Differences in CHD include a later age of onset for women, a greater prevalence of co-morbidity and differences in the initial manifestations of the disease (Bello and Mosca, 2004). However, psychosocial differences, and differences in lifestyle and in living and working conditions

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between men and women, are probably better indicators of susceptibility to CHD and associated co-morbidity than are biological factors (Fodor and Tzerovska, 2004) and, at least in relation to coronary heart disease, male anatomy is not destiny (Weidner and Cain, 2003: 769). So, gender, rather than sex, is a better indicator of inequalities in health.

2.6 Health and the human genome

Although genetics and genomes are controversial concepts to illuminate from a literary perspective, one cannot ignore the fact that health/wellbeing is to a considerable extent determined and related to genetics, if not for the most part of it. Scientific fields of study recognise and acknowledge the importance of human biology and genetics to determine, define and explain health/wellbeing. According to Murray and Liviny (1995:14), “the notion that human genome research is beneficial is based on the assumption that the more scientists and doctors know about the genetic roots of healthy, normal human beings, the better they can predict, treat, and correct deviations”. This led to the recently rampant Human Genome Projects (HGP), which has up to so far received a thrust of investments across the globe. Murray and Liviny (1995:14), discussed the “fifteen-year, $3-billion international Human Genome Project”. These projects seek to identify and detect genes in human DNA in a bid to prevent, detect (pre-symptomatic testing) and possibly cure diseases and some are meant for ethical purposes (human identity). There are a lot of identity stories behind the genome projects mainly for ethical reasons. However, both scientific and social studies on genetics and genomes have attracted a lot of criticism, both positive and negative. Studies show that the relationship between, ethnicity, race and health has been the centre of attraction in recent studies. Apart from the inequalities that comes with race and ethnicity, the different patterns of health, morbidity and mortality has been at the centre of inquiry.

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However, some scholars assert that high prevalence of health traits in ethnic groups exhibits the genetic variations between groups. Some scholars argue that environmental factors carry more impact on health, when compared to genetics. Most important. Davey-Smith *et al.* (2000) argue that there are more genetic variations within ethnic groups than between ethnic groups. As a result, environmental and social factors are more significant, when compared to genetic factors. Both Garisch (2012) and Phalime (2014) are aware of the impact of genetics in health /wellbeing. Perhaps it is because of their professional backgrounds as medical doctors. Nevertheless, the two authors did not dwell much on the notion of genetics in explain health/wellbeing in their narratives. In *Eloquent body*, the narrator was directly involved with effects of genomes, as she explains that, "the ophthalmologist diagnosed an autoimmune disease…I had never heard of such an illness. It is familial in that it is carried by the HLA-B27 gene down the generations, but all my mother and sister ever complained about was a bit of arthritis in the lower back (4). "Nature seemingly out of our control, even dangerous to us (as we often, unknowingly to nature) needs to be conquered and tamed by ownership and agriculture, insecticides and toilet cleaner, medicine and surgery, fences and guns, dissection and analysis, weather forecast and genetic manipulation, landscape gardening and battery farming (Garisch 2012:53). Unlike Garisch who directly mentioned the controversy of genetics in understanding health/wellbeing, Phalime (2014), implies the notion of genetics in health. Although she did not directly give reference to genetics in her narrative, allusion to the notion has a lot of interpretation to it; "fourth year, was a turning point in life as a medical student, as it marked the start of clinical training…special investigations such as blood tests and X-rays served to exclude certain possibilities and to confirm the definitive diagnosis" Phalime (2014:30).

However, Phalime's stance does not come as a surprise, considering the levels of scientific literacy among her possible readers and the significance of her narrative and the time of her

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training which was soon after the South African independence from apartheid; "in 1990 my future as a young black south African looked very different from what my parents had known. In the 30 minutes it had taken FW de Klerk to make his historic speech…for me the future shone brightly with the promise of a successful medical career" (24). With reference to the period for training, complex science and medicine was probably sneaking in amidst the political mayhem of independence and new dispensation. A 2006 study on African health care systems in Africa shows that, "many policy analysts have expressed fears that at the current rates of progress, sub-Saharan Africa (SSA) will not be able to provide satisfactory health care to its inhabitants by 2020" (Kasenje 2006:3). The chameleon development in individual African states could be dramatic, and South Africa is not an exception. However, limited literacy levels did not make it any easier. Snow (2016), argues the limited foundation literacy in Africa underscores the minimal scientific literacy, because, foundational literacy is an integral part of science literacy. Ojimba (2013), among other scholars, clearly attests that, the level of science and technology literacy in Africa is very low. However, scientific concepts of health/wellbeing are farfetched; even for the limited population equipped with foundational literacy, and more, due to other factors beyond individual literacy levels. In Adeniyi's view, (2002) there are a lot of challenging factors militating against rapid development of scientific and technological advancement in Africa (Adeniyi 2002). Some of these factors include poverty, despondent economy, rapid inflation, insatiable governance, and poor implementation of development programmes (Gayus 1996; Ihechere, 1997; Oladepo, 1997). To a considerable extend, reasons behind science illiteracy even among the educated, varies from one person to the other. Nonetheless, although studies contend that science and technology illiteracy, restricts one from active citizenry; Oguniyi (1986), explained scientific and technological literacy as an aspect of cultural literacy which entails a functional understanding of the nature of science and

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technology. Furthermore, the inquiry of genomics is one of the recently infiltrating issues in Africa outside the general DNA inquiries for verification of identity.

Studies on genomes, genetics and genes, particularly speaks to notion of identity. Clearly explained by Garisch who inherited the “HLA-B27 gene down the generations”, which also affected her mother and sister though in different ways from her case, shows that identity is inseparable from the definition of health/wellbeing. While, Phalime (2012) regards genes as one of the routes to diagnosis. Literature assert that different blood groups and genetic variations are each susceptible of different health conditions positive or negative. Although genes are pagan to the African cultural ideals of identity, genetic variations are more appealing to the medical fraternity, because understanding genes requires a certain level of science literacy, which is not common to the Africans. Raj (2013:339), argues that, scientific traditions are largely based on Western professional standards; which explains the reluctance in genome practices in Africa.

Surprisingly, scientific studies on identity claim that genomics are a rich source of detecting health predispositions, however, the process is not readily available at least enough to save and sustain health, and this is more ill-prominent in Africa. The argument is, if genomics informs people of the possible health risks, which will in turn ascertain one’s lifestyle in a bid to prevent health problems humanly possible, the question is why is it not administered at birth? In most cases illnesses tame people to a healthy lifestyle. Garisch (2012:2), argues that sickness is the healthy part “which is trying to get us to change the way we live frequently behave as though our lives like our bodies, are there for us to with what we please, like vehicles we drive around until they are ready for the scrap heap”. Thus, insofar as genomics are an advanced move towards the direction of improving lives, administering it at birth will perhaps save the health care system a lot of money and resources.

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Although, both Phalime and Garisch, did not dwell much on the notion of genetics, nevertheless, their acknowledgement of the existence of these issues informs the reader of the importance of genetics in health/wellbeing. However, it is not without its own weaknesses. Scientists, religious leaders, politicians, policy makers, academics and activists, have welcomed the potential outcomes of the HGP and see it as having enormous potential for promoting public health. From a cultural perspective, recent studies show that, genomes bands groups of people into cultural groups, though scientific; it traces human ethnic backgrounds in as much as it categorises susceptible health/ wellbeing invariables. Genetic science projects such as Human Genome Projects (HGP), also generate particular modes of autoimmune disease which runs through her family (Garish 2012). The representation of health/wellbeing as a notion that is determined by genes, has been unleashed across the contemporary postcolonial However, others warn against the potential for abuse and discrimination (Albert 2007), which will also possibly create genetic stereotypes rampantly. Thus, genetic engineering has its own possible manipulations, which are projected to be hazardous to human health/wellbeing in the future, albeit the dynamic aspects of health issues which science cannot explain.

2.7 Environment and Health

Environmental factors play a huge role in health/wellbeing. Different environments determine or describe health /wellbeing issues. Environment refers physical buildings, scenarios, and phenomena. In *Postmoterm*, the narrator is aware of the effects of the environment such that she reacts accordingly. For instance, the sight of the premature babies in the neonatal unit drained all the energy she had for her work.

> As soon as I stepped into a neonatal unit I was mesmerised. The room was toasty warm and dotted around it were a number of incubators, each housing a tiny new born baby, there was gospel music playing on

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> the radio, and the nurses hummed softly in harmony as they went about their duties it felt as if I had stepped onto hallowed ground and all my yearnings of the morning evaporated (48).

The sight of the tinny babies “who barely looked like humans; more like new born puppies” (48) created an unpleasant environment which did not sit well with her and drained her passion for the day. In retrospection the narrator concludes that the working environment for doctors did not leave any atom of passion in her towards the profession, which led to her resignation. “Undeniably the environment in which doctors in this country operate presents a unique set of challenges” (141). Geographical environments can increase or reduce stress, which impacts the body. What people see, hear, or experience at any given time do not only the mood, but how the nervous, endocrine, and immune systems work. The stress of an unpleasant environment can cause anxiety, sadness, helplessness or positive feelings such as enthusiasm, energy, and happiness among other feelings. This elevates blood pressure, heart rate, and muscle tension, which in turn suppresses the immune system. A pleasing environment has opposite effects.

Tomljenović (2014:367) argues that, “disease is as much social as biological. It is a reaction of an organism to unbalancing changes in the internal environment caused by the changes in the external environment and/or by the structural and functional failures or unfortunate legacies”. Literature shows that, insofar as the physical environment, such as healthcare buildings and building of abode in general, plays a cardinal role in supporting care services, and fostering the healing process individuals and their social interactions. However, it is difficult to identify and calculate the proportion of health benefits or outcomes attributed to the physical environment. Furthermore, it is challenging to identify how the interplay of a range of physical environment factors influences or contributes to health outcomes. The controversy is that there is no literature that marks the expected environmental factors that are expected of a health/wellbeing filtered environment. As a result, Phalime seems to be dramatizing the notion of environment and health/wellbeing. Hence the notion of Utopia ironically affects her perception of

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environmentality and health/wellbeing, because one would wonder, how the environment could have been sanitised to suit her expectations, given the other factors such as medical care system, socio-political situation of her time of practice. Unfortunately, there are no factors to substantiate the environment of her fantasy. The author practiced soon after South African independence from apartheid; a period that was faced with all forms of reformation challenges and freedom, unfortunately, it all comes with a lot of socio-cultural ambivalence that human kind resolves in different ways, and some of them a health threat.

Postmoterm assaults the social environment of her day (contemporary South Africa). Her depictions of environment are more of a result of human ingenuity, than it is an epistemological justification of the situation at hand. Her description of the environment might have probably teased out the land marks transformation, which speaks to the ideological product of literature as the only form of re-writing the colonial environment. However, what else could a health practitioner expect in a new South Africa on a Monday morning other than, a heavy aired room "with the stench of stale alcohol and congealed blood" (52). Anything other than would definitely be a product of environmental imagination, because only focusing on what the narrator is looking at as a doctor, without looking at the politician in critically assessing the environment as one of the factors of health/wellbeing will be an amorphous project. This homocentric projection of environment is in itself part of a swirling project, which could possibly attract a lot of criticism, because health/wellbeing is not an island part of human lives. For instance, the story of Khayelitsha.

The narrator described Khayelitsha through its veins, highlighting issues of how it came to be, up to a point where she questions herself, "whether HIV was not some engineered virus targeted at those poor unsuspecting people. It is everywhere…. could this thing be a water supply? Why was I seeing so much of it? Surely it couldn't be spreading by natural means? I knew this was a murky territory in which I was allowing my mind to tread" (75). The history of Khayelista

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certainly speaks to the environment. Studies show that *Khayelitsha* mean new home; a place which was to harbour the growing influx of intercity immigrants for economic reasons, which was also perpetuated by the 1986 abolition of pass laws. As a result, environment is not just for environment's sake, instead history and many other factors create an environment.

Insofar as the images and description of the environments depicted by the narrator, invokes a clear understanding of the tempered health conditions in Khayelitsha for instance, it is worth noting that the narrator is at some point cynical, or she is not attached to the environment, hence she compares it to her home township Soweto. She wonders how the children play, where do they get fruit trees, and other concerns which cannot be regarded as necessary to human habitation. "The truth was Khayelitsha was nothing like home" (75), and she felt so alien; so was her depiction of the environment. As a quote a number of scholars have gone all out to clarify representations of their societies by people from outside. Hence, Seekings (2013:2) argues that, "to most outsiders, Khayelitsha is believed to comprise an endless and uniform sea of shacks, overcrowded and impoverished, with an ever-growing population fuelled by incessant immigration from the rural Eastern Cape". The depiction of Khayelitsha in the text replicates the apartheid/colonial contexts of a township that was meant to sustain the colonial project, which is parallel to the postcolonial discourse, which demystify the colonial essence, while clarifying the sense of community that came with such settlements.

Jones (2013:26) noted that, although, quite a lot of Apartheid Township accounts attest overcrowded, impoverished and oppressive conditions the feeling of community and life cannot be ignored. Williams (1983:21) asserts that, "the communal sense of place was forged against apartheid's impositions. Confines of space meant greater intimacy with neighbours, interdependence, and shared playtime in the streets – forms of sociality". Nevertheless, one can not contest the fact that environment largely influences health/wellbeing.

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Conclusion

The study analysed the factors behind health/wellbeing as represented by Maria Phalime in *Postmoterm* and Dawn Garisch in *Eloquent Body*. The two writers are at a close similarity in their depiction of health/wellbeing although their differences cannot be ignored. While Phalime focused on the health care system at large, Garisch focused on the body as the epitome of human health/wellbeing. Health/wellbeing is a relative subject which has been viewed from different angles, hence the definitions and perspectives are not unanimous. In as much as the postcolonial accent of health/wellbeing seeks to counterfeit universal aspects of health, science remains at the centre of all discourses of health/wellbeing above all cultural perspectives.

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Chapter 3: Exploring the representation of illness in *Our Kind of People: A Continent's Challenge, A Country's Hope*

3.1 Introduction

People's worlds drastically change when illness or disease appears in the picture, whether as a patient/the ill, friend or relative to the ill. There's a natural curvature to life with which everyone is instinctively aware of: one is fine/healthy, sick/ill, and die/death. The issues of health and illness in English literature marks the tenuous morphosis in the subject. Illnesses, especially HIV among other pandemics have set different fields ablaze with enquiries, while the scientific fields are trying to find solutions to fix the body. The effects of these illnesses, especially pandemics and chronics are usually social contingencies, and these issues dates back to the pre-modern histories of diseases, where people suffered from typhoid, Syphilis and many other diseases in the Victorian age. Most representations of illness experiences are quite universal, this chapter will examine issues surrounding illness in Uzodima Iweala (2012) *Our Kind of People: A Continent's Challenge, A Country's hope* as a peculiar representation of Africa, although not only limited to the text. The foci of this chapter is on illness; looking at a typical African society and the notions of representation, as well as illuminating experiences and perceptions of illness. The author tried to reach out to some HIV/AIDS carriers and the people surrounding the infected(ill) each time he visited Nigeria; this text is an inquiry, comparing and contrasting the perceptions of people living with the virus (the ill) and those living with the infected (other people around the ill). Thus, the chapter will also examine the notion of illness as represented in the selected text, considering the time of representation in an African context. As a result, the chapter collectively seeks to zoom out the African peculiar experiences of illness and the depiction of these experiences in literary discourses. These experiences include identity, stigma, fear, physical progressions and many others onto which

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illness is grafted. Writings on and about illness, the ill, mythical structures, cultural stances and perspectives are used to give meaning to the depictions. As a result, there are different categories of illnesses determined by diseases in question, perceptions, and depictions, new and peculiar meanings of illness constructed in relations to the social, political, cultural and economic contexts out of which they are represented. The chapter will mainly focus on Uzondima Iweala's *Our Kind of People: A Continent's Challenge, A Country's Hope* among other texts. The study focuses on illness as a bio-social phenomenon rather that a metaphor to capture the human experiences represented in the text.

Our Kind of people: A Continent's Challenge, A Country's Hope is a non-fiction text written by a US-born, Nigerian male medical doctor who took offense in the manner in which the spread of HIV/AIDS was portrayed in one of the conferences he attended in New York. The author Uzondima Iweala documented his quest for answers and realities of the pandemic and its whirlwind spread in Africa (Nigeria). He embarked on multiple trips to Nigeria where he had a skewed ethnographic data collection of the issues behind the tumultuous spread of the disease. Uzondima interacted with quite a lot of his fellow Nigerian medical operators, motorists, prostitutes, organisations, as well as those directly and indirectly affected by the pandemic in a bid to acquire a rich African account of the issues behind the epidemic and the wanton spread. However, his account is certainly challenged beyond justification because he seems to be generalising the skewed ethnographic information he collected from a few Nigerian states he visited and encountered in a short space of time into an African context. He also gives an indistinct conclusion of the issues behind the spread from his few encounters with the group of characters in the text, who some of them drive semi-arid views of the pandemic, primarily curving out some of the issues, while to a larger extent most of the characters simple make mention of the issues behind infections. In the stench of his perspective, the author however, fairly represents the experiences of illnesses, though only caused by HIV/AIDS throughout the

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text. He gave an elaborate idea of the socio-economic, political and cultural perspectives of the illnesses thereof. Typical of his writing style, *Our Kind of People* is I weal's second novel After the debut award winning *The Beast of The Nation* (2005), a fiction text which is described as a next-to-reality account of the young boys in a typical African civil war. Looking at his third novel *Speak No Evil*, whose main character is Niru, born out of a typical affluent Nigerian family with some material possessions to show for it, but he turns out to be gay. Homosexuality is a concept yet to be acknowledged in African communities, hence it is still alienated. Giving typical aspects of African aspects of life has become Iweala's angle of writing; all his novels gives an African insight of issues as opposed to the general, universal perception of Africa in relation to certain aspects (civil wars, HIV/AIDS and homosexuality). Thus, this chapter seeks to examine the experiences of illness in an African context as depicted by the author. The chapter will decipher from one text because the text poses comparative challenges, when juxtaposed with other texts.

Although the text is mainly focusing on health issues and the pandemic, it falls short of clinical experiences enough to be part of the medical narratives. However, it relates with Micheal Foucoult's biopolitics and biopower. Foucault problematize socio-cultural and political trends, although, he seeks to subject particular concepts, while cultivating shifts and rupture points in a bid to identify "displacements and transformations of concepts" (Foucault 1972: 4). Foucault's aim throughout his works is to establish a point of discontinuity and change in political, institutional and societal practices. Despite the diverse narratives that Iweala projected in the text, his storyline emanated from the need to inquire and show the world the African perspective of HIV/AIDS or disease, after a seemingly misrepresentation of the African context of the phenomena.

> "he painted such a dire picture of HIV/AIDS in Africa that it seemed only a matter of months before all 800 million sub-Saharan Africans would contract the virus and perish…. people are dropping like

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> flies….is this how Africans are considered, as insects, animals not human? Is resorting to a metaphor of inhumanity the only way to register the magnitude of the problem unfolding on such a vast scale before us?" (15).

Iweala intends to zoom the real African context that is equally the same with any other continent, while he tries to foster a shift in the perception of the Africans and the issues of disease. "Their lives, their stories and their actions are an acknowledgement that, disease or no disease, we are all fundamentally the same. We are all human" (217). The narrative can be defined in Foucauldian terms, "power and knowledge-effects of scientific discourse(s)" (Foucault 2004: 6) because of how people from the other continents and its people exercise their power/superiority by down-perceiving Africa as an ignorant and underdeveloped continent. As a result, the author wrote a non-fiction text to defy Foucault's "subjugated knowledges" by giving an exact insight of a typical African society and how they relate to diseases (HIV/AIDS related) and illnesses.

While on the other hand, the author's biographical background as an African-American (international) medical practitioner creates "blocks of historical knowledges" about how Africa is perceived, the unique cultural, political, economic and scientific functions as a sovereign continent and its oriental relationships with other continents, especially the West. Illness seems to have grown into an ideological space where human power relations are reconfigured to produce peculiar forms of culture and certain power effects which are masked in the functional and systematic ensembles of the dominant literary criticism. Through the text, the author echoes Frantz Fanon's ideals of identity, as he in one way or the other protects his African-ness, the text refuse to be looked down upon, regarded as animals and to be a diseased continent "Nevertheless with all my strength I refuse to accept the amputation." (Fanon 2008:108). Like Fanon, Iweala evokes images of experiences, stereotypes, perceptions, beliefs and many other issues which set the focus of this chapter.

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I explored the experiences and issues surround illnesses through the postcolonial, cultural and Afrocentric theories, using the chronotope theory as a model of analysis or study apparatus. The study will adopt Bakhtin's concept of "chronotope" as a tool for analysis chiefly because of its how it relates literary discourse and the ontic material, although the concept problematizes the notion of authenticity. Bellingham (2016:45) asserts that, "this experiment attends to how chronotopes constitute ontic, material effects with which ethics can be seen as entangled". The chronotope theory made a mark on the literary seen for constituting space and time in the formation of representational material, focus is on its ability to enact the reality in literary discourses. Bakhtin (1981:345) regards the novel as the representation of "reality itself in the process of its unfolding". In Batkhin's view, all literary texts create chronotopes, because, when put into perspective, texts resemble the existing realities "available in a given historical stage of human development" (Bakhtin, 1981:1306). Although, the Iweala's text is classified as a non-fiction novel, employing Bakhtin's chonotope theory, contextualised the study; creating a more vivid and physical analysis of the text. Thus, the notion of space and time sets *Our Kind of People* into the existing Africa's battle with disease and outside perceptions of diseases and illnesses in Africa.

The study analyses the text through the post-colonialist lenses. Postcolonial theory is abodes perspectives which creates the confluence of ideologies of race, African stereotypes, gender, culture, socio-economics, language, identity and politics. However, post-colonial analysis draws from a wide variety of theoretical perspectives. Generally, post-colonial theory, makes reference to the impacts of European/Western colonialism on the African landscape, which bore the universal African primitive perceptions, hybrid cultures and identities that came into being as a result of imposed Western cultures. Ashcroft et.al (2003:1) highlight that:

> post-colonial analysis increasingly makes clear the nature and impact of inherited power relations, and their continuing effects on modern global culture and politics. Political questions usually approached

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> from the stand-points of nation-state relations, race, class, economics and gender are made clearer when we consider them in the context of their relations with the colonialist past. This is because the structures of power established by the colonizing process remain pervasive, though often hidden in cultural relations throughout the world.

The focal point of postcolonial theory, in this study, is on the concerned and determined post-independence narratives associated with the former European/Western colonial African, which emanates from the complex varieties of mixed identities, geographic and social re-settlements, racial constrictions, as well as new disease experiences bred by the Western colonial experiment. Political and cultural legacies of colonialism gave birth to various experiences regarding the African human body and its enactment. Frank (1995) applies the intervention of illness in a post-colonial perspective as narratives colonised by dominant biomedical discourses. Frank (1995:10) claims that Western medicine has taken over and dominated illness experiences, "just as political and economic colonialism took over geographic areas, modernist medicine claimed the body of its patients as its territory", such that the African unique qualities of health, illness and death experiences are forced into a unified, biomedical view of what it means to dominant colonial groups. Therefore, the study draws from eclectic postcolonial theoretical approaches, to form the basis of the study. Among other postcolonial tenets, the study focused on the tenets which directly speak to the notion's illness as pretexts of the ailing body's identity and context.

The title *Our Kind of people: A Continent's Challenge, A Country's Hope,* largely speaks to the notion of peculiarity. 'Our kind of people', simply means the calibre, traits, stereotypes, ideals, beliefs, cultures, and other issues that are tagged to a group or people someone relates with in one way or the other. Thus, *Our Kind of people: A Continent's Challenge, A Country's Hope,* is perhaps a rhetoric to the perceptions of African people and the continent at large and the author has is set out to preserve the African identity and human traits, which were perhaps

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unstructured by the imperial/colonial discourses. The dogma behind African writing has since been against the multi-faceted colonial project which was launched "to restructure Africa and its peoples to fit the desired picture as conceptualised and painted by the colonialists within a matrix of economic exploitation, socio-political and religious domination of the African peoples and territories" (Imhonopi 2013:110). The title shows a juxtaposition of concepts on the grand narratives of the perceptions of Africa and its people, which shows that, the general or universal perceptions of African people amass a challenge to the continent, however, these perceptions also distinguishes the different groups of Africans from the rest of the world. This title is a lucid sarcasm to the world's opinions or stereotypes of Africa and its people.

> For a long time, the image, or imagined state of Africa, determined how Westerners wrote about that continent. Ignorance of the African continent in the period before European contact led many Westerners to portray Africa in various ways. Such images included representations of Africa as a land of exoticism, a land of great riches, the "Dark Continent" and a place of savagery (Janzen 2014:12).

The author embarked on a journey that was meant to re-write the African people's stories, mainly about HIV/AIDS and the illnesses thereof. The story of Jerome in the first chapter clearly gives a prototype of the world's typical story of the pandemic and how it spreads in Africa leading to colossal deaths across the continent. Iweala regards such stories as a challenge: "You know this story. You have heard it many times before. This is the story of HIV/AIDS in Africa. Or is it?" (12) The combination of Jerome's story with this sharp rhetorical interpolation is remarkable. It coerces the reader to critic perceptions, stereotypes, and myths about Africa, illness and the pandemic. The title shows resentment against the African assumed stereotypes, which the author sarcastically brackets as the distinguishing characteristics of the African people from the world's human and social fabric that slightly projects the Africans as a people with their own beliefs, cultures, identity and distinctive

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societies thereof. In a study of African American literary works, William (2006:3) noted that writers seek to represent the social array that exist in black communities.

> The reality of HIV/AIDS in Africa is a diversity of experiences. There is no archetypal story, no single defining theme. For people who experience the disease, whether HIV positive of not, the reality is influenced by who they are as individuals and the communities to which they belong. The HIV/AIDS epidemic does not exist outside of regular life. Rather it is shaped by regular life, just as it shapes our everyday experiences. (38-9)

Usually these social arrays instil identity to a group of people. The title and the text take the shape of Lawrence Otis Graham's *Our Kind of People: Inside America's Black Upper Class*. Although the two titles were aimed at illuminating two different concepts, the titles are a call for discrete recognition of a group of people who are misrepresented, misunderstood or regarded under the recognition of the other. Thus, 'our Kind of People' instigates the notion of identity, freedom of identity to the formally relegated and marginalised groups. Thus, Iweala acknowledges that it is 'a continent's challenge' however 'country's hope'. Commenting on Graham (1999), Churchill asserts that "the value of *Our Kind of people* is in the richly detailed evidence it provides on the existence of a black upper class" (Churchill 1999: 289). The Western image of illness and diseases in Africa "caricatured as the sick continent—stands in sharp contrast to the African understanding" (Janzen 2014:10). Therefore, the title *Our Kind of people: A Continent's Challenge, A Country's Hope,* alludes to the restoration of the distinct issues African people, whose African-ness was formerly challenged, narrowed, imperially channelled and restructured.

However, the title does not only address the universal views of the continent and its people, rather the satire is also extended to the local views of illness and the issues surrounding illness. In most cases the human body is perceived beyond pathology. The human body encapsulates the spirit that is believed to control the bio-scenes within its day-today functions, and this belief

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cuts across the diverse religions and cultures in Africa. The African human body is primarily regulated by the spirit; hence its biological pathology is usually a secondary concern. However, some scholars argue that spiritual practices such as “transcendental meditation, mindfulness meditation, healing touch (involving ‘subtle energies’), acupuncture” are at times used by believers as alternatives or complementary options to medical practices (Hilbers, 2011:27). Nonetheless, these primary concerns have a lot to do with the way Africans from a diverse religious and cultural background view, understand and project illness. As a result, illnesses tend to be categorised in different stratums of the society. The African sociology brackets illnesses from social categories; some illnesses are associated with poverty, illiteracy, cultures, religions, politics, gender just to mention a few. It is from this background that most African people affected with illness are less timeous on their medical assistance.

Pathologically, illnesses are discovered at a very later stage in African contexts, mainly because of how Africans relate with clinical medicine. Often than not clinical practices are regarded as western, which literary means foreign and mostly, foreign aspects are never a primary concern to the African societies across their diversities. Rumun (2014:39), asserts that, “there is increasing recognition within contemporary western medicine of the significant links between spirituality/religion and health, and the need for health professionals to understand their patients’ spiritual/religious beliefs and practices”. In this regard, even after the great civilisation of Africa and Africans at large clinical pathology is still questionable, hence it is given secondary attention. All these issues primarily forms ‘our kind of people’, however, the damages and deaths these beliefs, views, attitudes and behaviour cause to the African landscapes where people “drop like flies” (15). Although, these attitudes, behaviour, beliefs and views of illness are a challenge to the continent, that makes them our kind of people with an identity and centralised cultural cores; this gives hope towards the recognition an African country which is usually perceived under the single African social fabric.

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However, Africa is not a homogeneous continent, therefore, most representations are mostly not representative of country specific issues (Chenwi 2007). Like Chinua Achebe's *Things Fall Apart,* the title does not only address the foreign intervention, it also projects on cultures' shortcomings. This is however, regarded with high esteem because these believed to be primitive traits make African culture a unique original context and Nigeria a country which is part of Africa. According to Chenwi (2007:10) "there are inherent dangers in generalising about Africa, as Africa is not a homogeneous continent**"**. Iweala yields to the notion of African-ness and his title *Our Kind of people: A Continent's Challenge, A Country's Hope,* shows that he takes pride in the all the values, views, beliefs, religions and cultures of Africa and Nigeria in particular, such that he projects and acknowledges them and however address their shortcoming. This is to re-write the international discourses about Africa while addressing the challenges that comes with some of the African peculiar traits on illness mainly in regard with the HIV/AIDS pandemic.

3.2 Defining illness in the African context

Illness is generally known as the unusual yet uncomfortable feeling of the body, or simply a sick feeling. Boyd (2000:10), defines illness as a "feeling, an experience of unhealthy which is entirely personal, interior to the person of the patient. Often it accompanies disease, but the disease may be undeclared, as in the early stages of cancer or tuberculosis or diabetes. Sometimes illness exists where no disease can be found" Niebroj (2006:255), noted that since the late 1960s, the definitions of illness/ailment has been considered as a triad concept of, illness, sickness and disease (Hoffman 2001). However, "illness is understood as a subjective experience of a feeling to be unhealthy, which reduce the capacity of a given ill person". In *How Lay Men Define Illness,* Apple, concluded that to be ill means to have an "ailment...which interferes with one's usual activities" (Apple 1960:223). Although illness is regarded as an

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ailment throughout the history of the body, it is usually defined in twofold; disease and sickness are the immediate synonyms of illness in the African context. An ill-being is generally regarded as diseased. In *Health and Health Care in a Nigerian Context*, Agbiji and Landman (2014), gives a vivid example of the synonymous use of illness and sickness as one word which was used interchangeably, hence he defines sickness as "an abnormality, and a disruption in the harmony that an individual enjoys with himself, others and the environment (Agbaji and Landman 2014: 78).

3.3 Representations or depictions of illness

The incorporation of illnesses in literary studies is nothing new across the globe, since the inception of writing and criticism. This incorporation started with the mention of mental illness, which took a huge course in literary writing dating back to the times of Homer, Shakespeare and many others, however, it came as a response to the day-today social issues. "The idea of incorporating disease or illness in literature has been with us from the beginning of fiction writing" (Kravitz 2010:1). According to Buscemi (2009), the relationship between medicine, illness and diseases began as a response to the most prevalent nineteenth-century medical writings, which were increasingly creating a distant relationship between doctor and patient. According to Morley (1978), the representation of illness emerged out of a system of cultural values and beliefs that ascribe meaning to phenomena such as illness, death, and other social issues. Nonetheless, Couser (2016: 3) explains that,

> In the Western tradition, we can date first-person life writing about illness and disability (which I have named autosomatography) from classic texts like John Donne's Devotions upon Emergent Occasions, and Several Steps in My Sickness (1624) and the essays of Michel de Montaigne. But such texts are rare—few and chronologically far between—until well after the birth of the clinic in the eighteenth century

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Representations of illness in both as biological social contexts denotes undesirable conditions. As a result, depictions are primarily characterised by anxieties or a desire to be healed from the physical affliction. Cultural theory, according to Gilman noted that "the fear of collapse, the sense of dissolution, contaminates the Western image of all diseases" (1). The study focuses on individuals and/or communal settings whose illness anxieties range from the perceived threat of biological infection to ideological fears about vulnerability and cultural impurity. Illness anxieties might be represented in various ways across cultures, ultimately most anxieties hinge upon a fear of collapse. The worst years of my life because for four years I was waiting for death (34). In Hindu sacred scripture such as the Ramayana, for example, illness is associated with the susceptibility of human flesh to the corrupting ways of the world. In *Welcome to Hillbrow*, Refilwe's illness is regarded as "the fruit of sin" (Phaswane, 2001: 112). Most narratives relate illness with the unusual or retarded function of the body, but mostly as evidence of a compromised morality and spirituality.

The representation of illness in Africa dates back to the colonial histories and literary writing (Swartz 2009). These representations initially focused on mental illness than any other illness, however, the array of representations changed when allopath different types of diseases were being discovered, which makes it a continuous process. In *Writing and Madness* Felman (2003: 15-16) believes that mental illness is "silenced by society is given voice by literature, while literature and madness are informed by each other … precisely linked by what attempts to shut them out". Thus, in different societies, there is a close relationship between literature and illness, because literary representations influence the way in which people perceive, understand and describe illness, while illness also affect representations.

As literature permeates culture and offers representations of different aspects of the human experience, providing a better understanding of human lives, existence and, therefore, of illness, which can also shape reality. However, the contemporary African realities are

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formulated from the colonial doctrines, although in some cases one cannot but notice the fusion of both the African indigenous ideals and the exotic colonial ideals, which is actually a challenge to the African communities living in the fusion, while it is a negative stereotype to the onlookers (the world); who in most cases capitalise on it. Taiwo (2010) noted that, it is unfortunate that modernity and colonialism are two different concepts that are often used interchangeably and Africa seems not to be a fertile ground for modernity. This alludes to the fact that Africans could not wholly assimilate the European ideals although they supped up quite a lot of them to their amusement. Nwauwa (2015), argues that the relationship between indigenous African and European ideals birthed the negating notions of tribal and neo-primitivism which are all set to annul the authentication of the African indigenous ideals. It is in this light that there is a complex space for the representation of illness peculiar to the African societies.

Therefore, when exploring the representations of illness in literary writing, the most germane question is: What constitutes illness? Due to the fact that conceptions of meaning differ mainly because of historical, cultural, literary and even individual contexts in which it is being defined, there cannot be a single definition of illness. Thiher (1999), argues that literary representations of illness often reflect diverse cultural assumptions. In *Madness in Literature*, however, Feder (1980: xi-xii) suggests that: The connection among all these illnesses though he was alluding to mental illness is a concern. It might be primitive or sophisticated with unorthodox stunts, thoughts and feelings, even if it comes as a threat, or a challenge there is a connection at some point. Rieger (1994:9), asserts that the relationship between literature and psychology are “complementary differences, for each contributes to an understanding of personality”. However, Schuetze (2015), apprehends that literature creates a grotesque image in describing illness. This is in actual fact a definition of ill-relations between literature and illness issues. Theorists Bakhtin and Kayser noted that grotesque (late eighteenth and nineteenth century’s

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literature of the body) have the capacity to up-end status quo, causing chaos that occurs in its literature. Thus, illness as the grotesque is a world that no human alive would like to imagine or put into perspective, and to some extent it is worse than death. Kayser explains that readers "are so strongly affected and terrified (by the grotesque) because it is our world which ceases to be reliable" and we feel that we would be unable to live in this changed world" (185).

Nonetheless literature and illness or issues of afflicted bodies share a composite relationship which serves the world. Illness caused by any disease remains a condition that only the flesh can experience and suffer, which in some instances projects on the notion of animality. Illness strips the human terms of an individual down to animal conditions, where one has no human capacity to rationality, moral understanding, speech, self-awareness, and many other characteristics expected of a human being. In most cases the experiences of an ill person are flooded with third person perspectives and this is because the ill are regarded as less of a human being in one way or the other. This is a concept that Courser (2016:4), call

> 'the tyranny of the comic plot'—the strong preference in the literary marketplace for a positive 'narrative arc', i.e., a happy ending. Obviously, that demand militated against first-person narratives of HIV/AIDS, which was not survivable in the early days of the epidemic; it was similarly repressive of narratives of worst-case scenarios of cancer, chronic illness, and some impairments (what Frank labeled 'chaos narratives')

Animality is a concept that is next to biopolitcs, because they both create a transgressive space for the ill-self, without considering the human complex relationship between mind and body. Thus, the two concepts share quite a complex relationship, which categorise people in certain groups: human enough to tackle certain duties, wherein due to some illnesses travel across borders is restricted, one cannot occupy certain positions and many other regulations imposed on an ill body. In actual fact illness asserts a shift in identity, leaving the characteristics of the ill-being less of a human being. In most cases than not, ill people do not identify themselves as

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normal (physically), such that in some cases they assert the animal similes in describing their conditions and how the world around them relates. In Agamben's view, "man lacks any specific identifying characteristic other than self-knowledge: 'man is the being which recognises itself as such, that man is the animal that must recognize itself as human to be human" (Agamben 2004: 25). Therefore, when a human being falls short of human self-acknowledgement, identity crisis relates him/her to animals, while biopolitics sets the standards. Literary representations of illness area multi-faceted, however, coloured by a lot of factors which at some point relates to the notions of identity in various social pools. The notion of identity determines the point of reference not only in the case of illness, but in all contexts of life even at the verge of death. In most cases there is a complex relationship between illness and identity, because illness imposes an element of identity on the afflicted body, which varies from symptoms, signs, causes, family history, class, gender and the illness itself. Therefore, apart from the fact that illness issues in literature can also contribute to the knowledge of human beings when faced with illness, representations permeates both pathology and the social spectrums of illness that are beyond science, which can harmonise and harness illness issues in societies.

Studies allude to the importance of literary representations of illness. "Ultimately, illness and disability narratives are too important to be left to physicians"; as much as possible, such narratives should be authored by those affected by the conditions in question (Courser 2016:7). These representations restage the traditional awareness and social conscientising functions of folklore in African societies. Although it has its own weaknesses, the literary representations of illnesses buttress the historical, social, psychological, economic, political, cultural dynamics and to a certain extent scientific ignorance of illnesses in societies. In a study of mental illness, Caruth (1995:18) shows the connection between psychoanalysis and literature, "Freud turns to literature to describe traumatic experience it is because literature, like psychoanalysis, is

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interested in the complex relation between knowing and not knowing. And it is, indeed at the specific point at which knowing and not knowing intersect that the language of literature and the psychoanalytic theory of traumatic experience precisely meet". The general populace is mostly ignorant of the manifestations of illnesses caused by different diseases. The telling and retelling of illness experiences through literature can, in fact, acknowledge the conditions as manifestations or as lived with in one way or the other.

Though mainly slanted to mental illness, Murray *et al.* (2008:1) clarifies that "the nature of trauma complicates the articulation of traumatic experience, and fiction opens up possibilities for overcoming the representational difficulties posed by trauma". Rieger (1994:9) elaborates that in most mental illness cases the mad or wilder sides are repressed in response to the expectations and pressures of societies or some pretend to be sane, however. "Literature clarifies many of these situations and provides insight into understanding ourselves and others". States that literature is that space where reason and illness meet, creating an interplay between philosophy and allopath "throughout our cultural history, the madness that has been socially, politically and philosophically repressed has nonetheless made itself heard, has survived as a speaking subject only in and through literary texts" (Felman 2003:15). Thus, this study intends to show the representation of illness through literature in the selected texts.

3.4 Illness and society

Insofar as the African society is perceived as one of the smallest continents in the world, it is noteworthy to affirm that Africa has at least 54 countries and it is the second (2nd) largest continent (land cover) which cannot be compared to Europe (land cover) in any way and so is its population. However, is one of the primitive, tribal, trivial and mostly looked down upon continent mostly after colonisation. Tilley (2016:743), asserts that "at over 11 million square miles, Africa is the second-largest continent (after Asia) and was the last massive region of the

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world that Europeans colonized (between 1880 and 1910)". Africa is the second largest continent in the world. Yet its intellectual and cultural contributions remain the least understood, if we take the written records about the continent and its people as the sources of knowledge about the continent.

There are still those whose knowledge about the continent is grounded in the perceptions and attitudes of the missionary merchant s and marines who occupied the continent through foreign religions, trade or guns (Molefi and Ama 2009). illnesses are nothing new to the continent, however, each and every community, tribe, culture or society in African had its own way of perceiving illness. This was determined by a lot of various factors, which some of them include cause of illness, gender class and many others. In as much as the fact that Africa is not a homogeneous tract is beyond reasonable doubt, there are quite a number of views, ideals, classifications, concept, attitudes, traits, languages, cultural norms and values that Africans share across the continent. Illness issues are not an exception. Idang (2015:97) emphasises that in presumably lacing Africa as a continent, its people, culture and values, "we are not presupposing that all African societies have the same explanation(s) for events, the same language, and same mode of dressing and so on. Rather, there are underlying similarities shared by many African societies which, when contrasted with other cultures, reveal a wide gap of difference".

Society is defined of best understood in contexts, however, generally, it is the sharing of common ground, which varies from geographical location, cultural values and norms, beliefs, class, politics and many other ideals thereof. However, societies are largely acceptable tools of control. Thus, the creation of a society is the mechanism of public control. In *Social Organization: A Study of the Larger Mind* (1909), Cooley, argues that, society is a perpetual experiment in amplifying social experiences and managing variety. For Cooley, a society is a complex social form which includes formal institutions and social class systems and the subtle

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controls of public opinions. As a result, the monks and bigwigs of societies hold the eyeball of the public on most aspects of life; illness is not an exception. Fuchs (2004:1) asserts that, “societal structures don’t exist externally to, but only in and through human agency: The interpolation between perception and experience cannot be overlooked. Experiences are determined by perception; out of the mind, the body reciprocates. Traditionally, illness was regarded as an abnormal situation that is in fact out of the ordinary. In most African societies across the continent illness was and is still negated; the ill-being and his family are usually believed to be responsible for the illness, such that they are regarded with sympathy, empathy or scorn.

Iweala projects Nigeria as a typical African society that is yet to acclimate with the issues of HIV/AIDS related illnesses. Throughout his meetings with his characters the relationship between illness and the society is boldly averred. The author amplifies the relationship, as he shows that illness is not only the ill-being’s issue, rather it has a lot to do with the society than it has with the family solely. An ill-being is part of a family, which is part of a community that makes up a society. Samalia Garba is a family man, with children, like Hope and Rolake. Elizabeth’s friend, the young banker’s aunt, and other characters are part of a society because they are family members. In most cases, Iweala relates how illness cannot be isolated from the society, such that his characters are highly concerned about how people outside their families will think about their ill-bodies, how they will perceive and talk about them as ill-beings. From the womanising Jerome, who seemed not to care about anything or anyone around him during his gloomy days, who “worked. He played and he played” (5), to the last character Paul Nwabuikwu the former editorial board member; though HIV negative his concern is on how Africans are perceived and identified in the grand narratives. He says, “I have to make the point that, yes, I understand this is real, but it’s not my identity” (216). The interpolation of society

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on illness experiences is a huge factor that shifts pain from the physical affliction to a more emotional and traumatising state mind, which leaves negative body and social impacts.

Societal concerns also made most of the ill-beings and their families conceal their ordeals. At some point all the characters concealed their illnesses, let alone the status (mostly where HIV/AIDS and other sexually transmitted diseases are concerned). Iweala's characters concealed their pains and inflicted bodies even before they knew the causes or the diseases behind their illness. Jerome hid her wife to death and he did the same to himself. Hope's husband could not stand the idea of his colleagues knowing of his physical deterioration. Elizabeth's friend moved states and other characters made their efforts to conceal their illnesses. Williams and Morrant (2018), affirms that people mask their illnesses. *Our Kind of People* gives shows some of the factors that lead to the concealing of illness as it progresses in one's body, which include inferiority complex and perceived stigma, or phantom neglect.

There is a perfect relationship between perceived stigma and inferiority complex; the latter is influenced by the former. In most society's perceived stigma is a result of one's awareness of, and relation to his/her cultural values, norms and the consequences that comes with dishonouring. Perceived stigma is generally defined as one's discernment of the society's perception of their behaviour or actions and their consequences.

Although, the concept of perceived stigma emanated from notion of discrimination or devaluation of people with mental illnesses by Link (1987), Corrigan, Watson, and Barr (2006), defines it the individuals' awareness of the public's stigmatizing factors and attitudes, or negative stereotypes towards certain groups. This is one of the reasons why Hope's husband preferred to die than to endure facing his fellow 'big-big' men, whom he does business with. "He said no! A man like me a popular person…he says he won't stay watching himself let people know that he has this problem" (47). Given such sentiments, one will wonder if the man

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was worried about the 'thing' ("there is one thing that do him on his head here") on his head or the 'thing' that caused it ("the moment they find that thing out he was not happy"). Its either semantics plays tricks with the reader here, or it is because of the Nigerian Pidgin English, which is likely to refer to almost everything as a 'thing'. Although the language might be confusing, I regard the 'thing' as the lump that grew on his head because it is the only thing that caused an un-coming site, "that transformed his otherwise round head into an oblong structure" (43). Body deformities that are caused by illnesses are not a spectacle site to the healthy, yet an embarrassing site to the ill.

However, this site comes with perspectives of causes, to both the ill and the society. These perspectives are entangled with the dominant societal values and norms, natural to the people in the community or group of people. The most common thing across cultures is that, there is a measured punitive attitude that comes with violation, and almost everyone in the society or group is aware of it; to some extent might have perhaps exercised it on someone or others at some point. Hence, the perceived stigma, which then leads to inferiority complex, a concept that mainly plays on one's behaviour after an esteem/ego inflicting incident; which might be mentally, physically or otherwise. These characters are actively conscious of their society and its perceptions of illness, which is actually the problem behind most of the psychological and social worries in the ill and the people around them. Hughes (1979:35) argues that, in the shifting, transitional world of ideas… the problem of consciousness early established itself as crucial". Thus, body deformities, which results from diseases and illnesses tend to be viewed as outside the natural, and negative attitude is implicated where the cause is concerned.

Moore, Stuewig and Tangney (2016), claim that people with some illnesses, which include mental illness, HIV and others, are found across non-correctional stigmatized groups, inasmuch as people who use illegal drugs. Perhaps, it is from this background that, Hope's husband direly wanted the 'thing' to be removed, because it would have been the initial sole pointer to the

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disease, which he knew it was going to leave him ill-valued/devalued/discriminated from his group of businessmen and position of prominence in the group and society. This is the same reason behind concealing illnesses from the public, by both the ill and the close relatives.

Culture is one of the issues that is boldly behind the concealing of illnesses even before diagnosis and prognosis. Partly intertwined with the cultural issues, illness concealing is an engendered matter, which gender activist, theorists and scholars articulate from different standpoints. The social market square does not make life and living easier, hence they draw a very thin line between illness and criminality. Thus, there is a lot of ontological idealism surrounding illness issues. The African cultural appropriation at some point created a set of ideals that do not regard illness beyond the disease, which is one of the main reasons why some people are viewed with scorn, anger and blame when inflicted.

In *The Body Bears the Burden: Trauma, Dissociation, and Disease*, Scaer (2007), explains that the parts of the brains that is affected by traumatic/ emotional distress regulate the body (reptilian and limbic brains). Thus, the signs and symptoms of traumatic stress manifests on the body, which leaves illness experiences much more intense in compact societies such as Africa. Although Africa is not a single monolithic society, it has many various solid communities which makes up a lot of compact societies, which are centralised by cultures, languages, tribes, ancestry, families and many other factors. A tree does not stand alone to become a forest, *Our Kind of People* is set in Nigeria, one of the biggest African countries with a very huge population that has a lot of monolithic societies. “Each tribe consist of a number of compact village settlements” (Bradbury 2017:100). These compact tribal relationships and settlements are not without their own weaknesses. The inter-tribe or inter-groups’ point of reference is usually infested with bias, stereotypes and prejudice.

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The text affirms that there is an element of inter-tribe reference that each society desires to protect. Jerome did not want anyone to know that her wife was ill, even before he reckons the disease behind her illness. “He hid Agatha, stopped her from attending the women’s meetings that the Cross-River indigenes in Abuja had setup. He refused to take her to hospital…until finally the breast burst open, leaving him no choice” (8-9). Due to the fact that Abuja is a commercial locus, it attracted people from different tribes, Jerome hid his wife’s illness from the public eye, largely to protect his identity and moral core. Avrahami (2003), contends that “In a society where health is upheld, paradoxically both as a normative, a regulating category and as an ideal state of personal utopianism, one’s disclosure of a seriously debilitating illness is itself transgressive, verging on admittance to a state of sin” (166). Most of Iweala’s characters finds it difficult to openly talk of show their illness, which is subtly ironic to be written in a text written many years after texts such as *Confessions* and many other texts which accustomed HIV/AIDS open conversations. This affirms that illness is still a complex ground which biomedicine have not yet tapped to the satisfaction of the African contexts.

Hope’s husband does not fully commit to nurse and fully establish the issues of his illness and physical pains in a bid to shun the possible perceptions of his fellow men “big-big men” in his social circles. “A popular person! Because he do deal with big-big men. He won’t stay watching himself let people know that he has this problem. It’s better that he die” (47). As he carried his pride above his head, he (Hope’s husband) seemed not to consider his illness in an attentive manner than he considered the society around him, which speaks to the collectivist nature of the African societies, where each member is aware of their physical bodies and conditions in collective perceptions. In Kadira, Ahmada and Mustafaa (2014:332) asserts that “cultural cues and their understanding and interpretations determine how cultural audience assess themselves, the world around them”. The body plays a role in the positions and status people assume in the society, hence illness weakens the status.

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Although, Sontag (1991), argues that "to get AIDS is precisely to be revealed … as a member of a certain 'risk group', a community of pariahs. The illness flushes out an identity that might have remained hidden from the neighbours, job mates, family, friends" (24-5). Samovar *et al.* (2012:301), articulate that "every aspect of nonverbal communication is affected by the degree of individualism or collectivism of a culture. Iweala's characters are portrayed as people who knew of a certain code or information their illness was going to send to the public, and the communication seemed negative. Hence, these characters did not only suffer from body afflictions, as a result of the diseases; they also social pressures due to certain perceptions and beliefs that are attached to the notion of illness. "Sickness and hospitalisation the, could pose serious challenges not only on the physical, but also on the emotional, psychological and spiritual perspectives of a person (Agbiji and Landman 2014:236). Thus, illness at a certain point in time deforms personhood, and strips off one's social status, due to some African societal beliefs, infectious illnesses are not going to be easily accustomed to. As the afflicted struggles to conform to the societal expectations of personhood the body biosphere suffers. Iweala represents illness as more of a social concern that it is to the body. In *Our Kind of People*, illness primarily afflicts the social status before it wrecks the body. Jerome desisted from the public; "he didn't want to be seen in public---him Jerome, a whole Jerome reduced and continuously reducing" (10). These societal norms are all bound by cultural values.

The perceptions of the international society, thwarts African-hood, with both literal and metaphoric expressions alluding to Africa. Insofar as the depictions of illness in a lot of texts across the globe, authors including Iweala reiterate and respond the international society's perspective of illness which is at some point likened to Africa. Like Chinua Achebe whose aim in writing Things Fall Apart was mainly to respond to The Heart of Darkness, and project the well formulated centrality in a typical African community, Iweala seems to be inclined by the need to zoom out the peculiarities and similarities of humanity in the face of a disease, which

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however, does not make it any worse when compared to the other societies across the world. "Their lives, their stories and their actions are an acknowledgement that, disease or no disease, we are all fundamentally the same. We are all human." (217). The last character in Iweala's inquiry; Paul Nwaibuikwu a former editorial board member of one of the famous Nigerian Newspapers the Guardian, contends against the uncanny relation of illness or disease as an identity of Africa. He says

> I'm very uncomfortable with the way AIDS have morphed from being something that started from the West to being another face of Africa…as an African, I have to make the point that, yes, I understand this is real, but it's not my identity. I refuse to accept it. It's a disease that affects everybody, but it's not identity…HIV is not the entirety of who we are as a country or continent (215-6).

For some reasons, Africa has been regarded as the face of diseases and illnesses across the globe. Up to this day scholars are still discovering reasons behind the ill-identity, however, there seems to be a common ground in the depiction of the factors behind it, which generally dates back to colonialism and its culture clashes.

3.5 Illness and culture

Since time immemorial illness has been a commodity of culture and this is one of the ideals that modernity cannot do away with. Acculturation tethered illness to pathology and the global community reacted in different ways. However, pathology took centre stage in most societies across the world, although some communities still question its authenticity to their humanity and Africa is one of them. There are a lot of definitions to culture and they are not unanimous. In general culture is an ideal that a group of people attest to. Nortje and Albertyn (2015:24), argue that, "culture is the framework that directs human behaviour in a given situation". Turner (2005), defines culture as the exercise of acquired knowledge, passed on across generations and which attaches meaning to experiences and channel behaviours. In Pillaya, van Zyl and

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Blackbeard's perspectives, culture is "framed resource for human experience and a well of collective wisdom" (Pillaya, van Zyl and Blackbeard 2014). Pathology was introduced to Africa long before colonialism, however, colonialism brought about its multiple facets and experiments, hence quite a lot of diseases were discovered thereof.

Quite a number of new ailments that were discovered a considerable period after colonialism were all identified as the whiteman's diseases/illnesses, and HIV/AIDS was also ushered into the continent with the same sentiment. "When it first appeared in Nigeria, AIDS was rejected as a nonissue by the successive military government, as well as the public…sometimes referred to as the American Invention to Discourage Sex" (24-25). Constantly, the author made reference to the fact that disease and its illnesses were not given enough regard to be prevented or acted upon. This idea is at most attached to cultural beliefs and practices. As a result, a lot of people died due to the perception and attitude thereof.

The African culture(s) is a vast space that include the beliefs, customs, practices, religions, traditions and many other components of life which define culture. However, these cultures vary from one place to the other across the continent, although they share of the cultural traits. Cultural pluralism is one of the prominent features in African human societies and modernity intensified it. The plurality and variations of experiences presents opportunities as well as challenges in religious and cultures traditions in today's world. The social analysis of interpersonal encounters with people experiencing the day-to-day realities of the disease and its illnesses in Nigeria, helps Iweala to gradually project the cultural differences s in purposeful manner. He zooms the cultural interferences and impacts on the day-to-day experiences of illness in a typical African country that has a plethora of cultural variations. The author gave the reader all the uncomfortable and disorienting truths about and behind the disease and its illnesses.

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From a vantage point of the text, most of the cultural customs, tradition, practices, myths and illusions are shattered by experiences which show how HIV as a disease and illnesses thereof are not farfetched issues that are foreign or from outside the African circles (Nigeria to be precise). The practices and lifestyles which attract some illnesses in Africa, especially caused by sexually transmitted diseases are culturally engraved within regular day-to-day life. According to Moore (2015), the conception of chronic diseases results from "numerous culturally inflected personal behaviours", although cultures have challenges, promises to human lives (which includes the wellbeing of the body).

Although Iweala seems charged at illuminating the realities of Africa to diffuse the images of animality forever portrayed about Africans, cultural practices remain the African fate in relation to illnesses and diseases. In one way or the other, one cannot ignore the notion that African cultural practices attracts diseases and to a certain extent, provides fertile ground for the diseases and illnesses to infest. In clearly describing and narrating Samalia Garba's fate and seemingly adherence to cultural practices (polygamy/ multiple sex partners), left Iweala's efforts probably unconsciously charged to the opposite direction, because such stories and others, including Dele's story of a University student whose moral core allows him to parade his 'beast-like' sexual attitude without disregard. Harrison *et al.* (1989:307) noted "that it is not so much biological gender that is potentially hazardous to men's health but rather specific behaviours that are traditionally associated with the mate sex role (masculinity) that can be taken on by either gender In exploring such stories the author might have been on the brink of response to the international regard of Africa and Africans as an autonomous continent.

However, not less diseased or better at handling the diseases (sexually transmitted) to prevent illnesses than represented by the international community. If otherwise, hence the author, unfortunately as a medical practitioner would have taken it upon himself to separate illness from disease or the two would have meant the same thing. In retrospective, Iweala assumes the

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post colonialist stance taken by most African canon writers such as Chinua Achebe, Ngugi wa Thiongo and many others. In actual fact, their responses to the international perspective and representation of Africa, was not literary charged at anything better than primitiveness, because, their own representations of Africa mainly ramified the notion of civilisation from cultural autonomy. Thus, in *I Will Marry When I Want*, Ngugi wrote, “a man will brag with his penis no matter how small”. In retrospective, African writers such as Iweala and the canons, respond to European cantered literature and representations not to correct or justify the African cultures in the face of the so-called civilisation, but to celebrate ‘Africanness’, irrespective of its believed-to-be primitiveness or un-civilisation. This is what Ngugi call ‘decolonising the mind’, where literature confronts the European racist bigotry; and “this confidence manifested in the tone of the writing, its sharp critique of European bourgeois civilisation, its implications, particular in its negritude mould” (Ngugi 2006: 21). Highlighting intimate theoretical relationship, life’s intricacies and African homologies are attempts to overcome modernity and the critical appropriations thereof (Young 1990 Ahluwalia 2001). Irele (2001), argues that some writers, exercise reticence, yet admitting the conveniences, however, cautioning against the limits. Iweala’s text shows the African cultural intimacies.

In a negritude pattern, Iweala portrays illness as nothing new to the African context and as a phenomenon that Africans are also still at awe with (especially caused by HIV/AIDS). Most of the communities that the author visited still speak of the pandemic and its illnesses in whispers. However, the afflicted individuals who are not “dropping like flies” (15) is the concept that he seems desperately charged at. Of course, Africa is diseased, and those afflicted are suffering the illness is an experience that has unique factors behind it, to be regarded an African phenomena or exotic in the Western or European context. Hence, Nwabuikwu attest that “I understand this is real, but it’s not my identity…it’s a disease that affects everybody…. we are all fundamentally the same” (216-17). The author roamed around the concepts of ‘Africaninity’

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in representing illness, addressing the 'exoticising' perceptions of illness. One of the African postcolonial authorship is the "strong nativist impulse, oriented towards the celebration of African realities from the past and their recovery as alternatives for social and civilizing values to counterpoise the unscrupulous and cynical predation which summarized the European contribution to the development of the continent" (Figueiredo 2017:2). Insofar as preserving the African autonomy is one of the post colonialist attitudes, the production of native, negritude centred discourse the realm of African literature in representing different aspects of life including illness. The same also applies to cultural theorists, whose group and grid concept acknowledges communities which share beliefs, norms and practices.

The fact that illness and disease are concepts hardly ramified, is a unique African concept that is to a certain value culturally inflected. Iweala, however, acknowledges the concept, although in his capacity as a medical doctor comes to a point where he made efforts to fork out illness from disease in so many incidences. Rolake, Ikenna, Samalia's and Jessam's stories for instance. They knew about their status (disease) after some bouts of illnesses, however, the illness seemed something normal and to a certain extent inevitable. Ikenna said, I never knew about the something the first time I was seriously sick. They took me to hospital. I got OK" (136). In describing her husband's illness, Hope said, "There is one thing that do him on his head here" (43). Elizabeth said, "When I saw my friend, she was down. I sympathised for her sickness and everything. Something swells her under the chest there" (81). These stories show that illness is part of life and it manifests in different ways, but it became a different story when each of these characters and their societies learn that these illnesses are a manifestation of HIV/AIDS. This changed illness to HIV/AIDS (disease) and vice versa and from Rolake's observation of the Western perception of illness in Africa is HIV/AIDS. "As well as the unintentional suggestion that to be African is to be HIV positive thus close to the brink of death" (36). Apart from the fact that, this idea speaks to the exotic African identity, it shows

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how illness and disease shares a much more complex relationship in the African context, which is part of the agricultural products of knowledge. In the African cultures sexually, transmitted illnesses are like criminality and acts of suicide; ill accepted concepts that do not go without scorn and ill-regard in the African societies.

Pain is a cultural phenomenon, which is at some point relative. “Culture also influences the meaning and expression of pain” (Nortje and Albertyn 2015:24). In most African representations the limits of the human body are one to the things that African cultures conceal. Showing the limits of the human body is also an engendered aspect that is associated with femininity. The narrative does not get into the depths of articulating pain in the ill-beings. His depiction of illness and its experiences is socially cantered, where there is stigma, scorn, sympathy, endurance and resistance. Where he tempted to delve into the aspect of pain with Ikenna, he brushed it off reluctantly, and this might be because of the illness-disease mixed concept. In a study of Zulu cultures, it was established that, from a tender age, they are taught to endure pain with stoicism and resilience. (Mills 2014, Knight 2011). This cultural trait is replicated throughout the text. For instance, Ikenna soldiered on with the walk, even though he was losing his breath. The narrator noted that “as we walked on I noticed that he had trouble breathing and would pull his air in sharply, in between the bits and pieces…. I asked him a number of times if he wanted to stop, but he waved away my concern with a small hand” (136-37). Out of the concerns Hope’s husband had, pain was the least, if not part of his concerns, instead he went to the hospital for an operation to remove the ‘thing’ that was distorting the shape of his face into an “oblong structure” (43). The activists Rolake, Jessam and Samalia were at some point ill or across different intervals, however, pain did not find its way into their narratives. Considering the author’s background, as a medical doctor, one can be tempted to consider the notions which assert that medical understanding of pain has been controversial since time immemorial. Studies show that the understanding of pain in medical practitioners

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have been forged by science, which makes it difficult for them to propagate it from a humanistic point of view acknowledging the many factors thereof.

In Nortje and Albertyn's view, "the influence of culture on the communication of pain is not always understood and considered by healthcare practitioners" (Nortje and Albertyn 2015). On the contrary some scholars assert that expressing pain is a gender relative concept. In a study of Sipedi, Sotho and Setswana, Nortjeand Albertyn (2015), assert that all the three traditions unanimously attest to the ideal that men are not allowed to show pain, either physical or emotional pain. Expressing pain in any manner is not only unacceptable, but it is a taboo and a sign of weakness for men, while women are mandated to express pain of discomfort to acquire any possible help. "*Monna ke nku ha ile"* which literally translates that a man is a cow, he does not cry. However, some studies established that there are relative differences in the processing of pain as much as it is in expressing it, which is determined by the endogenous, gene-based differences in pain neuro-regulation, biological, sociocultural factors lived experiences among other factors (Goodman 2000; Ruehlman *et al*., 2005; Riley 2002). Contrary to the stoic beliefs in dealing with pain, research show that in some cultural systems, people are expected to accept pain as part of their lifestyles. The Hindu cultures for instance, assert pain and suffering as a result and sign of karma (Whitman 2007).

3.6 Identity and illness

Generally, identity is known as one's point of reference and relations. However, as context marks the meaning of most words and ideals, there are a lot of definitions behind the notion of identity. Afrocentric theorists allude to identity as a socially formulated point of reference, which is highly determined by circumstances, outside formal names, gender and age, and members are fully aware of the identity contingencies and their impacts. Iweala's characters are faced with identity crisis where illness is concerned, which they fortify from a hidden

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environment, shunning out their communities. Hiding and concealing illnesses disintegrates illness as a phenomenon from a community concern to a more intimate environment that only include families, and mostly closely-related family members. Jerome hid his wife from the Abuja community and he later took her to the village for her family to take care of her. He also did the same when he got ill and resumed to his village as well. Hope's husband could not afford to let his group of 'big-big men' and the community to see him ill, with a lump on his head. Hence, he preferred to die than to face his community. Ikenna could not talk about his illness in the bar, such that he opted to meet Iwaela at one of the HIV positive group meetings, and even when his body was in pain, he made it a point that he concealed the feeling. "as we walked on chatting, I noticed that he had trouble breathing and would pull his air in sharply, in between the bits and pieces…. I asked him a number of times if he wanted to stop, but he waved away my concern" (137). Hiding their illnesses strategically save their identities from shame, social destruction and disassociation from a community that constitutes both their being and identity. However, in *The Body in Pain*, Scarry established that pain is beyond explanation and words, because it resisted language. From a cultural theorist point of view, identity is formulated from a group. "A 'people' is formed by physical propinquity, a native soil and a shared history that has formed common beliefs and values (i.e. its culture or civilization) and conferred on it an identity". (Coles 1985:186). On the contrary, cultural identities are resourceful for people afflicted with chronic illnesses and pain, because it provides frameworks of meaning and coping strategies although, culturally-based (Dickson and Kim 2003).

Nonetheless, Warner and Szubka (1994:165) argues that, "the relation between individual and group do not have to be physically grounded. It is the relations with other people that ground man in his existence, and not the physical grounding of the individual and group with a given space". This is typical of contemporary African communities and most other communities across the continent and Iweala demonstrated the intricacies of such a community using the

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Nigerian community. "Like so many others, he came to Abuja when the city was still in its embryonic stages…. The earliest arrivals came by force. They were civil servants…. they came because of their jobs…. others like Jerome came by choice…. There were jobs. There was money, real money to be mad" (4). Ikenna is originally from the east but he is in Kontangora. The truck drivers and the prostitutes. Quite a number of characters were displaced from their places of origin due to mostly economic reasons. Immigration is a global phenomenon between inter- and intra- states. However, migration mitigates the formation of communities or groups, who in their diversities end up sharing a mixed cultural setting. "Spatial structures are seen not merely as an arena in which social life unfolds, but rather as a medium through which social relations are produced and reproduced" (Gregory and Urry 1985:3). The use of Pidgin English in West African countries and the use of Fanakalo in South Africa for instance, are results of groups created in a given space and time. Pewa (2001), asserts that, Fanakalo is a makeshift language, which was created to foster communication between the settler immigrants in the Zululand. Members of these groups assume different positions of power, which is usually influenced by their native cultural background and these groups also create their own cultures and perspectives on issues of life, where illness is not an exception. "Territoriality provides a means of reifying power" (Sack 1986:32). Such is the reason why; Hope's husband was mostly worried about the "bi-big men" he conducted business with and his regard as a "popular person" (47). He preferred to die than to face his group of people with an ailing and weak body. As part of the group he owed his community (big-big men and the place he was highly regarded) allegiance on the aspects of health, especially against a sexually transmitted disease. Thus, although his illness strapped him off his position of power, he also suffered from identity displacement. However, some studies show that, culture-related age expectations influence the expressing of illness and pain, hence it is the protective factor in some age-groups (Baker, Buchanan, and Corson 2008). Nonetheless, age differences on illness and pain is regarded as

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less consistent, because some studies established in the tender ages, while others noted high levels of sensitivity with age (Kunz *et al.* 2005, Rieber 2011).

Apart from the Nigerian community (with different cultural backgrounds), illness depending on its cause is subjected to a form of identity that will be tagged on the ill-being, which results in identity displacement. Samalia, the former handsome policeman became “Mr. AIDS!” and the community members even mocked his children “your father is Mr. AIDS” (102). The name ‘Mr AIDS’ washed away his formal identity as Samalia Garba, a good father to his children and the identity he created out of diligently serving the community as a policeman for a long time. Identity displacement is when one’s identity is born out of character, or physical deformities phasing out the authenticity of one’s status and formal names. However, identity displacement is not a new phenomenon in the world of illness and diseases across the world. This concept can be traced back to the early 20th century era of ‘Typhoid Marry’, who was formally known as Mary Mallon, originally from Ireland. She acquired the name ‘Typhoid Mary’ because of the disease she battled with for a long time. Bartoletti (2015:87), argues that, the nickname Typhoid Marry described her “as a half-human creature, who was also a “fever factory” and a “human vehicle,” who had to be guarded constantly in order not to run away, and who was the most mysterious case in the hospital’s history”. This is a phenomenon across disciplines of life, however, it leaves negative impacts on the already ailing body, as one will lose focus from the biological and clinical needs of the body which are beyond the environment and cultures in a bid to either restore their identities before illness or shun way from identity displacement.

However, the author shows that identity displacement is primarily an intrapersonal issue, insofar as it is an interpersonal issue. This could be also one of the factors behind concealing illnesses in the text. Each one of the affected experiences the factors of their identities falling off due to illness; an intrapersonal feeling that manifest on the outside mostly beyond the

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physical pain. In a study of mental illness, Yanos, Roe and Lysaker (2010: 74) calls it 'illness identity', which they define as a "set of roles and attitudes that people have developed about themselves in relation to their understanding of illness. It is thus an aspect of one's experience of oneself that is affected by both the experience of objective aspects of illness and by how each individual makes meaning of the illness.'' On the literature shows that illness identity or identity displacement is determined by the disease behind every illness.

Thus, the society codifies illnesses; failure to fit into the expectations of the code parameters is reimbursed with an identity(negative)

> When an illness is perceived as sufficiently serious and the ill person is held blameless for their deviation, then legitimacy is ascribed and the sick role is entered unconditionally. But if the illness is perceived to be the result of some serious deviation from social rules and norms, then the ill person may be denied the sick role and instead be treated as a criminal.... [Since sexually transmitted diseases] are the result of non-monogamous sexual relations, which according to idealized moral standards are acts of moral deviance, they are illegitimate and cannot be used as the reason for entering the sick role (Quam 1990: 33).

Post colonialist contend with the ideals of identity in the postcolonial Africa, where orientalism seems to be taking different shapes almost every other day, and appropriation can never be reversed. Negating certain elements of illnesses is attached to the international discourses at some point, hence Iweala embarked on a journey to assert that African stories. In *Black Skin, White Masks*, Fanon defines it as colonial objectification of the blacks which perceive them as the "sexualized Other". According to Fanon such issues are racist formulated myths of black sexuality "in relation to the Negro, everything takes place at the genital level" (Fanon 1986: 157). Illness reduced the ailing bodies to almost invisible after a self-inflicted torcher as well as self-prescribed and perceived stigma. On the other hand, the notion of identity has also been faced with resistance, where illness has been transformed into a source of pride, recognition and superiority by the inflicted.

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3.6 Illness and gender

Illness is also one of the engendered concepts. Africa is a highly patriarchal society, which regards resistance as part of male composition, while weakness and vulnerability in any form or shape makes a woman. Although there is a common misunderstanding on gender and sex, the study will mostly refer to gender, which is the socially constructed sex roles (male and female expected meanings and behaviours/roles). Health Canada (2000:14) defined gender as

> the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational—gender roles and characteristics do not exist in isolation but are defined in relation to one another and through the relationships between women and men, girls and boys.

While sex refers to the biological differences between a man and a woman in general. Iweala rappelled the issues of gender in the text, his narrative does not show gender as a primary concern on illness issues, and however, the reader is able to draw some instances of gender aspects from the narrative. It is noteworthy to acknowledge that the author made a fair attempt to represent both sexes, which ascertains gender equality in his representation of female experiences.

Some studies show that the female specie is weaker than the male specie, it is a concept that might have fatefully came out of Iwaela's narrative. In most cases the male characters seemed uncomfortable in showing or make known their illnesses, even mostly before the discovery of their disease. Insofar as pain diminishes one's (male/superiority), and cultural beliefs and norms, parading illness is a sign of femininity, which is equated to weakness, although studies do not have scientific evidence rallying behind these assumptions. One of the popularly known contributing factors charging behind the female=weak notion is the stereotypic prospects. Agatha, Samalia's wives and Hope did not made a single effort to hide their illnesses or pain,

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such that Samali's community members and schoolmates told his children of their mother's illness severity. Hope even went to her pastor over her husband's illness and she sought for information from friends, where she was later referred to a traditional healer.

Quite a number of African writers' content with the fact that women are more prone to report illnesses. In *Confession*, Catherine could not verbally talk about her story, which can account to a number of reasons, such as stigma, however, she preferred writing for a lot of people to access it. Marylyn her friend took the letter to the public in fulfilment of her friend's wish: "I have good reason to think that if this letter were to be made public after you have gone through it, it would help transform the sexual behaviour of a section of our Kenyan society. I know I will bear the scorn and the stigma but it is the only sane thing to do" (83). The Gender Role Expectation of Pain Questionnaire (GREP), a standardized measure meant to explore sex-related stereotype ascriptions of "pain sensitivity, pain endurance, and willingness to report pain"; both men and women acknowledged that women are naturally "willing to report pain, less able to endure pain, and more sensitive to pain than men" (Wardner 2012:226). Men attribute to the opposite ideals, which seems to assert that illness and pain emasculates men. As a result, men cannot openly talk about illness and pain in favour of their masculinities, and literature shows that illness is a huge threat to masculinity.

Although studies assert that contemporary men are mostly sexist, Iweala carefully trends on sexuality and gender roles in his depiction of illness experiences. Instead, his narrative underscores the marginalities of animality between the two sexes. Female characters naturally assumed their femininity without questions, while the male characters are out and about, in one shape or form attesting to their masculinities in a beast-like manner exploring their sexuality in an 'uncodified' manner. For instance, the truck drivers and the prostitutes, Idele's sexual web, Hope's husband's popularity among young girls, Jerome's definition of spending money, all accounts to male 'beast hood'.

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3.7 Illness and the economy

Illness has always been taking toll on the financial elements of the affected, mostly due to medical bill. However, with the evolution of time, the financial elements of life now have an effect on illness. In most cases people tend to compare their financial statuses to the wellbeing of their bodies, and they suppose science will inexplicably engrave their deformities from the social markets, because they are able to pay for such services (if any). Hope's husband wanted the lump on his head to be removed (operation), which is generally an expensive service in a typical African society, However, the author is not literally concerned about the financial expenses that might have been incurred throughout the illness processes of his characters, a typical aspect for a US citizen (Iweala). His characters are able to seek medical attention without any financial hick-ups in the process, but they suffer mostly from socio-economic status.

Baker (2014:1) defines, socioeconomic status (SES) as a "measure of one's combined economic and social status and tends to be positively associated with better health". However, there are quite a number of factors behind one's socio-economic status. At some point the afflicted characters lost their financial securities (income) due to illness. Rolake could no longer bake; baking was not only her source of income but it was also her passion. Elizabeth's friend, who was a tailor could not even put up her shop due to illness. Hope's husband could not continue with his truck-driving business, such that he left Hope with nothing after his medical needs. Hope had to get money from her parents to start and sustain her pure water market. In general, illness does not only afflict the body, it also negates the day-to-day production patterns of the afflicted person and people around, such as Hope's wife and children for instance.

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3.8 Illness and the social market-square

The social market-square entails the community social influences and responses to a phenomenon. A social-market-square is usually a melting pot of diversity in all aspect of life; the economies, cultures, class, gender, perspectives and other sectors that influence being. The social market-square encompass Foucaldian concepts of biopower, which politically governs the citizens' perspectives of illness and its meanings. However, slightly different from Faucalt's concepts, the social market-square have no restricted regulations, because Africa is tentatively an open market for medical mechanisms. This can be closely related to the postcolonial hybridity. However, it leaves an array of confusion in the 'third space' (Bhabha 1994). In general hybridity can be defined as a makeshift mixture of different ideological and cultural fragments; the mixture results in the third space. In the contemporary Africa, illness is operating from the 'third space' where ignorance and knowledge are channelling people to the brink of life. According to Bhabha hybridity (cultural) refers to the mixture of influences, which subvert the notions of pure and authenticity. Hope wondered all over the place in a bid to help and alleviate her husband's illness. A friend advised her to seek help from a traditional healer who reaped her off an amount of money to no avail. Alternatively, she went to her pastor for prayers over her ill husband which yield no results. Elizabeth also fell into the same pit in a bid to help her friend and unfortunately in her case doctors misdiagnosed her friend's illness. The social market-square is invested with opinions with which most of them are costly. In *The Birth of the Clinic*, Foucault links illness to the "conditions of existence and the way of life of individuals" (1973: 33).

Usually, meanings attributed to illness and diseases, according to Foucault from the Middle Ages to the present are a result of the political/propaganda market. In his view, government has a lot to do with shaping the social core and social circumstances are highly linked to the

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notion's wellbeing. "[t]he first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government" (Foucault 1973: 33). In *Mein Kampf,* Adolf Hitler asserted that syphilis was a "symbol of moral degeneration and its persistence the result of a weak government" (McCombie 1990:22). This implies that in "an ideal society where healthy norms prevail, there would be no disease" (Foucault 1973: 33-6). However, the Foucauldian concept is one of the ideals that Iweala seemed to have at the back of his mind when he rappelled with the issue of the national distribution of condoms. It seems to him, like any other African government and the social issues lightly share the same umbrella. Hence, he did not dwell much on the issues of government's concern of the pandemic as possibly expected. However, Wilton (1997:55) contends that, "Notions of 'sickness' and 'health' are always already political notions" (55). Against all odds, where almost every African writer are specifying the relationship between politics and immorality on HIV/AIDS related illnesses, Iweala seems to find it normal and African and one of the ways in which women earn a living. However, his concern is on their adjustments to the pandemic and the possible hazards it can bring to their health. Like Ntshingila (2008), who finds Thandiwe's prostituting for a living as the only option life has left for her.

Conclusion

The chapter focused on the depiction of illness (HIV/AIDS related). The analysis exploring the manner in which pandemics such as AIDS among others are projected into the larger, well-established discourse of politics, gender, economy and culture. The study explained the contradictions and absurdities inherent in the illness discourses, these include the gendering of illnesses and pandemics. As a result, the analysis shows the extent to which illness related discourses are articulated to gender-related issues such as unequal power relations between men and women as well as stereotypical views of identities and roles in the depictions. Narratives of diseases such as AIDS, which illuminate the discourse of personal illness

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narratives, showing how individuals experience illness, often using theories and critics to give meaning to their experience.

Chapter 4

4.1 Introduction

This chapter explores dying and death in a contemporary African cultural and postcolonial space as represented by Thamm (2013) and Moloi (2016). Dying is known as process and circumstances leading to death, while death is the end of life. These concepts date back to the inception of humanity. However, these stages of life (End of Life) are not easily discussed or given preference in most discussions, mostly in the African contexts. As a result, End of Life stages are inflicted with imaginations. Death and dying are imagined spaces, haunted with

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terror, fear, scepticisms and all other negative connotations. These aspects are common in both the dying and the bereaved; cutting across different circumstances of death and dying. Hence, this chapter examines the interpolations of death and dying in the living spaces of both the dying and the bereaved in the African context as represented by the selected texts.

In most cases dying is a physical/biological and psychological withdrawal of the human body due to illness, injuries, aging or substance/drug/chemical abuse, and many other circumstances. Studies show that the deformation of human biological system or vital parts of the human body system leads to death. This does not only affect the defected body, but it goes beyond the human physiology, to how affected relates to the circumstances of death. In that regard, a human body is fully defined through mainly two lenses: the physiological and culture. At all costs human beings are cultural beings. Thus, the chapter also investigates the nexus between death and the human cultural aspects, which ranges from norms, beliefs, attitudes to gender, religion, socio-politics and other aspects. Gender and belief systems remain part of the highly recognised cultural codes of identification across races and cultures; these also play a significant part in socialising social relationships, and perspectives. Thus, dying and death are part of human aspects which are perceived from various cultural perspectives of human lives. It is with no doubt that medicine has played an enormous role in producing and shaping perceptions of death and dying. However, the medical perceptions are yet to be understood and adopted by a comprehensive population of people especially in the developing world, which is still battling with illiteracy; where it is adopted, cultural affiliations take centre stage.

The texts under study are *The Last Right* (2103) by Marianne Thamm and *Holding My Breath* (2016) by Ace Moloi, which among other issues describe the circumstances, beliefs and perceptions of death. The depicted deaths are explored to determine the contemporary African cultural and postcolonial assertions of dying and death, as well as the role of these assertions in mapping the contemporary discourses of death. Studies show that the contemporary

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perspectives of death are deviating from the grand narratives, which stereotype this stage of life as beyond normal human imaginations and deliberations (Ekore and Lanre-Abass 2016). Thamm's *The Last Right* is analysed to assess and ascertain dying and death as a human right that is manifested through choices of death and its circumstances. The author shows the nexus between death, culture and how it impacts the bearings of social relationships in an African cultural and postcolonial space, while penetrating the barriers of race. Moloi's *Holding My Breath* reflects on the aspects of dying and death in a family setting, the essence of identity on death and the locum between the dead and the living. Thus, this chapter posits that the representation of death is subject to a varied range of factors, such as cultures, pre-destined perspectives, beliefs, socio-economics and socio-politics among other factors. In this text, the socio-political and socio-economic fabric also plays a crucial role in shaping perceptions of death and dying in a typical African society. The principal thesis of this chapter is that perspectives and experiences of death and dying are largely shaped by culture, and socio-economic and socio-political factors among others, which pre-empt the depictions of these notions from a typical African context.

4.2 Book synopsis

In this thesis *The Last Right,* is charged against the stereotypes of death in almost every possible way perceived in a typical African context, across the African history. The author Mariane Thamm delivered the aspects of death and dying as phenomena tamed by human experiences and the body. Although, the text is one of the valiant memoirs which challenges the perceptions of dying and forms of death in a typical African context, the commentary form of authorship, the subject is not only unique, but it fashions and locates the text in the contemporary controversies of human rights and course of terminal ailments in the African context. In general, it is a contemporary memoir; an eponymous novel whose main character Craig Schonegevel took his life/committed suicide in a bid to find peace from the tumults of a chronic

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illness he battled with for the duration of his life (28 years). What is note-worthy is that both the author and the main character are subversive of the perceptions and rules of law, which they imply to be anarchist, meant for a certain group of people, with little or no regard of empirical aspects of human lives and the physical boy. Apart from assuming the right to take his life, and preparing for his own death, Craig re-shaped and re-imagined the social fabric on the perceptions of death and dying, which he practically role-played as the main character who celebrated and authenticated the voluntary End of Life (Euthanasia). In this book death is regarded as the only way to relieve pain and find peace for his long-ailed body. Born in October 1980, he was diagnosed of Neurofibromatosis in the early years of his life; he got his first surgery in 1982, and the first major surgery in 1988. The book was initially authored by the deceased (Craig), who disregards the sententious approaches to death and dying. Thus, he vindicates his decision to take his own life in a manner that he associates with dignity: dying before his body fails him and before he suffers beyond recognition or imagination. The text encapsulates Craig's 'Neurofibromatised' life as a patient going through countless surgeries, which deformed his physical body, leaving him with scars, pain and a prescribed lifestyle, as son and the only child to his parents Neville (father) and Patsy(mother); as grandson; as a cousin and nephew, community and church member, student, friend among other relations he was affiliated to as a human being. Craig's story relocates death from the periphery to a significant position of human/life conversations and introduced the choice of death as a right amid the conventions of preserving lives at all costs; he unapologetically redefined peace, dignity and respect to the human body through the lenses of death, in his self-certified, constant conversations about ending his life to all the people he was related to in different ways. He found beauty and solution in death and mostly, in choosing a dying plan/method. In the process, the text stirs up different pools of cultures, religions and beliefs on the importance of life, even at the worst sight of the physical body. However, Craig's decision remains

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controversial because, seemingly it comes as a function of his position, as a young white man, whose race speaks volumes to the African history and particularly in a typical post-apartheid South Africa. He finally managed to take his life two weeks after a failed attempt, and the long-awaited response from Dignitas; above it all everyone in his circle of relations supported and blessed his decision. Thus, the premise of the book is to incentivize End -of-Life choices and positive dialogues on death and dying especially where terminal illnesses are concerned. The text is haunted by cosmopolitism, where clerisy takes centre stage at the expense of cultural ethos are faintly noted.

Ace Moloi's *Holding My Breath* is a memoir characterised by reminiscence and self-reflection, mainly centred on the death of a family member, a mother and a guardian. The main character Sathanause Josias Moloi, who is also the narrator of the story reflects on the death/loss of his mother while he was about thirteen years of age, leaving him to face challenges of life and compromises for survival together with his brother Maitse. Santhanause shows how the death of his mother who succumbed to an illness he did not disclose, as one of the situations that cannot settle well with him for the rest of his life because, the loss shaped his life and turned the prospects of the whole family to a demise. As a result, his intelligent brother did not pass his matric; his aunt was abused by her boyfriend up until she ran away from home and many other challenges he encountered as he grew up seemed to be a function of the loss. The text is in a form of a letter which he wrote to his late mother, telling her how their life came up short because of her death; narrating his version of life and how he experienced it from the time she was alive, morphing into a helpless woman who was disfigured by illness beyond his imagination up until she died. His narrative includes factors surrounding the loss of a family member; burial rites and rituals; mourning, fashioned by cultural perspectives, beliefs, myths and expectations and identity among other issues which directly affect the survived. The death of his mother Nobelungu made him realise the tangled network of his family genealogy and

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how death does not render identity frail, as his supposed mother's uncle explained how she adopted her stepfather's family name. Concisely, the text is centralised on a family of two brothers Sathanause, Maitse who lost their mother leading to the demise of their life, goals and dreams. As the main character, Sathanause narrates how losing his mother affected his life, perceptions, relations, behaviour goals and dreams. His narrative is set at the centre of both African cultural values as a black boy growing up in the rural areas of Free State and the socio-political status of his day (post-apartheid South Africa)

4.3 definitions and perceptions of death and dying

The chapter also employs the Afrocentric, cultural and postcolonial theories in the exposition of death and dying as represented by the selected texts. The three theories have a peculiar relationship, which advocates for a shift of African ideals to the centre. These theories assert Africa and Africans as one of the competitive social, cultural, economic and political groups whose ideologies, experiences and human existence deserve a position of recognition among other ideologies.

The study will among others mainly draw from Asante who defines Afrocentricity as a "manner of thought and action in which the centrality of African interests, values, and perspectives predominate" (Asante 2003:3). He regards it as an African knowledge and historical evolution. At most, the theory refutes African marginalisation at all cost; it is a call for a collective call for authenticity. For Afrocentrists, Africa is a collective society, as opposed to the Western European individualism. Literature show that Afrocentric cultural orientation of "self" underscores interdependence, collectivity, and shared responsibility, with a defined framework of conduct (Baldwin, 1981; Asante, 1990; Schiele, 2000). Mbiti (1970:141) used a familiar African proverb to emphasise the Afrocentric community-interdependent framework which says, "I am because we are, and because we are therefore I am". Nobles (2004), developed the concept of "self" into an idea that is of course regarded within from a group context, which

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however, includes the survival of peoplehood i.e. health, illness and death are communal concerns. It is from this backdrop that death and dying will be largely viewed. This comes at a time when Afrocentric cultural criticism is at its peak due to current economic, social and political evolution. Myers (1985:33) asserts that, "until recently, African culture has been badly misunderstood because of the imposition of alien worldviews in its analysis". However, the primary basis of Afrocentricity is on black African human and cultural axiology.

Since time immemorial, death and dying were generally known as the end of life, ceasing to breathe/live and a whole host lifelessness. Dancy and Davis (2006:190), defined death as a "universal, natural persistent, inescapable, unavoidable and undeniable fact of life". If the physical separation of the biologically functioning and the irreparable vital biological dysfunction. Maertens (1995:28) understands death as a threat to human existence, he states that "death is a threat and the very idea of being dead a vexation". In an analysis of Sartre's *Being and Nothingness,* Lightbody (2009:90) argues that, truly death "is the outside of freedom, prisoned by facticity". The Freudian-Marxist Marcuse described death as a symbol of freedom, a source of inspiration and a goal to look forward to. However, there are controversies which largely problematize the notion of freedom in death as an aspect pregnant with imaginations. Death is also regarded as a single event, which results from the departure of human organising principles (the soul) from the body. While in some definitions, death is the euphemism of liberation. This resonates with the authorship of Thamm (2013). In the *The Last Right* the only liberating solution to the main character's ailing body, afflicted with Neurofrobromatosis and the different operations, injections and tumors was death. His doctors made it clear to him that the disease is incurable. The idea of finding freedom or peace posthumously seems to vindicate and advocate for a positive connotation of death.

In the selected primary texts death is defined in symbolic forms, imaginary perspectives, metaphors and empirical situations. In *The Last Right*, death is defined as a symbol of peace.

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In most cases, the foci on death issues revolve around definitions, how it occurs, its effects and impacts as well as the diagnosis, which remains one of the controversial issues in the history of death. These controversies emanated from the constant development of science and medical technology. Hughes (1995) argues that, the controversial brain-death definition of death is a cumbersome, historical compromise, because 21st century technologies can repair, replace and manipulate the body, even the brain. As a result, diagnosing death using factors and measures (brain) which can be dealt with or solved makes the whole diagnoses susceptible to criticism. These technologies are likely to present irregularities to the already controversial brain-death definition, which will confuse and force people towards, neocortical definitions of death. Nonetheless, these are some of the clinical/medical controversies, which seem too scientific for this study, but they in fact play a role in the diagnosis of death in the contemporary postcolonial Africa which is known as one of the growing institutionalised community in the world.

From a scientific/clinical point of view, death is known as the termination of all biological functions that sustain an organism, largely caused by senescence, predation, malnutrition, disease, suicide, homicide, starvation, dehydration, accidents among other causes. Gire (2014:3) highlighted that, for over hundred years the clinical definition of death has been the "absence of heartbeat and respiration, was the basis on which a person was deemed to be dead". However, developments in medical technology challenge this perception because machines can sustain the functions of vital organs. That is, human death involves the irreversible loss of the capacity for consciousness, combined with the irreversible loss of the capacity to breathe (Shemie *et al.* 2006). Nonetheless, literature show that there has been a growing desire among scientists to unify the definition of death. Sabey (2016), Gardiner *et al.* (2012) acknowledge that, studies of ethical problems in Medicine, Biomedical and Behavioral research and legal deliberations conducted in the United States of America defined death and called for a

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unanimous definition of death based on brain standards. Nair-Collins and Miller (2017:1) painstakingly elaborated that,

> the established view regarding 'brain death' in medicine and medical ethics is that patients determined to be dead by neurological criteria are dead in terms of a biological conception of death, not a philosophical conception of personhood, a social construction or a legal fiction. Although such individuals show apparent signs of being alive, in reality they are (biologically) dead, though this reality is masked by the intervention of medical technology.

Thus, death is defined as the death of the entire brain of a human being. However, there is an ongoing debate on the authenticity of the criterion from different walks of life.

Taking the above definitions of death and dying into consideration, death and dying are concepts imbedded with deeper meanings, which variously speak to people, determined by background and other factors peculiar to human beings and their environments. It is with no doubt that ceasing to breathe and the irreversible or permanent termination of vital biological functions, naturally or induced is the point of departure from which death is defined across the world and fields of expertise. This is followed by other environmentally influenced characteristics, which all amount to peculiar definitions of death, from which social-beings can make sense of. Thus, each continent, region, country, province, district, community, culture and family perceive, understand and cope with death in peculiar ways as a function of their backgrounds or environment. Gire (2014:3) clarifies that, "even though we may use the same words to describe death, the actual meaning and conceptualization of death differs widely across cultures". It is from this point onwards that death is regarded as either a condition or an event that is prone to perceptions, ideals and conventions among other issues.

Studies show that death and dying are issues which do not form part of the easily related topics of discussions among people of different cultures and races. Africans among other groups of people across the world are not comfortable talking about death, although it is not a new

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phenomenon to human nature. The *Encyclopaedia of Death and Dying* highlighted that "Africans do not like facing the reality of death and often do not encourage the contemplation of death, be it their own death or the death of their loved ones". The subject is generally regarded and accepted with negation, which perhaps influences the dearth of such discussions among people, especially when it has not happened to an immediate family/community member or a popular figure whom one closely relates to. In most cases it is one of the alien subjects of discussion which people hesitate or avoid where possible, and Africans are not an exception. Okechi (2017:1) highlighted that "death is not a new phenomenon in the history of humanity however, what matters is the perception about it among every population and their attitude towards the socio-economic, environmental and health factors surrounding it". Significantly, the socio-economic factors, health issues, cultural and environmental issues surrounding death, the dying and the bereaved defines it and determines the kind of attitude from which people perceive it. At most, this has little to do with race, or nationality, rather it has a lot to do with beliefs, culture, class and many other factors.

For instance, death and final(dying) days of an old family member (grandparents) is a phenomenon celebrated with tantamount memories the bereaved shared with the deceased. Literature shows that this is comparable across the world (Attig 2001, Currier *et al*. 2008). Death becomes a rite of passage when one die at an acceptable age(old). Death at an old age simply signifies according to Dancy and Davis (2006), physical separation of the deceased from other humans (the living). In a study of the effects of death in a family, Black *et al*. (2011) noted that, death of elderly husbands and fathers, generally do not negatively alter basic assumptions of the world or personal life. This echoes Neville's (Craig's father) opinion as he asserts that "in a way I was introduced to death gradually over the years when my grandparents and later my father died. My perception was that they were old and had led a full life, making

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it relatively easy for me to accept" (Thamm 2013:138). This reinforces world's perceptions about humanity, because ideally such deaths come after a relatively fruitful life.

However, outright opposite perceptions are usually evoked upon the death of a young family and community member. The death of a young person is generally ill-accepted, such that it is questioned, a lot of emotions and painful, long term grieving is involved. Although the death of young and middle-aged community members has become common place across societies and cultures due to the advent of diseases, it still comes with shock, disbelief and anger among the bereaved. This is because these ages constitute of active family and community members whose lives are of great impact to the living; among them are breadwinners, guardians, parents, children with whom their parents have invested in, anticipating for a brighter future and many other relative factors. However, the definition of 'young' is not unanimous, instead, it is determined by context, culture and beliefs among other factors at the time of death.

Nandigiri (2017:114) emphasised that, "beyond a constantly shifting age limit, there's no agreed universal concept of who exactly is youth and why?". For interest's sake, there are quite several definitions which describe youth and young age; making it a subjective or relative concept upon consideration. The United Nations defines the young people in categories: 'youth' is between 15 and 24 years of age, adolescence is between 10-19 years, while the Convention on the Rights of the Child defines 'children' up to the age of 18 (United Nations, 2011). Adding to the 'young' controversy or confusion, are the different age-based definitions, which vary from one region or country to another. African Youth Charter defines youth as 15-35 (African Union, 2006). For the National Youth Policy in South Africa youth refers to those between 14 and 35 years of age (National Youth Commission, 1997), for the Kenyan National Youth Policy it is between 15-30 (Ministry of Home Affairs, Heritage and Sports, 2002), while in Nigeria youth are between 18 and 35 (The Federal Ministry of Women Affairs and Youth Development, 2001). Nonetheless, it is important to note that the terms youth and young are

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terms often used interchangeably although studies show that there is a considerable difference. These terms are mostly regarded as one yet referring to the other in different grammatical categories. Thus, youth is a noun referring to a young person, while young is an adjective referring to anyone who has lived for a shorter period at the point of reference. However, the confusion blows-up to the test of logic, questioning what determines 'short time' of existence, and how short is short time for one to be considered young. In that light, the notion of young in the issues of death also remains relative, and the term young is preferred for the study, while its definition will be determined by the depictions or representations given in the primary texts.

Such factors, together with cultures, scientific literacy levels, socio-political and socio-economic backgrounds, not only formulate the definitions of death outside the physical aspect, but they also play a comprehensive role in devising perceptions and attitudes towards death and dying; however, relative. Considering the relative factors in regarding and perceiving death, science and medicine seem to dominate and fashion almost all aspects of the human body and life from inception to its exit to the grave; interestingly, science still dominates and explains the human body beyond the grave. For instance, one of the world-known forensic anthropologist Arpad Vass explains the human body after death, also alluding to issues of microorganisms after death and the processes of decomposition, which has some symbolic meanings when critically analysed. *Where Dead Men Really Do Tell Tales* (1995) by William R, Maples is also one of the scientific products on death. Preceding these issues, death seemed to be straight forward, however, the development of science, and technology has taken centre stage on death, perceptions, beliefs, cultures and other factors on death and dying in the world, where Africa is not an exception.

The advent of medicine and science is one of the plausible human efforts which have sustained life since human evolution. Filipo (2006:8) holds that, "modern medicine has managed to tame death through prolonging life, although in some cases it is done at the expense of the quality

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of life. Medicine, science and technology have played a remarkable role in creating a homogeneous society across the world. However, such fields of expertise on humanity have been part of the universalising project. The controversial part of transforming ideals, beliefs and definitions into a universal project is that, usually norms, values, beliefs and ideals of smaller communities, and cultures are negated or ignored. This conforms to contemporary hegemonic codes of conduct in global politics, and Africa is usually on the loop side of perspectives. Such issues have been at the centre of literary works mainly produced from former colonies, and Africa is not an exception. Post-colonial literature, mainly resistance literature accounts for a diverse and dynamic space, where different groups of people can contend with the status quo. In fact, most postcolonial literary works resist against any form of domination and mostly, Euro-Western dominance in different aspects of life. Ashcroft, Griffiths and Tiffin (2007) describe hegemony as the power of the power class to influence other classes that their interests are the interests for all. Although it was widely adopted in the United States of America, the Uniform Determination of Death Act of 1980 is one of the manifestations of hegemony regarding to medicine and death in particular.

In general, the notion of universalising the definition of death, do not only speak to scientific evolutions, but it also puts cultural strengths to test. Nobles (2004) clarifies that power is the ability of one group to impose their definition and understanding of reality and convince other groups to adopt their reality as ideal. Young, argues that, such is typical of the ethnocentrism and the superimposition of white/superior culture, and it also explains cultural oppression, known as "the universalization of a dominant group's experience and culture, and its establishment as the norm" (Young (1990:59). Positioning an idea, view/perspective, norm and standard from which all other groups are to be measured and compared is usually done in a manner that marginalises and diminishes even prominent aspects of other groups or cultures. Asante (1990) argues that, Africa need to be protected from universalism, adjectivity,

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individualism, scientific rationality and economic self-interests (ethnocentric myths). This, he refers to as the task for the afrocentrists. According to Ahmed (1996) hegemony or dominance is the objective asymmetry of power and resources between hegemonic leagues and subaltern groups (minorities in the metropoles and in the third world) disappears. In a North American study, Lock (1998:50) argues that the "institutionalization and legitimization of brain death as the end of life have been justified by a dominant discourse in which it is asserted that if certain measurable criteria are fulfilled, an individual can be declared scientifically dead". This is one of the Euro-Western aspects which provokes the postcolonial ideals. Studies show that postcolonialism is an advocate of heterogeneous communities, where dominance does not come naturally, hence it is challenged and resisted.

To sum up the heterogeneous aspect of post-colonial literature and post-colonialism, Rao (2004:23) argues that,

> the (postcolonial) nation is neither unitary nor homogeneous but is the stage on which the social contradictions of class, gender, race, ethnicity, sexuality, and language are played out. Analogously, the world of the postcolonial novel is itself a radically fractured space, where different social groups contend for power and control, both of their world and of the narrative itself. Postcolonial novels thus often highlight the contradictions inherent in the national imaginary.

Hence, aspects are not easily imposed in the African context, especially from the former colonial power states. It is from such fore bearings that, post colonialists, Afrocentrics, culturalists and advocates of biopolitics clash. Dominant discourses are the forebearers of hegemony. Hegemony is one of the colonial characteristics which has put most post-colonialists and cultural activists on the threshold of relating with Euro-Western concepts.

The project of universalising the definition of death is part of cultural hegemony, where the idea is imposed to control certain institutions, mainly for capitalist reasons. The thesis of hegemony is to centralise one idea over the other, which is the case on the issues of 'brain

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death' as the universally accepted definition and diagnosis of death. The definition resembles the metaphor of power cultivated in cultural metrics than it is a definition meant to alleviate lives through transplants or ease pain as a function of death. The main proposition of postcolonialism is to decentralise the Euro-Western ideals and any other associated strongholds, in a bid to "find and develop the African way then seek Africa's own unique voice and contribution" (Meylahn 2017:2). These ideas are well with by postcolonial theorists (Bhabha 1994; Said 1979, 1993; Spivak 1988), anti-colonialists (Césaire 1972; Fanon 1986, 1990; Senghor 1964, 1994) and nationalists (Appiah 1992; Mbembe 1992, 2001, 2002a, 2002b; Mudimbe 1988), whose approaches largely speak to the study. However, these approaches are susceptible to hermeneutic criticism, as a function of time, cultural perspectives, beliefs and many other factors.

In light of the aforementioned cultural and postcolonial controversies, it has been a great desire for the developed world (mainly the former coloniser states) to create a universal perspective of life. Hence brain death is slowly being driven and growing into a euphemism of death. Regardless of the controversies attracted by the need to universalise or unanimously regard brain death as the diagnosis for death, which include suspicions that Ad Hoc Committee of Harvard Medical School, 1968 "was unduly influenced by a desire to redefine death in a way that would facilitate the procurement of vital organs for transplantation (a recent medical advance at the time, made possible by the development of immunosuppressive drugs)" (Moschella and Condic 2016:351), world organisations have invested in fostering a universal point of determining or diagnosing death. For instance, WHO (2017:3) acknowledges that, "it is of central importance to achieve international consensus on the clinical criteria for the determination of death to maintain public trust and promote ethical practices which respect the fundamental rights of people and promote quality health services". Gardiner *et al.* (2012:14) also noted that, "there is growing medical consensus in unifying the concept of human death".

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This stance has however, found its way to the global market of ideals, diagnosis and definitions of death, citing a host of reasons against the mechanically supported surreal life.

Amidst debates, controversies and criticism, the neurological definition of death seems to stand at par with criticism, considering the traditional definition of death as an involuntary failure to respond to environment by sensate or intellectual activities as the point of departure. This definition has also been regarded as 'brain death', in scientific terms. The advent of technology and mechanical ways of postponing death, managed to at least salvage the immediacy of some types of deaths, prolonging lives, however, in an incapacitated state and expensive for some. In justification of brain-death, Schlieter (2018) recorded that the Ad Hoc Committee of Harvard Medical school considered it as the acceptable diagnosis of death as a function of two symptomatic motives which are: improvements in the resuscitative and supportive measures have shown partial success, because, such patients usually have a constant heartbeat, with an irreversibly damaged brain. Secondly, obsolete criteria or definition of death has challenges and controversies in organ transplant. Although the advent of science and technology on curbing mortality has been regarded as symbolic of denying death, science and technology have prolonged lives and negotiated with death in so many ways and at different stages of illness and/or injuries; nonetheless, the idea of salvaging the incapacitated was challenged and re-devised by the need for organs to help those with innate active responses to the environment by sensate or intellectual activities (Giacominni 1997, Lock 1995, Truog *et al.* 2018). Organ transplantation seemed to be the root of the need to socialise brain-death as the diagnosis of death among other reasons. Brain-death became a standard of death in response to the growing medical technologies, and mostly the development of the ventilator and organ transplant technology (Jennette 2005). The utmost relations between organ market and brain-death definition is emphasised by its relations to the dead donor and organ transplantation rule, which mainly prohibits the transplant of vital organs from a living donor as a function of ethical

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reasons. This justify the need to re-define death, in a bid to satisfy organ market which has since been one of the lucrative businesses across the world. Nonetheless, these controversies are far-fetched in the representation of death and dying in African literary studies. In a nutshell, death and dying in the face of a society or community is a *sui generis* case regarded by the nature of its effects to the bereaved after their loved one ceases to breathe. Although science/clinical explanations and interventions in the death and dying are a complex aspect for grasp; authentically, they prepare the concerned parties of the imminent timeously. Thus, according to Spilka *et al*. (2003) and Becker *et al.* (2016) allege that, overall, death is an anxiety filled concern to humanity although there are a lot of religious, cultural and conventional scientific explanations.

The clinical or scientific process of dying has little to consider in a social setting instead, the dying and their family members are mostly concerned about the afflicted body (especially, where pain is involved as a function of illness, injuries, murder among many other forms of casualties) and the effects of death/loss on the immediate families(i.e. the death of a breadwinner, parent/guardian, leader, business associates etc.). Despite the growing body of knowledge across professional and academic fields, producing a lot of information on death, which according to Kim and Lee (2009) inevitably expose people to stimuli that evokes death, in a more or less fantastic and terrifying way; there is still a lack of real experience with dying people. In *The Last Right*, Craig wanted to have peace before his body gives up on him, because of his illness, hence he personally wrote almost the entire book. While Moloi (2016) elaborates on the convoluted lives led by three men (Sethanause, Maitse and Neo Moloi) as a result of their parents' death. The narrator (who seems to be the author), did not spent much time with his mother during the severity of her illness and towards the end of her life. Like his sons Sethanause and Maitse; Neo Moloi equally had a twisted childhood because he lost his mother at a tender age, which implies that, he barely has evoking insights of his mother's death. It is

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from such bare insights, coupled with memories of the healthy past with the deceased, imaginations, extend family relations, cultures and the status quo from which perspectives, attitudes and experiences of death are drawn. Even though the scientific/clinical aspects and definitions of death are at the centre of End of Life discourses, Africans have their own unique ways of determining and depicting death, whose meaning is influenced by the African histories, cultures, belief, norms, values, location, social classes, among other issues. These factors cannot be divorced from the definition and understanding of death in an African context. According to Lee and Vaughan (2008:342) "African attitudes to death could be viewed with a degree of nostalgia". Evans-Pritchard (1982) argues that, "if African societies evolved elaborate and complex rituals to manage death, this was because, for them too, death provoked fear and revulsion and posed a problem for the living"

Considering the preceding argument, in the 1968, Ad Hoc report, Henry Beecher proposed that, the definition of death ought to be revised in a way that would qualify impaired neurologically injured patients for organ transplantation without violating or challenging the dead donor rule. Truog and Miller (2008:674) contend that, before the development of technology and modern critical care, the diagnosis of death was straightforward; "patients were dead when they were cold, blue, and stiff. Unfortunately, organs from these traditional cadavers cannot be used for transplantation". Truog and Miller (2008) acknowledge that, amidst the controversies of the realities of brain-death as a diagnosis or definition of death; this idea has so far played an integral part in comprehensive lifesaving organ donations and transplantations for many people in the world.

However, the point of controversy emanates from the fact that, studies show that brain-dead patients or people have functioning organs and active biological processes such as excretion, reproduction, and growth among other functions. This is because in most cultures, anybody/physical movement even as a function of reflexes are a sign of life, and such signs

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gives a ray of hope, no matter how small. Gire (2014) contends that, although a brain-dead person stands no chance of regaining consciousness, (s)he is not dead. Even in such a state, one is technically alive, in a state referred to as wakefulness without awareness, however as an artefact of technology (Jennet and Plum 1972). Shewmon (1998) contends that, brain-dead patients can sustain almost every integrative function of a typical healthy body, such as digestion, elimination, immunological function, wound healing, growth, sexual maturation, and successful gestation of foetuses in female patients. In that regard, these scientific definitions of death and their legal impositions on the human body directly speaks to the ideals of biopolitics and anatomo-politics. Nevertheless, studies show that brain-death criteria have been adopted in South Africa in the whole continent, and it is optional (Baron 2003).

The most attention-catching aspect of brain-death diagnosis is that, it is highly Euro-Western oriented, and it is driven into a universal aspect/definition, which will eventually side-line the local perspectives and definition to the periphery. According to Gire (2014:4) "the definition not only represents a largely Western conception of death but is also basically medical definition of the concept". Howarth and Jefferys (1999) assert that the Western conception of death including Euthanasia (intended death meant to relieve pain) are issues prone to disrupt societies and normative social relationships. Though accepted and adopted in the United States of America and other parts of the world, literature shows that, such a diagnosis is still challenged in some regions and countries, hence it is yet to be considered (Kompanje 2015; Long, Seque, Addington-Hall 2008). However, the study will not primarily focus on the clinical definitions of death, but literary works representing the aspects of death and dying are not immune to the to the clinical/medical diagnosis of death and neither are such literary works operating in a vacuum where science and medical technology do not influence writing in one way or the other. Medical definitions or determination of death also inform literary writings in one way or the other. The above issues and controversies in articulating death from a medical

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and technological point of view, combined with other factors foretells the possible challenges in the representations of death in literary works and its authenticity in depicting the realities of death and dying outside imaginations. Teodorescu (2015:2) also noted that, "the relationship between literature and death tends to be trivialized, in the sense that death representations are interpreted in an over-aestheticized manner. What derives from such an approach is a propensity to consider death in literature to be significant only for literary studies (studies that focus only on death as a literary theme with no anchors in the social reality)". However, these controversies set the background, epoch and discourses which articulates the day in which death and dying are represented. Overall, considering the definitions and issues surrounding the diagnosis and determination of death, set the platform from which the hermeneutics of death are discussed in literary works.

It is important to clarify that the physiology or biology of death is a concept that cuts across humanity, as the End of Life in whatever way. However, there are indisputable variations on the perspectives, attitudes and value of the human body even as a corpse across cultures. It is from these variations that death is generally devised into cultural values, beliefs, history and the social ontology of a people. Besides the aforementioned controversies on the definition and ideals of death especially with the advent of science and medical technology, the study will mainly focus on the hermeneutics of Afrocentric, cultural and postcolonial perspectives of death in explaining the factors affecting the perceptions and experiences of death, as well as the effects of the colonial inversion on African cultures in the contemporary postcolonial Africa regarding death and dying as represented in the selected texts.

4.4 Reading Death and Dying in *The Last Right and Holding my Breath*

Due to the institutionalisation and medicalisation of aspects of human nature, the clinical definitions of death, remains a central part in the perspectives and perceptions of death, beside

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the fact that death has recently preoccupied humanity. However, death remains a part of nature, which is regarded beyond the medical and technological compass. The primary focus of the study is on the peculiarities of African perceptions and experiences of death as represented by the selected authors. In exploring these peculiarities, the focus is on the socially-oriented aspects of death and dying. It is imperative to mention that, Africa is not a single fabric from which norms and values are unanimous across the continent; rather, it is a huge landscape characterised by fragments of unique social fabrics, which relate to the other at some point. Numerous scholars (Van der Borg and Russo, 2005, Nabudere, 2005, Wahab *et al.*, 2012, Asante and Ravitch, 1991) have shown unique and diverse spectrums of African cultures, religions, countries, and regions among other precepts. In *Multiculturalism: An Exchange* (1991) Asante contends that the idea of a main stream culture; the 'mainstream American' is a mere myth. Thus, apart from the Afrocentric multiculturalism, Africa is characterised by diversity and uniqueness in most aspects of human existence, cultures, beliefs, economies, politics, religions and many other aspects. Henceforth, death might not necessarily be understood in a unanimous bracket of perceptions, beyond clinical diagnosis. Nevertheless, the study focuses on the representations of death in the selected texts.

Over the years the representations of death and dying have taken different shapes and forms which played a part in shaping perspectives and experiences thereof. In *The Last Right* and *Holding My Breath*, death and dying are issues depicted in two polar opposite ways due to the circumstances behind death, cultures, religion, location, socio-economic status, family structures and other aspects. Notwithstanding the above-mentioned factors, there has been a pattern of representation in the works of literature. There has been a fashion of representation that was framed into a literary paradigm of death, which emanated from the well-known 'authentic' characters in the history of literature, such as Shakespeare's *Romeo and Juliet,* Tolstoy's Iva *Ilych or* Camus' *Meursault* who could not serve the artistic immortality. Over

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the years literary representations championed the artistic immortality across literary epochs; from the Odyssey, Dante streaming down to contemporary literature. However, the multifaceted social order seems to challenge such representations enough to leave the feign and dim. Perhaps the realities of the world and the constant booming of pandemics challenges the idea and art of immortality. Nonetheless, such challenges will not wash away the beauty and legacy of the art of immortality, which Klotz and Muller- Seydlitz (1979:30) describes as

> the journey to (and, more important, the return from) the underworld is the ultimate test and ultimate experience for the epic hero, representing the imaginative limits of human hope. The tenacity and power of the myth of successful confrontation with the world of the dead and the concept of rebirth and resurrection it implies, demonstrate the almost obsessive need for human beings to of all cultures to come to grips with their own mortality by opposing it, psychosocially, and aesthetically, with stories of its being overcome.

This marks both Moloi and Thamm's point of departure in their representation of death and dying, because at all cost the main characters in the texts do not grapple with death. At most death and dying settle well with them, although it is not something that can be closed with positive undertones especially for the families, relatives and friends of the departing. In *The Last Right* Craig plans and prepares for his death for more than a year, while in *Holding My Breath*, Nobelungu (Santhanause) accepted her fate. None of the two main characters was obsessed about living or fighting against death, instead they went through all the standard procedures any human being would take on their road to recovery. In that regard death is given a new meaning and a paradigm shift is allotted to the representation of death in contemporary literature, from conquering artistic immortality to the defeat of death. However, this contemporary wave of representations is burdened with cultural weights.

In both the texts, the authors represent death as a space characterised by a simultaneous process of rationalisation and objectivity through the characters – in a shifted sense of Afrocentric

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values and postcolonial attributes. Although death and dying are issues handled and represented with some elements of feign perspectives and attitudes in African contexts Thamm and Moloi therefore, represented these aspects in a more engaged manner, filled with experiences, such that the notions could not descend on unidentified and anonymous conformity in the African postcolonial and cultural crisis. Though some of the represented aspects of death are unusual, their representations lurked around the status quo of their day (African 21st century postcolonial period), which include cultural orientations, religious beliefs, socio-political, socio-economic status, class, race and other factors of identity, which are to a certain extent characterised by stunts of chaotic aspects. This marks a shift in the representation of death and dying in the African context.

Simpson (2012: vii) contends that, "death is a very badly kept secret; such an unmentionable topic". Some scholars clearly reported that, discussing or talking about dying and death in an African context is a taboo (Walter 1991, Griffiths et al. 2013, Ekore and Lanre-Abass 2016). Conversely, the primary issue in *Holding My Breath* and *The Last Right* is death and dying (mortality/End of Life). Till date African cultures do not necessarily encourage discussions or contemplations about death and dying, regardless of the subject. However, there are several reasons from which the subject can no longer be contained in the closets across the world, and Africa is not an exception. A cohort of diseases (plagues of the world), coupled with machineries, automobiles, scary and dangerous physical activities, disasters, climate change effects, poverty and many other issues to the detriment of the human body which have been evolving with time and developments play an enormous role in the production of constant and infinite numbers of vanquishing bodies, besides aging. HIV/AIDS and other pandemics or terminal illnesses which grew a flourishing market since the 1990s brought about a flux in the human and social narratives, where death became unavoidable across discourses (fiction and nonfiction). In spite of the notion that Africans are known as capable of dealing with death; in

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the Western imaginary representations Africa is a "space of death (not least in the era of HIV/AIDS)" (Lee and Vaughan 2008:348). In short, death has grown into one of the central social phenomena, perpetuated by the increasing corpus of diseases; it is an abstract fact of human existence, yet so laborious enough to draw attention from all walks/fields. In that regard the amounting traffic of death in literary works is certainly justified. It is in the aspects of literary representation that death is absorbed in ambivalence and metaphors of human perceptions (metaphorocities).

The Last Right is one of the South African authored literary works which have attracted the global and judicious attention from all walks of life, because assisted death and suicide have not been aspects which are prominently associated with in Africa generally. From the media to various organisations related to human lives and death came to the fore in the debates about the death of Craig Schonegevel. Strohwald (2014:45) stated that, "circumstances surrounding the recent deaths of Nelson Mandela, Craig Schonegevel and Mario Ambrosini have put the spotlight on assisted death". The novel mainly focused of Craig and his wish to die, because of Neurofibromatosis (a genetically inherited disorder, associated with various symptoms). The wish to die led Craig into relationships with people outside his family circles. He met Sandy Coffey "an established photographer and Magazine feature writer" and her family (Thamm 2013:13); George Irvine, the founder of the Institute for Spirituality, former anti-apartheid veteran and bishop of Methodist Church of South Africa; Dr Howard Nock; Bruce Robertson and many others, who supported him towards his wish despite their beliefs; they also form part of the characters in the text.

Assisted death or euthanasia is generally known as voluntary request to die, which in some cases can be regarded as assisted suicide. Like most concepts, aspects and ideas, the definitions of euthanasia are not the same. Etymologically, euthanasia is word from Greek, (*euthanatos*-easy death). Some scholars interpreted "good death" (Trowell 1971, Mackinnon 1998,

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Kuhse1991). The Oxford English Dictionary (1989:444) also defined euthanasia as "gentle and easy death, and the bringing about of this in cases of incurable and painful disease". The Concise Oxford Dictionary defines it as "bringing about death, especially in painful and incurable disease". Euthanasia is also referred to as "mercy killing" (Lauter 1982, Burgermeister 2006, Canetto and Hollenshead 2000, Dyer 2010, Math and Chaturvedi 2012). Inasmuch as these definitions have been used in different contexts, some of them have since suffered criticism. Trowell (1971:346) argues that, "it must be emphasized that euthanasia means bringing about a death. It is the killing of a person. It should never be called murder, which is too emotive a term, while manslaughter is too cold and implies an accident and a lack of intent". Manslaughter can be regarded as homicide. The central idea of euthanasia is that there is an intention to die or kill across most circumstances if not all. Although Craig finally committed suicide, assisted suicide/euthanasia was his top desire, such that he convinced his parents up until they bought his idea, and through the process of application to Dignitas (a Switzerland based organisation which offers euthanasia services). For Craig or in the text euthanasia/assisted death is regarded as "accompanied death" (Thamm 2013:65). This definition embodies Craig's circumstances, beyond mere medically assisted/induced death.

The representation of suicide in literary works is not a new phenomenon. Canons of African literature have represented suicide in different perspectives, although in most cases it was not condoned. In some traditional rituals suicide was however forced, for instance when a king died, expectations were that a commoner should take his own life to accompany him.

Literature shows that, the development of the notion of euthanasia into multiple definitions, emerged from different interpretations of the word on the death of Augustus Caesar, as recorded in *De Vita Caesarum-Divus Agustus* (The Lives of the Caesars-The Defied Agustus);

> While he was asking some newcomers from the city about the daughter of Drusus, who was ill, he suddenly passed away as he was kissing Livia, uttering these last words: 'Live mindful of our wedlock,

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> Livia and farewell,' thus blessed with an easy death and such a one as he had longed for. For almost always, on hearing that anyone had died swiftly and painlessly, he prayed that he and his might have a like euthanasia, for this was the term he always wanted to use.

The difference between where and what the term was initially used, and current host of definitions is that, Augustus died his peaceful-easy-painless death naturally —his death was neither induced, assisted, administered, accompanied or acquired. From the quotation above, the similarity is that, he wished, and he was ready to die, hence he managed to bid his wife Livia farewell. Cane (1952:401) also noted that "it soon became apparent that the present-day use of the term 'euthanasia' as meaning mercy killing is an historical misnomer. The word euthanasia was known to, and used by, Emperor Augustus nearly two thousand years ago, and until the end of the nineteenth century it was understood to mean the act of dying peacefully" Although this story emulates that euthanasia is not a novel circumstance of death, Craig's desired death and many others defined above, do not share the same context, described by Trowell (1971) as killing or engendered death. It is imperative to note that, although South Africa legalised euthanasia in 2015 (Koenane 2017) it is still anomalous from the African view, mostly among the 'Black-Africans'.

Craig's self-proclaimed announcement of suicide speaks to the representation of suicide as a rite of passage, which every individual has a choice to take where it is deemed necessary, without attracting negative connotations. As he was writing letters and telling people about his decision, they all supported him towards his wish. Apart from the notion that Thamm (2013) fictionalised the passion in which Craig was wearing in his drive for everyone around him to understand him, for Craig suicide or death seemed the only route to freedom. A kind of freedom he so much required to alleviate the pain he endured almost all his life. Although controversies remain a centre of attraction towards the hermeneutics of suicide, the notion that suicide has

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been used as a way of removing the subject from a painful or fiendish situation forms part of the grand narrative in suicide issues. Alvarez (1990:325) opines that,

> Once suicide was accepted as a common fact of society — not as a noble Roman alternative, nor as the mortal sin it had been in the Middle Ages, nor as a special cause to be pleaded or warned against, but simply as something people did, often and without much hesitation, like committing adultery, then it automatically became a common property of art.

Conversely, Iliffe (2005:21) argues that "it is a way to discredit one's oppressor, liberate oneself from torture". These critics assume that the story follows the mode of tragedy (whether Aristotelian, modern or Igbo) and conclude that his suicide is the end product of his inability to control his own fate; however, this interpretation of Okonkwo's suicide as the final failure of an ill-fated man is simply not speaking to the rest of the text. One would also argue that Craig negotiates his masculinity through suicide. His fear of depending on his parents when his body gives up on him strengthened the idea of suicide in him.

4.5 (Re)presentation of medicalised death and dying

Both Thamm (2013) and Moloi (2016) have represented death as a condition which people are aware of. As each one of the characters encounters or is affected by the condition in one way or the other, certain traits of awareness create a gap between the living and the dying. This gap is symbolic of the ideological space of death, coupled with a host of imaginations. Kundu (2015) asserts that literary representations give a virtual space wherein readers draw conclusions from characters' lived experiences. Thus, the experiences of the dying relentlessly associated them with the condition of death, hence they are regarded, treated or associated with

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in a manner that describes the end if life. There is a lot of sympathy and pity attached to the people associated with the condition. In *Holding My Breath* Santhanause explained that,

> after the death of his mother was announced, "most of them burst into tears at the sight of us your children. They knew as well as we did that you were our pillar of strength, not only for your kids but for your sisters too…. I saw pity in our neighbours' eyes. It seemed to me that because of my close relationship with you, everyone felt compelled to comfort me. They sympathised with us all, but they thought I needed a special kind of sympathy" (Moloi 2016:5 &6).

There are quite sporadic incidences of pity and sympathetic reactions and behaviours throughout the text. Community members gave them food in some cases, teachers such as Ntathe Mlangeni among others "who soon became a father and mentor" also played a part (Moloi 2016:76). He retorted that, "everyone I contacted pitied our situation" (Moloi 2016:74). In this case it is represented as a pitiful and painful condition that mostly affects the people closely related to the dead or dying.

On the other hand, Thamm (2013) brought about the condition of death and dying within the bounds of choices, as a human right. Death is represented as both a human rights obligation and a choice that everyone is entitled to, determined by one's physical and psychological milieu. However, the author shows the legal, religious and cultural entanglements behind suicide. Choosing to die or committing suicide is associated with negative connotations such that sympathy and pity manifest in a different form. In most cases, communities are indifferent to suicide and its circumstances. Little or no support is rendered to families and the loved ones of suicide victims. In some instances, support is given at arm's length. In the *The Last Right* Craig committed suicide; this happened after his decision to employ Dignitas for assisted death. However, due to the late and regret response from Dignitas, he overdosed himself with sleeping pills. Thus, besides the controversies associated with assisted death (euthanasia), Craig committed suicide using pills. Overdosing or drug abuse is one of the common types of suicide.

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Studies show that, the most prevalent methods of suicide attempts were pharmacological drugs abuse (42.31%) and exsanguination (25.64%), and the least frequent were poisoning and throwing oneself under a moving car (1.28%) (Tsirigotis *et al.*, 2011, Hawton *et al.*, 2000, Taylor *et al.*, 2018). These and any other form of self-inflicted death are not regarded as natural or good death, hence sympathy and pity hardly come their way. Instead of sympathy and pity, community members and relatives are usually compassionate. Ogbuanu (2014), argues that, compassion remains appropriate for a suicidal person. This is likely to affect social cohesion. In his sociological analysis of suicide, Durkheim (1951) that confirms although suicide is growing into an individual phenomenon associated with modernity, it is at the expense of a society. According to Ritzer (1992) it is also associated with indignation.

Although, suicide is generally associated with empathy, indifference and indignation, the text (*The Last Right)* shifts the perspective to a new set of experience, which saw a comprehensive level of support towards suicide. It is imperative to note that the representation of suicide in literary texts is not a new phenomenon. However, the positive representation of suicide depicted in the text, shows a shift which resonates with the characteristics of the 21st century expressions of human lives and bodies. In most cases suicide is problematised; infested with negative connotations or medicalised. Maltsberger and Goldblatt (1996) explained that the development of modern psychiatry contributed to the 'medicalization' of suicide and characterised the suicidal mind as sick, despairing, or overwhelmed. Against such assumptions Craig is regarded as a rational being; at all cost the narrative emphasised his rationality. Preacher George Irvine acknowledged that

> what we were all doing was trying to help a person who was sure of his decision to take his own life. Craig felt very much to me like an older person… I have worked in pastoral counselling with a number of depressed people and I have personally sent them to psychiatrists for medication. Never once did I think Craig was depressed. I have been counselling people for 40 years and I know what it is like. (78)

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His uncle Brain also confirmed that "Craig is a grown man, capable of independent and rational judgement. No one knows better" (58), and added, "I am not depressed, I am simply making a choice" (86). In as much as medicalising death and suicide marks the development of science, in this case it questions the moral being, which in turn problematises death. Thus, death hath come naturally. These responses show how Craig's sanity is questioned. In that regard his decision becomes a psychiatric case.

Conversely, suicide and mental challenges relate in some instances, hence it is not surprising for Craig's sanity to be confirmed. It is common knowledge that medicine has gone all out to prolong life. Human beings are preoccupied with death, not because they await its imminence, but because they are making all efforts to curb death. On the contrary, Craig choses to end his own life and even employ science to help him end it peacefully. Suicide itself is not a mental disorder, but one of the most important causes of suicide is mental illness – most often Depression, Bipolar Disorder (Manic Depression), Schizophrenia, and Substance Use Disorders. Padayachee and Laher (2012) rather regard suicide as mental illness. Read and Doku (2012) suicide ideation is largely associated with mental illness.

4.6 End-of-Life as a decision

Making and implementing death decisions is not a new phenomenon across the globe, however, it has taken a new turn in perception and executions. There seem to be a new wave of accepting death even at its worst, which is different from the traditional notions of suicide. Thamm (2013) depicted death as a phase of life that is accepted, tacit, and believed in. Craig is comfortable about his decision to end his life and his attitude is positively in tandem with the decision. This representation of death/ end-of-life at a certain stage of life can be traced back to traditional fairy tales. Tatar (1992:46) asserts that, to portray death as a release and as the path to a better

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life suggests that adults … felt that children needed such stories to help them with some brutal facts of their everyday lives".

Craig's end-of-life decision takes the shape of postcolonial writing; characterised by a wave of Western cultures, showing a stream of marginalised cultures or in general a melting pot of cultural perspectives, which is described by Njoku and Eke (2016:22) as "works of cultural alienation and hybrid identity triggering off psychological schizoid-paranoia". Okri (1993:90) characterises it as "the double [cultural] consciousness of the postcolonial subject". This is because, circumstances of death are not generally a choice and acceptable choice in the African context, neither are the circumstances celebrated, nor are they valorised outside rituals. Suicide is frowned upon, although some African cultures encourage voluntary suicide for rituals such as in the *Death and the King's Horseman* by Wole Soyinka. Murray (2000) claims that, suicide barely appear in African societies across the continent, except in brief precepts of folk beliefs and practices. Vaughan (2010) reports that there is relative lack of attention given to suicide and its issue in the African context. One might regard his decision as laden with exaggerated self-importance as he claims that ending his life will salvage his dignity. Add quote.

Despite its memoir characteristics, Craig's end of life decision gives the text a striking resemblance to postcolonial literature, which emanates from the nexus of hybrid ethnic and religious forces leading to social conflicts and multiple perspectives. However, it subverts the African literary cycle of agony, through representing death in a positive light and placing it in the realm of choices. Although it is not without its own weaknesses, and not immune to criticism, death is considered as one of the human luxuries before time. In a study of African poems, Soyinka (1975:13) contends that, "even when the poem emerges as essentially tender, its poignancy remains a yet more lacerating accusation"

4.7 socio-cultural perspectives of death

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In retrospection, before Craig even attempted suicide, acknowledging his Dignitas decision was unsettling and unusual. All the relatives and friends whom he managed to reach out to were not pleased to hear the news or the idea of assisted death, but it seemed they were compelled to stomach it, especially after his parents had given into the idea. His dad Neville wrote "as difficult as it must be to terminate one's life, I know that in the past you have fought NF with enormous conviction and courage. At times I think it all a bad dream but I do know that you don't want to continue with the life you have been leading" (52). His mother Patsy wrote,

> This letter is so difficult to write but I will try to express some of my feelings for you. I cannot believe that it has come to Dignitas, although I fully understand why… you have fought with such dignity against NF and adhesion. I don't know how you did it but I was happy you survived and I could have you longer. But, as you say, even the strongest grow weak and NO ONE can blame you for the decision you have taken…you have the right to say 'so far but no more' and only you can say it…I so wish I could give you that peace without Dignitas, but I can't….if Dignitas does happen, I know your soul will be with me every day, all day, until I join you. So, my darling, I want you to know that I will be there and you will lie in my arms. I could not think of it any other way (53).

His uncle Brain Gilbertson responded that, "your message fills me with such sadness and with renewed awareness that we are all but straws before the storm that is life" (57). Dr. Nock, one of his friends reiterated, "I was deeply saddened by your email, but at the same time I appreciate that you have found peace" (63). And the list goes on. Both his parents painfully accepted the Dignitas decision. Perhaps his struggle with Neurofibromatosis rendered selfless. Knowing the pains and suffering their son had gone through could have made them lose track of their imaginations of the position from which Craig has made the Dignitas decision, such that they respected it despite all the odds against it. This is because acknowledging suicide sounds alien to the African context in a number of ways.

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Even though his parents, other relatives and friends cannot imagine Craig's pain and struggles with NF, such they deem his Dignitas and suicide decision a solution — wryly acknowledging it leaves a lot to be desired. It generally sounds unorthodox, because suicide in all its possible forms is frowned upon from a wide range of social, legal and medical aspects. Mensah (2015:75)

> as for suicide it is viewed an overwhelmingly dishonourable way of exiting this world… in most African cultures, suicide is not is not even looked upon as an alternative to be considered by anyone seeking a means to end this life. Taking one's life is seen as the most heinous offense one can commit against self, nature, the community and other spiritual deities. Most importantly it is one way to guarantee for oneself and soul a tortured sojourn in the afterlife, the other world that most African cultures recognise, premised on the notion that there is life after death.

However, this marks a shift in the representation of death, dying and suicide, because generally, Africans are known for cherishing life and longevity, inasmuch as they cherish wealth in all its capacities. Anything that tempers with a man's 'life' and wealth is generally frowned upon; in extreme cases it is fought to the last scrunch of breath. This does not only speak to the notion of African-hood but it also sheds on the gender involved. Craig is a man, and he decided to 'let go'. Thus, he gave in to his condition and the social environment; so, did his father. His father was the first person to respond to his letter acknowledging the suicide ideation. In his diary Craig wrote, "now I am letting go and don't have to pretend anymore …. I just want peace. I have plan B that may have to be used. It will require me to be alone" (110-111). Surprisingly, Craig's ideation and execution are contrary to the overt characteristics of male figures in suicide cases. Men do not talk about it openly and it is generally frowned upon in African communities. For instance, in *Things Fall Apart*, Okwonkwo made a lonesome decision to commit suicide, such that his body was found hanging behind his compound.

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Although some of the studies might not directly link to Craig's age, clinical studies explicate high impulsivity in suicide attempts among young people. So, they experience suicidal crisis and attempt without prior suicide ideation (Klonsky and May 2010, Anestis and Anestis. 2015; 2016; Klonsky *et al*. 2013; 2016; Millner *et al*. 2016). This is more prevalent in young males than in their female counterparts (McKinnon *et al*. 2016, Sharma *et al.* 2015, Swahn *et al.* 2012). Thus, self-foreordained death is unusual among young African males in one way or the other, while it is prevalent on impulse, and yet still less likely in men.

An analogy of men and their perspectives of euthanasia in the text marks what I regard as the African 'gender fault line' that has been controversial for a while now. From a postcolonial standpoint, issues are not immune to dichotomies, the orient and the occident. The text challenges the Afrocentric postcolonial contexts of masculinity, which define men as strong and fight for their lives and their family members to their last breath. On the other hand, this might rightly be perceived as the product of the highly advocated gender-neutral environment. Although gender-neutral environment remains debatable especially from the Afrocentric vantage point, it destabilises the traces of the colonial project. According to Morrell and Swart (2005) the starting point in postcolonial discussions is that the world still bears the marks of colonialism. Consequently, perspectives and experiences of euthanasia, suicide and death are likely to be influenced by colonial views, especially from gender-oriented perspectives because, colonialism was a heteronormative project. Thus, strict gender characterised issues are typical of the colonial system (Spurlin, 2010, Morrell and Swart, 2005, Smith, 2010, Bhabha, 2012, Burney, 2012). The contrapuntal ideals of liminality by Tunner; Van Genn taxonomy of 'separation; margin (or limen); and reaggregation' (Turner 1992:48); Gloria Anzaldua *nepantla*, a consciousness of borderlands was according to Bhabha (2012) contextualised in the light of colonialism. In the light of the above, the author's undefined

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attitude towards gender in her characters' perspectives and experiences places the text in Homi Bhabha's 'third space'.

Hence, in boldly including Craig's vulnerability manifests through his desire to give up and in some kind of female-branded expressions in trying to explicate his pain to his parents, friends and relatives. He contended that "this disease has 'raped' me emotionally, and physically, violently and brutally and repeatedly throughout my life…now the true Craig (Craig beyond his body) is so tired he is barely there and I want to leave peacefully before he has vanished…enough is enough and I no longer want to be abused" (47&49). His expressions mystify gender boundaries and binaries, which echoes Bhabha's posit against liminality. Dirlik (1994:328-56) argues that Bhabha is "something of a Master of Political mystification and theoretical obfuscation". It is noteworthy however, to acknowledge the controversies in the postcolonial realm that I have also realised in the study between the postcolonial theory's Homi Bhabha's 'third space' and the 'Saidean' colonial binaries. Although a range of scholars have capitalised on this polysemous angle of postcolonial theory, as Slemon (1995:100), this lack of clarity in postcolonial theory together with its fluidity and ambivalence, is "what is genuinely enabling about the field". The term not only lacks clarity, but also keeps changing through "new forms of social collectivity" as they emerge in time and space in a postcolonial world. I confirm that gender is symbolic of a metaphorical boarder which the Bhabha's third space nullifies for the sake of honest/true expressions and rationality among beings. In either case, however, there is an inherent assumption in the postcolonial theory that advocates for the autonomy of culture. In short, the text destabilises that Western primacy of gender restrictions, which could have limited and sieged the characters' expressions and plot in such a thought-provoking text which was shaped by the different and unique standpoints each character represented. Adhering to the postcolonial theoretical primacy the nebulous gender disparities

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confirm Bhabha's demystifying characteristics of the colonially influenced gender binaries, imperial masculinity, ambivalence and Derrida's different ideals.

Patsy's support for assisted suicide for Craig as a 'mother' remains baffling. Mothers are known as nurtures of life. It is with no doubt that she went all out to an extent of sharing the same bed with her son while he was struggling and fighting NF. However, a critical analysis of acknowledging and supporting the Dignitas decision dilutes the formerly concentrated institution of motherhood. "Patsy could not at first come to terms with Craig's decision but felt that her support would provide him with a measure of peace in the meantime …I told him I could never do that to him. I could never stop him. Eventually, I had to learn that the greatest love we can give someone is to let them go" (43). What is most intriguing is the manner in which Patsy is propounding beauty in letting go or giving in/up In abstract, it seems like it is a gift that she is giving to her son that no one else can. This is because at some point Craig had noted that he would refrain from the idea of suicide if his mother did not concede. In that regard, Patsy's acknowledgement then speaks volume about the trends of motherhood. The question is are there limits to motherhood? and was it Patsy who let go or it was Craig? These questions resonate with Dr. Wickens concerns. He commented that it is not for Craig to decide taking his life, because it does not only belong to him alone. Nonetheless, at some point motherhood instincts kicked in her womb, even after a medical consultation had given a looming cloud of hopelessness. As Craig was looking for all there can be to support his suicide ideation, he had a consultation with his surgeon Dr Gerrie Steenkamp who honestly told him that there are high probabilities of more pain, obstructions and surgery. Even though it was in all honesty it was a prophecy of doom to both Craig and his mother.

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On the contrary, it created a solid environment for suicide, which she also confirmed as she claims that

> at an exact moment I felt Craig's hopelessness and that all the fight in him had subsided. yet I left the consultation feeling relief that Gerrie had given an answer that was honest and credible. I felt the need to back off the position that I was keeping, one of optimism and endless hope. I finally decided that I would give Craig my unconditional support in his quest to end his life. Something fundamental shifted in me at that (44)

Patsy admits that something 'fundamental' shifted in her. It can be debatable that the fundamental thing she is referring to is motherhood. Perhaps it might be hope, since she contends that she had hope for the better. Yet still, the idea of motherhood is not an exception in this case, as much as the notion of social integration is one of the acknowledged factors of influence in suicide.

Studies from different fields have confirmed that, largely, people who commit suicide suffer anything that has to do with social integration. In Craig's situation, friends and relatives kept their distance. At most relatives and friends seemingly gave their support from aloof. There is a compassionate distance that is kept in acknowledging the decision throughout the conversations. In writing to Craig's mother (Patsy), his uncle (Brain Gilbertson) said "your message fills me with sadness and with the renewed awareness that we are all but straws before the storm that is Life. I wish I had words of wisdom to offer you and Neville, and above all Craig, but there is none… but at my great distance I would say that Craig is a grown man, capable of independent and rational judgement" (57 &58). One would assume that it is common knowledge that family and relatives are expected to support their kin. It is a common African cultural trait that is premised by the social formation of kinship which is bound by communitarianism.

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More so, the text takes an outright shift in the African literary world, which might be a function of social cultural transitions. In the history of the representations of death in African literature, talking about death in all shapes and form was one thing (taboo), but for one to discuss about the circumstances of his death with his family and friends is another. Of course, death is inevitable and literature has so far paid a fair share of attention to it and issues surrounding it. In playing didactic role literature depicted death and its circumstances as something frowned upon and of recent we saw a bandwagon of the representations of gun violence and crime in the likes of *Zulu* by Caryl Férey, *Devils Peak* by Deon Meyer, Breyten Breytenbach's *Dogheart*, Nadine Gordimer's *The House Gun*, and Coetzee's *Disgrace*. Gender abuse/violence, where women are bludgeoned to death and ritual killings. Ideally the paradox of discussing a family member's death especially including parents and acknowledging it articulating the beauty of dying at any moment makes anachronic, or could it be of Thamm's idiosyncrasies. This is because this paradox is generally unsettling and it becomes more unsettling in the postcolonial, Afrocentric or cultural theoretical contexts.

The Last Right is one of the South African authored literary works which have attracted the global and judicious attention, because assisted death and suicide have not been aspects which are prominently associated with in Africa generally. From the media to various organisations related to human lives and death came to the fore in the debates about the death of Craig Schonegevel. Strohwald (2014:45) stated that, "circumstances surrounding the recent deaths of Nelson Mandela, Craig Schonegevel and Mario Ambrosini have put the spotlight on assisted death". The novel mainly focused of Craig and his wish to die, because of Neurofibromatosis. The wish to die led Craig into relationships with people outside his family circles. He met Sandy Coffey "an established photographer and Magazine feature writer" and her family (Thamm 2013:20); George Irvine, the founder of the Institute for Spirituality, former anti-apartheid veteran and bishop of Methodist Church of South Africa; Dr Howard Nock; Bruce

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Robertson and many others, who supported him towards his wish despite their beliefs; they also form part of the characters in the text.

Although there are cultural dynamics and evolutions across the continent, African cultural beliefs, expectations, norms and rituals regarding the dead remain rigid, such that self-inflicted death is still out of the question. However, the text in question (*The Last Right* (2013)) was written before euthanasia was considered in the constitution of South Africa. Thus, it was written in suicide-forbidding environment, regardless of how it embraced in the text. Although euthanasia seemed to be the most dignified and timeous way of extinguishing life out of his suffering body, both Craig and the narrator are conscious of the legal, religious and moral controversies behind euthanasia. As a result, Craig applied for the procedure to be done in Switzerland (Dignitas). He says “Dignitas has the power to make my dream come true; this they know, yet they choose to make me suffer on by ignoring me and dragging it out… they knew all I wanted was to lie in my mom’s arms with legal free implications and no anxieties” (Thamm 2013:118). This book was written about two years before euthanasia was considered. However, it was only considered and confined in the case of Stransham-Ford in April 2015 (Koenane 2017). Nonetheless, this kind of death is associated with Western negative influence and on African cultures, and disregarding it largely resonates with the postcolonial affiliations.

If there are any controversies behind Craig’s death, they emanate from culture. There have been cultural clashes over assisted death (euthanasia) and suicide, mainly in the Afrocentric paradigm. Thus, in opting to take assisted death over ‘natural’ death, shows that he is opting for one culture over the other. Bikopo (2009) confirms the postcolonial contempt against the Western hegemonic influence in the socio-spectrums of human existence. Thus, euthanasia has been fortified by Western definitions, and there has been a Western tendency to coerce all countries to adopt their terms and conditions, including legal authorisations, despite the multidimensional and multicultural ethical aspects of euthanasia. Moreover, a decision

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resulting in death is always regarded as an interference with the common good when bounded by the Western goals of medicine (Hastings Report 1996).

Death has been one of the topics in literary writing for centuries, across the world, however, it has grown into much more variant and complex issue, due to human dynamics, diseases, complex socio-environments and the development of science, medicine and technology. However, suicide is a different form of death, which attracts a different set of attention. Barnett (2016:387) asserts that even "in the early 21st century suicide remains as divisive and troubling as it has been for millennia". Peel (2017) highlights that, studies show that suicide is impacted by stigma. Nonetheless, Thamm (2013) debunks negative perspectives, stereotypes or perceptions of suicide. Craig managed to convince all his family members, friends and his immediate civil society to understand his need for suicide (assisted or self-inflicted). He wrote letters and emails across board, explaining the significance of suicide on his inflicted body.

> my health just does not give up …there is no cure for this problem, like there is no cure for neurofibromatosis, the disease that I have. …. after 12 operations and the pain I have experienced and the imminent surgeries that await me, as well as all that goes with my disease, all I dream of is peace, and not to have the true Craig rape further and further raped to the point that what is left of him will be gone (61-2)

Craig's explanation or justification for his lane to suicide, not only questions the negative perceptions and stigma attached to the process, whoever commits it and the immediate families, it also subverts the norm. Usually, there are castigating rituals performed on a suicide corpse, because it is believed that one would have died an unorthodox manner, unacceptable to the African cultures. A study on the significance of bodies in bereavement rituals, Martin *et al.* (2013:47) contends that, "in view of the act of taking one's own life and bringing harm to one's own body being perceived as unnatural, a specific ritual which symbolically admonishes the person may be performed". Although the idea of reprimanding dead bodies seems beyond

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logic, it is not a new phenomenon in different cultures across the world. In Western countries, history shows that, suicide corpse were highly contested objects, because for intentional self-murder was as both an atrocious crime and a heinous sin. Nonetheless, not every suicide was deemed intentional, hence, disputes emerged in regard to the treatment of suicide corpse, as a function of the ambiguous practices of handling suicide bodies and other customs (from hammering stakes through the suicide's heart as in South East England to floating away the suicide in barrels in southern Germany etc.). At some point these practices were also reckoned in some African countries, as a result of the colonial contact. Analysing Onkwonkwo's death, Ukwu and Ikebudu (2004) assert that, suicide is

> considered an "*nso ani*," a sin against the Earth. The Igbos do not concede to the difficulties of life or to the demands of everyday life. They do not accept suicide, in any form and at any age, as a solution to any problem regardless of the complexities. Suicide is believed to be a terrible and evil way to die. The Igbos strongly believe in reincarnation. Reincarnation is one of the ways they share their love with their loved ones who have passed. Consequently, death by suicide is believed to be an evil and "a bad death." If one committed suicide, that person was never (and never will be) at peace with him/herself, the community (i.e. village), relatives, and most importantly the gods.

Studies show that there is an underlying genealogy of colonial thinking in the issues of suicide in Africa, notwithstanding that, it would be oversimplifying to claim that the origin of suicide emphasises the notion of race. On the contrary, it is acknowledged that, the African history has been dominated by Western colonialists, which resulted in subjugation in various aspects of African existence, and this has been the case with other formerly colonised continents, however, the African experience was unique because there was "little assimilation or acculturation into the dominant ethno-cultural community. Most likely, this was due to race, as well as the level of what was considered African development by colonialists" (Kottak 2007:63). In the light of the above, suicide form part of a much more extensive intellectual history.

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4.8 Religious perspectives of death

Consciously juxtaposing religion and suicide symbolises the African complex human rights influenced religion. Craig's conversation with George Irvine shows he is aware of God's supreme presence and the consequences of his decisions in God's eyes—the wrath of God. Perhaps this idea loitered in his mind as he worked on his "plan B" (111). However, his 'last right' preoccupied his mind such that he adopted an attitude and surreal imagination of an understanding God who has his best interests at heart.

> Craig had a profound faith and he was totally convinced that God wold agree with him doing this because he said he did not want to get to a stage of lying in a bed no longer his real self but a body that will be a shell because of surgical procedures. The thought of visitors coming to see his 'shell' was frightening in the extreme. And so he asked 'George, can you imagine what that would be like? Would God want that for me?... I believe that God would want me to finish it in a dignified way… you know how much I love God. You know how much God loves me. He doesn't want me to go on like this (76-78).

Seemingly, Craig is inviting his psychosocial environment to conform to his imaginary perspective of God's judgement on his decicion in tandem with his situation/condition and incognito of his right to take his life. This emphasises the complex and debatable relationship between human rights and religion. For the lengthiest of times, religion has not really settled well in politics and constitutions across the globe; it has so far been a trifling, yet a salient struggle between the two entities. Religious faith and traditions are neither dwindled nor amplified alongside emergence and growth of nation states and human status in the socio-political fraternity. Although religions have managed to meet the migration and global agency— there has been reticent responses towards politically oriented developments which include human rights. Rieffer (2006) argues that although religion has played a comprehensive and active part in the civil society, liberalism (human rights) has a thorny interaction with religion from the 17th century. This is mainly because human rights are a product of liberalism.

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On the contrary, Hollenbach (2003) and Nurser (2005) assert that, religious organizations and Christian values are an integral part of for a healthy democratic polity and a humane world that values human rights and human diversity, such that religion can significantly promote democracy, peace and human rights by playing an active role in civil society. Ideally, the relationship between religion and human rights is relative and most scholars tread on the subject with caution against polarization. Therefore, Craig's last right is taking his own life to salvage his dignity. What a paradox! However, this human right is some sort a contraband to his religious (Christian) belief system. Hence, he stages an intra-negotiating conversation between his right to take his own life and his religious beliefs, which he presented to Irvine.

Such controversies are typical of a postcolonial community, which is torn between the constantly emerging polity and the belief systems. However, Craig is a cosmopolitan whose cultural acumen is laden with religious undertones. This gives a symbolic representation of Craig's decision to end his life over his religious acumen. On that regard one could safely say that his death and choice symbolises the predestined death of religion. While on the hand it shows the 'negotiated space' between politics through human rights and religion in a typical African context. Even though the text is non-fiction, it is tempting to assert that the author used this quasi-confused position which she subjected Craig to, in order to negotiate a new cultural space, which (will) consider assisted suicide/euthanasia in the everyday thought process of human beings— because it is still a farfetched idea, although some people need it at some point in their lives. The idea of a negotiated space takes the shape of Bhabha's third space.

On the other hand, Craig's expectations for God to understand him while he is taking a contrary decision comes to one with Afrocentric undertones, coupled with an Anthropocene setting, where his socio-physical status takes centre stage, or are the dominant influence for his decision. The controversial decision takes the Afrocentric fashion because God is no stranger in this story, like it is to most African people; in traditional life there seem to be no atheists.

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The Ashanti proverb clarifies how the consciousness of God's existence is instinctive, "No one shows a child the Supreme Being"; the Akan people of Ghana say: "No man needs to teach a child the knowledge of God" (Mbiti, 1990:29). Thus, everyone knows God's existence by intuition, such that even a typical child knows there is God. These proverbs show that God is self-evident to an African, that no formal religious instruction is necessary (Mbiti, 1990). This might be the abstract reason why Irvine, one of the pastoral icons of his time did not try to talk against Craig or his parents, instead he acknowledged that he was in his right state of mind and he was sure of his decision. A critical analysis of Irvine's position on Craig's decision shows that as a pastor, he relied on Craig's intuitive relationship with God, which neither his pastoral experience nor perspectives could transcend.

4.9 Reading Death in the Memories of *Holding my Breath*

Typical of a memoir characterised by reminiscence or memories, the author problematises death in all aspects of human existence. Death is however, the central theme of the text, such that he defined his identity through the lenses of death. Nonetheless, he survived its challenges. As described in the book synopsis section, *Holding my Breath*, is a replica of Jos*é* Saramango's *Small Memories: A Memoir,* although their memories of death is on people whom they are related at different capacities and they are from highly different cultural backgrounds. Moloi (2016) gives a reminiscent of his mother's death from a tender age, while Saramango (2011) gives an account of his brother's death, when he was around 2years of age, which however, leaves a lot to be desired, mostly when trying to authenticate a story from such a tender age. Up to this day the text straddles between a memoir and a creative non-fiction text from a critical point of view. Both narratives emanate from poverty stricken small villages of Azinhanga, Portugal and Qwaqwa Free State, South Africa.

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The episodic nature of memories in *Holding My Breath* distinguishes and characterises the text as a memoir. The death of Nobalengu is represented as reminiscence, memories and reflections of the past. The relationship between memoirs and memories is intertwined and undetachable. Jolly (2013:597) argues that "all forms of life writing are dependent on memory". Longo (2018) emphasised that the study of memoir cannot be sustained without understanding memories. Through the memories of his mother the narrator is gifted with a sharp sledge of imagination. The combination of his sharp memories of his mother's death and imaginations creates a mental picture where he tells his mother what happened in his life after she died.

Conclusion

In most cases death and dying are aspects negatively represented across fields of study. The two primary texts have different types of death or causes of death: suicide and illness-related death. The differences between these kinds of death is in their causes or circumstances, which largely impact on the manner in which they are regarded in a typical African society.

In *The Last Right*, Craig's suicide and the expected euthanasia remains debatable and controversial. However, it is represented as a controversial subject which can be perceived from different points of view, mainly determined by experiences, cultures, beliefs and perspectives. Although Craig later committed suicide the central theme behind his death was influenced by the serenade environment that assisted death was purported to give him; in the comfort of his mother's hands, listening to his best music with both his parents while he exits the world of the living. What a paradox! This representation of death took a new turn. It shows a shift from the generally known art of immortality. In this text death is embraced, and given a platform of discussion, against the taboo doctrine. The text gives a dramatic shift of attitude towards dying, however, it can be easily be related to the secular culture, where death is described and understood beyond the African cultural stereotypes. Craig dignity is more important than life, while life is generally regarded as the superlative component of humanity.

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Typical of issues well related in everyday lives, which is on the other had characteristic of a memoir; the end-of-life decision(s) in the text is increasingly taking precision in literary texts.

In *Holding my Last Breath* death is described in a third person voice of the bereaved. The narrator Santhanause is able to mirror the impacts of death in a family setting, after he lost his mother and the breadwinner at the age of 13. In this text death is depicted as part of life which one cannot escape, however, it is violent in its impacts. Mostly, issues of identity, and culture in a postcolonial setting are zoomed in as the text gives a rich account of the effects of death in a typical post-apartheid South Africa, pregnant with sympathy. The representation of death in this text, challenges the Afrocentric notions of a good death. Thus, the circumstance of death might be good, releasing the dying from pain and suffering, but it leaves a lot to be desired for the living (family, friends and community). Therefore, there is need to relook and redefine what constitutes good and bad death.

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Chapter 5: Conclusion

Up to this day, African literature has been constantly mirroring the African status quo and helping it emerge among other continents. For quite several reasons, the study was conducted using memoirs or non-fiction texts. The selected primary texts are Our Kind of People: A Continent's Challenge, A Country's Hope by Uzondimna Iweala (2005), Eloquent Body by Dawn Garisch (2012), The Last Right by Marianne Thamm (2013), Postmortem by Maria Phalime (2014), Holding My Breath by Ace Moloi (2016) and Cancer: A Love Story by Lauren

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Segal (2017). The study sought to explore experiences and perceptions of health, illness and death in selected contemporary African postcolonial texts. The selected texts are representative of the experiences and perspectives of health illness and death. Although most of the texts are written by South African authors, the selection gives a rich account of varying perspectives and literary strategies to depict experiences and issues of health, illness and death in typical African societies.

The selected texts are memoirs, mainly because of their close relationship to the truth and authenticity in their narratives. Literature claim that, the truth makes a major contribution and it helps clarify intricate details regarding reasons, conditions and circumstances. Teodorescu (2015) argues that memoirs are a rough data of true life. The authentic capacity of the selected texts enabled the narratives to be analysed from multiple angles even outside the literary field.

Using the postcolonial, biopolitical and Afrocentric underpinnings, the selected narratives delineate a general focus on the preoccupations which largely suffocate the experiences and perspectives of health, illness and death. The recurring factors preoccupying these perspectives and experiences include, cultures, socio-economic, socio-political factors, gender, identity and the environment. Largely, the authors employed myths, magic realism, intertextuality, scepticism and allusion to interrogate the ideals, systems of their day, and assert the nature of experiences and perspectives of health illness and death in a typical African context.

The study is also an addition to the body of knowledge, especially is the growing field of medical humanities. The selection of the texts was also mainly influenced by Wisner (2009) who assert that nonfiction is not taken seriously as an art form. And the “best African memoirs, like the best memoirs from anywhere in the world, are literature, but they are a kind of literature that is complicated by social and political dimensions” (Wisner 2009:20). Succhi (2015) argues that memoirs and autobiographies can revive and legitimise literary studies. Apart from the

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literary efforts to keep up with the exigencies of science, these texts positively contributed to the concerning distaste for literature, which emanated from the inconsequential fiction writing. However, a lot of criticism and literary distaste is charged at science fiction (Nicholas Birns, Rebecca McNeer 2007, Stableford 2006, York – 2007). The unclear boundaries between real science and imaginary science invokes criticism against science fiction.

In chapter 2, the study analysed factors behind health/wellbeing as represented by Maria Phalime in Postmoterm and Dawn Garisch in Eloquent Body. The two writers are closely similar in their depiction of health/wellbeing, although their differences cannot be ignored. While Phalime focused on the health care system at large, Garisch focused on the body as the epitome of human health/wellbeing. Health/wellbeing is a relative subject which has been viewed from different angles, hence the definitions and perspectives are not unanimous. In as much as the postcolonial accent of health/wellbeing seeks to counterfeit universal aspects of health, science remains at the centre of all discourses of health/wellbeing above all cultural perspectives. In these texts, health/wellbeing is depicted as an environment or space, which human lives exists; dislocation from the space manifests in a form of illness. Phalime boldly shows that, health is a state that is usually realised when one becomes ill. Thus, it is usually taken for granted. Alcohol abuse, gang fights and untamed sexual activities, became the order of the day after independence, disregarding the human body and its health status, up until they are in hospital. Surprisingly, in both texts there is a young man who perceptively kept on testing for HIV, because of post-untamed sexual activities disorder, which haunted them towards illness. Health is depicted in light of illnesses in the texts; the juxtaposition of health and illness or injuries projects on health as something that is independently realised outside illness. The texts illuminate on the health systems and structures, which is characterised by resigning and migrating doctors due to working conditions. This is typical of the African states, which has

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been suffering from brain-drain since independence. At most Garisch uses intertextuality to describe and emphasise here narratives and phenomena.

Chapter 3 focused on the depiction of illness mainly HIV/AIDS and Cancer in Our Kind of People: A Continent's Challenge, A Country's Hope by Uzondimna Iweala (2005), Cancer: A Love Story by Lauren Segal (2017). The analysis explored the depictions of pandemics such as HIV/AIDS (its related illnesses) and Cancer in typical African discourses and societies, which is largely determined by socio-politics, gender, economy and culture. The study explained the contradictions and absurdities inherent in the illness discourses, these include the engendering and relating to of illnesses and pandemics, according to the causes. HIV/AIDS remains one of the stigmatised diseases even after a lot of awareness on how its contagion can be prevented. This is a different case with Cancer. Cancer environment is pregnant with both sympathy and empathy. Studies show that, these differences are a function of the moral campus associated with HIV/AIDS and the how cancer transcends innocence. Other than the objective reaction against contagious diseases which manifests through stigma, cultures penalise misconduct in different ways including stigma. Afrocentric ideals also acknowledge that moral decadence is frowned upon, such that societies respond to it in a punitive manner. The study shows the extent to which illness related discourses are articulated in issues such as unequal power relations between men and women, class, cultures, stereotypical views of identities and roles, as well as the interaction between African communities and medicine/science in relations to illnesses and the social aspects of the human body. In Our Kind of People, there is so much attention given to the physical looks of the body, which has societal undertones. Hopes husband, preferred to kill himself, than let his community see his deteriorating body; Jerome hid his wife Agatha when her body deteriorated and he did the same to himself. In this text, the human body is a living narrative of health or illness. There are cultural connotations allotted to the body, of which some of them are myths. Iweala shows how myths are part of the social

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human existence, because in almost every situation in the text, myths are part of the narrative. Lauren Segal gives a rich account of her battle with cancer, and what is worth noting between the two texts is the socio-economic statuses which the two authors boldly clarified. However, the body ironically transcends the parody of economic status. The socio-economic statuses are depicted as secondary factors after the genetic concerns of the body. Although Lauren came from an affluent family and got married to a medical doctor, her body still failed her in the same manner with Jerome and Agatha. Regardless of their parallel economic statuses, their bodies were inflicted, although their diseases are different. In concluding the chapter, one can safely say that, the body is an independent entity which is foregrounded by genes and the biological reactions to diseases and illnesses, however, the socio-economic, cultural, gender, identity and socio-political factors, only determine the experiences and perspectives of illness. In that regard, the selected texts show how individuals experience and perceive illness in relation to their cultures, economic classes, gender and identity.

For Chapter 4, the study noted that, in most cases death and dying are aspects negatively represented across fields of study. The two primary texts have different types of death or causes of death: suicide and illness-related death. The differences between these kinds of death is in their causes or circumstances, which largely impact on the manner in which they are regarded in a typical African society. In *The Last Right*, Craig's suicide and the expected euthanasia remains debatable and controversial. However, it is represented as a controversial subject which can be perceived from different points of view, mainly determined by experiences, cultures, beliefs and perspectives. Although Craig later committed suicide the central theme behind his death was influenced by the serenade environment that assisted death was purported to give him; in the comfort of his mother's hands, listening to his best music with both his parents while he exits the world of the living. What a paradox! This representation of death took a new turn. It shows a shift from the generally known art of immortality. In this text death

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is embraced, and given a platform of discussion, against the taboo doctrine. The last right appears to me as anachronic in nature and it is seemingly pregnant with the author's idiosyncrasies. These texts were written post-misrepresentation era, which clearly indicates that there is a new crop of perspectives which at some point might out-defines the existing concepts and theories. So unusual of African authored texts, The last Right desensitized gender as much as possible. Neither does the author, narrator or main character are gender sensitive; the main focus is on the sequence of events, struggles with NF, euthanasia, suicide and people's perspectives. Gender is challenged in health illness and death. Thus, there is need for a redefinition of aspects as time evolves. In some aspects of life such as health, illness and death the body loses track of gender and its social anatomy. Against the African gender expectations of fighting to the last breath, Craig gave in, Hope's husband was also giving in when he realised he was positive. These texts debunk gender stereotypes, and roles in relations to health, illness and death. Debunking stereotypes has characterised African writing; a postcolonial concept which is associated with Franz Fanon. On the other hand, culture is a rhetoric aspect of human existence and it evolves over time. Thus, the experiences and perspectives of health, illness and death are subjective and are prone to change over time.

In Holding my Last Breath death is described in a third person voice of the bereaved. The narrator Santhanause is able to mirror the impacts of death in a family setting, after he lost his mother and the breadwinner at the age of 13. In this text death is depicted as part of life which one cannot escape, however, it is violent in its impacts. Mostly, issues of identity, and culture in a postcolonial setting are zoomed in. the text gives a rich account of the effects of death in a typical post-apartheid South Africa, pregnant with sympathy. The representation of death in this text, challenges the Afrocentric notions of a good death. Thus, the circumstance of death might be good, releasing the dying from pain and suffering, but it leaves a lot to be desired for the living (family, friends and community). Therefore, there is need to relook and redefine

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what constitutes good and bad death. However, the definitions of death vary from one place to the other, although the scientific definition is characterised by hegemonic attitudes which are infested with bio-politics.

Challenging the centre is in the postcolonial premise. All the text challenges the norm in one way or the other. However, it is safe to note that, at most the incidences in the texts are mainly at the centre of assimilation and hybridity, which the postcolonial perspectives find lethal to the African or indigenous ideologies valorised by the postcolonial theorists. In chapter 1, illness is regarded through the lenses of hybridity. Almost all the characters are in the middle of their cultural interpretation of the disease, while the clinical aspects of HIV/AIDS force them into a cautious lifestyle. For instance, the ill-consequences of polygamous marriages, the downside of prostitution and city ways of enjoying life as in the case of Jeremy, the ills of social status for Hope's husband. All these examples are subject to both the assimilation of the modern/Western lifestyles, indigenous cultural practices and the clinical interpretations of the body. This challenges the African cultural norms, which the leaves postcolonial valorisation of indigenous norms at the centre of debate. This also goes to the Afrocentric tenets which centralises the indigenous ways of life. Therefore, the question is: has post colonialism lost its track of time and science" or is post colonialism applicable to the matters of the body?

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