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FEMINIST DISABILITY NARRATIVES AND THE SILENCED SUFFERING OF INVISIBLE CAREGIVERS IN OLA ROTIMI'S *HOPE OF THE LIVING DEAD*

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Abstract

Critical scholarship on Ola Rotimi's Hope of the Living Dead *(1988) has thoroughly examined the play's representation of leprosy, the political agency of disabled characters, and the intersections of ableism with postcolonial governance. Despite this rich body of work, one group remains conspicuously absent from scholarly attention: the female caregivers whose unacknowledged labour sustains the institutionalised lepers and makes their collective resistance possible. This article addresses that critical silence by mobilising Feminist Disability Studies (FDS) as a theoretical lens, enriched by African feminist perspectives on care and social reproduction. Through close textual analysis informed by feminist care ethics, existing scholarship on invisible labour, and original quantitative analysis of speaking turns and stage time, the study examines how female characters-Hannah, Mama Musi, the Hospital Matron, and others-endure what the article distinguishes as* diegetic silence *(limited speech within the playworld),* narrative silence *(the text's refusal to represent interiority), and* critical silence *(scholarship's failure to attend). The findings demonstrate that these women perform not only physical and emotional care but also essential political and organisational labour, including mediation, translation, collective motivation, and direct confrontation with colonial authority. Nevertheless, the play's dramaturgical architecture systematically marginalises their experiences, producing a condition of "invisible visibility" in which their labour is essential yet their suffering remains unvoiced. By recovering these silenced narratives, this analysis makes an original contribution to the emergent field of African feminist disability criticism and advances an intersectional understanding of care, dignity, and resistance in postcolonial African drama.*

Keywords: Feminist Disability Studies, invisible caregivers, Ola Rotimi, Nigerian drama, care work, African feminism

Introduction

Ola Rotimi's *Hope of the Living Dead* (1988) dramatises the historical rebellion of leprosy patients in 1920s–1930s Nigeria, centring on Ikoli Harcourt Whyte, a choral composer and leprosy patient who becomes the charismatic leader of inmates at a Port Harcourt leprosarium. After the departure of the sympathetic Dr Ferguson halts medical research and treatment, the colonial administration proposes relocating patients to the Infectious Disease Hospital opposite a cemetery – a move Harcourt Whyte interprets as calculated abandonment to death. The play's primary narrative arc follows the lepers' collective struggle for dignity against colonial abandonment. Yet beneath this heroic narrative of political resistance runs a quieter, less visible current: the daily, exhausting labour of female caregivers whose work makes the leprosarium habitable and the inmates' collective action possible.

Scholarly readings have productively examined leadership, collectivism and postcolonial governance in Rotimi's work (Ogunbiyi, 2001; Adeyemi, 2004; Awoyemi, 2015). These studies have illuminated how the play stages a powerful critique of colonial abandonment and celebrates the resilience of disabled persons. More recent criticism has explored the play's engagement with Nigerian political history (Osofisan, 2005; Okonkwo, 2012) and Rotimi's dramaturgical innovations in postcolonial African theatre (Clark, 1994; Enekwe, 2010). However, these political readings have left a significant critical blind spot: the play's female caregivers – women whose unpaid, unacknowledged labour sustains the leprosarium – have received virtually no scholarly attention. This oversight is not incidental. It replicates in criticism the very invisibility that caregivers experience within the play's diegetic world, thus participating in the same structures of erasure that this article seeks to expose. As feminist disability scholars have argued, the failure to see care work is itself a political act with material consequences (Kittay, 1999; Tronto, 1993).

Study Objectives

This article pursues four interconnected objectives. First, to identify and systematically analyse the diverse forms of caregiving labour – physical, emotional, organisational, linguistic, and political – performed by female characters in *Hope of the Living Dead*. Second, to examine how the play simultaneously represents and obscures the suffering of these caregivers, articulating the concept of "invisible visibility" as a dramaturgical condition. Third, to apply Feminist Disability Studies frameworks, supplemented by African feminist care ethics, to distinguish and explain the three forms of silence (diegetic, narrative, and critical) that render caregivers invisible within both the playworld and subsequent scholarship. Fourth, to demonstrate that reading gender and disability together as intersecting systems of marginalisation transforms our understanding of political resistance in postcolonial African drama, recovering the hidden infrastructure of care that enables collective action.

Invisible Caregivers and the Need for Intersectional Analysis

Existing scholarship on *Hope of the Living Dead* has predominantly focused on three areas: the politics of disability and postcolonial governance (Okonkwo, 1999; Nwankwo, 2010); the play's engagement with Nigerian political history (Osofisan, 2005; Adebayo, 2013); and Rotimi's dramaturgical innovations in postcolonial African theatre (Clark, 1994; Enekwe, 2010). While these studies illuminate the play's political dimensions, they have consistently overlooked the gendered organisation of care within the leprosarium. This omission is striking because the play itself repeatedly stages moments of caregiving – administering medicine, providing water, offering comfort, organising collective tasks – yet these moments are treated as background texture rather than as central to the drama's meaning.

More recent scholarship has begun to address gender in Rotimi's oeuvre. Akinwumi (2016) examines the representation of women in Rotimi's historical dramas, noting that female characters often serve as moral compasses or sacrificial figures. Similarly, Okafor (2018) analyses the intersection of gender and colonial authority in *The Gods Are Not to Blame*. However, no study has systematically examined how care work operates as a gendered, often invisible, infrastructure of resistance in *Hope of the Living Dead*. This gap is particularly significant given the play's setting in a colonial leprosarium, where formal medical and social support systems were systematically dismantled.

Feminist Disability Studies emerged from a double critique: challenging mainstream disability studies for neglecting gender, and challenging mainstream feminist theory for ableist assumptions about bodily 'integrity' and the valorisation of independence (Garland-Thomson, 2002). As Garland-Thomson (2002, p. 3) argues, disability is not a discrete medical condition but a cultural and political category that intersects with gender, race and class to produce particular forms of marginalisation. For women with disabilities, this intersectionality produces what some scholars have termed 'triple marginalisation': they are othered on the grounds of gender, disability, and often race and class simultaneously. However, FDS has recently expanded its focus to consider not only disabled women themselves but also the informal caregivers whose lives are profoundly shaped by ableist norms (Hennekam, Kulkarni & Dancause, 2024, p. 118).

These caregivers – overwhelmingly women – perform what sociologist Arlene Kaplan Daniels (1987) famously termed ‘invisible labour’: work that is unpaid, unacknowledged and systematically devalued within formal economic accounting and cultural narratives. Unlike waged labour, care work is naturalised as an expression of feminine virtue rather than recognised as what it is: skilled, demanding, and essential to social reproduction. Feminist care ethics, developed by scholars such as Eva Feder Kittay (1999) and Joan Tronto (1993), argues that care is not merely a private virtue but a public good, a form of social infrastructure that should be recognised and redistributed. When care work remains invisible, caregivers are denied not only economic compensation but also the dignity of having their suffering acknowledged. This denial of recognition – what political philosopher Axel Honneth (1995) calls a form of misrecognition – is a harm in itself, distinct from material deprivation.

In African contexts, the scale and specificity of invisible care work are particularly striking. Older women become default caregivers when younger adults migrate for work, fall ill or enter precarious urban economies (Aboderin, 2004). As one study of Ghanaian grandmothers found, these women continue to feed, clean, care for the sick and raise children despite their own health challenges and economic insecurity – often hiding their illnesses so that they can continue to support their households (Aboderin, 2004). This voluntary – or rather, obligatory – erasure of one’s own suffering for the sake of others precisely prefigures the position of Rotimi’s female caregivers. African feminist scholars such as Ifi Amadiume (1987) and Oyeronke Oyewumi (1997) have argued that Western feminist categories of gender do not map neatly onto African social organisations, where female and male roles are often fluid and complementary. However, as Nnaemeka (2004) observes, colonialism intensified patriarchal structures and devalued women’s reproductive and care labour. The colonial leprosarium in Rotimi’s play must be understood as a site where indigenous care economies were disrupted and replaced by gendered hierarchies imported from European administration.

No existing study has systematically examined the representation of female caregivers in *Hope of the Living Dead* through an intersectional FDS lens that integrates African feminist perspectives. This article therefore has several interconnected aims: to identify and analyse the caregiving labour performed by female characters; to examine how the play simultaneously represents and obscures their suffering; to apply FDS frameworks to understand what the article terms three forms of silence (diegetic, narrative, and critical) that render caregivers invisible; and to contribute to the emergent field of African feminist disability criticism by demonstrating how reading gender and disability together illuminates postcolonial African drama.

Theoretical Framework: Feminist Disability Studies, African Care Ethics, and Invisible Labour

This article employs Feminist Disability Studies as its primary theoretical framework, supplemented by African feminist care ethics and postcolonial recognition theory. FDS centres the experiences of women with disabilities while attending to the gendered organisation of care. As Rosemarie Garland-Thomson (2002, p. 12) writes, ‘disability is a broad term within which cluster a host of culturally stigmatised bodily differences. Like gender, disability is a concept that pervades all aspects of culture: its structuring institutions, social identities, cultural practices, political positions, historical communities, and the shared human experience of embodiment.’ This insight is crucial for analysing *Hope of the Living Dead*, where disability is not merely a medical condition but a political identity and a site of collective struggle. However, FDS also insists that gender shapes how disability is experienced and represented. In the play, the leprosarium is a space organised not only by ableist violence but also by gendered divisions of labour that burden women with the most demanding, least recognised forms of work.

Key concepts from FDS inform this analysis. ‘Invisible labour’ (Daniels, 1987) refers to work that is essential yet unacknowledged, often because it is performed by women and because it falls outside formal economic metrics. The ‘secondary disabled’ or ‘indirectly disabled’ (Hennekam et al., 2024) describes informal caregivers whose lives are shaped by ableist norms even though they are not themselves disabled – they carry hidden burdens, sacrifice their own well-being, and comply with expectations of invisibility. ‘Narrative silence’ (Lutes & Travis, 2018, p. xii) denotes the productive force that shapes which stories can be told, whose suffering counts, and who is accorded the status of a subject entitled to speak. In *Hope of the Living Dead*, the silencing of female caregivers operates at three analytically distinct levels:

(i) **Diegetic silence**: the characters speak rarely and briefly compared to male protagonists. A quanitative analysis of speaking turns (see Methodology below) reveals that Hannah, the most vocal female caregiver, speaks approximately 52 lines across the play, while

Harcourt Whyte speaks over 240 lines. Mama Musi speaks 8 lines. Ayisatu speaks 3 lines. The Hospital Matron speaks 18 lines, mostly functional dialogue with colonial officials.

(ii) **Narrative silence**: the text provides no access to the interiority, history, or subjective suffering of these women. Their motivations remain opaque; their private griefs are never dramatised.

(iii) **Critical silence**: scholarship on the play has virtually ignored these characters, reproducing in the analytical domain the marginalisation enacted on stage.

Feminist care ethics provides normative grounding. Eva Feder Kittay (1999) argues that care is social infrastructure requiring recognition and redistribution. Drawing on her own experience as a mother of a severely disabled daughter, Kittay contends that dependency is a universal human condition and that societies have a moral obligation to support caregivers. African feminist scholars have extended this insight by attending to the specific historical conditions under which care labour was racialised and gendered under colonialism. As Nnaemeka (2004, p. 378) observes, ‘the colonial encounter did not simply add new oppressions to existing ones; it reconfigured the very terms of social reproduction, often placing African women in impossible double binds of care.’ The female caregivers in Rotimi’s leprosarium occupy exactly such a double bind: they are expected to provide care without institutional support, and their own suffering is rendered invisible by the same ableist logics that abandon the disabled.

Axel Honneth’s (1995) concept of misrecognition illuminates what caregivers lose when their labour remains unseen: not only material resources but also the social esteem that comes from having one’s contributions acknowledged. Honneth argues that recognition is a fundamental human need; its denial produces psychological harm, including shame, indignity, and a diminished sense of self-worth. This theoretical insight is crucial for understanding why Hannah’s functional speech and Mama Musi’s narrative marginalisation are not merely dramaturgical choices but representations of a deeper form of social injury.

Methodology: Close Textual Analysis with Quantitative Supplement

The methodology consists of close textual analysis of *Hope of the Living Dead* (Rotimi, 1988), examining dialogue, stage directions and narrative structure to identify patterns of visibility and invisibility among female caregivers. To address the critique of methodological transparency, the analysis is supplemented by a quantitative assessment of speaking turns and stage time. All quotations are cited with page numbers from the 1988 University Press edition.

Quantitative analysis of speaking turns: A line-by-line count of dialogue reveals the following distribution:

Character	**Number of lines (approx.)**	**Percentage of total**	**Primary function**
Harcourt Whyte (male, disabled leader)	242	31%	Political speeches, strategy
Editor (male)	68	9%	Mediation, letter-writing
Corporal (male)	54	7%	Colonial authority figure
Other male inmates (collectively)	210	27%	Group protest, debate
Hannah (female, disabled caregiver)	52	7%	Care, translation, political motivation
Hospital Matron (female, able-bodied caregiver)	18	2%	Institutional mediation
Mama Musi (female, disabled caregiver)	8	1%	Emotional sustenance
Ayisatu (female, able-bodied wife)	3	<1%	Silent presence
Other female caregivers (collectively)	15	2%	Food delivery, domestic care
Total female caregiver lines	**96**	**12%**	

These figures demonstrate that despite the essential nature of their labour, female caregivers collectively speak less than one-third the lines of Harcourt Whyte alone. This quantitative disparity is the first index of what the article terms diegetic silence.

Qualitative analysis is guided by four specific questions derived from FDS: (1) What caregiving acts are explicitly represented, and how much dramatic space do they occupy? (2) How are speaking turns and narrative focus distributed between male and female characters? (3) At what moments are caregivers' perspectives marginalised or silenced? (4) What does the text leave unsaid about the interior lives, histories, and suffering of these women?

The analysis is organised thematically around the types of caregiving labour identified in FDS scholarship: physical care (attending to bodily needs), psychological and emotional care (sustaining hope and morale), and political labour (mediation, translation, collective motivation, and direct confrontation). Each subsection engages directly with theoretical concepts – invisible labour, misrecognition, narrative silence – to demonstrate how the play's formal features produce the condition of 'invisible visibility'.

Physical Care: Medicine, Sustenance and the Embodied Labour of Survival

Female characters in *Hope of the Living Dead* perform essential physical caregiving that sustains the leprosarium's inhabitants. Hannah, a nurse who is herself disabled by leprosy, provides medication to sick inmates. When Mallam complains of malaria, their exchange reveals Hannah's responsive care:

MALLAM: 'No, no, Mallam no well. Malaria. No well-me'
HANNAH: 'Let me get you some quinine, then…' (Rotimi, 1988, p. 3)

Hannah collects quinine from Ekaette and administers it to Mallam. This brief interaction exemplifies the routine, unglamorous labour of medical attention that keeps patients alive. From an FDS perspective, this moment demonstrates what Daniels (1987) calls 'invisible labour': the act of administering medication is essential, yet it is presented in a few lines of dialogue, without dramatic emphasis, and quickly forgotten as the play moves to political speeches. Hannah's labour is visible as action but invisible as a site of suffering or narrative interest.

Similarly, at the IDH ward, Hannah provides water to thirsty inmates and directs women to bring food and salt: ‘Enter Hannah with a bowl of water and offering the bowl to Nweke’ (Rotimi, 1988, p. 77). The stage direction is terse, almost perfunctory. The play does not linger on Hannah’s exhaustion, the physical toll of carrying water, or the emotional weight of serving patients whom the state has declared disposable. This narrative economy – giving care work minimal space – is precisely what FDS identifies as a mechanism of erasure. As Kittay (1999, p. 34) argues, ‘care work is often invisible because it is associated with the body, with the mundane, with the repetitive – everything that a culture that values transcendence and abstraction devalues.’

When the character Cat complains that his problem is not food but inability to sleep due to fever, Hannah responds with practical care:

CAT: ‘I don’t want gari or salt now. S-l-e-e-p! You hear? I have fever. S-l-e-e-p.’
HANNAH: ‘All right, I’ll go make you some hot tea (departing). It will drive away the fever – at once!’ (Rotimi, 1988, p. 78)

These moments demonstrate Hannah’s skilled response to embodied suffering. She does not merely express sympathy but acts, deploying practical knowledge to alleviate pain. Yet these acts receive minimal dramatic attention compared to Harcourt Whyte’s political speeches. The contrast is telling: political resistance is staged as heroic, vocal, and centrally positioned; care work is staged as functional, responsive, and marginal. This dramaturgical hierarchy reproduces the broader cultural logic that privileges public, masculine action over private, feminine sustenance.

Other women provide care beyond institutional settings. Ayisatu, the Corporal’s wife, remains with her husband after he is shot by police instructed to eject lepers from the hospital (Rotimi, 1988, p. 102). Her presence is not explained or explored; she simply appears, a silent figure of wifely devotion. The wives of inmates visit and bring food to their husbands (Rotimi, 1988, p. 11). These domestic care economies – invisible within institutional records – sustain life when formal systems fail. From the perspective of Honneth’s (1995) recognition theory, these women are denied not only material compensation but also the social esteem that would come from having their labour acknowledged as valuable. Their diegetic silence is not a choice but a structural condition imposed by a narrative economy that cannot accommodate their stories.

Psychological and Emotional Care: Sustaining Hope Through Affective Labour

Beyond physical care, female caregivers provide essential emotional labour – a term developed by sociologist Arlie Hochschild (1983) to describe the work of managing one's own and others' feelings. Mama Musi, whose name evokes maternal nurture, offers affective sustenance that prevents patients from succumbing to despair. She exists in the play largely as a function rather than a person – a vessel of care whose own interiority remains inaccessible. The audience learns nothing of her history, her sacrifices, her losses. This is not oversight but a structural feature of a narrative economy that values political heroism over care. As Lutes and Travis (2018, p. xii) observe, feminist criticism's valorisation of agency has sometimes 'erased disabled women's accounts of bodily and mental pain'. A parallel erasure operates here: Mama Musi's agency is limited to caregiving; her own pain remains unrepresented.

Hannah's psychological care extends to organising collective activity. She organises female inmates with functional fingers to take turns fishing, creating purposeful occupation that preserves dignity and practical agency. This organisational labour – coordinating bodies, managing schedules, maintaining morale – constitutes invisible work that enables collective survival. Hennekam et al. (2024, p. 118) note that informal caregivers often 'comply with ableist norms by making their struggles invisible' in order to continue functioning. Hannah's efficiency and lack of complaint may be read not as a character trait but as a survival mechanism: she has learned to suppress her own needs because the institutional framework offers no space for them.

Most significantly, Hannah uses her influence to motivate political action. When the Editor refuses to draft a letter to the government, Hannah delivers a persuasive speech that draws directly on the FDS concept of moral persuasion:

HANNAH: 'It's not a-a-g-g-h-h-h' business, brother. Turn around and look at the faces of the majority. I dare you to. Listen to what those silent faces are saying you can't? Then let me tell you, brother they're cursing… You hear? Cursing us: the book people, the blessed! We are supposed to lead them. Supposed to save them, and save ourselves too. Not so? We have seen the light…' (Rotimi, 1988, p. 26)

Here Hannah performs what Tronto (1993) calls 'caring with' – a form of political care that involves holding others accountable, interpreting collective suffering, and translating silence into political language. She acts as an interpreter of the voiceless majority, a role that requires emotional intelligence and moral courage. Yet the play does not allow this moment to transform Hannah's position. After this speech, she recedes, and the Editor – a male character – becomes the focus of the letter-writing subplot. Hannah's political pedagogy is appropriated by the narrative but not rewarded with sustained attention. This is a textbook example of what Honneth (1995) terms misrecognition: Hannah's contribution is used but not acknowledged; she is a means to an end, not a subject in her own right.

Political Labour: Songs, Interpretation and Direct Confrontation

Hannah's political contributions extend to cultural production. When inmates face the crossroads decision of whether to leave the hospital and unite for their rights, Hannah raises a song that others join:

HANNAH: 'Be not afraid', says the voice of hope,
'words of good cheer I bring you:
Hail the dawn
Of a new age!' (Rotimi, 1988, p. 67)

This collective singing sustains hope and builds solidarity. Music, in Rotimi's dramaturgy, is never mere ornament; it is political action. Hannah's voice literally leads the chorus of resistance. From an FDS perspective, this moment is deeply ambivalent. On one hand, Hannah is positioned as a leader – her song initiates collective speech. On the other hand, the song's content ('Be not afraid', 'Hail the dawn') is generic, lacking the specific political analysis that Harcourt Whyte's speeches provide. A comparative linguistic analysis reveals that Harcourt Whyte's speeches contain concrete references to colonial policy, land rights, and legal strategies, while Hannah's song deploys abstract affirmations. This gendered division of political labour (men formulate strategy, women raise morale) is a recurring pattern in the play.

Hannah also performs vital linguistic labour, interpreting between inmates from different ethnic groups and facilitating communication in the camp's multilingual context. For example, she interprets Igbo language to an Igbo woman inmate (Rotimi, 1988, p. 19). This translation work enables collective organisation across ethnic divisions – a precondition for political action that remains invisible when scholarship focuses only on male leadership. Translation is a form of care work that requires skill, patience, and cultural knowledge, yet it is rarely recognised as political. Hannah's interpretation ensures that no inmate is excluded from the community's deliberations. In doing so, she performs the invisible infrastructure of democracy within the leprosarium.

Most dramatically, Hannah confronts colonial authority directly. When the Senior Medical Officer and Matron bring news of evacuation, Hannah erupts:

HANNAH: 'Don't Miss Hannah me! Don't we have a right to live in this land – just because we are like this…? (She displays her body)' (Rotimi, 1988, p. 7)

This confrontation uses her disabled body as political testimony, refusing the condescension of professional address ('Miss Hannah') and asserting rights to land and life. The act of displaying her body – making visible what ableist society would rather hide – is a powerful feminist disability gesture. It recalls Garland-Thomson's (2002, p. 9) argument that 'the disabled body is a site of cultural anxiety' and that disabled people must often engage in 'staring back' to reclaim their dignity. Hannah does precisely this: she forces the colonial authorities to see her as a subject with rights, not an object of pity or disgust.

Yet this moment remains isolated. After this outburst, Hannah speaks only 12 more lines across the remainder of the play. Her rebellion is personal and spontaneous; Harcourt Whyte's is collective and strategic. The play's narrative architecture thus reinstates the very hierarchy that Hannah's outburst momentarily subverts. This is the paradox at the heart of Rotimi's representation: female caregivers are allowed moments of visibility, but those moments are never allowed to accumulate into a sustained narrative of their own suffering and struggle.

The Paradox of Invisible Visibility: Addressing Counter -Evidence

The analysis reveals a central paradox: female caregivers are simultaneously essential and marginal. They perform physical care that keeps patients alive, psychological care that prevents despair, organisational labour that enables collective action, linguistic work that facilitates communication, and political confrontation that challenges authority. Yet the play's narrative architecture systematically subordinates their perspectives to male political drama. This paradox constitutes what this article terms 'invisible visibility' – a condition where labour is visible as action but invisible as a site of suffering worthy of narrative attention.

Acknowledging counter-evidence is essential here. Hannah, unlike Mama Musi or Ayisatu, does possess significant dramatic agency. She speaks persuasively, leads collective singing, confronts colonial officers, and organises practical tasks. One could argue that the play treats her as a co-leader rather than a marginal figure. The article does not deny this agency. However, the quantitative data on speaking turns and the qualitative analysis of narrative focalisation demonstrate a systematic pattern: Hannah's agency is episodic and reactive, whereas Harcourt Whyte's is continuous and initiating. Hannah's most politically charged moment (the body display) occurs in Scene 1; thereafter, her role diminishes. By contrast, Harcourt Whyte's prominence increases as the play progresses toward its climax. This differential trajectory – what narrative theorists call 'character arc' – is the key evidence for marginalisation, not the mere presence or absence of agency.

The Hospital Matron exemplifies this condition. She appears at moments of institutional crisis, mediates between colonial authorities and patients, and performs high-order emotional labour. Yet during the climactic confrontation, she recedes, her voice subordinated to the charismatic male leader's rhetoric. The Matron is present but not heard; she acts but does not initiate. This pattern aligns with Hennekam et al.'s (2024) finding that informal caregivers 'comply with ableist norms by making their struggles invisible'. The Matron's diegetic silence is strategic – she must maintain her position within the colonial institution – but it is also structural: the play has no formal mechanism for representing her interiority.

From an FDS perspective, this invisibility is not a flaw to be corrected but a condition to be analysed. The play does not simply fail to represent its female caregivers; it actively produces their invisibility through its dramaturgical choices. The focus on Harcourt Whyte's speeches, the privileging of political crisis over daily care, the relegation of women to reactive roles – these are formal decisions that enact the very exclusion they might have criticised. As Lutes and Travis (2018, p. xv) argue, 'narrative forms are never neutral; they carry with them assumptions about whose stories matter and what counts as a story worth telling.' *Hope of the Living Dead* inherits a dramatic tradition that values public, masculine heroism over private, feminine sustenance. Within that tradition, care work can only ever be background.

Discussion: Recovering Silence Narrative and the Possibility of Narrative Justice

Feminist Disability Studies insists that narratives of disability are also about who gets to speak and whose suffering receives recognition. This article has demonstrated that *Hope of the Living*

Dead exhibits a profound ambivalence toward its female caregivers. It makes their labour visible enough to be recognised as essential but not visible enough to be recognised as suffering. The play thus occupies an uncomfortable position: it critiques colonial abandonment of the disabled but reproduces a different form of abandonment – the abandonment of caregivers to narrative silence.

The concept of 'narrative justice', drawn from recent work in disability and care studies (Price, 2011; Kafer, 2013), offers a way forward. Narrative justice demands not merely the inclusion of marginalised perspectives but the transformation of narrative forms themselves. Adequately representing invisible caregivers' experiences would require forms of storytelling – non-linear, fragmented, resistant to climactic structure – that drama, with its investments in character, conflict and resolution, may struggle to sustain. This is not a failing of Rotimi's play but a limit of the inherited form. However, recognising this limit is itself a critical act. It opens space for asking what other forms – memoir, testimonio, collective biography – might better capture the rhythms of care work.

A comparative perspective strengthens this claim. In Ama Ata Aidoo's *Anowa* (1970), the titular female protagonist's labour and suffering are central to the drama, yet her care work for her husband is similarly rendered invisible by the narrative's focus on masculine economic failure. In Tess Onwueme's *The Reign of Wazobia* (1988), female political agency is foregrounded, but the daily reproductive labour that enables that agency remains undramatised. This suggests that Rotimi's play is not exceptional but exemplary of a broader pattern in African drama: the systematic underrepresentation of care work as a legitimate site of suffering and heroism.

This analysis has several implications for the study of African drama and postcolonial literature more broadly. First, it argues for reading gender and disability together as intersecting systems of marginalisation rather than discrete analytical categories. The leprosarium is organised not only by ableist violence but also by gendered divisions of labour that burden women with the most demanding, least recognised work. Second, it demonstrates that attending to care work transforms our understanding of political resistance. Harcourt Whyte's heroic rebellion is enabled by Hannah's medication, Mama Musi's emotional sustenance, the wives' food deliveries, and interpretive labour across ethnic divisions. Without this invisible infrastructure, no organised, sustained oppositional force could emerge. Finally, it contributes to the emergent field of African feminist disability criticism. The scholarly literature on disability in African literature remains thin (Chataika, 2010; McKenzie & Swartz, 2019), and the intersection of gender and disability even thinner. *Hope of the Living Dead* is not exceptional in its ambivalent representation of female caregivers; it is exemplary of a broader pattern that demands critical attention.

Conclusion

This analysis has argued that Ola Rotimi's *Hope of the Living Dead* offers a complex, ambivalent representation of female caregivers whose labour sustains the leprosarium as a viable social space. Through Feminist Disability Studies supplemented by African feminist care ethics, female characters – Hannah, Mama Musi, the Hospital Matron, Ayisatu and others – emerge as figures of 'invisible visibility': essential to the narrative world yet systematically marginalised through diegetic, narrative, and critical silences. Their suffering, distinct from but no less real than that of the disabled patients they serve, remains largely unvoiced. The play requires its caregivers to be present but not to speak, to act but not to be heard, to sacrifice but not to be recognised.

This article has significant implications for the study of African drama and postcolonial literature. It argues for reading gender and disability together as intersecting systems of marginalisation. It demonstrates that attending to care work transforms our understanding of political resistance. And it contributes to African feminist disability criticism – a field that remains underdeveloped but urgently needed. By making visible the pattern of invisible visibility, this study opens a conversation about care, recognition and narrative justice in African drama – a conversation long overdue.

Nevertheless, the aim of this paper is not to undermine the critical acclaim and the creative genius of the playwright, Ola Rotimi. Rather, the aim is to show how the text unconsciously documents the cost of liberation struggles on the bodies and minds of African women. Rotimi's dramaturgical achievements – his powerful critique of colonial abandonment, his celebration of collective resistance, his lyrical use of song and chorus – remain unquestioned. Yet precisely because of his genius, the play becomes an unintentional archive of the gendered injuries that liberation struggles often obscure. The female caregivers' silent suffering is not a failure of Rotimi's art but a testament to its honesty: the play unconsciously records what postcolonial liberation narratives have historically suppressed – the toll exacted on women's bodies and minds. Recognising this dimension does not diminish Rotimi's achievement; it deepens our understanding of the world his drama so brilliantly stages. The next step is for scholars, playwrights and educators to ask how African theatre might develop new forms capable of representing care work not as background but as the very texture of survival – without forgetting that the heroic resistance of the disabled is made possible by invisible hands that deserve their own story.

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