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Inyanga enkulu (the great physician): a comparative analysis of the representation of Black women physicians in three television series: Jozi H (2007), Soul City (2014) and Grey's Anatomy (2015-2016)

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INYANGA ENKULU (THE GREAT PHYSICIAN)

A comparative analysis of the representation of Black women physicians in three television series: *Jozi H* (2007), *Soul City* (2014) and *Grey's Anatomy* (2015-2016)

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Research Report submitted in partial fulfilment for the degree of Master of Arts in Film and Television



Wits School of Arts Film and Television

Submitted: 30 April 2021

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DECLARATION

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ABSTRACT

This study interrogates how fictional Black women physicians are represented through the lens of feminist theory and the study of Black identity. I consider the patriarchal Western male gaze and the stereotypes associated with this portrayal of the Black women physician in three medical television drama series: *Jozi H* (2007)*, Soul City* (2014) and *Grey's Anatomy* (2015-2016). The study draws on W.E.B. Du Bois and his analysis of double consciousness in *The Souls of Black Folk* (1903) where the writings talk back to the Black man who is born in a world where he has to see himself through a double-lens, always explaining himself and his existence based on the 'other'. In applying this text to the contemporary popular television dramas in the study, I concluded that the Black woman physician operates with a triple burden because of the work world; as women enter the profession of medicine, always defining the self in comparison to a former state that asserts itself as *the* authority. I draw on the work of bell hooks and the Oppositional Gaze from *Black looks: Race and representation* (1992), Laura Mulvey's essay, *Visual pleasure and narrative cinema* (2006), Edward Said's concept of the Occident in his essay *Orientalism* (1978) and Achille Mbembe's *On the post colony* (2006). These theorists' schools of thought are applied in unpacking how the lens in television is a great and grand mirror in society, and how, in the form of fictional storytelling, characters are a mirror of society. These theorists focus on gaze, race, postcolonial studies are useful to this study of television and popular culture because it is important that those who are marginalized and misrepresented, speak back to how they are being portrayed and also avert those depictions by creating how they will want to be represented. As a Black filmmaker and actress, I interrogate the ways in which fictional Black women physicians are represented and curated in medical drama series, through the artistic research component of this study, which takes the form of a pilot episode for a fictional television drama series. I advance storylines that aid the matriarch in the storyline by creating multifaceted fictional Black women physicians. The pilot episode seeks to tell the story of the fictional Black woman physician from different viewpoints while averting the use of restricting, repetitive, problematic representations identified in the analysis of the selected case studies as silencing and portrayed under the clout of the patriarchal Western male gaze.

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CHAPTER ONE

INTRODUCTION

This research interrogates the representations of fictional Black women physicians in two South African television drama series, one which was a Canadian and South African co production and compares selected aspects with the representation of similar figures appearing in a drama series from the USA. This figure is analysed using feminist theories and the study of Black identity they intersect with issues confronting Black women. This approach offers a deeper understanding of the representation of the Black woman physician as depicted in the selected episodes from identified television medical dramas.

The marginalisation of women in serialised medical dramas has been noted by other writers focusing on this field; "the gender stereotypes in media health stories are at times as extreme as those in fairy stories or pantomimes" (Seale, 2002:187). Clive Seale's claim speaks of gendered stereotypes, and, in this research, I focus on how problematic gendered stereotypes are transferred to women in the serialised medical dramas. This is done by analysing how the patriarchal gaze dictates how the women and men are represented in the medical field. Traditionally, men are represented as having the upper hand in medical cases while the professional achievements of the woman physician are underplayed. This research mobilises a response to the gendered stereotypes outlining the inaccuracies and the distortions that are used to portray the Black women physicians. I advance this particular line of enquiry through a theoretical engagement with the television text of *Jozi H* (2007), *Soul City* (2014) and *Grey's Anatomy* (2015-2016). I have used artistic research in the form of a one-hour dramatic script for a pilot episode for a proposed television series titled *Inyanga Enkulu* – the Zulu title translates as *"*The Great Physician". This research has two stages, this theoretical component, in which the case studies are critically analysed and the representational meaning is unpacked. Another stage of this study is explored through the artistic research component in the form of the television pilot script. As Seale (2002) suggests, gender stereotypes in medical stories test the bounds of credibility in the way that they represent women. In problematising these representations, I analyse the case study examples that are selected for their portrayal of women medical doctors and health workers as lead characters, rather than in marginalised secondary roles which this research considers as the norm in many television series. This comparative analysis of the representation of Black women physicians in three television series questions

whether Black women writing their own narrative stories can or does result in more equitable representations of women characters in lead roles. My analysis of selected scenes from the case studies analyses the dialogue and the storylines set around these Black women physicians to better understand how they are represented.

At the root of this research, the question is whether women writing their own narratives results in greater ownership of their stories that challenges a predominantly patriarchal gaze, which is apparent in the gender stereotypes advanced in medical dramas. The chosen television drama series are mainstream television series. This means that the shows have played in primetime slots to large audiences. In this context, Gerbner (2002) understands the mainstream to mean a relative commonality of outlooks and values that "heavy viewers" (large audiences) tend to cultivate (Gerbner et al., 2002:54). In questioning equitable representations by looking at the times that these shows premiered takes this research back to the fundamental question of how the Black woman physician is depicted and how gender stereotypes are perpetuated through the lens to large audiences, creating the worlds they see on TV as a perceived reality. When *Jozi H* (2006-2007) played on SABC 3 in South Africa, it aired between 20h30 to 21h00 (SAST), *Soul City* (2014) aired 20h30 to 21h00 (SAST). *Grey's Anatomy* (2015-2016) premiered in the US on the ABC Network at 20h00 (EST).

Mistry and Schuhmann state: "[T]he power of the lens, I never underestimate it. Representation is very, very powerful" (2015:36). The reach of audiences by mainstream television, especially in primetime slots, is not limited to an elitist few, in that most families in the world – rich, middle class or poor – have television sets. Thus access to television cuts across all LSMs (Living Standard Measured). In South Africa, DSTV (Digital Satellite Television) satellite dishes are found even on shacks in informal settlements, where dire poverty exists in the country, yet even these people are watching television as a way of escape and as a way of making sense of the world. Most of the informal settlement dwellers may not be paying for subscription television such as DSTV, however, the SABC is available to these viewers with payment of an annual television licence. Licence fee compliance is low with the SABC reporting an evasion rate of 81% (South African Broadcast Corporation [SABC] AR, 2020: 46), meaning that a lot of consumers are watching SABC channels for free.

There has been a significant change in the local broadcast terrain since the three television medical dramas discussed, first aired. Noteworthy changes in the television landscape in South Africa, include an increase in DSTV subscribers, and more access to OTT (over- the-top)

streaming services offered on the internet such as: Netflix, Amazon Prime, YouTube Premium (Tengeh et al., 2001:258).

As this research looks at the importance of empowering Black women storylines it is important to note that "[o]ver the last decade there has been growing awareness and discussion of the limited representation of women in key roles in the film industry. Despite the increasing awareness of this disparity, there has not been a comprehensive study into the problem or its root causes" (National Film and Video Foundation [NFVF], 2018:8), some of the root causes identified in the NFVF and Sisters Working in Film 2018 report stem from long established systems of patriarchy that limit access and advancement of women in this industry. From in-depth interviews conducted for the report, it emerged that some of the challenges faced by women in the industry are the result of gendered financial barriers, male-dominated industry networks, unfair representation of women behind the scenes and there still seems to be a lack of fair representation of women on the screen that does not resort to damaging stereotypes that harm their dignity (NFVF, 2018). Thus, the problem is not only the scripts that are written but it also the structure of the industry itself. Matters such as the SABC struggling to get consumers to pay their television licences, which are priced at R264 annually (NFVF, 2018), can be considered to be a contributing factor in the South African television and film industry employment front and diversity challenges faced by women. If there is a lack of funds at the SABC due to the 81% evasion of TV Licenses. Although these challenges of unemployment affect everyone, for the basis of this paper, I have chosen to focus on the challenges that are faced by women.

This research looks at the importance of empowering Black women storylines, which are presented through the artistic research of the one-hour dramatic script pilot episode for a proposed television series titled *Inyanga Enkulu*. The pilot challenges the ways women physicians are written and portrayed with the intention of creating textured and layered Black women physician characters who are compelling. These characters are constructed in response to the case studies and the analysis arising in the representation of the women doctors and health workers in the scene examples analysed in the study. *Inyanga Enkulu* seeks to give the Black women physician "a mirrored recognition that enables black women to define their reality" (hooks, 1992:129), having created four women characters in a medical drama series with the black women driving the narrative.

"In the 1970s, a continuing downplaying of nurses' roles was evident in many series, and this was further emphasised with the emergence of female doctors in medical soaps" (Seale, 2002:207). It is true, as Seale says, that there have been many medical soaps since the 1970s that have used the woman physician as a lead such as *Dr Quinn Medicine Woman* (1993-1998) and it would be ignorant to assume that television and filmmakers have not continued to challenge the status quo dominated by a patriarchal gaze and Western narratives.

However, this research is interested in how Black women's lives and specifically the medical doctor figure is depicted in these medical television series. Furthermore, in answering the pressing question of how Black women's stories are told, this research makes a close analysis of the storylines presented; when the storytelling opts to negate some parts of the Black women physicians' lives in favour of the patriarchal gaze. Furthermore, the study observes how noticeable change of mundane repetitive story-telling concepts is used in negating the patriarchal gaze, notable the sexualisation of the black woman on screen: the choice to use repetitive stereotypes and narratives that seek to place the women physician as an outsider – an 'Other' – in a profession that she, like her male counterparts, spent years studying towards. Such limiting and repetitive narratives have been questioned using the oppositional gaze, creating liberating storylines in the form of the pilot and in analysing the case studies, pointing out areas where a version of the Western patriarchal gaze has taken place.

To narrow the focus, this research depicts the Black women in their professional space, with its study of Black medical women physicians. The reason for choosing these three medical dramas starts with the simple fact that all three medical drama series have Black women physicians as leads. This research argues that these offer valid examples of what constitutes an opposition to hegemonic ideologies that are set up under a patriarchal standard by opting for a way forward that no longer silences the voices of women in storytelling.

> …medical discourses have historically constituted a site of sexual discrimination, using medico scientific justification for differentiating women from men on the basis of biology and anatomy and to provide 'scientific evidence' to prevent women from entering public life.

(Lupton, 2012:142)

Deborah Lupton describes measures taken to prevent and discourage women from entering work spaces and public life. An important point for this research which deals with women in the profession of medicine, where medical discourses were used to reiterate why women should

not be at work as a form of prejudice and policing of the women's capabilities; what work they should do and what work they could not do. This research acknowledges that there is indeed a new direction that the medical dramas are taking, enhancing the narrative with more Black women physicians. A second important aspect is the growing diversity of people in the writing rooms so that the many stories about the Black community are influenced by Black producers, showrunners and writers in contributing to the telling of their own stories. This research examines how the participation of Black writers breaks the pattern of redundant storylines that are one-sided and advance damaging stereotypes based on race and gender. As Squires states:

> …the transition from a white female showrunner on *A Different World* to a black female graduate of a historically black university made all the difference, both by making the show a breakthrough hit with attention to the culture and diversity of black college life and by fostering a bevy of new black talent in the long term.
>
> (Squires, 2014:4) (emphasis my own)

This is evident in some of the shows that have been chosen as case studies. Having Black storytellers, who work on the medical dramas, gives some of the storylines a nuance of culture and diversity. Black practitioners involved in these case studies include: *Grey's Anatomy* – Showrunner/Creator/Executive Producer: Shonda Rhimes, Writer/Executive Producer: Zoanne Clack and Actress/Director/Producer: Debbie Allen; *Jozi H* – Creator/Executive Producer/Writer: Mfundi Vundla, Writer: Bongi Ndaba, Writer: Busi Ntintili, Director: Thabang Moleya, Director: Dumisani Phakathi; *Soul City* – Writer: Chisanga Kabinga, Writer: Mmabatho Kau, Writer: Duduzile Mabasa, Director: Kalumbu Kapisa, Director: Que Ntuli. In naming these Black practitioners, I highlight the apparent changes underway in the making of television dramas. Part of this analysis examines how Black practitioners influence the representation of Black experiences and how these are portrayed on screen.

Jozi H in 2006-2007 was publicised as the largest medical drama to be produced in South Africa with "the financial participation of the South African Industrial Development Corporation, Canadian Television Fund, Telefilm Canada, Gauteng Enterprise Propeller…" (Morula Pictures, 2017). With the aid of Canadian producers and the scale of the budget, the series was produced to meet high production standards for the intended local and international audiences. International funding and the intended audience reach sets *Jozi H* apart from *Soul City,* made primarily for local audiences, and closer in comparison to *Grey's Anatomy*. However, the storylines of *Jozi H* did maintain a South African angle. In Episode 1, a man

comes in with a cut hand from a traditional ritual, in Episode 3, the doctor has to choose to respect the traditional beliefs of a patient or treat the patient irrespective of their beliefs, and in Episode 7, a spiritual healer gives a patient their own medication while the patient is in hospital. These storylines brought a proudly South African urgency to the series.

Soul City ran successfully for 12 seasons, airing from 1994 to 2014. The show was funded by the Johns Hopkins Centre for Communication based in the USA and the series ran for 21 years on SABC. What sets *Jozi H* and *Soul City* apart is the format that the two medical dramas followed. *Jozi H*, as mentioned previously, followed the commercial television drama format, which is why it can be closely associated with *Grey's Anatomy*, while *Soul City* was focused on edutainment, awareness and bettering the community. Predominantly, the *Soul City* storylines engage the youth with the matriarch of the storyline being Sister Bettina, who is forever imparting her knowledge to the youth and her peers at work. I discuss this further in Chapter Three. Sister Bettina's character as a woman health professional is one of the main reasons *Soul City* is chosen as a case study in analysing the representation of Black women physicians in medical dramas.

The long running multi-million dollar US drama series, *Grey's Anatomy*, represents a huge gap in terms of budget scale and audience reach compared to the two other case studies. One of the main reasons for choosing *Grey's Anatomy* is that the showrunner and creator, Shonda Rhimes, is an African-American woman known for her passion for telling strong women stories and colour-blind casting. I will focus on Rhimes's passion for telling strong women stories and outline specific characters depicting Black women physicians in *Grey's Anatomy*. Other prominent women showrunners of *Grey's Anatomy* are Krista Vernoff, who has played a very prominent part over many seasons, and producer Betsy Beers, who has partnered with Shonda Rhimes for over 18 years.

The three case studies that I have chosen are also discussed in terms of the depiction of Black women in more than a scopophilic manner, which Mulvey describes as "pleasure in using another person as an object of sexual stimulation through sight" (2006:345). The case studies are also analysed using the stance of bell hooks' oppositional gaze of "black spectators who refuse to identify with white womanhood where the binary opposition of Mulvey's woman as image and man as bearer of the look is deconstructed" (hooks, 1992:122-123). This research notes the critique that bell hooks makes of Mulvey's paper, *Visual pleasure and narrative cinema* (1975) not only as a disagreement and reaction by a black spectator but also having

aided the conversation in her own paper, *The oppositional gaze* (1992), which contributes to the evaluation of the case studies and the creation of the artistic research component of this paper.

In Chapter Two, the study examines the theoretical framework used in understanding of the representation of the Black woman physician by looking at the damaging stereotypes and othering, and introducing Edward Said's concept of the Occident in his essay, *Orientalism: Western concepts of the Orient* (1978). In this context the 'Other' is used in reference to the woman physician, who is looked on as an outsider in the profession of medicine by her male counterparts. The chapter offers examples from the case studies and also considers the restrictions and the requirements that are needed to create gripping medical television dramas, and questions the importance of women-centred storytelling in the medical dramas discussed. This chapter further unpacks the theoretical concepts of relevant feminist theory and the study of Black identity, looking at the theories in relation to what this research has interrogated with regard to the marginalisation of the Black women physicians. This chapter covers new ground by vocalising the voices and opinions of feminist theorists and applying their line of questioning in critically analysing the case studies, which assists with advancing the argument of how Black women physicians are silenced and depicted in ways that are worth opposing.

Chapter Three applies the theoretical framework in a close analysis of selected scenes from the case studies to develop the central research question of the thesis: whether women writers can challenge the patriarchal gaze through greater ownership of the stories centered on Black women physicians? This chapter introduces further interrogates the theoretical concepts of feminist theory and the study of Black identity and unpacks the selected episodes by analysing, comparing and contrasting the representations that are perpetrated in each series. I use The Bechdel Test, which is also called the Bechdel-Wallace Test, which was created by Alison Bechdel in 1985 and measures if two women, who have character names in the series or movies, talk to each other about something other than the male subject. The Bechdel Test was an essential undertaking for the creation of *Inyanga Enkulu*, ten scenes of the pilot episode intentionally do not feature men or have the characters talking about men. This chapter also discusses how the women physicians in *Jozi H, Soul City* and *Grey's Anatomy* are not an objectified spectacle but are creditable, which allows for a nuanced interrogation of the Black women physicians using feminist theory and the study of Black identity.

Chapter Four focuses on the construction of more compelling and complex Black women physician characters through the proposed pilot episode: *Inyanga Enkulu*. I have drawn on aspects of the theoretical research argued in earlier chapters, such as the idea of double consciousness, the oppositional gaze and harmful stereotypes, in writing the pilot episode. Part of the artistic research is inspired by articles about real-life Black women physicians such as Dr Matshidiso Moeti, the World Health Organisation's Regional Director, and a pioneer in Africa who I draw from creatively to develop the characters in the pilot episode. The chapter also includes an outline of the pilot script, and character bios of the protagonist and other leads.

It is the intention of this research paper to analyse the gaze in the function of narrative and plot, as opposed to focusing on the visual depiction. Primarily because this research focuses on screenwriting, looking at the plot when scenes are analysed, and the creation of a pilot script. Advancing the matriarchy in storytelling is a step in the right direction towards dismantling the forms of storytelling that have repeatedly tried to silence Black women in storytelling. Furthermore, it also expands the latitude with which the stories of the Black women physicians are told to ensure greater relevance. I will, therefore, move to discussing the damaging stereotypes that are evident in the portrayal of the Black women physicians in the selected serialised medical drama series.

CHAPTER TWO

DAMAGING STEREOTYPES, OTHERING, UNPACKING FEMINIST THEORY AND THE STUDY OF BLACK IDENTITY

2.1. Background

I am a part of those who are aiding the matriarchy in storytelling. My stance as a practitioner is to "redeem", "reclaim" and "give a 'new take'" as bell hooks states:

> In much new, exciting cultural practice, cultural texts - in film, black literature, critical theory, there is an effort to remember that is expressive of the need to create spaces where one is able to redeem and reclaim the past, legacies of pain, suffering, and triumph in ways that transform present reality. Fragments of memory which are not simply represented as flat documentary but constructed to give a "new take" on the old, constructed to move us into a different mode of articulation.
>
> (hooks, 1989:17)

In redeeming and reclaiming the past, one must still voice the inequalities that patriarchy and the Western and male gaze perpetuate. The term 'Male Gaze' was first coined by the feminist film theorist Laura Mulvey, who refers to it in the cinematic sense as complete rendering of the female body as an object. As an object subject to patriarchal male ownership, the female body becomes a powerful visual object of sexual desire with the primary purpose of pleasuring the heteronormative male Gazer. While the gaze is traditionally used in camera angles and visual elements, I use it for analysing story and plot in this research.

Thapelo Ramera describes his experience of the influence of the Western gaze:

> The education system and media made me understand that the only way to survive was to aspire to be more Western or more integrated into a Western lifestyle, with the hope of achieving the imaginary symbols and values that encourage individual achievement and social mobility. But the political system refused me access to any significant material resources necessary for the formation of a strong identity.
>
> (Hook, 2004:110)

Thapelo Ramera's description of the West is important for this research as it speaks to the need of assimilation in order to fit into the constructs of the West. Thapelo Ramera summarises his

understanding and importance of Steve Biko and Frantz Fanon's theories speaks to the dehumanising power of the White gaze, and this resonates with how I use the Western gaze in this paper. In the context of this paper, I use the Male gaze as that of men (black and white) seeing themselves as superior to women, and the Western gaze being men seeing themselves as superior and also operating within the privilege of Whiteness and White Supremacy. I focus on othering, the oppositional gaze and stereotypes within a theoretical space to launch and unpack the fictional characters that are created to represent the Black women physicians in the chosen medical dramas. In the interrogation of the chosen case studies, I oppose this othering and choose instead to name myself as the 'one'. I define othering for the Black women characters in this paper as any instances where the Black woman is subjected to having to explain her reason for being in relation to those that 'other' 'her', within this categorisation the labelling I refer to is from positionality of the patriarchal male and Western gaze. Later in this chapter, I discuss bell hook's "oppositional gaze" as an alternative theory for understanding these power formation within the context of race, rather than choosing the margins.

I understand choosing the margins with an ambivalence, for one has believed that they are the 'other' as they fight the 'one' –the one being the patriarchal male and Western gaze. If the Black woman physician chooses the margins, I believe that they agree with how they have been constructed and perceived by the patriarchal male and Western gaze, but if they dismiss it, it dismantles its power. I seek to place the Black woman physician at the centre. The Black woman physician is unapologetically the 'one'.

This research interrogates Black women physicians' representations in the medium of television. I begin by reiterating that Black women's representations and the male and racialized gaze they have been subjected to, have not been confined to the medium of television. In supporting Brittany Terry's view that "[h]istorically, black women have carried a double burden, fitting into two minority groups: people of colour and women" (Terry, 2018:2), I argue that the Black woman physician carries a 'triple burden' caused by social distortions and bias perpetrated by patriarchal constructs.

I propose the idea of this triple burden because of the work world that women enter in the profession of medicine. The Black woman physician is no longer just Black and a woman but she is striving to be recognized as Black, a woman and professional. Professionalism in a highly esteemed profession is an added third element to the double burden and double consciousness state of being for Black women physicians. Furthermore, research by Political Science and

International Relations Professor Pfau (1995) investigating prime-time television programming found that the depiction of medical doctors held these professionals in high esteem and male physicians were viewed as more powerful than women. Previous prime-time television depictions of physicians were consistently positive, offering a glorified and idealised representation of the male doctors. They were friendly and sociable as opposed to other professionals. Furthermore, Pfau summarises Gerbner's work that cites how television doctors were seen to have power, authority and knowledge: "positive television depiction contributed to positive images of physicians" (Pfau et al., 1995:441).

Black women physicians in television dramas also have the added pressure of a charismatic personality and the pressure of never failing as a trailblazer while their male counterparts are easily forgiven for personal flaws, and there is less interrogation of their personal lives. The representations of the male doctors in these television programmes were associated with power, authority and knowledge. These three words are fundamental to this interrogation of the representation of women physicians. The struggle for power, authority and knowledge is a never-ending one for the Black woman physician, especially when we see them represented in programmes such as *Jozi H* and *Grey's Anatomy*.

I wholeheartedly agree that there is a status of authority and compassion for doctors in society and they are associated with the upper classes in South Africa. The particular status and significance of this profession and the high esteem and societal values conferred on the figure of the physician appears all the more significant in the current climate as the world confronts the current Covid-19 pandemic.

The historical response to this global public health crisis has seen medical practitioners all over the world thrust into the frontline. During this pandemic, medical doctors have placed their lives in danger to save the sick in many parts of the world. The relevance and importance of this research is underpinned by the images we see of mothers, daughters, sisters, wives, girlfriends (I note the categorised naming as per societal naming) risking their lives for us amidst challenges they experience as 'women doctors'. The current global pandemic reminds the world just how important the medical practitioners are, and I focus on Black women physicians in this research. In Simon Allison's *Mail and Guardian* article (2020), the role of Black woman physician, Dr Matshidiso Moeti, the World Health Organisation's regional Director for Africa, is mentioned as working at the forefront of this pandemic: "Moeti has become one of the continent's public face for this fight: a reassuring voice in the midst of our

collective panic; an anchor in the gathering storm" (Allison, 2020). Allison's words are an affirming truth highlighting a Black woman doctor who holds power, authority and knowledge, thus, challenging the male stereotype that associates male doctors with power, authority and knowledge in television programmes. These three words are fundamental to this interrogation of the representation of women physicians.

This research was first inspired by questions that arose after I played a role on *Intersexions 2* – a SABC 1 edutainment drama series that aired in 2013. As an actor, I played the character of Veliswa, a pharmaceutical specialist. An educated Black woman in the field of science, Veliswa had it all professionally but seemed unable to crack the science of romance. Veliswa's episodes revealed two major failed relationships with her cheating fiancé and a young man who breaks up with her even after she had chosen to stay with him, having revealed his HIV status. Veliswa's character storyline, in Episode 21 and Episode 24 of the series, only depicted her at work in relation to her personal affairs, her work victories where only mentioned to get her partner to celebrate with her. Such narratives focusing on romantic storylines are familiar to South African actresses, hence the rationale of this research actively interrogates how the women physicians are portrayed in the storylines with the intention of challenging and changing these storylines. As Chimamanda Ngozi Adichie states in her Ted Talk titled *The Danger of A Single Story,* "we need to tell as many different narratives as we can" (Adichie, 2009).

In offering this background I do not intend digressing, but to explain how this experience, resulted in an important question: What kind of roles are there for actresses in South Africa? My answer: Not enough empowering depictions of what South Africa is <u>today</u>. I emphasise today in acknowledging that Black women have not always been this empowered and, even when they were in powerful roles, they were the 'exception to the rule'. Where narratives perpetuate the assumption that there is space for 'only one of you at this table', this is a narrative that forces women to be more competitive towards each other in hopes of being the 'the chosen one' that gets their seat at the table, resulting in an "either me or you" competition in professional spaces. This leads to claims where being the 'first woman' and 'first black woman' to achieve these places is considered a big thing in the current social climate. Reflecting on the character I played on *Intersexions 2*, it became evident that this research is relevant in challenging these storylines that television makers create for Black women physicians. Perhaps, most importantly, this research will contribute to existing knowledge for television

scholars and offer those working in the industry new ways of seeing and approaching the characters they write.

I return to the analysis of empowering storylines seen on television shows such as *Soul City* and *Grey's Anatomy* and question how these stereotypes continue to be perpetrated, "because television remains an important cultural barometer, and thus reflects at least some facets of racial identities, relations, and understandings" (Squires, 2014:4). This emphasises the importance of television and my earlier point about primetime television and how larger audiences who watch television, tend to understand the world based on what they see on television.

Starting a conversation on the representation of Black women physicians using feminist theory and the study of Black identity, and analysing the gaze in which the Black women physicians are depicted using gaze regimes enables a correction and an opportunity to delve into a new take of how Black women physicians are represented in the future. Using the gaze to analyse the story and plot in this research. I carefully consider how the characters have been written, paying close attention to their dialogue and the story arc of the characters.

As we consider the gaze in this chapter and one being able to perceive themselves in the manner they ought to, rather than in a perception that is foisted on them by the patriarchal Western gaze. In looking at gaze regimes Aime Cesaire's *A Tempest*, an adaptation of William Shakespeare's *The Tempest,* reemphasises the claiming of one's Black identity.

> *Prospero, you are the master of illusion.*
> *Lying is your trademark.*
> *And you have lied so much to me*
> *(Lied about the world, lied about me)*
> *That you have ended by imposing on me*
> *An image of myself.*
> *Underdeveloped, you brand me, inferior,*
> *That's the way you have forced me to see myself*
> *I detest that image! What's more, it's a lie!*
> *But now I know you, you old cancer,*
> *And I know myself as well.*
> ~ Caliban, in Aime Cesaire's *A Tempest*
>
> (Lorde, 2007:2).

In this adaptation, Cesaire assumes a postcolonial perspective and gives the character of Caliban a voice and Prospero becomes the 'other', a reverting of the gaze. This response to looking at yourself through the lens of that which 'others' you, in this case the Western patriarchal gaze, is an important step in reclaiming power.

As a Black filmmaker and an academic, it is my subjective perception and prerogative to exclaim that any form of women representations can, at times, be linked to feminist theories. Scholars, such as, bell hooks, Angela Y. Davis, Audre Lorde, Michelle Wallace, Dania S. Mupotsa, Nomalanga Masina, Molara Ongudipe-Leslie, and Pumla D. Gqola, play a pivotal role in voicing for women of colour whose voices are silenced or for those who have not yet found their voices. A question worth noting is: "[Are] African women […] voiceless or do we fail to look for their voices where we may find them, in the sites and forms which these voices are uttered?" (Ogundipe-Leslie, 2001:139). This quote is helpful in questioning how Black women overcome feelings of insecurity and doubt within the workplace.

This research has identified places in the selected case studies where there is a presence of the male and Western gaze and othering. I have identified how the rehearsal of patriarchal expectations has an impact on the roles given to Black women actors especially when it comes to playing characters with vocations within the medical sphere. I interrogated if the women are operating with triple consciousness and an inherited double burden. And, if the women are boxed within damaging stereotypes, such as the mammy caricature and daddy issues, or if they are operating outside of these stereotypes. The Black woman is subjected to having to explain her reason for becoming the stranger that is entering territories that have been possessed by those who have labelled 'her' the 'other'. For this research, the act of othering is considered in relation to the Black women physicians by the men physicians and also how the women physicians are portrayed in the medical dramas and how their characters come across, which includes their dialogue and how they are directed in selected scenes.

It seems to ring true for the woman, when we frame her in the context of theories such as the 'oppositional gaze' that "when the stranger enters the gates, never, thereafter, to be a stranger: the stranger's presence making you the stranger, less to the stranger than to yourself" (Baldwin, 1976:80), the women is empowered when 'she', who has been 'othered', makes herself the 'one'. Ndlovu-Gatsheni writes that "the wors[t] form of colonization […] on the continent is the epistemological one (colonization of imagination and the mind) that is hidden in institutions and discourses that govern the modern globe" (Ndlovu-Gatsheni, 2013:63). Therefore, if the woman experiences the gaze and othering as an encounter with her higher self, that which is greater within themselves, perhaps then they can use the alterity for their empowerment and stare back to change reality, as bell hooks hints in the 'oppositional gaze'.

2.2. The Gaze

As mentioned above, the gaze can be summarised as how one looks at something. In this context of television, it is how one looks at a visual image. However, in the context of this research I am looking at the gaze in the construction of story and plot. The Western and male gaze is a gaze that predominately subjects woman to sexual objectification as it views them. Laura Mulvey coined the term "the Male Gaze" as a film theorist and, in the medium of cinema and television, the gaze operates when the director intentionally or unintentionally promotes a Male Gaze behind and through the camera; when the characters in the story world can perform and exhibit the Male Gaze; and, lastly, when the viewer can perpetuate Male Gazing in the act of watching the images on screen. bell hooks (1992:116), in *Black Looks: Race and Representation*, coined the term "oppositional gaze". hooks speaks back to these demeaning images in which she sees Black women being portrayed in a certain light, and, as an act of protest, hooks chooses to stare back, using the oppositional gaze to confront the unequal power relations configured by the gaze. Staring is used by hooks as an act of rebellion used by people of colour in defiance of their slave owners. In *Black Looks: Race and Representation*, hooks coins the term 'oppositional gaze' with provocative statements such as "not only will I stare, I want my look to change my reality" (1992:116).

Writings from such scholars and activists invite Black women practitioners to critically engage with what they are screening in order to take responsibility for changing their reality as they pass the baton to the next generation. This research looks at social constructs and constraints to encourage a conversation in the field of television scholars. Other scholars who have played a pivotal role in unpacking the male gaze in film and television include Laura Mulvey and her influential paper, *Visual Pleasure and Narrative Cinema* (1975). hooks disagrees with Mulvey's argument of a split between active/male and passive/female, rather looking at the films with an oppositional gaze because the Black women could not identify with the imaginary (hooks, 2003:99). Mulvey explains: "In their traditional exhibitionist role women are simultaneously looked at and displayed, with their appearance coded for strong visual and erotic impact so that they can be said to connote to-be-looked-at-ness" (Mulvey, 2006:346). This quote rejects the male and Western gaze and makes women practitioners of film and television aware of its patriarchal display of woman so they might create an alternative that challenges its continued power.

What hooks argues with feminist theorists such as Mulvey is that their criticism on spectatorship shows no interest in black female spectatorship. She says: "Watching from a

feminist perspective, Mulvey arrived at the location of disaffection that is the starting point for many black women approaching cinema within the livid harsh reality of racism" (hooks, 1992:125). Mulvey's *Feminist Film Theory*'s description of the male gaze is based on women being viewed from the eyes of the heterosexual man, a manner which empowers men and objectifies women. While hooks, stretches the argument and states that the black women's positioning does mot only begin with sexism but racism is also an inherited burden for the black women. It can be said that Mulvey's paper contributed to a conversation that bell hooks elaborated on with her awareness as a Black woman scholar. I have shifted this analysis to narrative and story because this research focuses on the work of the writer, and how the writing influences the stories that are being told and how Black woman writers can augment the narratives that are being told.

Creating a new take and in owning the narrative for fictional Black women physicians is a necessity and, as Black women practitioners, I believe that it is on us to carry the stories forward and create the realities that we want to see and "shun traditional narrative and cinematic techniques and engage in experimental cinema: thus, woman's cinema should be a counter-cinema" (Smelik, 2016:2). I agree that, as black women practitioners, we should create work that rejects traditional narratives; however, I trade the theory of a "counter cinema" with the idea of a 'new take' that redeems and reclaims. I argue that counter cinema or counter television perpetuates an agreement with being 'othered' and 'subordinated', and in this instance, I consider starting to change our reality as a positive option. Embracing more television dramas that do not depict women in a scopophilic manner as Mulvey (2006) uses the term and as hooks (1992) writes of the act of staring to change the reality that you see.

This is liberating because we do not seek to give power to an oppressing male and Western gaze but we create the reality that we want to see, through creating and owning stories that play hand in hand with what the male and Western gaze is creating and in due time that male and Western gaze shall be dismantled. The reversal of the patriarchal gaze does not need to be glorified as an omnipotent standard and level of creating television and film. If the latter is done, the Black women practitioners will spend the rest of their lives chasing their own tails; as Audre Lorde once said: "The Master's Tools Will Never Dismantle the Master's House" (Lorde, 1984:1). Therefore, the Black woman practitioner will struggle to find success using the very constructs of the male and Western gaze.

The Black woman physician navigates the work world under the oppressive lenses of two constructed minority groups: being Black and being a woman. In South Africa, Black people are not a minority, but because of past systematic oppressive systems, such as apartheid, Black people in South Africa remain a minority in controlling the economy. One can argue that this is due to the dominance of White South Africans in controlling the economy in South Africa and Black people suffering disproportionally from inequality and unemployment. In the local setting, the Black woman is a minority because of how she is marginalised in South Africa's economy. Therefore, it is appropriate to understand how the double burden operates in this context. In essence, this research is concerned with how Black women physicians can be positioned as lead roles in the medium of television and not just as supporting characters by creating leading roles where women are telling and owning their own stories, divorced from patriarchal rehearsals and expectations of womanhood. This is vital in rewriting 'our' (Black women artists') history. This is also crucial in a political climate where racism is still being debated and movements such as Black Lives Matter are fighting for a better tomorrow for all.

Similarly concerning is the violation, raping and atrocities committed towards women in South Africa which is referred to under the collective title of Gender Based Violence (G.B.V.). Such a time as this calls for more women's voices and visuals in the medium of television; a subverting of the male gaze and gendered expectations that are socially constructed. It is instrumental in addressing the past, and, regretfully, existing imbalances that continue to influence current and future roles and stories. It is essential to identify and address these issues in order to develop a corrective influence over these roles and stories pertaining to Black women physicians. In instances where we see storyline gaps in television shows, storylines that do not depict the Black woman in a manner that is appropriate, this is particularly pertinent.

2.3. Double Consciousness

African women scholars, such as Nomalanga Masina, summarise the reason for publishing their work as being to "locate my study within these intersections of race and gender as I study these advertisements, because black women are always aware of the ways in which whiteness and masculinity exert their privilege over our lived experiences simultaneously" (Masina, 2010:29). This speaks to the double consciousness and double burden carried by the Black woman in different fields as she navigates the world. The Black woman is subjected to both the male gaze and white gaze, constantly having to locate herself between being perceived as the other in relation to these structures of power and authority. Black women are, to a certain

extent, always looking at themselves 'through the eyes of others', in a state of double consciousness.

> Double consciousness for these reasons is presented as a sociological concept that has a wider normative quality, one that captures the dual character of unrecognised minority subjectivities and their transformative potential, alongside the conditions of impaired civic status that are allocated to minorities.

(Meer, 2019: 51)

Du Bois in *The Souls of Black Folk* (1903) states: "This double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity… to merge his double self into a better and truer self" (Du Bois, 1903/1999:10–11). This observation is worth interrogating in this social climate as I closely question how the Black women physicians are depicted in the medical television dramas used as case studies.

Achille Mbembe's (2006:149) statement that "some aspects of black life and experience are unaccounted for", can be related to what Du Bois (1903) explains as a sense of the Black person constantly looking at themselves through the eyes of the other. The Black person's life is unaccounted for in relation to the one that they are constantly comparing themselves to. And in this study that is the male Western gaze.

This is essential in understanding why I agree with using the term 'triple consciousness' for the Black woman physician at work, because so much of her life experiences is unaccounted for in the portrayal of her characters in medical dramas, and, when certain aspects are chosen to portray her, they are mostly in relation to the man counterpart. In another way, "'living in two worlds at once' cultivates powers to see what the majority are blind to and so, through 'second sight', adds something to the equation of diversity" (Meer, 2019:59), leading to power, stereotypes and subordination. It seems all is not lost and the coin can be flipped to work for the women's good. In order to subvert the patriarchal gaze in favour of the matriarch and untangle patriarchal expectations, I further question double consciousness as Welang (2018) questions Du Bois' double consciousness for the reasoning that it marginalises the Black woman. "TCT, inspired by W.E.B. Du Bois' double consciousness, argues that black women view themselves through three lenses and not two: America, blackness and womanhood" (Welang, 2018:296). I substitute Welang's "America" with "South Africa". I use this direct

exchange as it resonates with what I consider the triple consciousness mentioned earlier. I propose a triple burden which is compounded by the world of work as Black women enter the profession of medicine. The Black women physicians are no longer only Black and women but they are striving to be recognized as Black, women and professionals. Professionalism in a highly esteemed profession is a third element to the double burden and double consciousness state of being for Black women physicians.

Bringing it to a South African context, Cheryl de la Ray articulates the triple consciousness profoundly when she states:

> We cannot partial out gender from the rest of who we are – for we are simultaneously classed, raced and gendered. Hence, we cannot talk about my experience of being a woman without talking about my race and my class for how I experience the social world and others' responses to me are inextricably tied to all these axes of difference.

(De la Ray, 1997:7)

In questioning the rehearsal of patriarchy, I agree with the mentioned schools of thought, receiving triple consciousness as a welcome extension in unpacking the representation of Black women physicians in my chosen case studies. How so? How do the women divorce othering? How do they negate subordination? How do they question power? How do they portray themselves as individuals? These are questions I have asked as I examined specific episodes selected from *Jozi H*, *Grey's Anatomy* and *Soul City*. In this analysis, I argued that the one repetitive theme in all three medical series was that the woman physician is constantly trying to prove and explain herself in the world of the male and Western gaze.

Identifying and giving a name to the challenges faced by Black women physicians is of paramount importance and this leads to a creation of a progressive pilot with *Inyanga Enkulu*, where I explore these ideas. In re-evaluating and questioning the power structures this research looks at scholarly theories, such as, the gaze and othering, double consciousness, triple consciousness, and stereotypes.

Through certain Feminist perspectives in relation to representation, I argue that this is concomitant to the rehearsal of patriarchal expectations in the selected television programmes. Even though there is an increase of women's visibility in medical television dramas, such as *Jozi H, Grey's Anatomy*, and *Soul City,* I question 'how' the women are being portrayed. What gaze and lenses are we watching them from? It seems that the gaze we encounter through the storyline in these medical dramas remains predominately male and Western. The women physicians' storylines are <u>not always</u> empowering. I emphasise 'not always' because, at some

points, the presence of the woman can be substituted as counsel for a somewhat 'way forward', as opposed to being silenced and not acknowledged by choosing to have representations that are problematic in that they are just physically present but not engaging well by being represented fully as women physicians. At least they are seen but the question remains: How are they portrayed in the writing? I propose that we take it further and unmask the women physicians' representation.

Women physicians lack layered character representation in the two South African television storylines that I focused on for this research. In *Soul City*, we see the women health workers portrayed as nurses, while in *Jozi H*, the dominant number of doctors are males. This research critically engages with some misrepresentations and mischaracterisations of Black women physicians in *Jozi H, Soul City* and *Grey's Anatomy* and also notes the areas of progression. It will take a long time to dismantle, but by no longer just countering what is offered, and rather igniting the Black women physcians' 'power', we create what we want to see. What I have found problematic about triple Consciousness is that it suggests that Black women must explain themselves to those that consider them as 'others'. This implies that one exists only through the eyes of those that systemically oppress you and requires too much 'explaining of self' in order to dismantle the male and Western gaze. Subsequently, this becomes a redundant vicious cycle of giving back power and authority to the system we seek to disassemble. The solution is to make radical creative spaces that do not seek to explain their existence through the eyes of the 'other'.

2.4. The Power of Stereotypes

Narunsky-Laden (2008:134) stated more than a decade ago that "much of South Africa's commercial media discourse today plays a central role in propagating processes of identity formation among black South Africans", and these words are still relevant today. Perhaps, then, exploring the dynamics of power relations is an essential activity for unpacking this research.

> Power, it seems, has to be understood here, not only in terms of economic exploitation and physical coercion, but also in broader cultural or symbolic terms, including the power to represent someone or something in a certain way – within a certain 'regime of representation'. It includes the exercise of symbolic power through representational practices. Stereotyping is a key element in this exercise of symbolic violence.
>
> (Hall, 2001:259)

Hall speaks to how representation shapes and directs the way society perceives a person or thing through the underlying power of images. Images in television representations also hold a power that determines what people see and believe. To understand this medium and how it is consumed by the public, it is necessary to consider how the exercise of symbolic power and the use of stereotypes are perpetuated. Hence, power, stereotypes and subordination in relation to Black women is worthy of interrogation to correct where problematic repetitions occur and to applaud where progress has been made.

Stereotypes construct othering where one is always explaining one's identity in relation to what one is not or what somebody else is. "[O]thering seems to be prevalent in South African promotional culture" (Narunsky-Laden, 2008:127), which is why it is important to work towards dismantling oppressive notions of othering and stereotypes by constructing work that speaks to creating innovative narratives, as I explore in the artistic component of this research. Homi K Bhabha, provides a complex understanding of the concept of the 'other'. As an Indian critical scholar and theorist, he argues that the repetition of the other reemphasizes othering, he states that "to judge the stereotyped image on the basis of a prior political normativity is to dismiss it, not to displace it, which is only possible by engaging with its effectivity" (Bhabha, 1983:19). When we engage effectively with the stereotypes by creating work that has innovative narratives, narratives that are not what have been repeated as stereotypes of what figures of women physicians should have in order to uphold a character storyline, when we create what is different or what we want to see, we are engaging with the effectiveness of the stereotype. "Colonial discourse produces the colonized as a fixed reality which is at once an 'other' and yet entirely knowable and visible" (Bhabha, 1983:23), the constant repetition of the other in the same stereotypical manner results in it becoming very well-known rather than something that is foreign, displaced and unfamiliar. This is why it is necessary that the stereotypical representations of the women physicians be identified and rectified by creating work that is not fixed to the colonised reality. In relation to othering becoming fixed colonised reality, bell hooks states that "many black women do not see differently precisely because their perceptions of reality are profoundly colonized, shaped by dominant ways of knowing" (hooks, 1992:128), reemphasising Bhabha's identification of the other becoming a fixed reality and point of reference that shapes the representation of black women physicians. The thrust of this research in addressing harmful stereotypes is to suggest how these might be changed, without having to be 'othered' by dismissing and displacing stereotypical notions of what kind of work

is created in Africa in contrast to the world, and, as Mbembe (2006) articulates, how Africa should be considered as itself and not only in comparison to the West.

Repeated viewings of the three case studies focusing on the Black woman physician questioned how well the story has been told, how well the character has been constructed, and also my subjective impression about whether I liked them or not. I elaborate further in the next section of this chapter and in Chapter Three on the story arcs and character dialogue and how in some cases these perpetuate damaging stereotypes. In other instances I note a change in direction which effectively addresses tired and insulting tropes. In understanding how the three Black women physicians have been constructed in creating a different narrative for Black women on screen, I return to Chimanda Ngozi Adichie's *Danger of a Single Story,* the Ted Talk mentioned earlier, where she talks about the importance of many different stories rather than a single stereotypical story. A mosaic of perspectives in storytelling not only diversifies the global community of storytelling, but it also creates understanding, especially of those who have been marginalized. It became evident to me that "difference is that raw and powerful connection from which our personal power is forged" (Lorde, 2007:2); we have to tell as many different variations of the Black women's stories as we can. In this instance, 'power' being power to reclaim and retell as many different versions of the 'other', the 'Black woman physician', painting the canvas with as many different colours as we see fit. Rather than being occupied with the 'master's concerns' it is necessary to aid the matriarchy through storytelling by drawing on the words of bell hooks, who states that we have to 'redeem, reclaim and give a new take' (hooks, 1989).

2.5. Stereotypes and Othering

Said (1978) formulates his ideas of the 'Other' in relation to his analysis of the Orient as representing the geographical space constituted by East Asia. The West chooses to see anything or anyone that is not part of them, or does not fit with the Western self-image, as being part of this idea of the Orient. Therefore, everything that is not Western becomes associated with this Other. In opposition to the idea of the Other, the West establishes itself as the 'one' or the Occident. I find this problematic in the sense that, if we aim to disassemble the male and Western gaze, we must also understand that the Occident is also a construct. I wholeheartedly agree with Said when he says that the "Orient and Occident are man-made" (Said, 1978:5), and therefore what has been made can be undone.

Achille Mbembe extends similar postcolonial thinking to the African context when he states that we should "consider African-life-for-itself" without always comparing it to "the great Other, the West" (Mbembe, 2006:150). I extend Mbembe's description of Africa as not only existing in relation to comparisons with the West to my analysis of the portrayal of the woman physician in medical dramas. I use postcolonial theory to highlight how the Black woman physician is 'othered' in the medical television dramas. The Black woman physician is not considered for the diversity that she brings but rather for what makes her different. In this way her contribution is not considered for its full potential but rather for how she is tolerated as the Other in similar ways to which Said uses the term.

In seeking narratives and storylines that display Black women from a different perspective, choosing the physician profession is noteworthy as this urges us "to take serious Vico's great observation that men make their own history, that what they can know is what they have made" (1978:5). This reinforces the Occident and Orient as artificial constructs that inform our understanding of difference and can therefore be dismantled. What this critical approach highlights is the influence of constructed identities in television on our understanding of the portrayal of the Black woman physician in these medical dramas. This research questions the types of representations we see of Black women physicians portrayed through character stereotypes.

In describing stereotypes, Stuart Hall writes that a "positive meaning of any term […] identity can be constructed" (Palmberg et al., 2001:6), therefore, what we would want to see more of, in this instance, the Black woman physician being the 'one' and not defined by the Occident in their Western and male gaze by existing only as the 'other', we rewrite the narrative of women practitioners in storytelling. As already discussed, Said's analysis of the construction of these identities is relevant in identifying the Black woman physician in relation to these false perceptions of the Orient in the Western male gaze (Said, 1985:93). The perception of these characters as Black and women, which is what the Western male gaze is not, therefore constructs the Black woman physician as the Other because they represent something they are not, even as they both operate in the same space as practicing medical doctors. The Western male gaze is applied to the Black woman physician not as an interlocutor, as Said (1985:93) states: "[T]he Orient was therefore not Europe's interlocutor, but its silent Other" (Said, 1985:93). While Said's interlocutor is silenced from participation as an equal partner in that exchange, the Black woman physician can no longer be silenced and that is why this research is essential.

The role of the physician has been dominated by the male doctor figure on television as Karpf (1988: 191) points out: "[This] made good the damage and healed the hurt, [while] the doctor shows offered reassurance that the system could succour and patriarchy provide." This reminds us of what the history of medical drama series had been for a long time; a space that has aided patriarchy and the male Western gaze. Exceptions such as *Dr Quinn Medicine Woman* in the 1990s are notable, but the lead actor in the series is a white woman and this research is concerned with the portrayal of Black women physicians at work.

Although *Grey's Anatomy* is used as a case study with a white woman lead, the selected episodes from Season 12, Episode 1202 (Walking Tall), Episode 1203 (I Choose You) and Episode 19 (It's alright Ma, I'm only bleeding) focus on a supporting lead character who is a Black woman physician in the series.

For this research, I have identified story and plot which depicts the Black woman physician in the three case studies to evaluate the representation of the Black women physicians in the chosen episodes and in order to unpack the challenges faced by women physicians at work, such as the portrayal of women doctors as subordinates. In the specific scenes, I consider who is playing lead roles and supporting roles, what their storylines convey about their relationships with other women and their relationships with the opposite sex (their counterparts) at work. I am also interested in the work these characters are seen performing in the scenes I have selected. In the chosen case studies where there are both white women and black women physicians "there is an aggressive silence on the subject of blackness" (hooks, 1992:124), this silence is evident in how racial inequalities are not addressed in how they affect the women at work. This is especially true in *Grey's Anatomy*, where, in the case of the first black female chief of surgery, the showrunners and script writer opt to use "Bailey is the first female chief of surgery in this place" (*Grey's Anatomy*, 2015). In accordance with the topic of this research, I focus on the representation of the black woman physician.

In storylines from *Soul City,* the women health workers are predominantly portrayed as nurses, as Seale notes, "nurses […] are shown as rather powerless assistants to doctors, with little to offer in terms of patient care, largely being shown doing administrative or clerical tasks as a background *prop*" (Seale, 2003:207). Not only does this portray them as assistants to the doctors but the lack of depiction of male nurses reinforces women nurses as the ultimate nurturers, almost diverting their vocation to that of social worker, imposing the cult of domesticity.

In Season 12 of *Soul City*, there are no male nurses throughout the season; the only males we see are doctors, a pharmacist and two male community health care workers. Sister Bettina, played by South African actor Lillian Dube, can be read as glorifying the attributes associated with the 'mammy' caricature or 'big mama' archetype in all twelve seasons. The mammy caricature is one of the most commonly used stereotypes for Black women as caregivers. Its origins are in North America where the mammy would commonly be a loyal maid, looking after the white people's children.

Sister Bettina is a faithful worker, with a loyal servitude to the clinic and at times this is in conflict with the community. Loyal servitude being a big part of the mammy caricature, in the instance of the maid, she would even be in conflict with her own family over being loyal to the white family. In the case of Sister Bettina, she is at loggerheads with the community over her loyalty to how the clinic should be run. The stereotype of the mammy is problematic because it depicts Black women who are submissive to a certain hierarchy that silences them or does not even care about their best interests. Such depictions validate Terry's research where she points out that "black women are essentially 'silenced' in films in which they are perceived to lead" (Terry, 2018:13), as I argue in the case of Sister Bettina's character in *Soul City*. In Episode 1 we are introduced to Sister Bettina as a motherly figure to the nurses at the hospital and she is completely accurate in identifying her staff members with personal problems, such as Sis Noni in Episode 1, who has had a fight with her son at home and brings her personal problems to work. Sister Bettina knows much about the patients in the community and she gives advice to the younger nurses to do better. In Episode 5, the clinic experiences an *E. Coli* outbreak and Sister Bettina is the crisis fixer. In this episode she is the first point of contact. She directs logistics, everyone cries to her and she even breaks the news of death to the family members, confirming her status as a maternal figure.

In *Jozi H*, Dr Ingrid Nyoka and Dr Jara's failed relationship raises questions of power and subordination. Dr Zanemvula "Zane" Jara can be read as an alpha male intimidated by a counterpart who exudes confidence. When we are introduced to Dr Nyoka in a scene in Episode 1, Dr Jara, questions Dr Nyoka's reporting on a dead patient in front of her other colleagues. The scene ends with a stare down between the two. In a later scene, Dr Nyoka challenges Dr Jara's questioning of her authority as an attack based on their personal problems.

Dr Nyoka's missing father also perpetuates the stereotype of daddy issues, heavily narrated whenever driven ambitious Black women are on screen and, in this case, we see it with Dr

Nyoka in *Jozi H*. These scenes uphold the Western male gaze power and silence the woman physician as the Other who is not an interlocutor. Having daddy issues asserts the status quo of being male and Dr Nyoka's reasons for being ambitious are watered down with a turbulent back story that includes a question of power, subordination and the male gaze. She is constantly seeking approval for recognition from the males linking back to issues with her father and having to resolve them. This stereotype asserts the power of the male gaze as superior to the woman and the woman needing their approval to succeed.

This plays out in Episode 11 as she goes on a quest for her father with hopes of coming to a resolution and closure in order to move on with her life. In the opening scene of Episode 11, we see Dr Nyoka out of place in Yeoville, a working-class suburb of Johannesburg, searching for someone who knows her father. Later, she is snubbed at work by Dr Russ Monsour, the senior neurologist, who insults her about not being sure what career path she wants to take. In both the personal and professional spaces, the Black woman physician is subjugated to the dominance of the Western male gaze, in that their storyline is reduced to a cliché that stereotypes women as revolving around men by seeking their approval. This insult from Dr Monsour is precipitated by Dr Nyoka bringing a pregnant woman to the hospital following the scene in which she was searching for her father. The turbulent backstory of the father issues and the quest to find her father have Dr Nyoka backtracking from her everyday activities, leading to insults mentioned earlier from male counterparts, such as Dr Russ Monsour.

The selected *Grey's Anatomy* episodes raise the importance of Black women writers who pursue certain ideals in the stories they tell. As mentioned earlier, Shonda Rhimes, an African-American writer, places a strong emphasis on narratives of strong women and this is evident in the series having an episode focused on the first woman appointed to the position of Chief of Surgery at the hospital where it is set. Seale describes how male doctors dominate the storylines in published illness narratives of women cancer survivors:

> She feels that orthodox treatment is generally dominated by male doctors, who take over decisions, treating the situation as a battle against cancer cells. Alternative therapies can be understood as being in opposition to such dominance.
>
> Seale (2003:209-210):

This relates to how the women have mostly been side-lined and Othered when it comes to medical dramas, as Karpf (1988) mentions how, in medical dramas, the patriarchal standards

are reiterated with the male doctor figure. Noting these claims, it is evident that there was a time when there was no room for the Black women physicians, which is why *Grey's Anatomy* and *Jozi H* are effective case study examples of storylines that, at some point, glorify the alpha male with severe medical cases being awarded to the male doctors and the women doctors acting as subordinates. These scenes will be analysed further in Chapter Three, with particular reference to Dr Nyoka in *Jozi H*.

Grey's Anatomy starts off as a love story between Meredith Grey, played by Ellen Pompeo, and Derek Shepard, played by Patrick Dempsey, in the first season. Derek Shepard was killed off in Season 11 and Meredith Grey became the lead character on the show. These characters in *Grey's Anatomy* are white and speak to certain socio-political considerations peculiar to the USA which are different to South Africa, with its majority Black African population. It is common in South Africa to have a lead Black woman in a primetime show, while in the USA, Shonda Rhimes has been acknowledged for the importance of placing a Black woman professional as the lead in primetime television on another show she produced called *Scandal* in which Kerry Washington plays the lead role (Joseph, 2017). Noting such racial dynamics in other countries, it is important to remember that *Jozi H* was a collaboration with the Canadian Broadcast Collaboration (CBC), hence, the Western gaze, patriarchal and racial stereotypes, and the privileging of white and male actors is unsurprising in the storyline.

As mentioned in Chapter One, many of the crew and creatives were South African and the co-producer, Morula Pictures, is one of the first Black-owned production houses in South Africa. The authenticity of South African storytelling has been kept in the storylines in *Jozi H*. Storylines in Episode 1 (Beginnings) and Episode 3 (The chosen) deal with African ritualistic healing and respect of the patient's religious beliefs. These storylines set *Jozi H* apart from other medical dramas while still maintaining a global appeal. This is played out in the depiction of the different cultural beliefs in South Africa, interwoven in the storylines and how they clash with Western medical practices. "Blacks could gain entry to the mainstream –- but only at the cost of adapting to the white image of them and assimilating white norms of style, looks and behaviour" (Hall, 2001:270). Such statements allude to assimilation, meaning that someone has to give over their power to 'other' in order to be able to be part of the conversation, in this context the conversation is for Black women actors playing physicians. This is evident with Dr Nyoka's character and her constant need to prove herself. And in the case of *Grey's Anatomy*, the medical series has included storylines about the first Black woman physician as the Chief of Surgery. One notes the importance of the telling of many stories of the Black community

and what the influence of Black producers, showrunners and writers can contribute in the telling of their own stories. In many ways, Dr Miranda Bailey's appointment as Chief of Surgery in *Grey's Anatomy* can be related to Squires' (2014) review of *Watching While Black:*

> The chapters underscore the importance of the viewpoints, experiences, and power of producers, showrunners, and schedulers in determining which black experiences are televised and how their decisions have ripple effects that can last for decades.
>
> (Squires, 2014:4) (emphasis my own)

It is evident that the portrayal of the Black woman physician in the selected series needs to be revisited in the current political climate of G.B.V. (Gender Based Violence) in South Africa. This is done by closely analysing societal representations of the Black woman physician, and power relations and challenges faced by Black women physicians at work.

The matter at hand starts by focusing on creating roles for women that are not just auxiliary characters; but it does not end there, we need to focus on the storylines. Indeed, some storylines have the Black women doctors and nurses as lead characters but the basis of their storylines and back-stories must be questioned where patriarchal and Western expectations are repeated. The aim of this analysis of how Black women physicians are depicted is intended to address the need for change to "create innovative images of black women which critically destabilise Eurocentric epistemologies on the black subject, redefining the black woman for herself" (Ngoma, n.d). Examining the depiction of the woman physician character, I avoid myopic representative modes and the inclusion of women subjectivities in the storylines to explore greater complexities pertaining to the characterisation of women doctors.

2.6 Conclusion

I wholeheartedly believe that we must write fiction that depicts our progressive realities and even dare to fantasise about better lead roles for Black actors. This chapter has engaged with feminist scholars and literature that speak to Black identity to deepen the analysis of the representation of Black women physicians. My intention is to enable an understanding of the texts that will help practitioners to rewrite the narrative by creating compelling and complex storylines. The next chapter focuses on how the women characters are written and represented in the chosen episodes of *Jozi H, Soul City* and *Grey's Anatomy.*

CHAPTER THREE

ANALYSING THE CASE STUDIES USING FEMINIST THEORIES AND BLACK IDENTITY THEORY

3.1. Background

Jozi H, Soul City and *Grey's Anatomy* are pivotal case studies to interrogate as the lens follows Black women at work. I observed specific scenes in selected episodes from these three medical dramas in a comparative analysis of the representation of the Black woman physician and other health workers. In considering how certain scenes are written, I highlight the Bechdel test and point out those scenes that succeed and those that fail test in *Grey's Anatomy*, *Soul City* and *Jozi H*. I have also interrogated the scenes using theories such as Double Consciousness, where a person operates from a space of being 'othered', and Mulvey's scopophilic perspective, where she uses the term in explaining how a person can be viewed in a way that evokes sexual pleasure.

3.2. Comparative Analysis

This comparative analysis of representation in the construction of the figure of the Black woman physician observes how feminist theory and the study of Black identity unfolds in the case studies. Specific scenes and storylines from the case studies are used: in *Jozi H* Season 1, Episode 1 (Beginnings), Episode 7 (Ex's), Episode 11 (Life after Death) and Episode 13 (Forgiveness); from *Grey's Anatomy* Season 12, Episode 1202 (Walking Tall), Episode 1203 (I choose you) and Episode 19 (It's alright Ma, I'm only bleeding); from *Soul City* Season 12, Episodes 1, 5 and 20 are selected. Below I analyse how the Black women identities are constructed in the chosen medical dramas.

The interrogation of the storylines examines the range of gazes operating in the way we 'see' / watch the selected characters, influenced by the filmmakers' choices in how they portray the characters. The analysis looks at how the characters are written, considering the storytelling perspective of these stories about Black women physicians.

One of these narrative perspectives in *Grey's Anatomy* and *Jozi H* storylines reiterates how medical dramas are reminiscent of 'chick lit' or romance films in their use of storylines frequently involving a love story. Dr Bailey in *Grey's Anatomy* and Dr Nyoka in *Jozi H*, both have love interests in their storylines. Consequently, this impacts the portrayal of the women

physicians in its requirement that these characters conform with elements of 'chick lit' and its dependence on romantic storylines. The Cambridge Dictionary (2008) defines 'chick lit' as a genre that is defined in films or "books about romantic relationships or other subjects that interest women". I use this genre as an example of stereotypical representations of women characters in order to further understand how these storylines might be read in medical dramas. I do not take issue with Chick lit as a genre or dismiss it easily, but am more interested in the stereotypical representations of women that arise in this popular form. Chick lit is as worthy a genre as science fiction, or any other for that matter, however I use the example in reference to television medical drama to highlight the ways in which women physician's storylines are more likely embedded with chick lit narratives that tend to focus on the personal rather than professional lives of the character through their storylines.

We seldom see woman physicians blowing their own horn in medical dramas; in most cases they are being questioned about their professional careers, as in the scenes with Dr Monsour, Dr Jara and Dr Nyoka in *Jozi H*. Dr Monsour questions Dr Nyoka's career path and Dr Jara questions Dr Nyoka's credibility when a patient dies. However, Dr Miranda Bailey is married to one of the male doctors who in Season 12 challenges her authority. In a scene in Episode 19 (It's alright Ma, I'm only bleeding), after her husband, Ben, has performed unauthorized surgery as an intern, Dr Bailey must defend her work ethics against the charge of allowing her private life to hinder her decision making. Ben faces a disciplinary hearing and Dr Bailey has to choose an impartial advisory committee. This scene leads us back to the challenge faced by women characters wherein their work lives are constantly overshadowed by their personal lives, as I have detailed for both Dr Nyoka and Dr Bailey as Black women physicians.

According to African literature feminist scholar, Danai S. Mupotsa:

> The basic plot in romance fiction is a young, ordinary woman meets a rich, handsome man who is hostile and perhaps brutish. By the end of the story, the man is changed and confesses his love to the woman after they vanquish a series of obstacles that help them overcome their initial differences. These differences can include geographic, racialized, or class boundaries.

(Mupotsa, 2017:250)

Variations of this plot are common in soap operas, dramas and telenovelas produced in South Africa. Furthermore, the three case studies used for this research report, *Jozi H*, *Soul City* and *Grey's Anatomy*, are acknowledged for depicting the Black women in more than a scopophilic

manner, which is how the male gaze tends to sexualise the representation of women in television. There is a need for more positive depictions of women doctors that avoids a primary focus on their love interests in the storylines. In *Grey's Anatomy*, Season 12, the rise of a Black women in the position of Chief of Surgery forms a strong storyline across the series through the promotion of the character of Miranda Bailey (Chandra Wilson). In a scene where Dr Bailey discovers that a patient has a pituitary tumour, she remarks, "I should be chief of surgery! Wait. I already am" (*Grey's Anatomy*, 2016). This scene is a positive depiction of a woman in power unapologetically owning her findings and claiming her achievements with the correct diagnosis.

Finally we look at the concept of double consciousness, which was mentioned in Chapter two, as it is is one of the lenses used in the analysis. According to the Cambridge Dictionary (2008) "double" is "in two parts or layers", and the Oxford dictionary (2018) defines it as "a meaning that can be interpreted in more than one way". For the context of this research paper the use of the concept double consciousness is concomitant with W.E.B. Du Bois in *The Souls of Black Folk* (1903) where the writings talk back to the Black man who is born in a world where he has to see himself through a double-lens, always explaining himself and his existence based on the 'other'. He is always defining the self in comparison to a former state that asserts itself as *the* authority and by this default the Black man learns a form of double consciousness as he navigates the world. Double consciousness for the black woman is extended because her starting point is from the "harsh reality of racism" (hooks, 1992:125), thereafter sexism. Which ramps up to a triple inherited consciousness.

3.3. *Jozi H*

The first scene from Episode 1 of *Jozi H* introduces Dr Nyoka as a team of doctors' report on how a patient died to Dr Jara who asks them what they did wrong. Dr Jara's line of questioning leads to a heated argument between Dr Jara and Dr Nyoka. When Dr Nyoka defends their actions, Dr Jara answers: "Now you are blaming the entire team" (*Jozi H*, 2007). Dr Nyoka and Dr Jara have a stare down ending with Dr Nyoka asking if he would have done things differently. The camera pans around Dr Nyoka in a mid-shot, which could be read as an intimidating interrogation with Dr Jara, but throughout the scene Dr Nyoka is not hyper sexualised.

The introduction of this relationship immediately raises tension between them. And it builds up when, in the next scene, Dr Nyoka tells Dr Jara, "You could have spoken to me privately

about that" (*Jozi H,* 2007), and Dr Jara remarks, "It's a training hospital" (*Jozi H*, 2007). Because of this dialogue and how we have been introduced to Dr Nyoka, we know that her professional relationship with Dr Jara also has a personal aspect. Her storyline is interwoven with a failed romance story. Dr Nyoka's relationship with her counterparts at work is challenged on a personal basis. In a later scene, she asks Dr Jara if he has found her lingerie, and at that point it's confirmed that the two have both a personal and professional relationship.

Throughout the series, Dr Nyoka is always defining herself in comparison to the 'other', her male counterparts, who assert themselves as *the* authority. In this instance, she is othered by her male counterparts and she operates continually in a state of double consciousness as she navigates her work life. Dr Nyoka is othered by constantly defining herself by what she is not, in relation to her male counterparts. Dr Jara and Dr Monsour question her abilities as a physician and the decisions Dr Jara makes are based on sexist remarks. Dr Jara belittles Dr Nyoka's decisions and asserts his power as a senior at work based on their personal relationship problems. Dr Monsour belittles Dr Nyoka's choice of career as a doctor, stating that she should consider a more subordinate career rather than medicine, using power unapologetically as a white male. Dr Nyoka is thus placed in a position where she is portrayed as the "other": i.e. she is neither white nor male.

In another scene, Dr Russ Monsour, the senior neurologist, belittles her at work that she, as a doctor, accompanies a patient into the emergency room. He exclaims that she has gone "from neuro wanna-be to paramedic" (*Jozi H*, 2007) and calls that a drastic career change. By default, the Black women physicians learn a form of double consciousness as they navigate the world of their professional space, constantly justifying their reasons for occupying the space.

Episode 7, entitled "Ex's", ends with Dr Nyoka and the nurse, Jocelyn Del Rossi, exiting the hospital to go and have a drink when Nurse Jocelyn Del Rossi comments, "I thought you were going out with what's-his-name, Sol" (*Jozi H*, 2007). Relationships with the opposite sex are formative in the way women physicians are represented in *Jozi H*. In this scene the two physicians fail the Bechdel test, by reason of two women discussing a man. In most of the scenes we see Dr Nyoka entangled with her personal relationships; we see fewer scenes of her actually doing her work as a physician.

In a scene at the work cafeteria, her boyfriend, Sol, comes to break up with her at work. One of the reasons for the break up is that Dr Nyoka chose to work and treat her ex-boyfriend instead of accompanying Sol to a funeral. This episode reads as a stereotypical rehearsal of women at

work, constantly entangled with their personal relationships, resulting in Dr Nyoka's work life being diminished by her personal life throughout this episode. The episode depicts Dr Nyoka as the wounded woman, scarred by failed romances, such as the failed relationship with Dr Jara, who she is helping to recover in hospital and the failed romance with Sol, who comes to break up with her at work. Dr Nyoka's storyline is worth questioning as it glosses over her professional life by favouring her personal life, a common stereotype of how fictional professional women are portrayed on screen. This is seen in "how females are more likely than males to be identified solely by personal life-related roles, and having less job status. As opposed to males who are more likely than females to be identified solely by work-related roles" (Lauzen, 2015:1). This has to be challenged by creating more empowering storylines for the character of the Black woman physician.

An interesting character that is at the interface between Western and African medicine is Nurse Nomsa Mangena played by Moshidi Motshegwa in *Jozi H*. In Episode 7, a patient challenges her for not allowing the use of an African medicine in her treatment, asking: "Does it make you a better sangoma, hiding behind the white man's machine?" (*Jozi H*, 2007). Nurse Mangena does not demean African customs and African methods of healing, regardless of her being a medical practitioner. In this scene, they want the patient to be treated with Western medicine but Nurse Mangena tells the Gogo: "The ancestors will help her to make a better baby next time" (*Jozi H*, 2007). She is strategic and polite in handling the matter and she does not demonise the Gogo's beliefs. In Episode 1, when a patient brings an amputated arm to the hospital for ritualistic purposes, Nurse Nomsa Mangena is not judgemental of the situation. Instead, she keeps trying to reason with the North American doctor, Dr Nash, who is treating the patient. Nurse Mangena's unwillingness to accept a simple explanation of the value of Western medicine over African healing rituals challenges the expected behaviour of the orthodox nurse.

In reading this character as a challenge to patriarchal and the Western gaze expectations, the character is not sexualized and at no point is her authority interrogated because she is a woman physician as she operates in the medical field while still approving and negotiating the existence of African customs and methodologies. Nurse Mangena does not allow for the demonisation and othering of the African healing methods, even if, in certain scenes, the Western methodologies are applied. Nurse Mangena can be read as a character that operates with a form of double consciousness in her working environment as she engages with the patients and the physicians.

Nurse Mangena's character in *Jozi H* is an interesting contrast with the nurses in *Soul City*. While most of the Black women characters represented in *Soul City* are predominately nurses, the material offers important aspects relevant to this research that align with the questions I pose in the importance of interrogating the rehearsal and subverting of the patriarchal expectations in television. Nurse Mangena is not a leading role as she is in a series that focuses mainly on the doctors, yet her character is written as an assertive in this supporting role and stands out even among the lead characters who are doctors. And the nurses in *Soul City* with leading roles are written and portrayed in a mammy nurturing trait, as discussed with Sister Bettina's character. Sister Noni does have characteristics of exuding authority and confidence but it is later contradicted with her mixing up a big order at work, challenging if she is really coping with her work. This contrast in which voices are heightened and voices are silenced or not given great emphasis is important in noting the stereotypes that are constantly repeated in the way these physicians are portrayed. Nurse Mangena is there, but her voice is not heightened, she is silenced and has fewer scenes compared to Sister Bettina in *Soul City*, who is a lead with mammy caricature and her narrative is glorified, with being written as a lead character in the show, with many storylines revolving around her character in the many seasons of *Soul City*. This is a trait of the Western male gaze – in choosing narratives that it purports to be valid, while portraying the Black women health workers through harmful stereotypes.

3.4. *Soul City*

Sister Noni's character commands authority and exudes confidence in the many scenes that we see her. We see Sister Noni, in mid, close ups and wide shots in which she is always fully dressed, mostly in her nurse attire and even when the camera is on a close up of her, it is due to her reactions, which is mostly dialogue evoking emotion, such as shock, anger or sadness. None of the shots can be linked to the camera forcing the audience to stare at her body for sexual pleasure. In a scene in Episode 1, she stands up to the counsellor in a meeting and insists in front of everyone at the meeting that she not be excluded from the proceedings. This scene is a clear example of subordination at work, in the conversation between Bra Jeff and Sister Noni, the dialogue reveals that Sister Noni was not invited to the meeting, in an attempt to overrule her decision making, but Sister Noni rises to the challenge and starts the meeting again. Sister Noni's character is also commendable because we see her doing her work and, even though there are domestic issues that arise with her family, her storyline is centred on her as a Black woman health worker, which contradicts how we are introduced to Dr Nyoka in *Jozi H,* as mentioned above.

In Episode 20, Sister Noni mixes up a pharmacy order after refusing assistance from her colleagues. When the pharmacist tells her, "I don't know how you do it" (*Soul City*, 2014), she is quick to respond by saying, "I don't at all" (*Soul City*, 2014). Undoubtedly, this can be read as a contradiction of the both confident and insecure woman as Sister Noni articulates that she is not coping with her work duties. She is portrayed as wearing a façade in front of most of her colleagues and she has to own up to not coping. This is a stereotype of a working woman, struggling to cope with her work load, highlighting her weaknesses in the work space as if she does not belong in the space of work because she is a woman.

However, what is unique about *Soul City* is that most of the women characters have prominent roles, compared to the other case studies. The clinic is run mostly by women physicians and, therefore, most of the storylines are centred on them. Sister Maureen is a stereotypical nurse at first glance. In most of her scenes, she is found screaming at patients and unapologetically rude and harsh to the staff. This is until she breaks down in a scene in Episode 20, where she is found by Sister Noni crying at work She exclaims that she is "barren, while she has to watch women and children give birth to children that they don't want" (*Soul City*, 2014). Sister Noni tells her she needs counselling. Although this reinforces the stereotype of the women as primarily a child bearer and not feeling adequate because of her failure to bear a child, what is unusual about this scene is that there is no mention of a man, although the two women are discussing their personal lives at work. This scene in *Soul City* passes the Bechdel test as the two woman converse about something other than a man.

To explore the idea that Sister Bettina fits within the stereotype of a 'mother nurturing female figure', I have selected her dialogue from different scenes including the one where she rallies the Community Health Care Workers, the nurses and Sister Noni:

- "Besides opening the new clinic, what else is bothering you?" (*Soul City*, 2014) In this scene Sister Bettina asks Sister Noni, if something is bothering her after a work meeting.
- "Don't allow them to touch each other, hygiene, hygiene…" (*Soul City*, 2014). In this scene there is an outbreak of E.Coli in the clinic and Sister Bettina orders the Community Health Care workers to start assisting at the clinic.
- "Please make sure that everyone stands in a queue; the children and the elderly are a priority" (*Soul City*, 2014). In this scene, Sister Bettina orders some of the Community Health Care workers to assist some of the community members who

> have not made it to the hospital. At this moment, a woman nurse arrives, crying, with news that a young child has died. Sister Bettina asks to be taken to the parents of the child to deliver the news.

Most of these scenes happen in Episode 5 where the clinic is facing an outbreak of E. Coli The exception is the scene with Sister Noni in Episode 1.These episodes depict the authority and care that Sister Bettina has for the community and the clinic. We also know from the past seasons of *Soul City* that Sister Bettina, who does not have children of her own, rarely takes care of her own family, except for her husband who died in an earlier season. The portrayal of this character depicts the mammy caricature, the mother nurturing female figure, who is always taking care of everyone. Their primary objective is to be a nurturer even as a professional leader; this is a rehearsed patriarchal stereotype, which is contrary to how Dr Miranda Bailey is depicted in *Grey's Anatomy* where we see her taking charge of her work as a physician even though her personal life is revealed in other scenes.

3.5. *Grey's Anatomy*

Dr Miranda Bailey's first day as Chief of Surgery, is depicted in an episode that explores the double consciousness and triple consciousness of the Black women physician at work. A 'triple burden' caused by social distortion and bias perpetrated by patriarchal constructs. I extend the double consciousness to the Black women physician no longer just being Black and a women, but also striving to be recognized as black, a woman and professional.

In one of the scenes Dr Bailey, has a conversation with her husband, Ben, who asks if she is nervous about accepting the title of Chief of Surgery on her first day in this position. She replies, "Of course I'm nervous. I've been waiting for this moment my entire career. I promised them candy-disco rainbows, now I have to deliver. I just need it to be perfect. Go on, you can't be late for rounds, people will think, I'm giving you special treatment… " (*Grey's Anatomy*, 2015). In this instance, Dr Miranda Bailey is operating from a place of the powerful and confident, yet weak and insecure woman, and she uses a triple consciousness to navigate her new position, balancing her personal and private life at her workspace. In this episode, Dr Bailey's transition in assuming a position of power is fraught with insecurities. This is depicted through her progress from walking into the hospital building to standing tall in her authority and, of course, the episode is titled 'Walking Tall'. This episode definitely explores the imposter syndrome; fear of being found out for not being worthy to be a woman in power.

Nevertheless, Dr Miranda Bailey breaks the stereotype of a mother nurturing figure which Sister Bettina represents in the *Soul City* Episodes 1 and 5, discussed earlier. Sister Bettina is constantly taking care of everyone in a professional environment where she is a leader. She exhibits traits of the mother nurturing female figure and Dr Bailey does the exact opposite. When she is expected to coddle her staff, she opts for another way of learning.

In Episode 3 (Choosing you), Dr Webber questions her treatment of Dr Meredith Grey over her salary for a new job, stating: "I would think that you of all people. This hospital's first female Chief of Surgery would at least fight for any woman to get paid as any man". To which Dr Bailey responds:

> "You've never been overlooked and called girl by your male colleagues. I am woman. Here me roar! I've already mentored Grey. I've already taught her what she needs to know. Now that I'm chief of this hospital, it's not my fault that she hasn't used skills that I taught her. It's not my job to be giving away money when it's not asked for. You have coddled her and I won't do that. She needs to rise and she needs to rise on her own, so she knows that she can rise on her own. You may not be there for her next time she falls. She needs to fight for herself. (pause) Okay. (pause) This is what a feminist looks like, sir."

(*Grey's Anatomy*, 2015).

This dialogue is of utmost importance because Dr Bailey blatantly refuses to be a mother nurturing figure to Dr Meredith Grey. Every word in the dialogue speaks directly to averting the norm that is expected of a woman at work; playing the nurturer to everyone that she leads. The use of words such as 'coddled' suggest she will not spoil colleagues and give them special treatment because they are women. And we see Sister Bettina, give special treatment to many of her staff, based on personal reasons. Dr Bailey says Dr Grey must fight for herself, rejecting the expectation of nurturing with the line: "This is what a feminist looks like." The line seals the dialogue unapologetically stating that whatever status quo Dr Webber was implying, Dr Bailey is dismantling it and she will not be operating under its terms. Dr Bailey draws the professional line; she has mentored Dr Grey and that is it, which is her role as the Chief of Surgery at the hospital not as a woman, because this is what forces the issues of double consciousness, triple consciousness and stereotypes. Reiterating that she is expected to do more as a 'woman' and operate differently to the expectations of a man in the same position sets that expectation of othering that the woman is the 'other' in a working environment.

Later on in the episode, when Dr Meredith Grey confronts Dr Bailey, she tells her: "I can make that happen, Grey. Well done" (*Grey's Anatomy*, 2015). Later on, Dr Bailey congratulates Dr Grey for standing up for herself and demanding a higher salary. These scenes illustrate power and authority at work, and while we see Dr Bailey at work performing her tasks, we also find her in conversations about her work as opposed to Dr Nyoka in *Jozi H*. In Episode 7 (Ex's), the whole episode is centred around storylines and dialogue that diminish Dr Nyoka's professional life by focusing on her personal life. Even as Dr Nyoka is at work, she is mainly focusing on her personal life, which reinforces the stereotype of the wounded woman being unable to focus at work because of personal issues. This stereotype of the insecure woman advances a 'chick lit' narrative and fails the Bechdel test, as all the conversation is centred on the man in her life. Dr Bailey's character resists these representations with lines, such as, "This is what a feminist looks like" (*Grey's Anatomy*, 2015).

In all the case studies, the women physicians are not observed in a scopophilic manner. In an intimate scene that ends Episode 3 (I choose you), we see Ben, Dr Miranda Bailey's husband half-naked, while she works fully dressed in bed, it is clear in this scene that the woman is not the object of the phallocentric gaze. As Ben entices Dr Bailey and she agrees, we see them kissing but the direction avoids showing much of their kissing. It is evident that cinematic practices relying on the patriarchal gaze which seek to sexualise the female body are averted.

One can read this choice of direction as redemptive in avoiding demeaning images that we normally see of Black women, unnecessarily naked or half-naked in some scenes; in this instance the patriarchal Western male gaze is not entertained. It is reverted to the male character, Ben, and, as an act of protest, the camera lens stares at him. It is worth noting that this episode is directed by Debbie Allen, an African-American women director/actress/producer. One can see how she uses the lens in a way that is never demeaning to the women physicians even when they have intimate scenes. In scripting throughout the season, Dr Bailey is written in a way that does not desexualise her as a mammy figure. With all the power and authority that she has as a Chief of Surgery, we still see her balancing her family life without it hindering how many times we actually see her at work practising medicine; we still see snippets of her with her husband and baby, and her storyline remains focused on her medical career as this is a medical drama series.

3.6. Conclusion

In closing this chapter, I end with Dr Bailey's words in a scene in Episode 2 (Walking Tall) "Nothing is impossible. This patient has some big things to do and you will figure it out…" (*Grey's Anatomy*, 2015). These lines of dialogue suggest that nothing is impossible as 'we' (black female practitioners) push boundaries by creating the stories that we hope to tell and see. Also using the guidance of feminist theory and the study of Black identity with the intention of 'figuring things out'.

The next chapter looks at the Oppositional Gaze. The gaze can be summarised as how one looks at something. In this context of television, it is how one looks at a visual image and also how the filmmaker has promoted the male gaze on screen intentionally and unintentionally, and how the male gaze is displayed through the characters in the story. The male Western gaze, which is predominately the White Gaze for the context of this paper, is subverted by women engaging in conversations, outlining what they see, what they don't want to see, and what they want to see. In engaging in conversations that interrogate the representations of Black women physicians in medical television dramas, I rely on feminist theories and Black identity to outline the gaze that we choose to use, which is a step towards creating what we want to see.

CHAPTER FOUR

COMPELLING AND COMPLEX BLACK WOMEN PHYSICIAN CHARACTERS

4.1. Background

This chapter focuses on the creative development of the pilot script for a proposed medical drama series entitled: *Inyanga Enkulu*. I reflect on my artistic research and how the work has been produced in relation to the analysis of the case studies and how the analysis outcomes have inspired the writing of the pilot episode.

In the first part of this research, I have offered a comparative analysis of the representation of Black women physicians in three television series, *Jozi H*, *Soul City* and *Grey's Anatomy*. In Chapter I argue that women screenwriters, and particularly Black women, might challenge the patriarchal gaze through the creation of compelling and complex women physician characters whose storylines go beyond simplistic racial stereotypes and othering. In this chapter, I discuss my artistic research through a self-reflexive approach to the writing of the pilot episode for a proposed narrative television series that challenges certain stereotypes which is also informed by the theoretical component of this research.

The pilot episode entitled *Inyanga Enkulu* attempts a response to the configurations of power and domination identified in the theoretical research through the construction of its dramatic characters which are intended to challenge the reproduction of these stereotypes and certain dominant power relationships. "Until the lion learns how to write, every story will glorify the hunter" (Anonymous, n.d.). As a Black woman screenwriter, I offer this African proverb as guide for my work in the space of empowering Black women. I have drawn on aspects of the theoretical research argued in earlier chapters, such as the idea of double consciousness, the oppositional gaze and harmful stereotypes, in writing the pilot episode. My artistic research is, in part, inspired by news articles about Black women physicians, such as Dr Matshidiso Moeti, the World Health Organisation's Regional Director for Africa (Allison, 2020), who is making strides in Africa and will be creatively incorporated into the characters in the pilot episode. The current Covid-19 pandemic places the women physicians at the forefront of this public health emergency as the article about Dr Matshidiso Moeti suggests:

> Since being elected to her current position in 2015 — the first woman in the role — Moeti was also at the forefront of the WHO's response to the Ebola outbreak in the Democratic Republic of the Congo. There

> are some similarities between the response to Ebola and Covid-19, she says, especially around the need to convince people to change their behaviours.
>
> (Allison, 2020)

Such reports offer fertile inspiration for fictional storytelling while supporting women-driven narratives within the medical profession. In creating the fictional pilot, I have used this article for research purposes in creating the layered characters. It is worth noting that Allison's article lists Dr Matshidiso's prior successes, which includes being in the forefront of another medical crisis, the Ebola virus epidemic when it emerged in Africa in 2013-2016. This perspective of a woman and acknowledgment of her contributions at work are most welcome because they balance the repeated one-sided stereotypical representation of women physicians; always focusing on their personal lives rather than their actual profession. My earlier analysis of the story arcs of *Grey's Anatomy*, *Soul City* and *Jozi H* analysed certain stereotypes, the effect of othering and an inherent double consciousness as the characters navigate the systems of power as Black women physicians in these medical dramas. Moreover, as a practitioner in South African television, I consider it inevitable that art imitates life and that fiction borrows from reality. Therefore, in addressing the role of Black women in television, it is necessary to borrow from real-life stories of woman physicians, such as Dr Matshidiso Moeti as inspiration in rewriting stereotypes, marginalisation and suppressing of women in leadership in the medical sphere. Adapting real-life stories of Black women physicians to the fictional characters I have created is pivotal to my artistic research.

4.2. Writer's Concept

As stated previously*, Jozi H*, *Soul City*, and *Grey's Anatomy* all have Black women physicians in the story. My research identifies and compares the rehearsal of Western patriarchal expectations in these three medical television series and examines instances where these challenge the depiction of Black women physicians as more than just auxiliary or secondary characters.

Through my research, I identified three elements used in the story arc for the Black women physicians in the case studies. These played a major role in how I shaped the characters and developed the pilot episode. The three elements are:

- The stereotype of a mother nurturing female figure.
- The wounded woman, scarred by daddy issues or a failed romance.

- The contradiction represented by the powerful, confident woman who is also insecure.

4.2.1. The Stereotype of a Mother Nurturing Female Figure

While this stereotype of a nurturing female figure has some positive effects, as of a Black woman physician who is strong, in control and helping everyone, there is also the repetition of the inherited double burden of carrying everyone on your shoulders. Using *Soul City* Season 12 Episode 1 and Episode 5, I compared and analysed stereotypes in the character arc, especially for Sister Bettina, a Black woman nurse of sixty plus years. In Chapter Three, I mentioned how Sister Bettina's character can be read as glorifying the attributes of the 'mammy' caricature or 'big mama' archetype. As Yarbrough and Bennett (2000) state, the mammy, jezebel and sapphire stereotypes are among the most common in representations of Black women in film and television and this portrayal is supported in my analysis of Sister Bettina's character. This is why we have to get it 'right' as we move forward with stories that have Black women professionals in the forefront because "there is a long history of media stereotypes of black women but most of these portrayals have focused on women who were peripheral to the professional work world" (Kretsedemas, 2010:151). In creating narratives with Black women physicians as leads, it is vital that each character arc be interwoven with depth and the multiplicity of the Black experience.

One of the characters in my pilot script is Gogo Nomvula, a farmer, poet and diviner. She is living and working for herself on her own terms. She owns her narrative with her culture and work. In this instance, the old wisdom stereotype is welcomed. She always has something profound to say. She is against the demonising of African traditions. She studied to be a nurse and, after getting her qualifications, she worked only for two years and opted for retirement to practice homeopathic methods of healing. She is happy to welcome her granddaughter to her home, a small town called Emfulweni where she passes on her traditional wisdom to her. It is refreshing to create an old, ambiguous Black woman physician, layered and not boxed into one stereotype of what a grandmother or woman of a certain age should be. This resists the way specifying Black women characters have been represented in narratives told from the perspective of the male Western gaze.

4.2.2. The Wounded Woman, Scarred by Daddy Issues or a Failed Romance

I applied a new take and an oppositional gaze after observing the replicated stereotypes in *Jozi H* for Dr Nyoka's character. The lead character in the pilot episode is Dr Avumile Thabethe, and her character's storyline averts the male gaze and the associated subordination and the implied power relations. This is my intention in creating a character who faces obstacles that

enhance the dramatic storytelling while avoiding daddy issues and a failed romance which were apparent in my analysis of the women physicians in *Jozi H*. Avumile's father, Dr Joe Thabethe, is a loving professional doctor who is happily married to her mom. Avumile's husband, Themba Mhlongo, is a loving spouse, although their dramatic conflict revolves around Avumile changing her mind about having more children. They are not a failed romance because they are together until Themba dies, and, most importantly, Themba is a partner who is not intimidated by her success, rather he supports her in spite of their disagreements. They are high-school sweethearts. Avumile becomes a widow at the end of the pilot episode; her single status is not a result of her wounded and scarred past in relationships with men that supposedly hurt her or that she had to break up with or who broke up with her, as opposed to Dr Nyoka in *Jozi H*.

4.2.3. The Contradiction of the Powerful, Confident and also Insecure Woman

The storyline in *Grey's Anatomy* Season 12, Episode 2 and Episode 3 follows Dr Miranda Bailey's rise to become the hospital's first woman Chief of Surgery. It is interesting how the writing of the episode emphasises the 'first woman' opting to leave out 'Black woman'. One can argue that this is a stylistic choice in the show, to avoid emphasis on a triple or double inherited burden that the Black woman has to undergo at the workplace as Black, a woman and a professional. The choice is to focus on power, insecurity and equal pay for women, which are important issues.

In *Grey's Anatomy* Season 12, Episode 2, titled "Walking Tall", Dr Bailey's transition in assuming a position of power is also fraught with insecurities. One of these is an imposter syndrome; fear of being found out for not being worthy to be a woman in power. On her first day her mentor, Dr Richard Webber, tells her, "You barked like a general"; in this episode Dr Bailey was unreasonably tough on her attendants with the hopes of making her first day as chief 'perfect'.

In contrast, Avumile approaches her position as Chief Director of Non-Communicable Diseases with the mantra, "Don't try to do perfection otherwise you won't be able to have a life." This philosophy speaks to a character who is powerful, not power hungry, sober in her rationale and content with her life, although, for dramatic effects, she does have demons (conflicts) that she tackles but these are averting the male and Western gaze and, most importantly, the entrenched stereotypes.

4.3 Averting Othering

Consequently, the building of reputation is a major work challenge for women physicians, and these tensions are apparent in the case studies examined. The woman doctor's positioning at work is mostly interconnected with her being a woman and Black, rather than the importance of the work that she is doing. In the case studies, heteronormative storylines promote men in positions of power within their heterosexual relationships and the work environment. Power and dominance are exercised by men portrayed as doctors. This results in an 'othering' in the portrayal of the women doctors; for the purpose of this paper, "the other specifically refers to the gendered other, the woman as other" (Marx, 2008:82).

I opted for an alternative way to depict the woman physician confronting this 'othering'. One approach was Dr Gasira Kamba, who is Kenyan, and Dr Avumile Thabethe experiencing racism and xenophobia at work. Women experience triple consciousness, which, according to de la Rey (1997:7) consists of class, race and gender. This inherited culture of being constantly "classed, raced and gendered" (De la Rey, 1997:7) needs to be undone. It is, thus, important to have these didactic scenes that show and confront issues of racism and xenophobia in a series where one seeks to educate and not only entertain, but most importantly, retake and reclaim the telling of narratives with worldly issues that still need to be addressed. In tackling these issues of xenophobia and racism in the scenes I explore the issue of being 'othered' from these different perspectives.

Other aspects included in the writing of the pilot in response to the problematic representations in the case studies was showing Avumile at work in most of the scenes as an important way to avoid the portrayal of woman physician as a subordinate where we see the Black woman physician's storyline mostly in relation to their personal problems, even when they are at work. My intention was to write Avumile in contrast to Dr Nyoka's character in *Jozi H,* as discussed in Chapter Three and Chapter Four. Later episodes of the proposed series will focus on Dr Avumile Thabethe being at work even though her personal life is interwoven in the story. The pilot episode also explores the reversal of expectations where the lead woman character is a wife but her work life plays a major role in her storyline.

Gogo Nomvula's character is a bridge between Western and African healing methodologies, her character emphasises that access to healing is not only coded by Western medication and she imparts this knowledge to Avumile as well. This is similar to Nurse Nomsa Mangena in *Soul City*, but Gogo Nomvula's voice is strengthened in the series and she is one of the lead characters. Avumile's arch-nemesis is another woman in a high position and we see the tension

translated in their actions towards one another but we do not play with stereotypical caricatures of women who act out of turn, physically fight each other, etc. One of the methods I applied in writing my script was the Bechdel test. The pilot episode applies the Bechdel test in as many instances as possible in developing the character dialogue. This affects the Black women physicians' storylines and how they are represented in the pilot. The focus is highly dependent on their work life and professional skill as opposed to their personal lives.

Below is the treatment for the pilot episode of *Inyanga Enkulu*.

4.4. Treatment (Series title: *Inyanga Enkulu)*

4.4.1. Logline:

Dr. Avumile Thabethe (38), a Black woman physician, must confront the past-trauma of her sister's suicide as she prepares for the launch of her tell-all book while struggling to balance the demands of her professional life.

4.4.2. Character Bios:

- **Dr. Avumile Thabethe (38)** Profession: Medical Doctor

Education: MBBCh Wits University, Postgraduate Diploma in Business Administration (GIBBS, University of Pretoria), Postgraduate Diploma in Obstetrics and Gynaecology, MMed in Obstetrics and Gynaecology

Dr Avumile Thabethe married her high school sweetheart Dr Themba Mhlongo. When she graduated from medical school she decided to stick to being a GP in order to build a family with her husband. Specialising was going to take too much of her time. Instead, she studied a PDBA. Dr Themba Mhlongo, her husband, owns a general practice at the heart of his childhood township to give back to the community he grew up in. Dr Avumile Thabethe is ambitious but her ambition is not selfish ambition. She is a published author and an activist for women's rights. Family orientated. She sees business as family. Her decisions are always based on her family coming first. Family is an extension and core of who you are. Her family's core values are: integrity, respect and passion. Her mantras are: "You earn, you learn, and you give back" and "Don't try to do perfection otherwise you won't be able to have a life." Her personal goals of growing her family change when she becomes the Chief Director of Non-Communicable Diseases. Her Sister, Zandile commits suicide; Avumile finds her and takes her to hospital. This causes a great deal of trauma, but she supresses her emotions and puts on a front. Zandile's suicide greatly affects her family, causing extra strain on her relationships, especially with her mom. She writes a book about her sister's suicide and on the day of the book launch her

husband is killed at gunpoint. The reason for her husband's murder unfolds during the first season. Distraught, Avumile seeks to sell her husband's private practice but her attempts fail. Avumile also works in public health, focusing on research in preventative interventions and lecturing to medical students in public health. She is head-hunted by the World Health Organization (WHO) as her research makes waves. She tries to focus on her research and getting her job at the WHO but, unfortunately, she has a psychotic break precipitated by the murder of her husband.

Her parents, Dr Janet Thabethe and Dr Joe Thabethe, who are both retired doctors in the city and afraid of the mental health stigma and misinformation surrounding mental health, ask that Avumile visits her grandmother, Gogo Nomvulu, while she recovers. Avumile obliges and with her daughter she goes to spend a lengthy amount of time with her grandmother. Her grandmother introduces her to traditional healing methods, leading to reigniting her passion for medicine. Forced into introspection and self-realisation during this time, she opens up to Western medicine working with African methodologies. In her first day of office at the WHO a pandemic breaks out, she has to rise to the occasion with a lot of naysayers and conflicts as the first Woman Regional Director. All hell breaks loose when she is blackmailed by her nemesis who threatens to expose her mental health breakdown. She becomes her own boss when she is let go at the WHO. Instead of looking for a promotion she promotes herself by reopening and reclaiming her husbands practice as her own.

- **Gogo Nomvula (89)** Profession: Farmer, poet and diviner.

Education: Diploma in Nursing, University of Zululand, BA UNISA

A farmer, poet and diviner, she always has something profound to say. Spiritual reasons caused conflict with her modernised daughter, Avumile's mother, but she dare not speak ill of her. She holds her daughter in high esteem. She continually reaches out to her and when Janet (Jabulile), reaches out for help with Avumile, Gogo Nomvula is hoping that her relationship with her daughter might get better, because even the loss of her other granddaughter; Zandile, did not help them get close. Gogo Nomvula was distraught with Zandile's death; she blames herself for not acting on her instincts that day. She did not call and check on Zandile and Janet after she had a premonition, but, because of her strained relationship with Janet, she decided to let it go. Gogo Nomvula's heart is pure. She is against the demonising of African traditions by Christians, and if you give her an ear, she will explain the history of African cultures and customs to you. She became an acclaimed poet when her 'madam' (the white woman she

worked for) found her poetry and encouraged her to publish her writing. With this money, she studied to be a nurse and, after qualifying, she worked for only two years and opted for retirement to practice homeopathic methods of healing. She opened up a domestic farm and also grows organic food. She talks to her granddaughter (Dr Avumile Thabethe) daily without fail. She lives in a small town called Emfulweni.

- **Dr Gasira Kamba (39)** Profession: Medical doctor

Education: MBChB University of Cape Town

Kenyan

Gasira's name means 'the one who is brave'. She is all about Black Consciousness and being a feminist. She came to South Africa when she was in high school. Her mother lives in the UK with her siblings, her father is a politician in Kenya. She puts on a hard front and keeps to herself. Her ego keeps her going. She's learned to be ruthless and not care a lot about other people's opinions. Living in South Africa for two decades as a foreigner has taught her that. When she started her medical career, she tried to be nice to the security and cleaning staff and make sure she knew everyone's name at the hospital and tried to show some humility, but this approach always backfired. They fooled her twice, the shame is definitely on her now, she's decided to build her wall and be spiteful. It's a pity because she's really a nice person, if you care to listen. One of her closest friends is Avumile, but that was before they had their great fall out over the death of Avumile's sister, Zandile. Dr Kamba's working environment has become toxic; she put up a fight, but she is not sure if it is worth it. The xenophobic attacks against African immigrants from outside of South Africa are also frustrating her and, for the first time, she is considering leaving South Africa.

- **Dr Janet Thabethe (birth name Jabulile), (67)** Profession: Retired doctor. Department of Health, Chief Executive Officer

Education: MBChB University of Cape Town, Post-graduate Diploma in Public Health, Post-graduate Diploma in Health Leadership, Diploma in Management Studies, Bachelor of Social Work

Janet is Avumile's mother. She named herself Janet for friends who could not pronounce her name. Her mother, Gogo Nomvula, sent her to the best schools outside her small town,

Emfulweni, and even to the University of Cape Town when it was unheard of for Black people to study there; only a select few, made it in. However, Jabulile is a clear example of someone who forsakes their hometown for the bright shiny lights. Sent to a Model C Anglican school at the time, she started to loathe African traditions and customs that her mother practiced and decided to fully commit her life to Christianity. As 'a born-again Christian' she struggles with identity issues. When she got to university, she was able to change her name and her visits back home grew fewer. She speaks ill of her mother. She cannot stand her and her barbaric heathen ways. She has tried to preach the gospel to her. She will no longer waste her breath, she will win other souls for Jesus. Janet wanted to marry a White man. But as fate would have it, she married a Black Consciousness doctor and had two children with him: Avumile, the elder daughter and Zandile, the younger. However, her marriage has been tried and tested, with cheating scandals and her husband's involvement in corruption and looting with the government. Initially, she tried to leave him but eventually she decided that putting up a front was too important for her. Although her children have never heard confirmation of their father's scandals from her, she outright tells anyone who's willing to listen that "a man's a man is a man". Her life was wrecked when Zandile committed suicide; she blames everyone but most importantly she feels guilty for all the pressure that she put on Zandile to be a medical doctor and how to live her life. In her late 50s she rededicated herself to her Christian work. She is at church four times a week. Christian, lover of Jesus, Bible-quoting but she still hates foreigners; not all foreigners, just 'African foreigners'. She is xenophobic and does not realise this is self-loathing.

4.4.3. First Season Overview

The first episode opens with wheels of a screeching hospital bed intercut with Nine West shoes. Dr Avumile Thabethe is at a pivot in her career as the Chief Director of Non-Communicable Diseases. She is a published author and an activist for women's rights, but she just wants change in her life, and change she will get. Over the course of the first episode, we see Avumile juggling being Miss Picture Perfect with the reality of her life. Even though she wrote a book about her sister's suicide, she is avoiding her own mental health issues and on the day of her book launch her husband is murdered at his practice. Avumile's world is disrupted by the death of her husband and she has a psychotic break.

Other storylines explored in the first season include Avumile's parents' façade of a blissful marital life. Drs Janet and Joe Thabethe are retired in the city, and despite their embrace of science, they are both afraid of the mental health stigma associated with Avumile's breakdown

and insist that she goes to stay with her grandmother, Gogo Nomvulu in a different province while she recovers. Avumile obliges and goes with her daughter, Agape, to spend some time with her grandmother. When Avumile tells her grandmother that she is ready to go back to the city, after she has been introduced to unorthodox healing methods, her grandmother warns her of her fast-paced life and the reality of her world. Avumile realises that she has been clinically depressed all her life but she has pushed through it and covered it with the need for success and staying ahead. In picking up her life and starting again, Avumile tries to mend a failed friendship with Dr Kamba, who was her best friend until her sister died under her watch. Dr Kamba at this time is ready to leave South Africa. Xenophobia in the country has left her feeling betrayed by what South Africa once stood for; a place for all Africans.

Avumile is offered the position of Regional Director by the World Health Organization. Dr Vilakazi, Avumile's arch nemesis, threatens to expose Avumile's mental health breakdown if she takes the job. Nevertheless, the competitive Avumile takes the job. Dr Vilakazi leaks the story to the press and the World Health Organization. The organisation has to retract the offer, not because she suffers from mental health but for bringing the organisation into disrepute, and being dishonest. Avumile hits rock bottom, not sure which direction her life and career should take. At this time, the police investigating her husband's murder reach out with news on the case. The gunman was avenging his daughter's death (a young girl who died from diabetes) according to the man's wife who confessed to the police. Distraught after hearing this news, Avumile remembers why she wanted to do medicine; before chasing the World Health Organization job and being a high profile doctor, all she ever wanted was to help people. But the status and the glory of the success, got in the way, and it dawns on Avumile to reopen her husband's private practice. She tells herself not to feel helpless but rather to uplift the community. As she puts her life back together, she finds out that she is pregnant. The past couple of months have been so busy that she missed it. Yes, a whole doctor missed that she was pregnant, because this life is never without the element of surprise, no matter how well you plan it! This ends off Season One.

4.5. Conclusion

While writing the pilot episode, the main creative points and choices were guided by my experiences and perspectives as a Black woman practitioner in the film and TV industry in South Africa. I have attempted to create an episode that is cognisant of the times and most importantly, an episode that speaks to the kind of society we aspire to live in as a people of colour in this era. It cannot be that in this era in our lives, when Black women practitioners

have the power of the lens and the pen, we still see traces of what Said calls “the Oriental woman who never spoke of herself, she never represented her emotions, presence or history. He spoke for her and represented her” (Said, 1978:7). The next chapter concludes my findings and the outcomes of this research.

CHAPTER FIVE

CONCLUSION

This research has interrogated the Black women physicians' portrayal in the selected television medical dramas through a questioning of othering, stereotypes and how double consciousness and the oppositional gaze apply to the Black woman physician and her counterparts in the case studies: *Jozi H, Soul City* and *Grey's Anatomy.* The artistic research component is presented in the form of a pilot episode for a proposed medical drama series, *Inyanga Enkulu*. Through this process I have written each scene to avert the problematic rehearsal of the Western and male gaze over the Black woman physician's portrayal in the television medical drama.

My analysis concludes that some of the storylines selected from *Jozi H, Soul City* and *Grey's Anatomy* silence the Black woman physician character as they are represented in these programmes. This silencing is portrayed under the clout of the patriarchal Western male gaze. In Chapter Three, I outlined the positive and negative findings of each of the series. The key elements that I found in screening the case studies were: the stereotype of a mother nurturing female figure, the wounded women scarred by daddy issues or a failed romance, and the contradiction of the powerful, confident woman who is also insecure. These were present mostly in *Soul City* and *Jozi H*, with the characters of Sister Bettina and Dr Nyoka, respectively. My analysis also found that *Grey's Anatomy* challenged many patriarchal standards and stereotypes in the representation of the women characters. This was apparent in the way scenes were written and particularly in the dialogue for Dr Bailey's character.

The series pilot of *Inyanga Enkulu* engages with the theoretical framework and the key elements that I noted in the case studies. The intention is to create a television series that challenges dominant power structures, which is reflected in the pilot episode. I wholeheartedly believe that "if I did not define myself for myself, I would be crunched into other people's fantasies for me and eaten alive" (Lewis et al., n.d). These beliefs I express in the script in seeking to enhance and define the polyvocality of the Black woman physician.

Furthermore, in analysing *Jozi H, Grey's Anatomy* and *Soul City* and seeking to identify the stereotypes in the comparative analysis of the three medical dramas focusing on their characters and screenplay, I found that the characters of Dr Bailey in *Grey's Anatomy*, Dr Nyoka in *Jozi H* and Sister Bettina in *Soul City*, share a common thread. They are all either Black women physicians or health worker navigating roles as leaders, a form that is usually reserved for male

doctors in medical dramas. I also found that, in these leadership roles, all three of their storylines and dramatic conflicts are mostly tied to their personal romantic interests, with Sister Bettina's being a 'mother to all' at work and home. This informed my decision to make sure that Avumile, the lead character in *Inyanga Enkulu,* becomes a widow at the end of the first episode. This opens the series to explore other dimensions by raising the stakes and finding obstacles and conflicts for the lead woman physician that does not revolve around a storyline of romance. The Bechdel test was an essential undertaking for the creation of *Inyanga Enkulu* in guiding my writing of the first ten scenes of the pilot episode to intentionally avoid featuring men or have the women characters talking about men.

The women physicians in the case studies are not an objectified spectacle and that is commendable. The comparative analysis looked at social constructs and identified such incidences in the case studies, highlighting certain scenes in order to interrogate the favouring of the Black women physicians' personal lives over their professional lives. I have pointed out the narratives that reinforce the subordination of women because, as hooks (1992) states, television and film are used as a system of knowledge and power reproducing white supremacy. There are many versatile ways to depict Black women on television and, in this instance, Black women physicians are shown at work and navigating their lives without living or being portrayed as a by-product of romantic relationships.

In parting, it is important to note that new medical dramas have emerged in South Africa in 2020 with the broadcast of *Durban Gen* (2020) on ETV and *Vutha* (2020) on SABC 2. The continued local popular interest in the medical drama reiterates the significance of this research and the importance in deepening our understanding of the ongoing portrayal and representation of the Black woman physician on television.

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