

# In the Interstices of Oppression: Charting Identity in Maishe Maponya's *Umongikazi* through the Thirdspace

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## Abstract

As an advocate of the Black Consciousness Movement, South African playwright Maishe Maponya employs dramatic space as an analytical framework in his play *Umongikazi/The Nurse* to reveal the oppressive social realities faced by marginalised groups under the white-dominated power structure. This article, grounded in Edward Soja's theory of Thirdspace, systematically analyses the spatial organisation patterns within the play's narrative structure and their correlations with the identity construction strategies of the characters. Within the distorted spatial hierarchy shaped by systemic racism, Black individuals endure dual oppression in both the physical and mental dimensions. The characters in the play resist the oppressive spatial order through bodily practice strategies, specifically demonstrated by the reoccupation and functional reconstruction of spaces previously restricted to them, thereby deconstructing the established spatial configuration of power. At the mental level, the characters transcend the limitations of real-world spaces through imaginative construction, creating an ideal spatial vision of racial equality. This cognitive process provides spiritual support for their identity struggles. The above-mentioned practices ultimately give rise to a "Thirdspace" with transformative potential. This space breaks the oppressor-oppressed binary and challenges institutionalised power's spatial discipline, and creates possibilities for the reconstruction of Black subjectivity.

**Keywords:** Maishe Maponya; *Umongikazi/The Nurse*; Thirdspace; identity construction; alienation effect

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## Introduction

Maishe Maponya (1951–2021), a highly versatile South African artist, made indelible contributions as a playwright, director, poet, actor, and political activist. His artistic oeuvre is distinguished by its bold and incisive dramatic works, which served as a powerful and incisive critique of South Africa's complex socio-political terrain during the apartheid era. The late 1960s witnessed the ascendancy of the Black Consciousness Movement (BCM) in South Africa. This movement, with its emphasis on Black self-awareness and resistance against white-minority rule, galvanised a generation of Black artists. Maponya, along with his fellow black playwrights, responded to this ideological upsurge by crafting works that unflinchingly exposed the dehumanising consequences of apartheid. Through their art, they sought to transform the cultural and political landscape, using the stage as a platform for social change. Maponya's contributions to the anti-apartheid cultural movement were characterised by a series of seminal plays. Among his most notable works are *The Hungry Earth* (1979) and *Umongikazi* (1983). The two dramas were taken on a tour of Germany, where they had a profound social impact, "and both works were enthusiastically received" (quoted in Steadman 2001, xiv). South African magazine *The Star* appraised *Umongikazi*: "it cast its spell on the black members of the audience. It was a moving call to the oppressed to arise and awake from their slumbers" (Mattera 1983).

Maponya is hailed as "a precursor of the new voice of South African theatre" (Steadman 2001, xxii). *Umongikazi* was set in Baragwanath Hospital, then the largest hospital in the Southern Hemisphere, and it was performed at this hospital in 1983. Two years later, in November 1985, the famous nurses' strike broke out at the same hospital. This underscored the role of art in reflecting and influencing real social and political changes. Although no study unequivocally indicates that *Umongikazi* directly promoted the strike, given the proximity between the play's performance at the hospital and the strike, as well as Maponya's strong advocacy in the play for nurses to resist through tough means, it is reasonable to argue that the play had a certain impact on the strike.

As Foucault (1986, 22) presciently stated, "the present epoch will perhaps be above all the epoch of space." Space, understood as a multidimensional construct, encapsulates the full spectrum of human experience. The semiotic significance of space is rooted in its dual-functional nature, which operates on two interrelated planes. Firstly, space serves as infrastructure for social interactions; secondly, it serves as an arena where social relations reproduce and cultural power struggles unfold. In this capacity, space becomes a complex matrix where power dynamics are negotiated, social hierarchies are maintained or challenged, and cultural identities are shaped. "Since identity is not a stable core or essence but a provisional product that is continuously sutured and reconstructed through historical, cultural, and power relations within space" (Hall 1996, 4–5), the exploration of the dialectical relationship between individuals and their spatial environments emerges as a crucial analytical approach. This relationship is not one-sided; rather, individuals both shape and are shaped by the spaces they inhabit. In the

realm of drama, spatial dynamics serve as a potent tool for playwrights to convey profound social and cultural messages. The spaces constructed by the playwright through the description of the plot in the script, the action of characters across those different spaces, stage settings, and the symbolic meanings inherent in various spaces together form a narrative framework that reflects and critiques social structures. Drawing inspiration from the struggles of Black nurses in South Africa during a time of racial discrimination, Maponya's detailed portrayal of the hospital environment serves as a microcosm of the broader apartheid-era social structure. The play vividly depicts the injustices endured by Black nurses, whose movements and opportunities are restricted within these spaces, and their arduous efforts to form a union, which reclaims and affirms their identities in the face of systemic oppression.

Given the space-identity interplay in *Umongikazi*, this article explores how spatial configurations reinforce or challenge social hierarchies. Examining the reciprocal relationship between space and identity will reveal how the characters' identities are shaped by the spaces they inhabit, and conversely, how they actively resist and transform these spaces through their actions. Additionally, this study will uncover the strategies Maponya employs to construct the identities of the characters, demonstrating how spatial elements contribute to character development and the overall narrative arc. Finally, the concept of the "Thirdspace" will be explored to understand its role in challenging racial disciplinary mechanisms and enabling the reconstruction of Black identities within the play.

It is important to clarify that Edward W. Soja's "Thirdspace" traces its theoretical origin to Homi Bhabha's pioneering postcolonial studies. For Bhabha, the Thirdspace arises from colonial discourse as a critical domain transcending the rigid coloniser-colonised binary. As he elaborates in *The Location of Culture* (1994), this space features cultural hybridity—blurring dominant and subordinate cultural boundaries and generating new identities and resistance. Soja later builds on this foundation, expanding the Thirdspace from a primarily cultural construct to a multidimensional framework integrating physical spatial practices and imaginative cognition, enriching the analysis of spatial-identity dynamics in works like *Umongikazi*.

## Firstspace: Ostracised State and Identity Disintegration

Space, as the fundamental locus of human existence and development, is intricately intertwined with the processes of identity construction. Henri Lefebvre (1991, 3840) introduced a revolutionary "tripartite model of space" that transcends traditional dualistic understandings, namely that "social space can be summarized as perceived space, conceived space, and lived space." Perceived space refers to the directly experienced and sensory-based spatial reality; conceived space encompasses the abstract, intellectualised, and often planned representations of space; and lived space represents the space as it is lived, experienced, and appropriated by individuals in their daily lives. Building upon Lefebvre's theoretical foundation, Soja (1996, 10) further developed and adapted the spatial model, distinguishing three distinct spatial realms:

“the Firstspace of physical dimension, the Secondspace of imagination dimension and the Thirdspace of practical and imaginative combination.” It is crucial to note that the conceptual core of Soja’s Thirdspace is deeply rooted in Homi Bhabha’s earlier work on postcolonial spatiality. Bhabha’s Thirdspace, as proposed in the 1980s and 1990s, challenged the colonial binary of coloniser/colonised by emphasising cultural hybridity and the potential for resistance within marginalised space—ideas that Soja later incorporated and expanded into a framework that integrates both material spatial practices and cognitive imagination. Soja’s Firstspace provides the essential lens through which the physical space in this study is viewed.

“Following Brecht, Maponya holds that the ideological function of theatre is its most significant feature. Like Brecht, he tries to use theatre to demystify the political and economic relations of social life” (Steadman 2001, xvii). In *Umongikazi*, the setting and layout of the stage itself embodies Maponya’s Brechtian “alienation effect,” grounding the theatrical experience in a tangible, intentionally stripped-down physicality. Fredric Jameson argues that the term “alienation” itself implies two categories within the spatial dimension: “Trennung” and “distance” (1998, 70). As an art form transitioning from text to stage performance, drama is composed of spaces across various dimensions. As Soja defines Firstspace as a space of existence, in a theatrical performance, accordingly, the stage set constitutes this Firstspace. The stage of *Umongikazi* is divided into two distinct sections: the hospital, occupying two thirds of the left side, and the home of the protagonists, taking up one third of the right. The hospital space, as a core element of this Firstspace, is defined by extreme simplicity in its set design, which consists only of “a normal size table and a chair for stage left, a typical hospital screen, and four chairs” (Maponya 2001, 29).

This deliberate lack of detail in the hospital’s physical arrangement of *Umongikazi*, which stands in stark divergence from the expected complexity of a real hospital, immediately sets up a sense of unfamiliarity. Rather than assembling a stage setting to elaborate the emotional tone of the scenario, its sparse furnishings redirect the audience’s attention away from immersive scenery and towards the actors’ performances. This serves to enhance the visual impact of the performance itself, further highlighting the marginalised identities of the characters in the play.

Further amplifying this effect is the actors’ visible manipulation of the stage space: They rearrange the set directly in front of the audience. These overt, unhidden adjustments disrupt any illusion of “realism,” reinforcing the audience’s awareness that the hospital on stage is not a natural or authentic space but a constructed one. Together, the simplicity of the hospital’s material elements and the visible, intentional reshaping of the stage break the emotional immersion typical of traditional drama. Instead of feeling empathy that blurs the line between fiction and reality, the audience is made acutely conscious of the narrative as an artificial construct, a theatrical performance, rooting their engagement firmly in the intentionality of the Firstspace’s design.

In the plot of the drama, the hospital serves as the most typical example of a miniature Firstspace, providing the primary arena in which the majority of the narrative unfolds. The Black hospital in the drama is described as “congestion everywhere” (36), which is characterised by overcrowded patient areas, limited medical resources, and inadequate infrastructure, and renders the institution unappealing to white doctors. As a consequence, white doctors who remain at the Black hospital are granted preferential treatment, including higher salaries, additional benefits, and positions of authority over their Black colleagues. Their service to “a different community group” is compensated through an allowance cynically referred to as the “tolerance fee” (37). This term not only reflects the financial incentives offered to white doctors but also lays bare the deeply ingrained white racial ideology that views working alongside Black individuals as requiring a special form of forbearance. The disparities in treatment are further evident in the travel arrangements. In scene 3 of the drama, white doctors are entitled to a “travelling allowance no matter where White doctors come from” (37), enabling them to commute with relative ease and comfort. In stark contrast, Black medical staff are forced to endure daily commutes in dilapidated vehicles, traversing long distances to reach the hospital. Such systemic inequalities within the medical system vividly illustrate the racialised stratification that permeated South African society at the time. The long commutes of Black healthcare workers are fundamentally due to the fact that public spaces in South Africa were used as tools for racial oppression. In the urban planning of the apartheid era, public spaces were deliberately designed as segregation tools. Many Black people’s workplaces were located in cities dominated by white people, while their residences were forcibly confined to the suburbs. As Foucault (1980, 149) astutely observed, “the whole history of spaces is at the same time the history of powers.” Space, in this context, serves not only as the fundamental backdrop upon which social relations unfold but also as the primary arena where power mechanisms are actualised, reproduced, and contested. Such unequal treatment limits the development potential of Black medical staff, further dividing South African social groups to a large extent.

As Maurice Merleau-Ponty asserted (2012, 103), “the body’s relationship to space is natural and primary, and the practice of spatial activities begins with the body’s immediate engagement with its surroundings.” As the primary way for humans to experience space, the body itself is a form of physical space. This understanding of the body-space relationship provides a crucial lens through which to examine the dynamics at play within institutional settings, such as hospitals. Hospitals, as spaces specifically designed for the preservation and restoration of human health, are inherently centred around bodily care. In other words, hospitals have the means and power to manipulate physical space. Therefore, within Firstspace, white people turned the originally neutral hospital into a place of persecution against Black people in order to maintain white dominance. A particularly egregious example occurs when a white doctor callously refuses to treat a Black premature infant, stating dismissively: “Let it die, man, it’s got no chance anyway! Take that infant to the sluice room” (Maponya 2001, 46). This pattern of racial discrimination extends to other vulnerable groups within the hospital

as well. For instance, elderly Black patients are also subjected to discriminatory practices. A pharmacist denies an elderly Black patient necessary medication, rationalising the decision with statements like: “I don’t dispute that when the patient is young. The old people just waste medicine ... Hypertension tablets are very expensive ... so why waste expensive medicine?” (51). Yet, within the hospital environment, which is deeply permeated by racial ideology, such transgressions of medical ethics go unpunished. As Nyamezo says, “there were no questions. No investigation and nobody will be taken to task” (46). In this way, even in a hospital where Black individuals make up the majority of patients and staff, they remain as “others” within this physical space. The body of the Black patient, within this racially charged spatial context, becomes a site of exclusion and discrimination, rather than a recipient of the care and attention that the hospital ostensibly exists to provide.

The Firstspaces and state-of-the-art medical equipment within predominantly white hospitals, despite their seemingly neutral and advanced exterior, fail to mask the profound ethical contradictions that pervade these institutions. As Black nurse Maria recounts, “in white hospitals we are treated like assistant nurses ... when they are in the middle of an operation, I have to wait on the sidelines and take instructions from them” (40). Even the area designated for sharpening surgical instruments, a crucial part of the surgical workflow, is forcibly restricted from Black nurses. Moreover, it functions as a “gossip corner” for white medical staff, further emphasising the racialised boundaries within the hospital’s spatial layout. As a direct result of such spatial discrimination, Maria’s professional identity as a trained nurse is systematically undermined. She is excluded from key aspects of the medical workflow, denied agency, and silenced within these physical configurations. Maria, as a marginalised “other” in the white hospital, exists in an ostracised state in the space.

Gaston Bachelard argued that “the home functions as a primal site intimately tied to the deepest recesses of human memory, constituting a critical locus for identity formation” (2014, 2). As the most fundamental material carrier of human existence, the domestic space is not merely a physical dwelling place, but more importantly, a dimension within Firstspace that is essential to the very nature of survival. The implementation of South Africa’s Group Areas Act in 1950 “forced Africans to the outskirts of white cities, isolating them in ‘homelands’ and slums” (Zheng 2010, 284), depriving non-white groups of their autonomy over housing and compressing their living spaces into harsh survival vessels. This directly undermined the significance of domestic space as described by Bachelard, thereby degrading Black people’s sense of identity. Rautio et al. (2018, 9) note poor housing correlates with depression—a conclusion validated in Black South African slums: Forcibly segregated Black communities commonly face overcrowded shanties, paralysed infrastructure, and abysmal sanitation. These environmental deficiencies not only cause physical discomfort but also breed anxiety and despair through persistent oppression. Such psychological states, in essence, represent the implicit dissolution of Black identity through spatial deprivation under apartheid. In *Umongikazi*, Maponya embodies this situation through Mahlalela’s

experience. After being discharged from the hospital, Mahlalela finds his home occupied by white people and is forced to wash cars in exchange for the right to sleep temporarily in a hospital ward. The chorus of the crowd poignantly highlights the severity of Mahlalela's spatial dislocation: "fifteen thousand people have been on the waiting list for fifteen years. No houses! Where do you expect him to live?" (Maponya 2001, 33), directly highlighting the systemic and brutal nature of this spatial plunder. When Nyamezo, who is unaware of the situation, asks him what he is going to do, does he vent his anger on the other person for fear of being late? The lack of a stable and secure living space has a profound impact on Mahlalela's sense of self, for his identity is constantly in a state of flux, deconstructed by displacement and reconstructed through his struggle for survival. His long-term homelessness intensifies his yearning for a true home, and his pent-up anxiety often manifests as hostility towards his fellow Black people. In his quest for shelter, Mahlalela is not only seeking a physical place to stay but also attempting to reclaim an identity that has been obscured by the oppressive forces of spatial invasion and displacement.

Within the racialised structure of apartheid-era South Africa, Black individuals endured the violent incursion of white hegemony into their physical spaces, regardless of whether these spaces were hospitals, homes, or public domains. This systemic spatial dispossession that Maponya described realistically in *Firstspace* functioned as a potent mechanism for identity erasure. Through the strict enforcement of physical segregation, white authorities compelled Black populations to internalise their status as "others."

### Secondspace: Suppressed Sentiment and Identity Struggle

Mental space, closely aligned with Soja's concept of Secondspace, is a theoretical construct that emerges from the cognitive operations through which individuals process physical space. Secondspace, or mental space, becomes a crucial arena where social, cultural, and political ideologies shape how individuals perceive and understand the physical world around them. This process creates a rich tapestry of subjective spatial experiences that can either reinforce or challenge existing power structures.

For theatrical performances, the conceived space, corresponding to the textually imagined space in the script, is defined as Secondspace. In *Umongikazi*, Maponya uses flashbacks that incorporate narratives with distinct timelines to construct an imagined space via the alienation effect. These temporal disruptions do not merely fragment the story; they expand the Secondspace by prompting the audience to connect disjointed moments, thereby deepening the text's referentiality to real-world contexts.

A striking example occurs in scene 3, where Nyamezo and Fezile discuss Dr Lumumba. The first flashback emerges when they mention Lumumba's decision to resign due to the abysmal working conditions for Black doctors. It depicts hospital authorities offering a white doctor lavish benefits far exceeding those of Black doctors: "Working in this place you've got all the advantages on earth. A good salary ... you attend to only a few patients like of course in the white hospitals" (36). This scene contrasts with

Lumumba's plight. By inserting this temporal detour, the play forces the audience to visualise the unspoken hierarchy—how white doctors are systematically privileged while Black professionals like Lumumba are marginalised. This juxtaposition, enabled by the fractured timeline, transforms the textual space into a mirror reflecting the racial stratification of real-world South African society, urging the audience to imagine the broader structures behind individual struggles.

The second flashback follows immediately, as Nyamezo recalls Lumumba—a pioneer of the Black Consciousness Movement in Black hospitals who exposed the mechanisms of white hegemony—criticised the apartheid education system, questioning why:

out of 23 million black people, how many qualified black doctors do we have in the country—less than 4000? And out of five million whites, how many qualified white doctors are there? More than 12000 ... And once you've come to this conclusion, you must start suspecting the teacher, suspect the book he reads from, suspect the school principal, the regional inspector, and the whole bloody education system! (37)

Here, the flashback extends the Secondspace by unpacking the roots of inequality. Lumumba's lines directly expose the white hegemony's manipulation of the education system, which aligns closely with the core propositions of the BCM. The BCM sharply criticised that white-dominated education had long fostered a "false understanding of ourselves" (Biko 2005, 52) among Black people. As the movement explicitly stated, "We are aware of the terrible role played by our education and religion in creating amongst us a false understanding of ourselves. We must therefore work out schemes not only to correct this, but further to be our own authorities rather than wait to be interpreted by others" (Biko 2005, 52). It argued that the education system deliberately suppressed Black people's development in professional fields through skewed resource allocation, racially biased curriculum design, and white monopoly over educational discourse, thereby consolidating racial inequality in occupations and social status. Lumumba's words, embedded in a disjointed timeline, do not just advance the plot; they invite the audience to map the theatrical space onto reality. This referentiality turns the text into a bridge between fiction and reality, prompting the audience to imagine the invisible power that shapes both the drama's world and their own. As the flashback begins, the stage lighting shifts from the hospital's warm Firstspace tones to cool, dimmed Secondspace lighting, and a single spotlight centres Lumumba—framing his critique as a vivid, ongoing call to consciousness rather than a static memory.

These frequent intercalations create temporal and spatial fractures with the main plot, dissolving the single linear timeline. The fragmented structure allows multiple plots to mirror and comment on one another, which endows the Secondspace with multi-dimensional layers. By engaging with these disjointed yet interconnected moments, the audience is no longer passive receiver of a linear narrative but active co-creators of an imagined space that resonates with real social realities, fostering critical reflection on the white supremacy and racism in real society beyond the stage.



Black nurses' psychological oppression is neglected: Their work environments are characterised by material scarcity and systemic marginalisation, which demand psychological support, yet racial biases persist in post-apartheid healthcare. *Umongikazi* depicts the conspicuous absence of Black nurses in *Nursing News* and this, coupled with the discriminatory subscription policies targeting them, serves as powerful manifestations of the systemic disregard for Black nurses within South African society. These institutional practices not only highlight the erasure of Black nurses' professional contributions but also tacitly affirm the dismissal of their mental health needs, mirroring the pervasive societal tendency to marginalise them. In the case of Black nurses, discriminatory practices give rise to a Secondspace saturated with exclusion and invisibility. This conceptual space is not a passive backdrop but an actively constructed ideological space that reflects and reinforces racial hierarchies. Nyamezo's experiences within the nursing environment are deeply shaped by the Secondspace, where racism-driven indifference and exclusion are embedded within mental constructs. These discriminatory elements constantly reinforce the mental and symbolic boundaries of Nyamezo's Secondspace, confining her to a position of marginality. As a result, her repeated attempts to gain equality are met with futility, leading to a disillusionment that initiates a self-perpetuating cycle of negative emotions within her mental space. This circumstance not only reflects the personal toll of institutional discrimination but also underscores the forces that constrain the mental well-being and professional identity formation of Black nurses in South Africa.

In addition to the systemic erasure evident from a macroscopic perspective, the hospital, functioning as a microcosmic space, further exacerbates Nyamezo's psychological distress. Despite her extensive experience as a nurse, Nyamezo is constantly subjected to intense mental strain and threats to her professional security. A white doctor issues menacing threats, while the Black head nurse, in an attempt to curry favour with white superiors, joins in the unjust criticism, falsely accusing Nyamezo of negligence. This dual-pronged attack places Nyamezo in a difficult predicament. This form of aggression is particularly pernicious precisely because the aggressors and the victim share the same physical space. On the surface, they appear to occupy equal positions, with no immediately obvious hierarchical disparities. On the surface, Black and white characters share the same hospital space, but space is not neutral—it carries power relations. In fact, space is not a neutral entity but a social product laden with power relations. In this case, the shared physical space within the hospital masks the underlying power imbalances, allowing for the insidious operation of racial and hierarchical oppression. The cumulative effect of this prolonged mental oppression constricts Nyamezo's psychological space, ultimately prompting a conscious act of resistance. Her pent-up frustration can no longer be suppressed, as she exclaims: "It is as if the black nurse does not exist. Nothing is said about us and the progress we make" (Maponya 2001, 35). This outburst not only reflects her personal indignation but also serves as a poignant critique of the systemic marginalisation of Black nurses within the hospital environment by the strategy of hegemony in the Secondspace.

Her resistance means Nyamezo defies the mental shackles imposed by white dominance, calmly confronting a white doctor's threats and asserting her rights. Despite her courage, a significant challenge persists: Black communities, long subjected to the mental control exerted by white authorities, struggled to develop a collective national consciousness. Nyamezo's individual act of challenging white authority, though a bold display of resistance, ultimately proves ineffective in bringing about substantial change. Soja (1996, 36) posits that "[i]n the social and historical domain, the 'convinced' world of ideas and ideology often dominates over the 'lived' world of material social relations." This insight underscores the complex relationship between mental and physical spaces. In the context of apartheid-era South Africa, without the ability to master mental space—the realm of ideas, beliefs, and consciousness—Black South Africans found it nearly impossible to break free from the physical spatial constraints imposed by white-dominated power structures. This is precisely the reason why BCM advocates raising awareness before engaging in resistance. Recognising the formidable nature of institutionalised racism within the hospital and her limited ability to effect change, Nyamezo contemplates resignation. This contemplation, while a personal decision, inadvertently reinforces white hegemony by perpetuating the subjugation of Black individuals. The struggle for identity in such a racially charged environment is arduous. Nyamezo becomes acutely aware that her sense of selfhood has been eroded by white discourse, a realisation that deepens her despair and exacerbates her psychological trauma.

In contrast to Nyamezo's confrontational approach to psychological oppression under racial hierarchies, her husband Fezile adopts a markedly different strategy. Instead of directly challenging the dominant, white-controlled physical space, Fezile retreats into a yo-yo-centred fantasy: He calls it "an umbilical cord to peace" and says, "A movement of my hand and the world spins my way" (Maponya 2001, 35). The yo-yo string becomes "an umbilical cord between him and peace" (35), representing his tenuous connection to a sense of tranquillity amidst the chaos of apartheid. Fezile finds solace in this mental refuge, using it to blunt the impact of apartheid's brutality. Apparently, this is a manifestation of his deep-seated dissatisfaction with his marginalised status as a Black individual. This role-playing serves as a coping mechanism, allowing him to momentarily escape the harsh realities of racial oppression.

Fezile's fear-induced escapism proves intolerable to Nyamezo. Pushed to her limits, she confronts him: "The only thing you are concerned about is that foolish toy ... Is your mind like aimless fog, drifting without direction or purpose?" (35). This scathing rebuke lays bare the central contradiction within Fezile's existence. His pretence of controlling the world through the manipulation of a yo-yo belies the profound mental repression and underlying resistance he experiences. Fezile finds himself trapped in a dilemma. Stepping out of his self-created fantasy would require him to directly face the harsh realities of racial oppression. Conversely, immersing himself further into this illusion offers only temporary relief, a fleeting numbing of the pain. This paradoxical situation subjects him to a double-edged psychological torment, intensifying his dread of white

hegemony. The long-standing effects of racial oppression have eroded Fezile's self-awareness and individual identity. In his state of confusion, Nyamezo's pointed interrogation acts as a catalyst, compelling him to consider new approaches to rebuilding his identity.

Under the oppressive regime of apartheid, the white-dominated power structure systematically employed various strategies to maintain its control. One of the most insidious tactics was the propagation of the ideology of "white superiority," which aimed to erode the collective identity of Black South Africans and reinforce their status as "others." This ideological manipulation had a profound impact on individual Black lives, as evidenced by the experiences of Maria. When Maria first entered the white hospital, her enthusiasm came with uncritical acceptance of white professional superiority. This misperception stemmed from the long-term exposure to the racialised power dynamics within white-dominated spaces. Essentially, identity is constructed through a process of recognition and misrecognition. In Maria's case, her misrecognition of the true nature of racial equality and her acceptance of white-centred standards rendered her pursuit of identity ultimately futile. Maria works diligently in the white hospital, hoping to approach the whites and gain recognition, ultimately integrate into white society, and possess an identity she deems superior to that of other Black people. However, this aspiration is built on a foundation of false premises, as it is shaped by the very racial ideology that seeks to oppress her. Her actions highlight the complex ways in which racial oppression can infiltrate an individual's sense of self, leading to a self-defeating cycle of seeking validation within a system designed to marginalise. Maria's attempt to "mimic white behaviours" aligns closely with Bhabha's concept of "colonial mimicry" (Bhabha 1984). Bhabha defines this as a strategy where colonised subjects imitate colonisers' cultural norms to gain acceptance—yet it is marked by ambivalence, not passive assimilation. For Maria, her adherence to white professional standards and desire to integrate into white-dominated hospitals reflect acceptance of colonial discourse that frames white culture as "superior"; however, her inherent, ineradicable Black identity prevents her from fully embodying the "white ideal" she pursues, forming the "hybrid identity" Bhabha deems central to colonial mimicry (a force that both reproduces and subtly subverts colonial power). Maria's repeated rejection (e.g., being barred from operating rooms, humiliated by unqualified white staff) reveals her mimicry fails to secure validation, exposing colonial discourse's contradiction: It urges colonised subjects to "mimic" but never lets them transcend the status of "other." In this way, her struggle within the Secondspace vividly illustrates Bhabha's argument that colonial mimicry is a double-edged sword, reflecting both subjugation and latent resistance of colonised subjects. Maponya, using the words Fezile used to comfort Maria, objectively analyses and points out the root cause of all this: In white-dominated spaces, "apartheid has damaged the minds of the white people" (Maponya 2001, 40). Thus, the pursuit of true parity is inherently unachievable. Upon entering the hospital, Maria immediately confronts a system designed to strip her of agency. She is prohibited from caring for some patients because white patients believe that the care provided by Black nurses lacks security, and she is also forbidden from

entering the professional operating space. This physical exclusion is accompanied by psychological subjugation. She endures the humiliation of being ordered around by a white woman who despite lacking professional nursing qualifications exercises authority over Maria. This scenario reveals how white dominance in the hospital is premised on an assumed “innate nobility” that is supported by a society where racial identity takes precedence over professional expertise. The racial bias within the hospital extends to the interactions between patients and staff. White patients’ unfounded fears of Black nurses result in policies that require Black staff to remove their uniforms when off duty. This practice not only strips Maria of her professional identity but also her sense of belonging within the institution.

In *Black Skin, White Masks*, Frantz Fanon identifies a core dilemma:

Black individuals perpetually inhabit a state of psychic duality, manifested through the anxiety of aspiring toward whiteness (marked by an internalized inferiority complex in the presence of white hegemony) while confronting the impossibility of such assimilation, alongside the ontological distortion of their subjectivity imposed by white racialized frameworks. (2008, 117–119)

For Maria, this duality manifests itself in concrete ways: Driven by a distorted admiration for white superiority, she aspires to integrate into white working environments, and seeks their approval, which is an embodiment of Fanon’s “anxiety of aspiring toward whiteness,” yet in this process, she abandons her recognition of her own Black identity. However, as Fanon notes, “confronting the impossibility of such assimilation,” her Blackness acts as an insurmountable barrier, for she will never be able to gain the acceptance of white people and truly integrate into their society. Maria’s actions highlight the complex ways in the Secondspace in which racial oppression can infiltrate an individual’s sense of self, leading to a self-defeating cycle of seeking validation within a system designed to marginalise.

### Thirdspace: Resistance, Reconstruction, and the Possibility of Transformative Identity

Before delving into the manifestation of Thirdspace in *Umongikazi*, it is essential to establish the dialogue between Edward Soja’s and Homi Bhabha’s conceptualisations of this term. Bhabha was the first to introduce the Thirdspace in postcolonial theory, framing it as a site of subversion against colonial power structures. He argued that this space disrupts the colonial binary of “self/other” by fostering cultural hybridity—where colonised subjects do not passively accept their marginalised status but negotiate and redefine their identities through the interplay of dominant and subordinate cultural elements. Soja, drawing on Bhabha’s core insight of “overcoming binary oppositions,” further extends the Thirdspace by integrating Henri Lefebvre’s theory of spatial production. Unlike Bhabha, who focused more on the cultural and discursive dimensions, Soja emphasises the materiality of space, positing that the Thirdspace is a tangible fusion of physical Firstspace (e.g., the hospital and domestic spaces in the play)

and imaginative Secondspace (e.g., the characters' aspirations for racial equality), thereby endowing it with concrete spatial practice significance. The Thirdspace is a fusion of the real Firstspace and the imagined Secondspace, yet it does not merely emerge from a simple additive combination of its binary antecedents. Instead, it is "radically open to additional otherness, to a continuing expansion of spatial knowledge" (Soja 1996, 61). Consequently, the Thirdspace functions as a site of resistance against dominant orders, characterised by its openness, inclusivity, and dynamic freedom.

During performance, the theatre becomes the Thirdspace: The building or stage (Firstspace) fuses with the text's imagined space (Secondspace), transcending real-imagined binaries to embrace openness and resistance. It is where the tangible and the interpretive collide, expand, and redefine one another—fulfilling Soja's vision of a spatial realm that "continues to expand spatial knowledge" by refusing to be confined to either the material or the fictional alone.

Within this Thirdspace, the alienation strategy manifests primarily in the actor's deliberate distance from the character. Brecht (1974, 193) argues actors must not be wholly transformed into the character played. This dual position prevents the audience from being confined to the singular subjective perspective of the character, instead drawing them into the critical, expansive dimension of the Thirdspace.

This dynamic is vividly exemplified in the final act of *Umongikazi*, where Nyamezo delivers a passionate address at the SANA gathering, speaking directly to the audience throughout: "We must form our own union. Nurses of Afrika, you are the light you are the life!" (53). Here, Nyamezo's direct address blurs the line between character and commentator: As a character, she articulates the urgent demands of Black nurses, channelling their collective anger and resolve; as a narrator-critic, her gaze towards the audience disrupts the illusion of an enclosed fictional world, making explicit that this is a message meant to provoke reflection.

By breaking the audience's passive immersion in a single character's perspective, it compels them to engage as active participants in the Thirdspace: They feel the emotional weight of Nyamezo's plea as a character's truth, yet simultaneously recognise it as a deliberate call to action, rooted in the play's critique of racial injustice. Rather than merely empathising with Nyamezo, the audience is prompted to question the systems she challenges, awakening their own critical consciousness and capacity for resistance. In this way, the actor's alienation from the role becomes a bridge between the Thirdspace's fused realities, activating its potential as a site of both reflection and transformative action.

In the power-laden dynamics of the Thirdspace, individuals who are territorially subjugated by hegemonic power are confronted with two inherent choices: "either accept their imposed differentiation and division, making the best of it; or mobilize to resist, drawing upon their putative positioning, their assigned 'otherness', to struggle

against this power-filled imposition” (Soja 1996, 87). Nyamezo, acutely aware of the persistent marginalisation of Black spaces, opts for the latter, embarking on a protracted and arduous struggle to establish a trade union and safeguard Black people’s rights. Soja underscores that “[a]s spatial beings, humans must first be understood as producers of space, and the starting point for space production is the human body” (2000, 6–7), meaning our bodies are the primary medium through which we engage with and reshape space. It gives the reason why Nyamezo resorts to a strategy of bodily resistance in the face of the disciplining forces of white discourse and the marginalised identity imposed upon the Black community.

Although the play provides limited detailed descriptions of her bodily resistance, a few terse lines offer a glimpse into the challenges she encounters. For instance, she recounts: “I was blindfolded and put at the back of a van by the security ... I was told in no uncertain terms that ... ‘We will panel beat you ... Leave you naked, take you to John Vorster Square, take you to Morsdood’” (Maponya 2001, 51–52). When faced with the white officials’ ineffectual gestures aimed at quelling Black protests, Nyamezo’s silence is broken. She removes her hospital uniform and delivers a passionate denunciation of the long-standing discrimination and injustice endured by Black people. The hospital uniform, symbolising the white-dominated hospital structure, also represents the identity constraints and disciplinary control imposed on Black individuals. By shedding the uniform, Nyamezo enacts a powerful symbolic gesture, signifying her embrace of a new survival philosophy and successful fulfilment of the construction of her own “Thirdspace.”

While Nyamezo resists actively, Fezile reconstructs his identity by abandoning his Secondspace yo-yo fantasy—framed as an “umbilical cord to peace”—and confronting Firstspace oppression directly. Two pivotal events trigger this shift: Nyamezo’s devastation over a white doctor’s failure to save a premature Black infant (a stark sign of Firstspace disregard for Black life) and the white regime’s sudden brutal targeting of Fezile’s family. These shatter his yo-yo “utopia,” forcing him to leave imaginative escape and engage with reality. No longer retreating into illusion, Fezile denounces systemic oppression: “The nurses must stand up! The nurses must be organised! All those racists must be pulled out of our hospitals. To hell with racist codes of conduct!” (46). He then urges hesitant Nyamezo—facing pushback from the union-opposing South African Nursing Association (SANA)—towards solidarity: “You should form your own union, go for it! Don’t be afraid” (46). To seal his break from escapism, Fezile commits to abandoning his yo-yo: “I will give up my yo-yo adventures” (47). This shift from isolation to solidarity reflects Soja’s claim that Thirdspace “continues to expand spatial knowledge” (Soja, 1996, 61): Fezile’s tangible Firstspace resistance (demanding action against hospital oppression) and renewed Secondspace resolve (rejecting fantasy) merge to create a transformative space where he reclaims agency.

Unlike Nyamezo and Fezile, who opt for direct resistance, Maria’s approach to identity reconstruction involves the awakening of Black consciousness and the acceptance of

her Black identity. Non-dominant cultural groups typically adopt one of four strategies: “integration, assimilation, separation, and marginalization” (Berry 1997, 10). Influenced by the widespread infiltration of white dominant ideology, Maria initially attempts to assimilate into the so-called superior white society in hopes of gaining more social space and power, which was indicated by her longing for white hospitals in the drama. However, through repeated experiences of white disdain and mistreatment, Maria realises that she can neither erase her Black identity nor bridge the deeply entrenched racial divide between the Black and white communities. The distress of marginalisation, a state of suspended identity, compels her to abandon self-alienation. Eventually, she embraces separation, coming to terms with her racial identity and reclaiming her Black heritage. At the same time, this reconfiguration of identity also indicates that she has constructed a Thirdspace for her soul to rest within herself, which means she no longer feels pained due to her marginalised identity. For Maria, her identity reconstruction and the construction of the Thirdspace are interdependent: She completes the construction of the Thirdspace through identity reconstruction, and this Thirdspace simultaneously dissolves the binary opposition between Black and white in her identity.

In fact, the characters’ resistance embodies the BCM’s advocacy for a “positive Black identity”—a core strategy of redefining “Black” (not non-white) as a positive self-designation. In the play, Nyamezo, Fezile, and Maria no longer accept the role of the Black “other” as defined by whites; instead, they take the initiative to define their own professional identities and political stances, and this is precisely the core of the BCM’s identity politics. Undoubtedly, the first crucial step towards building a racially equal South Africa lies in awakening Black national consciousness and cultivating a culture of mutual aid within the community. Furthermore, unity should be achieved within the Black community. Only by breaking the cycle of isolation, building consensus, and ensuring full participation can Black people truly break free from the shackles of white hegemony. Failure to heed these would render the construction of a Thirdspace—a space for all South African Black individuals to resist hegemonic discourse—an arduous and perhaps insurmountable task.

## Conclusion

In *Umongikazi*, space is fundamental to plot and theme—Maponya weaves three spatial dimensions with identity evolution. This juxtaposition offers a profound exploration of the dynamic interplay between space and identity across these different layers. Through their actions and interactions within various spatial contexts, the characters continuously redefine and refine their understanding of cultural identity. They engage in the arduous process of reconstructing their individual identities and strive to create a Thirdspace: a realm that enables them to engage in a dialogue with hegemonic power structures. The Thirdspace in *Umongikazi* reflects the complementary contributions of Homi Bhabha and Edward Soja: It carries forward Bhabha’s postcolonial critique of binary oppositions—evident in characters rejecting the “oppressor/oppressed” divide (e.g.,

Nyamezo building a union to challenge white hegemony, and Maria embracing her Black identity)—and embodies Soja’s focus on merging physical and imaginative spaces (e.g., the hospital stage/Firstspace becoming a resistance site via characters’ actions, and flashbacks/Secondspace linking the narrative to real apartheid). Together, these two theoretical threads deepen the Thirdspace interpretation, framing it as both a tool for analysing identity construction and a framework for understanding postcolonial spatial resistance dynamics. Through the voices of these characters, the playwright issues a clarion call for Black people to transcend and break free from the linguistic and ideological traps set by white dominance. The characters’ identity strategies help rectify their fragmented existence in physical spaces and foster cultural identity. The seamless integration of spatial writing and identity construction elevates the play to the status of a powerful commentary on the Black Consciousness Movement in South Africa.

## References

- Bachelard, G. 2014. *The Poetics of Space*. Translated by M. Jolas. London: Penguin Books.
- Berry, J. W. 1997. “Immigration, Acculturation, and Adaptation.” *Applied Psychology: An International Review* 46 (1): 5–34. <https://doi.org/10.1111/j.1464-0597.1997.tb01087.x>.
- Bhabha, H. 1984. “Of Mimicry and Man: The Ambivalence of Colonial Discourse.” *October* 28: 125–133. <https://doi.org/10.2307/778467>.
- Bhabha, H. 1994. *The Location of Culture*. London: Routledge.
- Biko, S. 2005. *I Write What I Like*. Edited by A. Stubbs. Cambridge: ProQuest.
- Fanon, F. 2008. *Black Skin, White Masks*. Translated by C. L. Markman. London: Pluto Press.
- Foucault, M. 1980. “The Eye of Power.” In *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*, translated by C. Gordon, L. Marshall, J. Mepham, and K. Soper, 146–165. New York: Pantheon Books.
- Foucault, M. 1986. “The Other Space.” Translated by J. Miskowiec. *Diacritics* 16 (1): 22–27. <https://doi.org/10.2307/464648>.
- Jameson, F. 1998. *Brecht and Method*. London: Verso.
- Hall, S., ed. 1996. *Questions of Cultural Identity*. London: Sage Publications.
- Lefebvre, H. 1991. *The Production of Space*. Translated by D. Nicholson-Smith. Oxford: Blackwell.
- Maponya, M. 2001. *Doing Plays for a Change*. Johannesburg: Witwatersrand University Press.
- Mattera, D. 1983. “Maponya Dramatises a Bitter Message.” *The Star*, January 10.



- Merleau-Ponty, M. 2012. *Phenomenology of Perception*. Translated by D. A. Landes, T. Carman, and C. Lefort. London: Routledge. <https://doi.org/10.4324/9780203720714>.
- Rautio, N., S. Filatova, H. Lehtiniemi, and J. Miettunen. 2018. "Living Environment and Its Relationship to Depressive Mood: A Systematic Review." *International Journal of Social Psychiatry* 64 (1): 92–103. <https://doi.org/10.1177/0020764017744582>.
- Soja, E. W. 2000. *Postmetropolis: Critical Studies of Cities and Regions*. Oxford: Blackwell.
- Soja, E. W. 1996. *Thirdspace: Journey to Los Angeles and Other Real-and-Imagined Places*. Oxford: Blackwell.
- Steadman, I. 2001. "Introduction." In *Doing Plays for a Change*, by M. Maponya, xiii– xxii. Johannesburg: Witwatersrand University Press.
- Zheng, J. 2010. *History of South Africa*. Beijing: Peking University Press.