

# Dialogues of Discomfort and Inclusion: Metaphorical Images of HIV/AIDS in Swahili plays

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## ABSTRACT

This interdisciplinary study, which includes medical anthropology and semiotics, analyses knowledge of HIV/AIDS in Swahili plays from Tanzania. The analysis focuses on a semiotic and epistemological exploration of metaphors and other rhetorical devices used to speak about causes, symptoms and treatments for HIV/AIDS. The in-depth exploration of the culturally contextualised metaphorical images, created to refer to HIV/AIDS, is also conducted according to the multi-generic narrative strategy of the selected playscripts. The linguistic devices reflect not only an anthropological perspective, in which diverse additional therapies co-exist in a therapeutic continuum, but also an epistemological approach, where Afrocentric knowledge can be diluted. In other words, aesthetic and narrative devices illustrate clash and co-existence of plural epistemologies of healing.

The selected plays are the following titles: *Ushuhuda wa Mifupa* ('the Testimony of the Bones', Ngozi 1990); *Kilio Chetu* ('Our lament', MAF 1995); *Giza* ('Darkness', Jilala 2004); *Kilio cha Jeska* ('Jeska's Cry', Mghanga 2004); *Orodha* ('The List', Reynolds 2006); *Mwalimu Rose* ('The Teacher Rose', Mghanga 2007); *Judges on Trial* (Nyoni 2009) and *The Monster* (Chikoti 2009); *Zimwi la UKIMWI* ('The Beast', Morgan 2010); *Anaona Anasikia* ('He sees and hears', Abeid 2014); and *Embe Dodo* ('The Small Mango', Makukula 2015).

The final objective of this study will be to demonstrate how Swahili literature develops and communicates not only Afrocentric knowledge about HIV/AIDS, but also a philosophy of inclusion for plural heterogenous ways of knowing.

**Keywords:** *Swahili literature; Swahili plays; African philosophy; therapeutic metaphors; sociolinguistic; epistemologies of healing; magical realism; HIV/AIDS; philosophy of inclusion; Afrophone literatures; Afrocentric knowledge*

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## 1. Introduction: HIV/AIDS an illness represented through the arts

In Tanzania, HIV/AIDS, in Swahili *VVU/UKIMWI* (*Virusi Vya Ukimwi/Ukosefu wa Kinga MWilini*, 'the virus that causes the lack of body defences') was officially reported for the first time in 1983, precisely in the Kagera region, in the North-Western part of the country (Ilfie 2006). The virus hit the region in a critical time, during the aftermath of the Tanzania-Uganda conflict (1978-9), also known as the Kagera war, because it was the most affected region being at the borders between the two countries.

Nowadays, according to figures<sup>1</sup>, HIV/AIDS still affects about 4.8% (about 1.7 million people live with HIV/AIDS) of the Tanzanian population aged between 14-49 years old. The female population (6.3%) is disproportionately more affected in comparison with the male one (3.9%), and what is of concern is that the 80% of all new HIV infections involves adolescent girls (Dr Joyce Nyoni 2022<sup>2</sup>). The virus also presents a strong regional variation from the 0.5% in Zanzibar to the 11.4% in Njombe.

The HIV/AIDS outbreak had a strong impact on the whole country and generated more than any other epidemic a proper “culture of AIDS” (Barz & Cohen 2011). Indeed, the epidemic challenged and transformed established social patterns and ritual customs (Mutembei 2001; 2009; 2011a) as well as knowledge of HIV/AIDS was conveyed through the arts. Undeniably, VVU/UKIMWI ‘infected’ Swahili literature widely; at first, it appeared in oral literature and poetry (Mutembei 2001; 2009; 2005), then it spread in all Swahili literary genres including theatrical performances and drama (Mutembei 2011a,b; Nicolini 2016; 2022a), novels (Nicolini 2022a,b; Mutembei 2015; Bulaya 2016; Krüger 2004; Muriungi 2005), as well as digital media (Mutembei 2014; Omari 2011). At first, poetries circulated and were published in Swahili newspapers such as *Majira* (‘The Time’), *Mzalendo* (‘The Progressist’), *Mtanzania* (‘The Citizen’) as well as in Luhaya newspapers *Ijawabonere* (‘Come and see for yourself’) and *Rumuli* (‘The Torch’) composed in both Haya<sup>3</sup> and Swahili language (Mutembei 2011b: 257). Afterwards, the first publications in prose dealing with HIV/AIDS were Clemence Merinyo’s short story *Kifo cha AIDS* (‘Death from AIDS’, 1988) and Yusuf Khalfani’s *Kifo cha Huzuni* (‘Death from Sorrow’, 1991).

The first objective of this paper is to examine metaphorical images of HIV/AIDS and the representation of “illness as metaphor” (Sontag 1990), between the natural and the supernatural realms, with the aim to overcome discrimination and discomfort through humanism. Another objective will be to demonstrate how Swahili plays can be an arena to show the co-existence of plural epistemologies by mixing and interlacing diverse codes in the dialogical interactions.

## 2. HIV/AIDS in Tanzania: interlacing social-anthropology, biomedicine and epistemology

In this section, HIV/AIDS will be analysed through the interlacing of socio-anthropological perspectives, biomedical conceptualization and philosophical thoughts.

Through the lens of social anthropology, HIV/AIDS in Tanzania is interpreted and represented in connection with two parallel yet interlaced concepts: *uchawi* (witchcraft) and *uganga* (healing<sup>4</sup>), which are the two opposite sides of the synesthetic power of magic (Stroeken 2012).

Illnesses are divided according to their causes, which can be: natural sources; human practices (sorcery); or the intervention of “non-human actants”, spirits and disembodied entities (Langwick 2011: 21; 151ff), such as the Islamic spirits from the coasts (*majini*), the evil spirits from the inlands (*mapepo*), demons (*mashetani*), and spirits of the ancestors (*mizimu*). Likewise, HIV/AIDS can be caused by God (*UKIMWI wa Mungu*);

<sup>1</sup> Sources: [www.nacp.go.tz](http://www.nacp.go.tz) and [www.data.worldbank.org/indicator](http://www.data.worldbank.org/indicator) (last accessed on 8-12-2022); Tz-HIV-AIDS\_Fact\_Sheet\_Sep\_2020, [www.usaid.gov](http://www.usaid.gov); Joint United Nations Programme on HIV/AIDS (UNAIDS), Databook 2021; HIV and AIDS fact sheet | UNICEF United Republic of Tanzania (last accessed on 22-12-2022).

<sup>2</sup> International Science Council: “The state of HIV/AIDS research in Africa: An interview with Dr. Joyce Nyoni for World AIDS Day” (1-12-2022).

<sup>3</sup> Ethnologue classification: Haya [HAY] <https://iso639-3.sil.org/code/hay>

<sup>4</sup> On the concept of *uganga* as “knowledge, skills and practice” see Acquaviva (2018).

by sexual relationships (*UKIMWI wa kawaida*); and by sorcery and witchcraft (*UKIMWI wa mazingira ya kichawi*) (Olsen & Sargent 2017: 5).

For instance, generational curses known as *chira*, in the Luo<sup>5</sup> culture (Dilger 2008), or *bakuntumile* among the Haya people (Mutembei 2009), bring about “*bahati mbaya*”, bad luck and misfortune (Hussein 1988) that hits the whole family and kinship of a cursed individual, who was accused of the transgression of ancestral rules and/or of the breaching of taboos (Dilger 2008). Particularly, *chira* manifests itself as a “wasting disease” with both symptoms (skin diseases, diarrhoea, weight loss, until death) and causes (illicit sexual intercourses) similar to AIDS (Dilger 2008: 220; Geissler & Prince 2007: 136; Ongalo et. al. 2017). Thus, *chira* became HIV/AIDS’s literary double in the anglophone novel written by Marjorie Macgoye, *Chira* (1997):

*Chira* is a misfortune which befalls one because of an evil deed in the past - *gima rach matimoreni nyime ni mar rach ma isetimo chien*. It is also seen as a misfortune on one following one’s conduct in breaking a taboo (Macgoye 1997: 69). “[...] *chira*, that if you did something forbidden, the evil would be seen in the wasting away of your body (Macgoye 1997: 46) [...] *Richo e makelo chira* - it is sin that causes the wasting disease. That is, you know... (Macgoye 1997:49) [...] But there was a new culture of silence (Macgoye 1997: 51).

To sum up, *chira* is a trivalued metaphor meaning the wasting disease (HIV/AIDS), the generational curse, and a linguistic device to cover the taboo; a literary myth is thus produced.

Conversely, the positivist epistemology of science and modern medicine deals with HIV/AIDS by building upon three pillars: condom use, HIV testing and ARV Therapies. HIV/AIDS in Tanzania also triggered an “epidemic of NGO’s” (Smith 2014: 165), for educational projects and prevention campaigns are mainly managed by NGOs (Dilger 2012; 2010; Marsland 2007; Langwick 2008). The phenomenon known as “NGO-ization of the Health Sector” (Dilger 2012: 61) has been a consequence of both the cut in the expenditure and the privatisation of the health sector, following from the post-independence policies<sup>6</sup> applied in the country, which excluded those people who could not afford to pay from the access to treatment.

The initial clash between the dominant scientific knowledge and local knowledge of HIV/AIDS (Offe 2001; Back 2006; Askew 2015) pushed local artists to draw on “Africa-centred knowledges” “entangled, contextual and contingent” (Cooper & Morrell 2014: 3). “Africa-centred Knowledges” (Cooper & Morrell 2014) represent a “third Africa-centred” space included in the middle of the “bad place”: “the meta-code of Eurocentrism (scientific universal wisdom)” and the “immovable rock”: “the cultural code of Afrocentrism (local knowledge, traditions, beliefs, embodied knowledge)” (Cooper & Morrell 2014: 2 - 6).

Therefore, I argue that knowledge, as an uncountable signifier and signified, works as a prism through which people can not only perceive the multifaceted reality and the existence of plural ways of knowing, but also interpret the phenomenal world through cultural relativity.

The third-Africa centred space is reflected, from an anthropological perspective, into a “therapeutic continuum”, consisting of diverse medical modalities or “medical

<sup>5</sup> Ethnologue classification: Dholuo [luo] <https://iso639-3.sil.org/code/luo>.

<sup>6</sup> Firstly, in the 1980s, the SAPs (Structural Adjustment Programs), then the neoliberal reforms of the 1990s that introduced the free market in the country (Lugalla 1995; Mbilinyi 1993; Brooks and Kessy 2017; Sanders 2001).

pluralism” (Olsen & Sargent 2017; Langwick 2008). In fact, patients firstly entrust the traditional healers, diviners and/or herbalists, who have a homeopathic and holistic vision of the illness, before recurring to the allopathic medicine of the hospitals. *Uganga* (‘traditional healing’<sup>7</sup>) is a practice between “culture and science” (Nichols-Belo 2018: 732), which represents the “coexistence of multiple bodies” (Langwick 2008: 437), and which blurs the boundaries between tradition and modernity through the figure of the “modern traditional healers” (Marsland 2007).

Similarly, from an epistemological perspective, literature embeds the “epistemological miscellanea” characterising metaphorical images (Nicolini 2022a). This “epistemological miscellanea” can be addressed according to three approaches; the natural world as well as local rituals and beliefs; the spiritual realm of the supernatural; and the scientific realm of modern medicine. These three approaches cover in turn three categories of meaning: the aetiology of the illnesses; consequences, symptoms, and treatments; as well as emotions engendered by the illness (Nicolini 2022a).

### 3. Methodologies to explore HIV/AIDS through aesthetic devices and narrative strategies

This section describes the theories through which both aesthetic and narrative devices isolated in the Swahili plays will be examined in the case study. Indeed, the “veiled speech of *mafumbo*” (Vierke 2012: 278) in Swahili dramas are not only strategies of “self-protection and safeguarding of the equilibrium into one’s own community”, but also a “decorative tool and a cognitive instrument” (Vierke 2012: 278).

Firstly, “the source of all representations is to make something unfamiliar familiar” (Moscovici 2000: 37). Anchoring and objectification are the two processes that generate social representations. Anchoring is the process by which unfamiliar concepts are compared/interpreted with common sense shared values, norms and beliefs, setting them into a familiar context; then, the anchored product that is still something abstract becomes objectified into a concrete content (Moscovici 2000).

Secondly, “metaphonymy” (Goossens 1995) is a linguistic device where metaphor (similarity between two conceptual domains) and metonymy (contiguity in the same conceptual domain) are intertwined. Thus, both a metaphorical image and a concept that stands metonymically to the main conceptual domain are linked by the same sign.

Furthermore, analysing HIV/AIDS as a metaphor means to distinguish between two levels of understanding: “direct” which is the basic level of metaphor that implies a concrete meaning, and “indirect” which is the person’s perception (Mutembei 2001: 117). For example, *eyembe/maembe* as direct meaning refers to animal horns used by sorcerers as divinatory instruments (Reynolds-Whyte 1997). Indirectly, the horns contain an *eyembe*, a mythical supernatural capricious spirit (Mutembei 2001: 117ff). Likewise, *juliana* is a trademark symbolised by an eagle, which hints at both the American power and the origin of HIV/AIDS as caused by the practice of sorcery to curse the black-market traders of the brand. The second-hand clothes sold at the black market are also believed to be the source of transmission for skin diseases that are HIV/AIDS opportunistic infections. *Juliana* refers also to the promiscuous traders (also known in Haya as *Abekikomela*), dealing over Tanzanian borders, who are perishing from AIDS, because they indulge in sexual pleasures (Mutembei 2001: 118-36; 2009).

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<sup>7</sup> Traditional healing practices were institutionalised in Tanzania by “the Traditional and Alternative Medicine Act (TM&AMA)” in 2002, and by the foundation of “The Party of Healers and Midwives who treat naturally (CHAWATIATA)” in 2007 (Nichols-Belo 2018: 732-3).

Lastly, I argue that the metaphors that adorn Swahili dramas on HIV/AIDS can be interpreted as “therapeutic metaphors” (Gordon 2017). A “therapeutic metaphor” to work effectively must be, firstly, “isomorphic”: in an equivalent relationship with the actual problem situation (Gordon 2017: 42). Secondly, “connecting strategies” are employed to bridge the problem with a solution (Gordon 2017: 48), leading to a “reframing” of the experience or behaviour from painful and unpleasant to potentially useful and valuable (Gordon 2017: 51). Moreover, in relation to behaviour, “Satir categories”, which both describe the style in which a content is communicated and affect its character, can be instrumentalised. Therefore, metaphors can be strategically employed to switch Satir category in a communication to affect the whole experience and to change audience’s behaviour (Gordon 2017: 69). Any metaphor is a “verbal representation of an experience” (Gordon 2017: 9). Indeed, people represent experiences via “representational systems”: those sense modalities that are available to human beings to know and represent the experience; this is done through the sensory portals of sight, audition, kinesthesia, olfaction and taste (Gordon 2017: 98). This phenomenon is also known as the “philosophy of embodied realism”: reason is embodied via sensorimotor system (Lakoff & Johnson quoted in Serig 2006: 230). Precisely, environmental stimuli are organised in classes of experience which are described in terms of “sub-modalities” (smaller units of perceptions *e.g.* colour and form are sub-modalities of vision; fragrance of olfaction; pitch and timber of audition; texture and temperature of kinaesthetic) (Gordon 2017: 129-131). Sub-modalities in one system can shift to an “equivalent” sub-modality in another representational system or “a sub-modality in one class becomes associated with a sub-modality in another class”: “a cross-over effect” (Gordon 2017: 134-5). Those pairs of “equivalent or cross-over sub-modality” can be grouped to generate “patterns of synaesthesia” (Gordon 2017: 137). “Synaesthesia refers to the ability of sensory discriminations originating in one sense modality to evoke patterned perceptual experiences in another sense modality” (Gordon 2017: 137). “Those representational systems cross-over at the sub-modality level are incorporated into metaphors” (Gordon 2017: 140), which operate “intra-dimensional shifts of sub-modality or synesthetic shifts” (Gordon 2017: 146). Changing the way in which we represent an experience leads to a different response in people’s behaviour (Gordon 2017: 128). “That process of going back through our world models in order to make sense out of our experiences is called the *Transderivational Search*” and this is indeed what makes metaphors powerful agents of change (Gordon 2017: 18-9). Therefore, therapeutic metaphors aim to trigger conscious or unconscious *Transderivational Search* that assists a person to handle a problem (Gordon 2017: 20).

In addition to metaphorical images, epistemological observations can be diluted from the narrative canvas. The narrative strategy known as “the marvellous real” (*lo real maravilloso*, Carpentier 1995: 131) or “marvellous realism” (*el realismo maravilloso*, Chiampis quoted in Warnes 2005a: 5), which has been rendered in Swahili as *uhalisia-mazingaombwe* (Khamis 2003; 2005; 2007a,b), draws on endogenous cultural and belief systems (Faris & Zamora 1995). In other words, “a culturally non-western way of thinking relating to the world” (Warnes 2009) such as a “world of omens and curses typically African” (Cooper 1998).

Through the mode of narration of magical realism, the supernatural is accepted as natural: “the denaturalisation of the real and naturalisation of the marvellous” (Chiampis quoted in Warnes 2005a: 5), and both the natural and the supernatural appear as non-contradictory: “never managing to arrange themselves into any kind of hierarchy”

(Slemon quoted in Faris 2004: 48). Thus, magical realist texts present an “irreducible element” of magic that cannot be explained according to Western empirically based rules (Faris 2004: 7), yet it is “given, accepted, but not explained” (Marquez quoted in Faris 2004: 7). Those texts portray episodes of “ordinary enchantments” (Faris 2004), where the phenomenal world merges into different spiritual realms.

#### 4. Analysis of Swahili Plays on HIV/AIDS

After Tanzanian independence, dramatists and playwrights from the University of Dar es Salaam launched “the experimental drama” (*tamthiliya za majaribio*), which was aimed to link modern and globalised dramatic influences with traditional elements of East African performing arts (Mlama 2003a,b), and thus creating the “modern Swahili theatre” (Bertoncini et al. 2009; Lihamba 2004). The Swahili dramatic experimental phase was characterised by the incorporation of storytelling and poetic forms into the dramatic scripts, and it was described as “*hadithi*-like theatre” (Fiebach 1997; Hussein 1976) or “poetic theatre” (Ricard 2000; Bertoncini et al. 2009).

The very first historical drama (*tamthiliya*) on HIV/AIDS is *Ushuhuda wa Mifupa* (‘the Testimony of the Bones’, Ngozi 1990). This drama was composed by Ibrahim Ngozi in response to a call launched by the NACP (National AIDS Control Programme) in cooperation with BASATA (National Council of Arts). The manuscript won the BASATA prize in 1989 and was published in 1990 (Mutembei 2011a,b; 2015; Nicolini 2016; 2022a). This play deals with the history of HIV/AIDS (origins, ways of transmission, symptoms and prevention) and was inserted as part of the compulsory syllabus of Swahili literature in secondary schools. Later, it was replaced by *Kilio Chetu* (‘Our Lament’ MAF 1995), which is a play focused on the rights of children to be educated on reproductive and sexual health issues.

Additionally, among the most important and popular dramas on HIV/AIDS in Tanzania, I collected the following plays written in both Swahili and English: *Giza* (‘Darkness’, Jilala 2004) and *Kilio cha Jeska* (‘Jeska’s Cry’, Mghanga 2004), both published by the Angaza Initiative Project (AMREF); *Orodha* (‘The List’, Reynolds 2006) composed by a dramatic arts teacher to be performed by the Dar es Salaam Young People Theatre and *Mwalimu Rose* (‘The Teacher Rose’, Mghanga 2007), both published in a series of Educational Narrative on HIV/AIDS; *Embe Dodo* (‘The Small Mango’, Makukula 2015); the two anglophone plays *Judges on Trial* (Nyoni 2009) and *The Monster* (Chikoti 2009), which are part of a collection of plays and tales written by students and staff of the University of Dar es Salaam; *Anaona Anasikia* (‘He sees and hears’ Abeid 2014); and *The Beast* (Morgan 2005), written by a Kenyan medical doctor, and translated in Swahili as *Zimwi la UKIMWI* (lit. ‘The Ghost of HIV/AIDS’, Morgan 2010) (see also Nicolini 2022a; 2016).

*Giza* deals with socio-political corruption, failure of the health care system, and unfaithfulness. It tells the story of a young bridegroom, who bribed a doctor at the hospital to cheat the HIV test and thus infecting his bride. *Kilio cha Jeska* deals with economic and gender inequality, encourages HIV testing before marriage, and denounces patriarchal legacies that allow arranged marriages and gender-based violence. For instance, victims of abduction, as *Jeska*, are recognised as wives and women are compared to a field to be plough with HIV: *Umefanikiwa kuvuna. [...] Huyo ndio mke wako* (You have harvested well. She is indeed your wife, Mghanga 2004: 29). *Orodha* denounces the risk for female teenagers deceived by sugar-daddies or victims of paedophilia and also urges to break the silence on HIV/AIDS issues. *Mwalimu Rose*

denounces the harmful consequences of the bad administration of socio-economic power by cruel men. *Embe Dodo* exposes illicit sexual networks which affect adolescent girls. *Judges on Trial* and *The Monster* are two supernatural and allegorical tales claiming the importance of social unity and cooperation to fight against social issues such as HIV/AIDS. *Anaona Anasikia* urges to break the silence, not to be deaf and blind testimonies of the virus transmission; instead, the adults should provide the youngest with a good example. *Zimwi la UKIMWI* comments on HIV/AIDS through a “voice” (*Sauti*) that acts as a psychotherapist and promotes music therapy in HIV/AIDS education campaigns.

#### 4.1. A marvellous-real reading of Swahili plays on HIV/AIDS: an epistemology of *jujuology*

I argue that Swahili plays on HIV/AIDS can be analysed through the lens of magical realism. In fact, the plays use a “mode of narration that naturalizes or normalizes the supernatural” (Warnes 2009; 2005b), which appears as perfectly normal and then is accepted as ordinary. Besides this, all the four principles listed by Faris (2004: 7) are respected. The plays are set in the “phenomenal world”, “unsettling doubts” emerge, “different realms” are merged and entangled, and finally the disruption of “time, space and identity” takes place.

Firstly, the plays are rich in flashbacks and flashforwards. Secondly, being a multi-generic media, drama inserts intervals of storytelling, as an enchanted play inside the play, as well as *ngoma* ritual performances and songs, which interrupt the ordinary flow of dialogues, blur the lines between natural and supernatural realms, and disrupt the time setting. Finally, characters’ identities and bodily performances oscillate between sickness and health as well as between human and non-human ontological presences.

The allegorical and atemporal *hadithi*, fairy tales, told in *Kilio Chetu* and *Ushuhuda wa Mifupa*, as a play inside the play, not only convey sociocultural and ethical messages (Bettelheim 1976), but also move the setting from the real to the marvellous – the realm of *ajabu* (‘marvellous’).

*Mtambaji*: “Hapo zamani za kale paliondokea kisiwa kimoja kikubwa sana. [...] *Dubwana* likaleta **balaa** kisiwani.” (MAF 1995: 1)

Narrator: “Once upon a time, there was a big island. [...] A **ghostly giant** suddenly brought **misfortune and calamity** to the island<sup>8</sup>”

*Mtambaji*: “Ikafika mwaka mmoja huo tukaona *ghafila vifo vya ajabuajabu* vingivingi vikaanza kutokea. Kadhalika tukaanza kusikia **habari za ajabu ajabu** [...] *Nasema balaa kubwa!*” (Ngozi 1990: 3 - 4)

Narrator: “I’ll start my narration at the very beginning...”; “There came a year when we suddenly witnessed many **extraordinary deaths**. We started hearing about **weird [marvellous] news!**” [...] I would say **calamity!**”

Fairy tales are made up of realistic and unrealistic features, which respectively provide information about both the external world (socio-cultural code) and inner unconscious processes taking place in an individual (Bettelheim 1976: 25). Moreover, fairy tales, like psychoanalysis, were created to teach people about the problematic nature of life; living by fighting against the struggles of life is unavoidable, it is indeed part of human existence (Bettelheim 1976: 13).

<sup>8</sup> All the translations from the original Swahili texts into English in this paper are mine. All emphasis added mine.

Furthermore, not only tales, but also traditional life-cycle rituals represent a liminal space where the instability of the boundary between the natural and the supernatural emerges (Warnes 2009: 140). Indeed, the play *Ushuhuda wa Mifupa* starts with the sound of traditional African dance (*milio ya ngoma*) performed by skeletons (*mifupa*) risen from the dead to give their testimony about history and knowledge of HIV/AIDS. *Kilio Chetu* begins with the *hadithi* told by the traditional narrative authority of *Mtambaji*. The narrator tells an allegorical frightening tale about *dubwana*, the ghostly giant of AIDS. *Orodha* is introduced by *vifani*, the living dead, moaning during the protagonist's burial ceremony celebrated at the 'rhythm of the drums characterising African dances' (*mapigo ya ngoma za Kiafrika*). *Kilio cha Jeska* and *Giza* begin with a funeral ceremony commented respectively by *Mkuu wa Msafara* (the head of the funeral caravan) or *Kichaa* (the fool). Finally, *Embe Dodo* begins during the traditional dance (*ngoma ya asili*) performed for the female rite of passage celebrated for the protagonist *Mwali* (initiated maiden) (Nicolini 2022a).

Thus, in Swahili plays, the oxymoron of magical realism is embedded in the combined epistemology of *jujuology*:

*Ninyi hamjui jujuology?* (Ngozi 1990: 5)

Would you tell me that you don't know what *jujuology* (the science of witchcraft and superstition) is?

The term *jujuology* (Ngozi 1990: 5) indeed intermingles two diverse epistemes: witchcraft and science. In fact, *juju*, fetishes or amulets, are the symbols of the traditional spiritual belief systems in West Africa and the suffix "-ology", stemming from a Greek root, is the representation of the positivist epistemology of science (Mutembei 2013; 2015).

#### 4.2. An Intermittent Continuum of Plural Epistemologies of Healing

Intermittent clashes of different epistemologies of healing, which I call elsewhere a "ping-pong effect" (Nicolini 2022a,b), characterise and fill into a therapeutic continuum, which includes modern scientific medicine performed at the hospitals as well as traditional healers (*mganga wa jadi/kienyeji*), diviners (*mwaguzi, mpiga ramlì*), herbalists (*mganga wa mitishamba*), and spirit possession rituals such as "ngoma (drums) cults of afflictions" (Janzen 1992). Those additional therapies, which are not exclusive but complementary, are aimed to alleviate discomfort and to heal people from at least the ailment related to HIV/AIDS opportunistic infections. However, HIV/AIDS remain an incurable illness:

*Bw. Makoma: "Mganga wangu karibu ametumia dawa zote, ameshindwa."*  
(Mghanga 2007: 65)

Mr. Makoma: "My healer has tried every treatment, yet he has failed!"

*"Fedha zote zitaishia kwa waganga.[...]Ugonjwa huu hauna tiba hata ya kuombewa!"* (Ngozi 1990: 16)

"All our money will end with the healers. [...] This disease has no cure, not even by prayers!"

Notwithstanding, not only are both hospitals and traditional practitioners incapable of curing HIV/AIDS effectively, but privatised health structures are also not accessible



for those who cannot afford to pay. Beside this, some local practitioners make profit from the situation as well.

*“Madaktari ndio hao, hawana utu pesa ndio utu wa mtu”* (Jilala 2004: 21).

“Such are the doctors; they have no humanity, their human values are based on money”

*“Waganga na waganguzi! Wapi! Mtoto anazidi kunyong’onyea tu”* (Ngozi 1990: 13)

“Healers and **their superiors!** Useless! The girl’s weakening is worsening”

*Mganga wa jadi: “Njoo dawa njoo. Loo! Inakataa. Vua gauni, vua tu usiogope ni dawa”* (Mghanga 2007: 59)

The traditional healer: “Come cure, come here! Ay! It refuses. Get undressed, just get undressed, don’t worry, it’s part of the treatment!”

Healers are particularly effective in treating opportunistic infections, but when the situation deteriorates, prevention and education offered by NGOs come into play.

*Mw. Rose: “Twende tukaangalie Angaza. Ni muhimu kujua afya zetu.”* (Mghanga 2007: 66)

Rose: “Let’s go to the **Angaza Project** (AMREF) for HIV testing. It is very important to know our health condition”.

In addition, Islamic and Christian faith healers have their role to play for those who believe that prayers can heal (Dilger 2001a,b; 2007). However, in the plays those preachers called to exorcise *pepo mbaya* (malicious demon) are often debunked as *“Mhubiri wa uongo!”* (False preachers, Ngozi 1990: 16):

*Mw Rose: “Ukristu ni mchana, usiku kila mtu ana mambo yake.”*

*Bw. Makoma: “Kweli dini ni mchana, usiku shetani” “Mimi nina mganga wangu special”* (Mghanga 2007: 56-7)

Rose: “Christianity is daytime; at night everybody minds their own business.”

Mr Makoma: “That is the truth, during the day we are religious, during the night the devil rules” “I have my special healer”.

*Mchungaji: “Pepo hili ni pepo baya sana, pepo lenye nguvu.”* (Mghanga 2007: 71).  
*“Nakuamuru toka wewe pepo mchafu! [...] Nasema toka, potea, shindwa kwa jina la Yesu!”* (Mghanga 2007: 74)

The pastor: “This **demon** is a dangerous one, a really powerful demon”. “I order you, bad spirit, to get away from here! [...] I say get out, get lost, be defeated in the name of Jesus!”

In the end, patients and their relatives, after having tried all herbal remedies and divinatory practices available, yet without succeeding, must accept the diagnosis of HIV-testing and the ARVs therapy:

*“mtoto kala mzizi ya aina yote”* (MAF 1995:35)

The boy has eaten roots of every kind.

*“waganga wamemaliza makombe yao yote”* (MAF 1995: 35)

The healers have finished all their medicine pots.

“*huko hospitali wataalamu wamekuja na matokeo haya ya kutisha*” (MAF 1995: 34)

There at the hospital the experts come out with that dreadful result.

#### 4.3. *Epistemological Miscellanea*: Encounters of plural codes between the Natural and the Supernatural

Metaphors in Swahili literature on HIV/AIDS (Mutembei 2001; 2009; 2011a,b) are vessels for plural codes: the natural, the supernatural, and the scientific, which intermingle together inside the narrative in the form of an “epistemological miscellanea” (Nicolini 2022a,b). The playwright’s objective seems to be to overcome feelings of discomfort and unsettling, by moving gradually towards the design of an environment of inclusion and co-existence. In the following subsections, I will thoroughly analyse all metaphors, connected to HIV/AIDS, ill people and related issues, diluted from the selected Swahili plays.

##### *The code of the Natural*

HIV/AIDS is metaphorically represented as pertaining to the natural realm that is rooted in people’s unconscious and connected to animistic traditions as well as to endogenous beliefs. Myths and traditional belief systems capture the link between “the dead, the living, and the unborn”, which are all considered to be aspects of the natural world (Egya 2020: 68).

Firstly, *balaa*, which means natural catastrophe, plague, misfortune, is one of the commonest metaphors that implies all the social and physical devastating effects of HIV/AIDS, as shown in the following examples: *Dubwana likaleta balaa kisiwani* (A ghostly giant suddenly brought misfortune and calamity to the island, MAF 1995:1); *hili ni balaa sawa na gharika!* (This is a natural calamity like a flood! Ngozi 1990: 19) (see also *balaa* ‘plague, misfortune’ in Mghanga 2007: 62 and in Abeid 2014: 5; or *total balaa* and *janga la kitaifa* ‘national calamity’, Morgan 2010: 13).

HIV/AIDS can be sometimes linked to traditional rituals and costumes, which have been undergoing multiple transformations since the advent of HIV/AIDS (Setel 1999; Hasu 1999). For instance, traditional initiation rituals that implies shaving, body piercing and circumcision started being criticised, because they became a source of the virus transmission, as exemplified by the character of *Ngariba* (Ngozi 1990; Mutembei 2011a). Thus, *ngoma* (traditional ritual dances or drums, Mghanga 2007: 76) is a metaphor for HIV/AIDS and it can also be a “style” of passing away because of AIDS (*kaondoka kwa style hiyo*, Jilala 2004: 31).

The powers of nature can be dangerous and uncontrollable: *gharika* (a flood, Ngozi 1990: 19) is a metaphor that hints at the way through which AIDS kills people like a flood that rapidly overwhelms inhabitants and devastates the surrounding environment (Mutembei 2001; 2011b: 263). Sometimes other living beings can be unfriendly towards humans; thus HIV/AIDS can be caused by *kumwa na nge* (to be pricked by a scorpion, Ngozi 1990: 8), which is a metonymy for the HIV transmission or other sexually transmitted infections (Mutembei 2011b: 263). Likewise, HIV is like a *mbwa*, a dog, who has enough teeth to bite people (Morgan 2010: 12). Bacteria and parasites are also involved such as *mdudu* (an insect, Mghanga 2007: 76). This natural metaphor, by undergoing social representation processes (Moscovici 2000), firstly objectifies the invisible HIV virus to a visible insect; then, the alien antibody is anchored to a devastating yet common parasite infesting banana plants, which are at the base of Haya

people economy and diet (Mutembei *et al.* 2002: 3; Mutembei 2001). The metaphor works also as an analogy: the virus ravages human bodies like the parasite chews banana plants and leaves.

A popular euphemism in literature is *kukanyaga nyaya* (stepping on live wires, MAF 1995: 5). This is a “metaphtonymy” (Goossens 1995; Mutembei 2001: 23 -24): both a metaphor for HIV/AIDS, and a metonymy for AIDS opportunistic skin diseases: the wires, which cause an electric shock, are connected to skin wounds, burning and herpes zoster (*mkanda wa jeshi*, Jilala 2004: 34) caused by HIV/AIDS. Moreover, ‘electricity/electric power’ (*umeme*) is an analogy that hints at the rapidity through which people die from AIDS (Mutembei 2001: 113). Conversely, *Giza* (darkness, Jilala 2004: 1; see MAF 1995: 16) is another example of “metaphtonymy”: a metaphor for HIV/AIDS – the darkness that covers and switches off the light of life - and a metonymy for both the deadly effect of HIV/AIDS and its cause: darkness as ignorance of sexual health issues.

In addition, crossovers at the sub-modality level are also involved to generate HIV/AIDS metaphors as shown below:

*Sauti: Waje waonje tamu na chungu ya maisha* (Jilala 2004: 22)

Voice: Let them come into this world and test **the sweet and sour** of life.

*“Ibilisi wa chachu ndani ya embe dodo bivu lenye kunukia na hicho kitanda chako ndilo jeneza lako na hiyo shuka yako ndiyo sanda yako”* (Makukula 2015: 18)

Iblis is the bitterness inside a small and ripened mango, which has a beautiful smell, and that bed of yours is your coffin as well as those sheets of yours are your shroud.

The metaphors above illustrate synesthetic shifts from taste: sweetness and bitterness, to vision and olfaction, which are represented by the good smell and the attractive beauty of the perfect form of a ripened mango. Mango is also both a metaphor for a young maiden and a metonymy for her firm breasts; here, another shift also includes touching a steady beautiful female body.

Finally, all those sensory portals are abruptly shut down by the oblivion of physical sensations that is death covered by a shroud. Likewise, the cry: *VAENI SANDA!* (Put on a shroud! Ngozi 1990: 21) employs the image of a shroud, which represents the Islamic burial tradition, to refer metonymically both to the deadly effect of AIDS and to the virus transmission via blood contacts.

### ***The code of the Supernatural***

In the plays, the supernatural and the marvellous are naturalised and accepted as part of the everyday routine in common people’s lives. Furthermore, spiritual and otherworldly ontologies convey valuable non-scientific ways of knowledge in the form of an “irreducible” and indeterminate third element (Faris 2004; Rettovà 2021a).

*Mtu anawarudisha misukule nyumbani, atashindwa nini tena?* (MAF 1995: 36)

[Speaking about a diviner]: a man sending *zombies* back home, what else can he fail to do?

*“Kila mtu akawa na lake: mara jini, wengine mzimu huo”* (MAF 1995:1)

“Everyone had their own interpretation: one time it was a *jinn*; others thought of an **ancestral spirit**.”

*“Kuna mtu kamroga...pengine rafiki msichana mwenye wivu”* (Reynolds 2006: 25)

There is someone who cursed him... perhaps a jealous female friend.

“*Ukimjua mchawi na ukamkemea*” (Mghanga 2007: 65)

If you know a **witch**, go and call her.

Culturally particular social representations of HIV/AIDS are imbued with magic elements and supernatural ontologies, including both the practice of witchcraft or sorcery (curses and bewitchments) and non-human spiritual creatures:

*Mtambaji: “Dubwana likaleta balaa kisiwani. Kila aliyeguswa na Dubwana alidhurika. Watu walitoka upele, wengine waliharisha, mara nywele kunyonyoka na vifo vikafuatia. Watu walipukutika, wakapukutika kama majani ya kiangazi”* (MAF 1995: 1)

Narrator: “The **ghostly giant** spread calamity onto the island. Each person who was touched by the phantom was harmed. People started being affected by sours, diarrhoea, the hair falling off, and death followed. People were falling off, **falling off like summer leaves.**”

The isomorphic representation contained in the quotation above is based on the metaphorical pair of *Dubwana* (ghostly giant, MAF 1995: 1) and *kizuka* (a ghost or widow, MAF 1995: 4). These two metaphors imply an interesting opposition between the illness, which is associated with a giant, by using the -ji/ma- noun class of the Swahili language<sup>9</sup> that works for augmentative, whereas the person affected by AIDS is reduced to a non-human creature using the -ki- class that is used for inanimate objects or as a diminutive. Thus, we have a synesthetic shift from a supernatural, huge and powerful creature that represents the illness, while the ill person is reduced to an inhuman, tiny and dried thing. The verb *kupukutika*, ‘to fall off’ (see also: “*Vijana [...] wazee wanapukutika*”, ‘the young and the old are falling off’, Ngozi 1990: 2; Jilala 2004: 5; “wiped out” Nyoni 2009: 113) is a metaphor meaning to die (Mutembei 2011b: 263). People are represented as dried leaves that fall off, because they die in great numbers and their ‘corpses can be collected’ as dried leaves (“*vifo vikawazoea*” MAF 1995: 3). Here, the natural and the supernatural are combined.

Curses and jinns are thrown by jealous or angered witches such as *juju* (curse or voodoo practice, Mghanga 2007: 76); *jini likakemewe* ‘to rebuke the Islamic evil spirit’ (Mghanga 2007: 66; see MAF 1995: 1); *amelogwa [...] UKIMWI umemkumba* (she was bewitched [...] AIDS wasted her, Abeid 2014: 22). HIV/AIDS is *kirusi cha kutisha* (the dreadful virus, Reynolds 2006: 43) and *gonjwa*, a massive and severe illness, which is represented by giant demons or monstrous evil creatures:

*UKIMWI, Majitu yanaenda pekupeku tu hayajali!* (AIDS, giants who walk barefoot [without wearing condoms] without caring, Mghanga 2007: 53). In this sentence, *Majitu*, means giants or genies, in the augmentative noun class (ma-) and is a metaphor for HIV/AIDS. Besides this, the metaphor also includes the analogy (Turner 1974) ‘to walk barefoot’ that stands for having unprotected sexual intercourses.

*Dubwana lile likaendelea kuwadhuru!* (The ghostly giant of AIDS keeps hurting the children, who lack sexual health education, MAF 1995: 3); *lile Dubwana limetanda kama utando wa buibui* (that giant overcast like a spider’s web, MAF 1995: 16). This rhetorical figure is a combination of metaphor and analogy (Maranda quoted in Turner 1974: 290-1): the ghostly giant is a metaphor for HIV/AIDS. The giant infects children,

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<sup>9</sup> Cf. Bertoncini (2009).

who lack sexual health education, having unprotected sexual intercourses with them. Additionally, the ghostly giant, via cross-over sub-modalities, is described as driving the youth into the dark (*giza*), which represents the lack of knowledge and its consequences.

The conflict of a common person with a giant or a genie in fairy tales, for instance in the tale of the fisherman and the genie from *One Thousand and One Nights*<sup>10</sup>, usually implies the cross-cultural topic that children fear adult people's authority exercised towards them as well as and their punishments for disobedience (Bettelheim 1976: 32). The tale also teaches that if you cannot beat a giant in strength, you can do so by being cleverer than he is (Bettelheim 1976: 32). This analogically suggests that HIV/AIDS cannot be defeated, but it can be prevented.

The exclamation: "*kuna mtu hapa ofisini kanitupia pepo*" (there is someone here at the office who has cursed me, Mghanga 2007: 65), contains a "metaphonymy" (Goossens 1995), where *pepo* (demon) is a metaphor for HIV/AIDS, and also a metonymy explaining the source of virus transmission that, in this case, is a sorcerer who has thrown a demon at the victim. Moreover, "*pepo* (demon) *la namna hii hula chakula cha mtu tumboni* (this kind of demon consumes the food inside the human's intestine, Mghanga 2007: 65); the analogy illustrates the mythical aetiology of the illness that is caused by vampires, who suck vital lymph from human bodies, who start suffering from diarrhoea, vomiting, and lose body weight until they die for consumption.

The horrific and the uncanny, on the one hand, trigger feelings of abjection (Kristeva 1982); on the other hand, they are vessels of knowledge. However, the antinomy with the unsettling in Swahili plays tends to be resolved by acceptance and inclusion of the supernatural (Chanady in Faris 2004).

"*The beast, zimwi, ukimwi*" (the beast, the ogre, Aids; Morgan 2010:1); *nimemezwa na zimwi [...] kizazi chote kimefagiliwa* (I have been swallowed by a dreadful ghost [...] the entire offspring has been swiped away by AIDS! Morgan 2010: 81). The otherworldly and folkloristic ontology of *zimwi* in the augmentative class is another double for AIDS and a metonymy for the massive disruption caused by it, which brings *jehanamu*, the Gehenna on earth (Morgan 2010:41) like *ufagio unaofagia hadi mavani. Ufagio wa mauti mithili ya garimoshi lisilo na vizuizi* (A sweep that sweeps away worn-out clothes until death. A sweep of death like a train without barriers, Morgan 2010: 3).

HIV/AIDS is also represented by *nduli* (Morgan 2010: 13) the mythological creature of a two-headed snake. Likewise, the inhabitants of the fictional country of *Panajambo* cried that: "They were eaten by the monster" (Nyoni 2009: 105). Indeed, the "swallowing monster"<sup>11</sup> is believed to be a cultural peculiarity in the Bantu language folklore (Dseagu 2021). Furthermore, the monster imagery is connected to post-traumatic stress, the "monster is symbol and metaphors for unspoken and/or unprocessed personal or cultural trauma and fears" (Hamilton 2020). In Chikoti's allegorical tale, as a play inside the play, "the nameless Monster" (always capitalised in the play; Chikoti 2009: 63), which represents the ontology of HIV/AIDS, lives in the "sweet tea" prepared by a woman, so it is a curse prepared by a female witch. The curse cannot be revoked even by taking all the treatments available in the village "from the roots of the tree to the highest leaves" (Chikoti 2009: 64). Finally, HIV/AIDS is depicted as a "strange creature" (Nyoni 2009: 110); "a witch, more devilish and satanic than the wizard of OZ"; "It has got many faces, many colours; it's visible and sometimes invisible" (Nyoni

<sup>10</sup> The Swahili Islamised coasts were influenced by Arabic storytelling traditions (Bertoncini *et al.* 2009).

<sup>11</sup> Cf. *Khodumodumo* 'great noise' the onomatopoeic name in Basotho language (Dseagu 2021).

2009: 108). It appears like a monster that transforms all humans into ghosts: “only ghosts will remain” (Nyoni 2009: 115).

HIV/AIDS overcomes the borders between human and non-human; hence, not only supernatural ontologies (monster and evil spirits), which represent the illness, but also the horrific depiction of wounds, skin diseases, wasted bodies, and corpses can become symbols of “abjection” (Kristeva quoted in Creed 2007). “Abjection” is the human reaction caused by the loss of distinction between the self and the other (an object representing a taboo) (Kristeva 1982). Often wasted bodies of HIV/AIDS victims, especially female reproductive bodies, become symbols of abjection (Creed 2007) as strategies to persuade people to prevent the infection, by protecting themselves and changing behaviour. Particularly, people affected by AIDS sometimes appear dehumanised in the semantic class of inanimate objects: *anaonekana mwembamba kama kichokoa meno* (she/he is as skinny as a toothpick, Morgan 2010: 45), as well as opportunistic skin diseases and conditions are used to raise awareness and promote prevention, as illustrated in the following examples:

*Anapata utando mweupe mdomoni [...] matezi shingo nzima [...] ngozi yake ikaanza kuota ukurutu* (Ngozi 1990: 13). [...] *Madonda mwili mzima.* (Ngozi 1990: 14)

She started suffering from **canker sore** [aphthae] [...] **swollen lymph glands** all over her neck. [...] her skin started suffering from **acne**. [...] The entire body was full of **ulcers!**

*Mama Furaha: “Malengelenge yalifumka sehemu zote za ngozi yake. Mitoki...na alianza kupungua uzito kwa kasi.”* (Reynolds 2006: 21)

Mama Furaha: “Blisters appeared everywhere on her skin. Inflammation of glands...and she started losing weight rapidly.”

*Suzi: Akafunua nguo kunionyesha sehemu zake za siri, alikuwa na vidonda. Ni nyama tu alioza.* (Jilala 2004: 13)

Suzi: She uncovered her clothes to show me her genitals, she had **sores**. The flesh was septic.

*Mapele! Kuhara! Vichaa! Vifua! (Sores /pustules! Diarrhoea! Dementia! Tuberculosis!* Ngozi 1990: 1)

*Watu walitoka upele* (people start suffering from **skin rash/eczema/dermatitis**, MAF 1995: 1; *majipu*, ‘boils’, Abedi 2014: 15)

Conversely, the metonymy *homa* (fever, Ngozi 1990: 13; Abeid 2014: 15), by referring to a light symptom, is employed to give some hope to the ill people (Kandagor 2013: 99).

### ***The code of Science and Modern Medicine***

HIV/AIDS brings about *utatanishi*, complications (Morgan 2010: 6), in the form of not only psychophysical opportunistic infections, but also social complications such as stigma and discrimination: *ukimwi ni ubaguzi* (AIDS is discrimination, Morgan 2010: 69). Therefore, the plays are committed to promote the progress of modern medicine, to encourage safe sex as well as to support awareness campaigns, distribution and use of condoms, HIV-testing and ARV’s therapy. According to scientific vocabulary, HIV/AIDS is “UKIMWI”, as the most widespread non-metaphorical name appearing in

the plays, or *virusi* (*vya UKIMWI*), otherwise the HIV virus is also called *Viini* (nuclei, Mutembei 2015: 189).

The issue of safe sex is addressed by stereotyping the behaviour of young boys who have sex *pekupeku* (barefoot, MAF 1995: 19) and enjoy themselves “not eating the sweet in its wrapping” (*pipi na ganda lake*, MAF 1995: 19); they rather prefer to have a full-contact experience “shaving their partners” (*mnyonyoe manyonya*, MAF 1995: 24) (Mutembei 2011b). Young boys complain about the effect of condoms during sexual activities (*kuna nazi*, grating a coconut, Reynolds 2006: 26): “*kondomu kunakulinda dhidhi ya slim [...] lakini Mabuti yamepoa MOTO!*” (Condoms protect you from AIDS, but **boots** (condoms) cool down the fire of excitement [and the risk of HIV/AIDS]!” Reynolds 2006: 26). However, condoms protect from *moto*, which is also a metaphor for HIV/AIDS that melts away all the body defences: “*virusi vinavyoondoa kinga mwilini?*” (the virus that sweeps away all the body defences, Abedi 2014: 13). Therefore, the plays urge to: “*Tumia mipira, ni kinga bora!*” (Wear **condoms!** They are the best **prevention** you can get! Ngozi 1990: 18) or *mfuko wa kuhifadhia embe dodo* (the envelope to preserve the small mango, Makukula 2015: 8) as protection (*kinga*, Makukula 2015: 6). Alternatively, *kondomu* (condoms, Reynolds 2006: 25; Mghanga 2007: 16) are called by the name of a popular trademark brand *Salama* (safety, Mghanga 2007: 16), which in literature has become a metonymy for the effect of having safe sex with condoms. Otherwise, *female condoms za kizungu* (the **European** intrauterine devices, Mghanga 2007: 18) are also promoted (Nicolini 2022a).

Modern scientific medical devices are intermingled with the supernatural, and thus, condoms become “shoes” to be worn in order not to “walk barefoot”, because there is “a monster” lurking in the darkness, which is ready to assault and invade human bodies: *Some of us walked barefoot, and the monster pierced and poisoned their legs; “It is the monster who is killing you, put on shoes when walking and never fight the monster unprotected”* (Nyoni 2009: 112).

Finally, dysphemistic slogans of NGO awareness campaigns focused on carefree sex are quoted: “*Unaringa? Umepima – Giza*” (Are you (sexually) wandering around? Check your health – Darkness, Jilala 2004: 18). Lastly, in the unlikely event of HIV positivity, there will be the chemical creation of *KEMRONI. Kiboko ya Ukimwi!* - ARVs therapy, the “whip” against HIV/AIDS (Ngozi 1990: 20).

#### 4.4. Therapeutic Metaphors to Change Behaviour

Extramarital affairs, prostitution, unsafe sex with multiple partners, described as *ndoana* (to be hooked by a prostitute, which also means to be hooked at the HIV/AIDS hook, Jilala 2004: 31) are the main AIDS-related risky sexual behaviour discussed in the plays.

*Dereva lazima uwe na spea taya* (Ngozi 1990: 8)

A long-distance driver must be with a spare tyre/a mistress along the road.

*Mtani: Eti mtoto wa shule, Makalikiti alikuwa na duka. [...] Duka la mwili wake.* (Ngozi 1990: 15)

Joker: Imagine a school-age girl, Makalikiti had a business. [...] **The business of her own body.**

*Mtambaji: “[...] wanasema kuwa amekufa kwa Slimufiti...”*

*Mtani*: “*Alikuwa akiumwa Acha Iniue Dawa Sina [A-I-D-S]! Ndiyo Acha Iniue Dogodogo Siachi [A-I-D-S]! Makalikiti alikuwa anaumwa Eidisi! VVU/UKIMWI!*” (Ngozi 1990: 15)

Narrator: “[...] they are saying that she was suffering from *Slim fit* (the disease which makes people thinner)”

Joker: “She was ill from “**Let it kill me, I have no cure**”, yes, “**Let it kill me, I can’t give up having sex with chicks**”. *Makalikiti* was suffering from *Eidisi* (Swahilization of AIDS)! **HIV/AIDS!**”

Sex related metaphors oscillate in between a euphemistic and dysphemistic use (Fernandez 2008) such as respectively *ajali kazini* ‘an accident at work’, and *duka* meaning ‘transactional sex’ (Mutembei 2011b). Alternatively, the dysphemistic *malipo ya ufuska* (the payment for prostitution, Jilala 2004: 8), or *tuzo ya ukimwi* (the prize of Aids, Morgan 2010: 82), and the euphemistic *mauti kwa vibiringoma* (death from the short dress of a prostitute, Morgan 2010: 23) can be found. Thus, the solution suggested will be: *MMII* (*mke mmoja-mume mmoja*, ‘one wife and one husband’, Ngozi 1990: 20).

Anglicisms or pidgin words are also used to mix modernity and tradition, science and local culture, such as the acrostics A-I-D-S, *eidisi*, and *slim* or *slim fit* that is a euphemism based on visual representation.

“*Katibu katika ofisi ya daktari kanambia ana huu ugonjwa wa AIDS! Wanauita slim kwa sababu ugonjwa wenyewe hukufanya ukondeane*” (Reynolds 2006: 25)

The villager: “The secretary at the doctor’s office told me that she is suffering from this **disease of AIDS!** It is also called *slim* because the disease makes you all skin and bones”.

Especially traditional proverbs, which undergone the “*ukimwishaji*” (Mutembei 2007), AIDS-tisation effect, and which have been transformed in meaning and structure to convey knowledge of HIV/AIDS, blame people for taking risk behaviour.

*Mtani*: *Nzi kufia kwenye kidonda si haramu.* (Ngozi 1990: 17)

Joker: **For a fly to die in a wound-that it is feeding on- is not illicit.**

Joker: But “**after all you got what you wanted**” as a result of sexual indulgence (**for a fly is not illicit to die in a wound!**)

*Mtambaji*: *Kweli kufa kufaana.* (Ngozi 1990: 17)

Narrator: It is indeed true that **to die is a benefit to the living!**

*Mama Suzi*: *MUMEO NINAYE MAKAPERA WANA UKIMWI* (MAF 1995: 9)

Suzi’s mother: I have my husband; the unmarried men have AIDS.

The plays encourage people to change their behaviour via sensory perceptions: “*Anaona, Anasikia*” (‘the kid sees and hears (learns)’, Abeid 2014: 19). Moreover, the plays urge people to speak out loudly, and not to hide the HIV infection by being deaf and blind testimonies, but to take care of their own kids, who are imitating adults’ behaviours, by setting a good example.

Since “*Elimu ni kinga*”, knowledge is prevention/protection (Morgan 2010: 81), Morgan (2010: back cover) designs his play as a sort of psychotherapy séance, where the choral voice acts as a psychotherapist, while suggesting the use of music therapy.



Indeed, music works as a hypnotic suggestion: patients after trance, by recalling the music, recall a post-hypnotic suggestion that influences their emotional behaviour, and it helps to change their behaviour (Kelly 1993; Nicolini & D'argenio 2017). Therapeutic metaphors, characterised by synesthetic shifts, reframe the experiences and activate a *transderivational search* for safe behaviour (Gordon 2017).

The final synesthetic shift in the plays occurs from abjection for the horrific and uncanny to complementarity and inclusion; an inclusion which merges different realms, diverse cultural codes and intermingles human and non-human ontologies so as to foster humanity. In fact, the loss of human values is loudly denounced:

*Watu wote wamegeuka kuwa Wanyama, ubinadamu hakuna* (Jilala 2004: 16)

All persons have become animals, there is no longer humanity.

In the end, those plays draws on the philosophy of “*utu bora*” (‘ideal humanity/humanism’, Robert 1968): “the ideal personhood/humanity as manifested in normative conduct” (Masolo 2019: 33; 2010), which means that the human ontology is defined by “being as a community”: “*mtu ni watu*” - I am a human being because we are a community of human beings; or “*mtu ni utu*”: “humans can only become fully human in and through community” (Rettovà 2020: 32). Lastly, the character of “the Teacher” teaches people about humanity: “*By sacrifice, I meant we all leave our differences aside and work for the same goal, making sure that the Monster loses the battle. [...] each of you is a protector of the other [...] each one of you has a responsibility of insuring that victims have that sense of belonging.*” (Chikoti 2009: 71).

## 5. Conclusion

I argue that through the aesthetic devices of metaphors and the narrative strategy of magical realism, Swahili dramas on HIV/AIDS contribute to create an inclusive environment of co-existence among plural epistemologies of healing, scientific and non-scientific ways of knowing, as well as among diverse ontologies between the natural realm of science and the marvellous realm of spirituality and the supernatural, which is included.

I also argue that the **philosophy of inclusion**, supported in the plays through the epistemological miscellanea and the magical realist narrative, can be framed inside the “Global South” movement called “Epistemologies of the South” (Santos 2014): multiple epistemologies which engender a new process of production and validation of valuable knowledges, both scientific and non-scientific, and new relations among them (Santos 2012: 51).

For instance, the Bolivian philosopher Javier Medina theorised the concept of “*el tercer incluido* - the included third” suggesting an “epistemology of inclusion or indeterminacy” (Medina 2011; Rettova 2021a: 322). Medina postulated that theory by drawing from the native American thought systems of “*suma qamana*”, also known in the Spanish translations as *buen vivir* (‘good life’) or *vivir bien* (‘live well’), which he mixed and interlaced with the quantum physics principle of indeterminacy: “*el efecto/estado T2*”, where antagonistic strengths encounter one another, generating a third natural strength that is the synthesis of both, and which is not excluded, yet included (Medina 2011; Rettova 2021a: 319-323; Rettovà 2021b: 33-34). Furthermore, the Nigerian philosopher Jonathan Chimakonam as exponent of The Calabar School of Philosophy, postulated “*Ezumezu* logic” (2019) a trivalent and three-valued logic aimed

at inclusion for the middle third element, which rejects the Aristotelian binary and two-valued logic of exclusion. The Igbo<sup>12</sup> notion of *ezumezu* is a context-dependent and intermediate value and a “point of complementation” (Chimakonam 2019). The “three-valued system of *ezumezu*” also postulated a truth-glut principle of “epistemic-complementarity” and “value-complementarity” (Chimakonam & Chimakonam 2023: 326, 335), according to which an intermediate value indeed maintains a balance between opposed values. Through this truth-glut and three-valued logic even the notions of “good and evil are not contradictory but complementary” (Chimakonam & Chimakonam 2023: 337). This is also applicable for obtaining a complementary inclusion of the natural and the supernatural as well as the phenomenal and the spiritual.

In conclusion, I argue that the formation of a specialised aesthetic language of HIV/AIDS, which I isolated from the plays, is meant to overcome feelings of discomfort in connection with the disease in favour of an inclusive dialogue based on inclusion and integration of ‘plural’ knowledge.

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