

Laughing Through The Pain: Multimodal Humor, Power, and Public Healthcare Failure on South African TikTok

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Received: February 9, 2026

Accepted: March 21, 2026

Online Published: July 29, 2026

doi:10.11114/smc.v14i4.9127

URL: <https://doi.org/10.11114/smc.v14i4.9127>

Abstract

This study investigates the ways in which multimodal humor on TikTok operates as a critique of institutional failure within the South African public healthcare system. Centering on the satirical series “Metron Phithibhuli”, the analysis addresses two principal research questions: first, how multimodal humor articulates resistance to systemic dysfunction; and second, how power relations are negotiated through processes of carnivalesque inversion. Grounded in Bakhtin’s theorization of the carnivalesque and Scott’s notion of hidden transcripts, the study examines how visual, linguistic, sonic, and embodied semiotic resources converge to parody bureaucratic discourse, destabilize medical authority, and render perceptible the sensory and affective dimensions of everyday encounters with deteriorating healthcare infrastructures. Employing multimodal discourse analysis, the research demonstrates that the series reconfigures patient frustration and vulnerability into shared comedic repertoires that simultaneously reveal the precarity of institutional power and circulate coded forms of dissent among marginalized publics. The findings indicate that digital humor functions not solely as entertainment, but as an affective and epistemic modality of public reasoning through which communities witness, negotiate, and interpret institutional decay. Ultimately, the study argues that “Metron Phithibhuli” exemplifies how South African TikTok users exploit the participatory affordances of the platform to reimagine power relations and foster collective resilience through satire.

Keywords: multimodal discourse analysis, digital humor, carnivalesque, hidden transcripts, public healthcare, TikTok culture

1. Introduction

The rise of digital content creators represents a significant shift in media production. Unlike traditional outlets, these creators operate without extensive gatekeeping (Törhönen et al., 2020). They analyze societal issues and offer accessible interpretations of complex political phenomena. By leveraging platforms such as TikTok and YouTube, they introduce novel perspectives on cultural and intellectual life. This technological disruption has also expanded the scope of humor. Short, witty clips now dominate the South African TikTok landscape. Humor is a fundamental part of human experience, persisting even through pandemics and periods of collective grief (Mpofu, 2021).

Humor plays a particularly important role in developing nations. It offers a means of engaging with economic instability, poor governance, political unrest, and recurring crises. South Africa, though relatively more affluent than many of its continental neighbors, faces considerable challenges of its own (Mlilo et al., 2025; Knight, 1988). King Coward is a comedian and content creator who produces skits addressing societal issues in isiZulu, the most widely spoken language in South Africa. He has amassed over 1.2 million followers on TikTok, with 43.5 million likes across his content. One of his most prominent works is a series featuring a character named Metron Sister Phithibhuli. The name is derived from the isiZulu adaptation of “pitbull” a breed of dog. The inaugural episode of the series was released on September 26, 2025.

The character is constructed to represent the archetype of an unprofessional and unethical nurse in a public healthcare facility. This portrayal reflects widespread societal perceptions of nursing professionals in the public health sector. Through humor, the matron enacts the troubling scenarios that ordinary citizens routinely encounter at public health facilities.

Public healthcare in South Africa is designed to serve a predominantly low-income population. The country’s demographic majority consists of economically disadvantaged black individuals who depend on public health infrastructure (IbaBeabuchi and Biereenu-Nnabugwu, 2024). Private medical insurance, by contrast, serves the middle

and upper classes through costly premiums (Zulli and Zulli, 2022). High unemployment rates compound this divide by pushing more people into the public system. South Africa's relative economic standing also attracts low-income migrants seeking better opportunities, which places additional strain on public health resources (Ekanade and Molapo, 2017).

Government efforts to reform the public health system have been ongoing. The most recent is a parliamentary bill currently under review that would establish a National Health Insurance (NHI) program. The NHI would limit private insurers to offering only complementary services not covered by the NHI, substantially reducing the role of private healthcare (Heunis et al., 2019). The depth of the public health crisis is illustrated by several documented failures. The 2017 listeria outbreak resulted in 216 deaths and affected 1,060 individuals. Mismanagement at public facilities has also been linked to corrupt tendering processes. At Tembisa Hospital in Gauteng Province, whistleblower Babita Deokaran was murdered after exposing corruption by service providers who failed to fulfill their contractual obligations (Wicks, 2025). Chronic shortages of medical staff further undermine healthcare delivery. It is within this context that creators like King Coward develop satirical characters to articulate the lived experiences of citizens who depend on the public health system.

This study is situated at the intersection of digital culture, humor studies, and health communication. It approaches TikTok satire as a form of vernacular public health discourse through which ordinary citizens interpret and respond to institutional failure. While health communication research has traditionally focused on formal messaging and professional interactions, everyday satirical content on social media increasingly shapes how publics understand healthcare systems and medical authority. This satirical content does not function merely as entertainment. It operates as an affective mode of health communication that expresses distrust, frustration, and experiential knowledge of public healthcare. Although not designed as formal entertainment education interventions, these performances embed health-related meanings within popular narrative forms. The study proposes two research questions: (1) How does multimodal humor function to critique institutional failure? (2) What power dynamics are negotiated through carnivalesque inversion?

2. Literature Review

Humor has historically functioned as a tool for social and political commentary, allowing communities to express dissent, address trauma, and make institutional absurdities comprehensible (Kutz-Flamenbaum, 2014; Swart, 2009; Hart, 2007). In digital environments, this expressive practice has transformed into participatory social critique, merging entertainment with civic discourse and irony with indignation. Contemporary South African TikTok satire critiquing public health system inefficiencies should be contextualized within broader interdisciplinary frameworks examining humor as both rhetorical critique and affective coping mechanism. This review synthesizes key theoretical frameworks related to humor, investigates the role of satire in digital public spheres, and highlights research gaps in health communication studies within the Global South, with particular attention to how digital platforms enable new forms of vernacular health communication.

Healthcare encounters are structured by asymmetrical power relations where medical professionals exercise epistemic, institutional, and communicative authority over patients (Raecke & Proyer, 2022). Clinical interactions are not neutral information exchanges but socially situated communicative practices shaped by trust, credibility, language, and institutional hierarchy. Medical authority is performed through professional discourse, bureaucratic routines, and regulation of bodies, often positioning patients, particularly those from marginalized communities as passive recipients rather than active participants in their own care (Harris et. al, 2011). In contexts marked by historical inequality and infrastructural scarcity, these communicative asymmetries are frequently intensified, rendering healthcare encounters sites of vulnerability, frustration, and symbolic violence.

Within the South African public healthcare system, communication unfolds against profound structural inequality, racialized poverty, and a bifurcated model separating under-resourced public facilities from well-funded private care (Malakoane et. al, 2020). Overcrowding, staff shortages, long waiting times, and resource constraints shape both clinical outcomes and interpersonal communication quality (van De Ruit et. al, 2020). Patients who rely on public healthcare, predominantly poor, black, elderly, and female populations often experience dismissive treatment, verbal abuse, breaches of confidentiality, and limited opportunities to voice concerns (Chima, 2023). These communicative failures contribute to widespread institutional mistrust and perceptions of neglect.

Such experiences cannot be understood solely as service delivery failures but must be examined as communicative breakdowns embedded within broader relations of power and governance. Medical authority in overstretched public systems may be enacted through authoritarian speech, procedural rigidity, or emotional detachment, exacerbating patient alienation (Malakoane et. al, 2020). Simultaneously, healthcare professionals themselves operate within constrained institutional environments that limit their capacity to provide empathetic care, complicating simplistic narratives of individual blame (Nkosi et. al, 2019). This tension positions public healthcare as a particularly productive locus for satirical analysis, insofar as humor can concurrently interrogate institutional dysfunction and illuminate the quotidian micro-practices through which authority is exercised, negotiated, and contested.

Digital media increasingly mediate public understandings of health and healthcare systems. Social media platforms enable circulation of experiential health narratives outside official channels, allowing citizens to share, contest, and reinterpret encounters with medical institutions (Luttrell, 2025). These vernacular forms foreground affective experience, fear, anger, humiliation, frustration alongside informational content. In Global South contexts, where formal patient feedback mechanisms are limited, digital humor and satire emerge as accessible communicative resources articulating critique and collectively processing systemic failure.

Satirical representations of healthcare workers and institutions operate as symbolic negotiations of medical authority, exposing the fragility and contingency of institutional power (Simpson & Snow, 2017). By exaggerating unprofessional conduct, linguistic violence, and bureaucratic indifference, health-related satire renders visible the communicative dimensions of structural inequality often normalized within official discourse. This study examines how multimodal TikTok satire constitutes vernacular health communication enabling marginalized publics to articulate experiential knowledge through humor, affect, and shared cultural codes.

The academic examination of humor has traditionally been dominated by three paradigms: superiority theory, as elucidated by thinkers such as Plato, Hobbes, and Bergson, which conceptualizes laughter as a mechanism for moral rectification. Relief theory, primarily associated with Freud, entails interpreting humor as a means of psychological relief; and incongruity theory, as proposed by Kant and Schopenhauer, understanding humor as deriving from cognitive dissonance between expectation and reality (Carroll, 2014). While these frameworks provide insight into humor's psychological aspects, they are insufficient for addressing its sociopolitical functions. Recent scholarship has shifted focus toward exploring humor's discursive capacity as social commentary, moral regulation, and resistance (Noderer, 2020; Sørensen, 2017).

Declercq (2021) contributes to this paradigm shift by asserting that the importance of satire lies not primarily in political effectiveness but in its role in helping societies endure ongoing injustices. Satire harmonizes critique and entertainment, serving to maintain collective morale in the face of systemic dysfunction. By emphasizing therapeutic aspects of humor, Declercq transcends the traditional heroic satirist model wherein comedians are seen as agents of social change, towards a framework where satire offers emotional support in confronting structural powerlessness. However, Declercq's therapeutic framing necessitates further scrutiny: at what point does humor utilized for coping become complicity? Billig (2005) cautions that laughter may serve as a mechanism of social control, disciplining dissent through ridicule instead of directing it toward actionable change. In contexts characterized by healthcare inadequacies where lives are precariously positioned, humor's palliative function may contribute to normalization of preventable suffering. This dichotomy between satire as survival mechanism and as political sedative warrants rigorous empirical investigation within South African digital landscapes.

Affective economies theory positions emotions as circulating socially, binding communities through shared anger, shame, or amusement, thus reshaping public sentiment (Ahmed, 2004). In public health contexts, humor allows citizens to confront systemic decay without succumbing to hopelessness, transforming despair into ironic participation.

The transition of humor into digital domains has broadened its social influence and altered its modalities of critique. Internet memes, short-form videos, and multimodal performances represent components of meaning-making (Shifman, 2013). In this context, humor is no longer disseminated in a unidirectional manner from professional satirists; rather, it is circulated horizontally among users who engage in the remixing and repurposing of comedic content to articulate collective grievances.

Zahara and Mulyadi (2025) examined the semantic role of irony within digital satire through thirty Indonesian political memes, delineating verbal, situational, and dramatic irony categories. Their research reveals that situational irony characterized by discord between anticipated outcomes and actual experiences predominates in online humor. Ironic juxtaposition conveys skepticism toward official narratives while maintaining plausible deniability, serving as pragmatic communication tools reflecting social tensions through entertainment.

This multimodal framework applies directly to TikTok comedy employing irony to unveil institutional inconsistencies. However, the study's thirty-meme sample and Instagram focus limit generalizability. TikTok's unique affordances, duet functionalities enabling dialogic interactions, algorithms prioritizing high audiovisual impact content, and sound-centric memetic propagation necessitate tailored analytical methodologies. Zulli and Zulli (2022) explored how TikTok users developed algorithmic folk theories, strategically manipulated platform features to enhance satirical content visibility. South African creators exploit these affordances, yet their linguistic code-switching (isiZulu-English, Afrikaans-English) and township vernaculars remain inadequately theorized in global humor studies.

An ethnographic study by Dyck (2023) contextualizes humor within affective economies related to institutional distrust. Examining American adolescents' TikTok jokes concerning school shootings, Dyck posits dark humor operates as vernacular therapy, processing anxiety regarding governmental negligence. These jokes expose student anxieties beyond psychological reports, conceptualizing TikTok as youth discourse critically evaluating political leadership. Rather than

trivializing tragedy, this humor conveys moral despair through irony, functioning as both critique and coping mechanism. Similar dynamics appear where public health systems face skepticism in societies with unequal healthcare access and inconsistent governmental communication. Humor highlights bureaucratic absurdity without direct confrontation. The joke becomes ethical testimony, transmuting suffering into critique while maintaining affective agency.

Understanding South African health satire requires postcolonial humor theory. In *On the Postcolony*, Mbembe (2001) explores how laughter within postcolonial governance ridicules authority while reproducing its actions, the banality of power. Humor is intricately interwoven into power structures' symbolic economy, revealing domination through mimicry. This duality marks South African digital satire, where comedians critique governmental inadequacies while enacting complicity with neoliberal ideologies framing healthcare as personal accountability.

Ndebele (1991) in *Rediscovery of the Ordinary* posits that South African cultural production should re-engage with everyday experiences as loci of political significance. Contemporary digital comedians facilitate this by transmuting routine adversities, extended hospital queues, medication shortages, bureaucratic inefficiencies into platforms for ethical contemplation. Through humor, dignity is restored facing the systemic damage inherent within societal frameworks.

South African humor traditions significantly influence contemporary digital practices. Anti-apartheid resistance comedy, exemplified by Pieter-Dirk Uys's *Evita Bezuidenhout*, strategically employed satire against authoritarian oppression (Lieberfeld & Uys, 1997). Post-1994, township comedy transitioned into mainstream entertainment while preserving vernacular authenticity (Donian, 2021). Modern TikTok satire draws from these traditions but operates within distinct frameworks: algorithmic visibility versus state censorship, transnational audiences versus localized communities, brevity versus prolonged performance. These transformations necessitate examining both continuities and discontinuities between analogue and digital satire forms.

Despite substantial literature on political humor, public health domain satire remains underrepresented in academic discourse (Zulli & McKasy, 2025). Notably, healthcare bureaucracies, characterized by dehumanizing protocols, opaque decision-making processes, and systemic indifference, present themselves as optimal subjects for satirical critique. The COVID-19 pandemic temporarily underscored humor as a strategy for coping, yet comprehensive analyses of health-related satire in the post-pandemic context remain infrequent.

Healthcare sector humor exists at the convergence of institutional critique and embodied vulnerability. In contrast to the often-intangible nature of political corruption, failures within healthcare systems yield immediate physical repercussions. This close relationship with human suffering prompts ethical considerations: Who possesses the legitimacy to employ humor regarding healthcare accessibility? At what point does satire directed at overburdened nurses inadvertently target exploited workers rather than critiquing negligent administrators? These complex power dynamics, which have not been sufficiently examined in current literature, necessitate focused analysis on issues of positionality and the articulation of voice.

Public health scholarship acknowledges healthcare access is shaped by intersecting inequalities, race, socioeconomic status, gender and geographical location (Malakoane et. al, 2020). South African health satire encapsulates these through strategic linguistic choices (code-switching signifying class mobility), spatial references (contrasting township clinics with suburban hospitals), and narratives highlighting women as primary healthcare navigators. However, humor studies often fail to address intersectional complexity, treating satirical critique as politically neutral rather than intentional, situated discourse.

These theoretical constructs illuminate humor as complex cultural praxis mediating between critique and care. Declercq (2021), Zahara and Mulyadi (2025) and Dyck (2023) collectively conceptualize humor as both an affective survival strategy and an epistemic instrument of public reasoning, positioning satire as simultaneously therapeutic, resistant, and politically diagnostic.

Expanding this framework to South African contexts requires synthesizing postcolonial theory, affect theory, platform studies, and health communication scholarship. South African health satire must be theorized as constructing vernacular health publics. Affective networks unified by shared experiences of systemic failure, expressed through humor's multimodal grammar. Such publics function via affective resilience satire: humor maintaining political engagement and ethical consciousness facing persistent dysfunction without presuming reformative capabilities.

This framework addresses three pivotal deficiencies. First, it prioritizes Global South digital practices rather than relegating them as marginal. Second, it emphasizes intersectionality, scrutinizing how race, class, language, and gender influence comedic content production and reception. Third, it critically examines platform affordances' role in shaping satirical potential, acknowledging TikTok's algorithms inherently promote specific critique forms while restricting others.

African contexts remain insufficiently explored despite increasing digital satire research. While Zahara and Mulyadi (2025) examine Indonesian memes and Dyck (2023) investigates American TikTok, systematic studies of South African digital humor are lacking. Scholarly investigations into how South African comedians utilize linguistic code-switching, cultural references, and township vernaculars to critique health institutions are notably absent.

3. Theoretical and conceptual Framework

This paper uses two complementary theoretical frameworks to examine how South African TikTok creators use humor to critique failures in the public health system. Mikhail Bakhtin's (1984) concept of the carnivalesque and James C. Scott's (1990) theory of hidden transcripts together provide the foundation for this analysis. The carnivalesque explains how humor's aesthetic and performative aspects can subvert authority, while hidden transcripts clarify the political and strategic functions of covert resistance under conditions of power imbalance.

Bakhtin's carnivalesque and Scott's hidden transcripts provide the main interpretive framework for this analysis, supplemented by health communication and multimodality scholarship. Health communication research underscores the role of trust, authority, and power asymmetries in healthcare, especially amid institutional scarcity and historical inequality. In such contexts, communication not only facilitates care but also shapes how medical authority is enacted, challenged, and experienced. The satirical performances analyzed thus function as vernacular health communication practices that, through humor, reframe clinical encounters and expose the affective and relational dimensions of healthcare access.

Methodologically, this study draws on principles from multimodality theory, which conceptualizes meaning-making as emerging from the interaction of multiple semiotic resources rather than from language alone (Kress & van Leeuwen, 2020; Jewitt, 2009). TikTok satire operates precisely through such multimodal orchestration, combining speech, gesture, visual distortion, sound, and platform-specific affordances to produce layered forms of critique. By situating carnivalesque inversion and hidden transcripts within a multimodal health communication framework, the analysis accounts not only for what is said through humor, but how institutional power, vulnerability, and resistance are enacted across embodied, visual, and sonic registers.

Mikhail Bakhtin conceptualizes the carnival as a medieval folk tradition that temporarily negated official hierarchies, thus facilitating communal laughter directed at authority. Central to the aesthetics of the carnivalesque are four interconnected principles: grotesque realism (highlighting the corporeal body and its functions), inversion (the reversal of social hierarchies), marketplace speech (the use of vernacular language as opposed to official discourse), and communal participation (expression that is collective rather than individualistic).

Carnival, as defined by Bakhtin, represents "the second life of the people" (Bakhtin & Helene, 1984: 8), a playful space where ordinary people can mock monarchs, clergy, and institutions without immediate punishment. Its humor is not nihilistic but regenerative. By stressing the grotesque physicality of authority figures, it reminds audiences that everyone shares the same mortal vulnerability. Laughter thus becomes an egalitarian force, affirming that "no single meaning could be absolutized" and that all power structures are provisional and open to challenge (Ibid, 11).

Applied to healthcare, carnivalesque theory appears in humor that exposes diseased bodies, long queues of suffering patients, and physical decline caused by institutional neglect. Inversion reverses expected power dynamics: patients become authoritative commentators, while healthcare authorities appear inept or absurd. Marketplace discourse favors vernacular speech, slang, and profanity over technocratic jargon, reclaiming communication from institutional control. Carnival thus emerges as collective humor circulating within communities rather than from individual satirists (Ibid, 255). While the carnivalesque framework is crucial for analyzing the aesthetic workings of humor, it must be supplemented by other theories to fully address humor's political roles and ethical complexities.

James C. Scott (1990) adds a political dimension to the carnivalesque framework by distinguishing between "public transcripts," the official discourse performed before dominant elites, and "hidden transcripts," the private discourse of subordinate groups that express dissent, anger, and critique. Public transcripts maintain an appearance of deference and compliance, while hidden transcripts circulate in trusted spaces with limited surveillance (Ibid, 154). Scott argues that dominated groups rarely voice hidden transcripts openly; instead, they use coded performances that allow simultaneous conformity and resistance. These include anonymity (critique without attribution), euphemism and indirect speech (saying one thing while meaning another), folktales and cultural forms (embedding critique in entertainment), and collective action (expressing dissent through group rather than individual acts) (Ibid, 136). Such strategies let subaltern groups speak truth to power while reducing the risk of retaliation.

Scott's framework is well suited to contexts where open political criticism is risky but systemic discontent still needs expression, as in South Africa's public health discourse. While people may challenge individual healthcare incidents, sustained criticism of government performance or leadership is often dismissed as unpatriotic or socially disruptive. Satire on platforms like TikTok navigates this tension by embedding critique in humor, using a cultural form seen as entertainment rather than direct activism and thus enabling a wider range of tolerated expression.

The concepts of carnivalesque and hidden transcripts help explain how South African TikTok creators turn systemic healthcare grievances into performative satire that is at once subversive, deniable, transgressive, and entertaining.

4. Methodology

This study uses a qualitative framework that combines multimodal discourse analysis (MDA) and thematic analysis to examine how South African TikTok creator King Coward, in his series “Metron Sister Phithibhuli”, uses satire to critique shortcomings in the public health system. It is grounded in interpretive paradigms that view digital media as complex semiotic systems where meaning emerges through the interaction of linguistic, visual, gestural, and auditory modes (Kress, 1990). Given TikTok’s inherently multimodal nature, where humor is conveyed through dialogue, facial expressions, background visuals, music, text overlays, and editing, MDA provides the analytical tools to show how carnivalesque aesthetics and subversive narratives operate across these modes (Kress & van Leeuwen, 2020).

MDA aligns with this study’s framework by examining visual grotesquery and performance (Bakhtin & Helene, 1984) and by relying on tone and context in hidden transcripts. It enables the analysis of multiple semiotic resources in digital satire, both theoretical and empirical. The TikTok series *Metron Sister Phithibhuli*, launched on 26 September 2025, includes over twenty segments, with up to two segments released within 24 hours, indicating strong creator commitment and audience demand. This frequency and popularity make it a culturally significant element of South African digital discourse.

The series aligns with intensifying public debate over healthcare access in South Africa. Xenophobic nationalist groups such as Operation Dudula have blocked undocumented foreign nationals from using public health services, deepening ethical and logistical challenges to the right to healthcare (Tarisayi, 2024). In response to concerns about healthcare equity, civil society organizations like March and March have mobilized. These tensions coincide with parliamentary debates on implementing National Health Insurance (NHI), a plan for universal healthcare coverage that faces criticism over its feasibility given current infrastructural shortcomings (Ogunbanjo, 2013).

Multimodal Discourse Analysis (MDA) requires meticulous transcription and frame-by-frame analysis of visual, linguistic, gestural, and auditory modes, choosing an appropriate sample size is crucial. Existing MDA scholarship shows that even short video segments demand substantial interpretive work (Jewitt, 2009). A 90-second TikTok video contains numerous analytical decisions: camera angles, editing transitions, code-switching, facial expressions, backgrounds, music, text overlays, and their timing. Applying full MDA to more than twenty episodes would generate an unmanageable amount of data and risk superficial analysis.

This research uses criterion-based purposive sampling to select a subset of episodes, aiming to maximize analytical depth while preserving thematic and aesthetic representativeness (Savin-Baden & Major, 2023). Episodes were selected according to three criteria. First, multimodal complexity: episodes that deployed the widest range of TikTok’s semiotic resources simultaneously, including dialogue, visual filters, props, sound effects, text overlays, and editing were prioritized, as these offered the richest data for MDA. Second, thematic diversity: episodes were selected to ensure coverage of the major institutional themes discernible across the full series, including patient confidentiality breaches, staff incompetence, resource scarcity, and xenophobia in healthcare. Third, engagement metrics: where episodes addressed similar themes, preference was given to those with higher viewer engagement (comment volume and share counts), as these were more likely to reflect widely resonant public concerns rather than idiosyncratic content. The ten selected episodes therefore represent neither an exhaustive sample nor a purely quantitative top-ten by views, but a purposively constructed analytical corpus designed to illuminate the series’ multimodal satirical repertoire with sufficient depth. The analytical procedure followed a three-stage process. In the first stage, each selected episode was viewed multiple times and a multimodal transcript was produced, documenting the following semiotic resources in synchrony: verbal language (dialogue, text overlays, titles), visual mode (facial expressions, props, costume, filter effects, spatial arrangement), sonic mode (tone of voice, ambient sound, music, gum-chewing), and gestural/embodied mode (body posture, movement, proxemics). Transcription was guided by the transcription conventions proposed by Jewitt (2009) and adapted for short-form video content. In the second stage, thematic analysis was applied to the multimodal transcripts following Savin-Baden and Major’s (2023) framework for qualitative data interpretation. Themes were derived inductively from the transcripts and subsequently mapped deductively onto the theoretical frameworks of the carnivalesque (Bakhtin & Helene, 1984) and hidden transcripts (Scott, 1990). Initial codes were generated by identifying recurring semiotic patterns such as grotesque visual exaggeration, linguistic distortion, role inversion, and coded critique and then grouped into broader analytical themes. The three themes reported in the findings section (carnivalesque inversion and grotesque realism; humor as hidden transcript; linguistic distortion and satirical semiotics) emerged from this iterative coding process.

In the third stage, interpretive claims were substantiated by returning to specific episodes and timestamped scenes, ensuring that the analysis remained grounded in observable multimodal evidence rather than generalized inference. To enhance analytical reliability, a process of reflexive memo-writing was employed throughout, in which emerging interpretations were tested against alternative readings before conclusions were finalized. While this study is single-

researcher in design, trustworthiness was strengthened through thick description and transparent audit of interpretive decisions. Details of the unit of analysis are shown in Table 1.

Table 1. Unit of analysis

#Episode Title (as publisher by creator)	Key Institutional Theme	Primary Semiotic Resources Analyzed
1. Metron at clinic attacking a girl for no Reason	Verbal abuse / patient dignity	Dialogue, facial expression, proxemics
2. Metron wrong-turn interrogatively Duties Other colleagues	Workplace misconduct / hierarchy	Text overlay, dialogue, gestural mode
3. Metron phithibhuli meet a well educated patient	Power imbalance / patient autonomy	Dialogue, text overlay, postural mode
4. Watch metron Phithibhuli Ill treating Elderly patients	Elder neglect / patient dignity	Gesture, facial expression, proxemics
5. Metron phithibhuli came late at work and find colleagues gossiping about her	Workplace culture / absenteeism	Dialogue, sonic mode, gestural mode
6. POV: That one phithibhuli Nurse who can't keep patients confidentiality	Medical ethics / confidentiality breach	Text overlay, dialogue, proxemics
7. Metron phithibhuli corrects her failed operation/surgery on patient	Medical negligence / accountability	Dialogue, embodied action, sonic mode
8. Head of Hospil Request All Staff to carry their Qualifications	Credential fraud / accountability	Dialogue, sonic mode, embodied reaction
9. Methiloni phithibhuli unprofessionally performs male circumcision	Clinical incompetence / scope of practice	Embodied action, dialogue, postural mode
10. Metron phithibhuli eating Lunch While throwing shades at patients	Staff dehumanisation / patient contempt	Gaze, facial expression, proxemics

5. Findings and Discussion

Examining ten TikTok episodes featuring Metron (Matron) Sister Phithibhuli reveals a complex interplay of humor, performance, linguistic experimentation, and multimodal exaggeration that forms a nuanced critique of South Africa's public healthcare system. Through carnivalesque parody and the subtle politics of hidden transcripts, creator King Coward builds a satirical world that exposes institutional malpractice, chronic under-resourcing, interpersonal violence, and bureaucratic dysfunction through humor. The content both entertains and operates as vernacular social commentary, resonating with South Africans reliant on public health facilities. Rather than a simple comic sketch of a fictional nurse, it emerges as a dense cultural text expressing the anxieties, frustrations, and emotional fatigue bound up with healthcare delivery in South Africa. This discussion analyzes these dynamics through three themes: carnivalesque inversion and grotesque realism; humor as hidden transcript and vernacular resistance; linguistic distortion and code-mixing as satirical semiotics. Collectively, these themes show how satire functions as a diagnostic tool that exposes the affective and structural dimensions of public health crises.

Carnavalesque Inversion and the Grotesque Realism of Medical Authority

Across the ten analyzed episodes, Metron Phithibhuli exemplifies Bakhtin's carnivalesque: an exaggerated, grotesque authority figure whose presence disrupts medical norms. Instead of professionalism, compassion, or clinical expertise, Metron is chaotic, incompetent, unqualified, arrogant, and sadistic. This deliberate exaggeration inverts medical hierarchy. In Bakhtin's carnival, such inversion lets socially subordinate individuals ridicule authority, temporarily suspending official norms (Bakhtin & Helene, 1984). Metron enacts this by transforming the revered nurse into a grotesque opposite: wearing socks as gloves, chewing gum loudly, insulting patients, threatening surgical errors, and delighting in the possibility that anesthesia might kill a patient.

This inversion is intensified by the creator's grotesque visual filter, which gives the nurse a pitbull-like, distorted, beastly face that aligns with Bakhtin's grotesque realism. By rendering the nurse as monstrous, the creator symbolically exposes the 'beastliness' of institutional neglect and unprofessionalism. Grotesque realism exaggerates and distorts the body, foregrounding the low and vulgar over the high and official. Metron's face thus symbolizes the monstrous nature of unchecked institutional power. The carnival's celebration of bodily imperfection demystifies authority and reduces hierarchical distance.

By giving the nurse a dog-like face, the artist intensifies the "pitbull" stereotype often applied to abusive public healthcare staff that are aggressive, territorial, and indifferent to patients' suffering. The grotesque bodies and behaviors in these scenes sharply oppose the sanitized, regulated corporeality demanded by medical practice. Hospitals are supposed to embody sterility, discipline, and control, yet Metron's disregard for basic hygiene by using socks as gloves, chewing gum during procedures, eating while interacting with patients and the use of a phone charger instead of a stethoscope parody

the standards public health institutions claim to uphold. For instance, in Episode 1 (0:08–0:14), Metron is shown snapping on a sock as a glove while addressing a patient with a dismissive wave. The simultaneous combination of the distorted visual filter, the gum-chewing sonic mode, and the contemptuous proxemic distance from the patient condenses multiple institutional failures into a single six-second multimodal sequence. These visuals undermine expectations of clinical tidiness and expose the gap between official norms and actual medical experience.

The green-screened hospital background heightens this carnivalesque inversion. Its inconsistent, pixelated, and exaggerated quality is a deliberate strategy that undermines the hospital's authenticity, turning it into a façade for the artificial messaging of state authorities around reforms like the National Health Insurance (NHI). South African public health officials frequently promise systemic change while conditions remain the same; the fake digital backdrop thus mirrors the falseness of state assurances.

Across many episodes, Metron treats vulnerable patients the elderly women, amputees, mothers, and others dependent on public care with blatant cruelty or neglect, presented through comedic exaggeration. In one episode, when a woman reports that surgical equipment was left in her womb after a cesarean section, Metron dismisses her and threatens to 'correct' the mistake with another botched procedure. The scene is funny, but it also exposes widespread anxieties about medical negligence, echoing public accounts of surgical errors in South African hospitals. Carnival's grotesque mode thus depicts suffering and danger while allowing audiences to laugh at otherwise traumatic realities.

Carnavalesque inversion functions as a diagnostic tool, exposing the collapse of public health authority not through sober critique but through mocking excess. The grotesque nurse is funny for breaking every norm yet unsettling because her exaggeration reflects real systemic dysfunction. In this scenario, the carnival is not just spectacle but a mirror in which audiences see the ugliness of institutional decay.

The carnivalesque becomes a form of social pedagogy, allowing audiences to recognize the fragility of public healthcare while briefly escaping the despair this might cause. As Declercq (2021) notes, satire works less as a driver of political change than as an emotional support that helps societies endure ongoing injustice. In Metron Phithibhuli's carnivalesque world, audiences enter a temporary space where abusive authority is made ridiculous and thus psychologically bearable, even if it remains materially unchanged.

Humor as hidden transcript and vernacular resistance to systemic failure

While the carnivalesque structure supplies the satire's aesthetic base, Scott's theory of hidden transcripts clarifies its political role. The South African public health system is marked by inequality, bureaucratic complexity, and institutional instability. Public criticism of systemic failures, especially of political leaders, is often cast as unpatriotic or divisive, so open dissent carries social costs. The humor in the Metron series sidesteps these limits by embedding critique in comedy, enabling citizens to voice frustrations without directly confronting institutions (Scott, 1990).

Hidden transcripts are the covert discourse of subordinate groups, where dissent is voiced indirectly through symbols or humor. TikTok, with its rapid circulation, informal culture, and user-generated content, functions as a modern backstage for such transcripts. The Metron series illustrates this by embedding implicit critiques of systemic problems: understaffing, incompetence, mismanagement, corruption, xenophobia, and neglect of marginalized patients. These critiques are softened through humor, helping to avoid the defensive reactions that direct criticism often triggers.

In the episode "Head of Hospital Requests All Staff to Present Their Qualifications," Metron reacts anxiously, suggesting she may have falsified her credentials. This mirrors real cases where people without proper medical qualifications, such as TikTok personality Dr. Matthew, have deceived healthcare institutions and the public.

Through humor, the creator highlights public fears that the health system fails to adequately vet its workers. Scott argues that such coded storytelling lets subaltern groups share "what cannot be spoken" in the public transcript (Ibid, 154). Satire protects speakers while emphasizing a grave point that incompetence in healthcare can be life-threatening.

Another layer of covert discourse appears in depictions of abuse toward elderly people. In one episode, Metron scolds an elderly patient, accusing her of witchcraft and attributing her illness to mystical causes instead of legitimate medical issues. Though framed as comedy, the scene engages persistent stereotypes and structural violence faced by black elderly women in healthcare settings. Humor becomes a key tool for representing this violence. As Dyck (2023) shows, dark humor often expresses moral despair amid institutional neglect, functioning as a form of vernacular therapy that lets viewers process healthcare anxieties through a protective layer of laughter.

Episodes depicting breaches of patient confidentiality reveal another hidden transcript. In South Africa, many worry that nurses in public clinics gossip about patients' conditions or share sensitive information in crowded waiting rooms. The series "Metron Phithibhuli" amplifies this problem by openly discussing patients' conditions in front of others, using derogatory labels like "you with the yellow urine" or "you gentleman with one leg." Through satire, the creator exposes the psychological harm these interactions cause.

TikTok's features reinforce the idea of the hidden transcript. Its transient content, popularity among young users, and remix culture enable dissent to spread horizontally rather than hierarchically. For Scott (1990), hidden transcripts are communal, shared by those who grasp the encoded critique. Metron's audience consists of people who have experienced, witnessed, or know of neglect in public healthcare. Their comments, likes, and shares collectively affirm the satire. Humor functions both as entertainment and as a means of community cohesion, grounded in shared experiences of suffering.

Ahmed's (2004) framework of affective economies helps explain the power of this covert discourse: emotions circulate socially, binding communities through shared amusement, frustration, or indignation. Metron's episodes trigger an affective cycle in which laughter is tightly linked to anger and recognition. The humor does not cancel the underlying despair but reworks it into a form suitable for collective processing. The series' timing amid growing national debate on National Health Insurance (NHI), xenophobic tensions in healthcare, and widely publicized corruption scandals further heightens its political relevance.

Although the content avoids explicit political commentary, its allegorical structure permits viewers to project institutional failures onto the exaggerated nurse figure. This indirection is the mechanism Scott (1990) identifies in hidden transcripts: critique delivered through allegory, humor, and performance. Humor thus becomes a vernacular mode of political engagement, a low-risk but resonant form of resistance. Through satire, the Metron series opens a discursive space where people can confront systemic neglect without directly challenging power, affirming that humor is not apolitical but a subtle, coded, and emotionally charged form of civic commentary.

Linguistic distortion, code-mixing, and satirical semiotics of institutional breakdown

A key feature of the Metron series is its deliberate manipulation of language. Misspellings, grammatical errors, orthographic distortions, and code-switching between English and isiZulu do more than create humor. They act as semiotic resistance to institutional language. From a Bakhtinian perspective, this reflects marketplace speech: vernacular and colloquial forms that oppose the formal, rigid discourse of institutions (Bakhtin & Helene, 1984).

The linguistic strategies employed by the creator reflect broader sociolinguistic realities of South African healthcare settings, where language often marks class, race, education level, and power. The titles of the episodes exemplify this linguistic play: "Metron wrong-turn uninterrogatively Duties Other colleagues", "Methiloni phithibhuli unprofessionally performs male circumcision" or "Head of Hospil Request All Staff to carry their Qualifications". These titles contain multiple layers of distortion, combining malapropisms, phonetic spellings, syntactic misalignment, and humorous misinterpretation of English medical vocabulary. Such distortions parody the bureaucratic language of institutional communication, revealing the alienation that many ordinary citizens feel toward official medical terminology.

The name "Phithibhuli," a phonetic isiZulu rendering of "pitbull", functions as a hybrid linguistic signifier. It embodies the aggression of the pitbull metaphor while localizing it within a South African linguistic landscape. This form of code-mixing speaks to participatory culture, in which humor circulates through recognizable linguistic and cultural codes (Shifman, 2013). It resonates with audiences who are familiar with township English, South African slang, and the multilingual texture of daily interaction in public hospitals.

Linguistic violence is another critical dimension of the humor. Metron regularly insults patients using descriptors that foreground physical frailty, disability, or illness: "you gentleman with one leg", "you with the yellow urine", "gogo omnyama" (dark-skinned grandmother). These expressions replicate authentic accounts of verbal humiliation documented in numerous South African healthcare facilities, where patients, particularly impoverished and elderly black women, are subjected to derogatory language by staff members who may be overburdened. The humor amplifies this violence in an exaggerated manner, enabling audiences to perceive its severity while simultaneously establishing a comedic detachment. Zahara and Mulyadi (2025) argue that digital satire often employs verbal and situational irony to criticize institutional failure. The linguistic alterations observed within the Metron series serve as a representative example of this phenomenon.

Situational irony is exemplified when Metron incorrectly pronounces medical terms or employs incorrect terminology during clinical procedures. The discordance between her designation as a senior nurse and her apparent inability to utilize fundamental medical vocabulary highlights public apprehensions regarding insufficient qualifications and inadequate training within the healthcare sector. Furthermore, linguistic inaccuracies serve as a microcosm of broader institutional disarray. Erroneously spelling "hospital" as "Hospil" or "circumcision" as "cicumcision" transcends mere humor related to literacy challenges; it symbolizes the administrative mistakes, diagnostic inaccuracies, and bureaucratic inefficiencies that patients encounter in practice. This phenomenon reflects a system characterized by misplaced files, misrecorded identities, and communication failures across departments. The Multimodal Discourse Analysis (MDA) reveals that these linguistic distortions function as a multifaceted symbol of systemic dysfunction.

IsiZulu-English code-mixing in South African digital satire carries political weight, as it engages postcolonial identity by blending linguistic registers to express class mobility, frustration, or resistance (Uys, 2012). When Metron shifts between

isiZulu, English, and township vernacular, she mirrors the multilingual reality of South African clinics. At the same time, this code-switching marks her as both authoritative and inept, mocking the nurse who performs professionalism without fully accessing the linguistic capital of medical authority. Linguistic distortion thus operates as satirical semiotics: it destabilizes medical discourse, exposes the classed and racialized dynamics of healthcare speech, and establishes a vernacular critique that aligns with everyday communication. It shows language as both a site of institutional breakdown and a tool of resistance.

6. Conclusion

Multimodal discourse analysis reveals that the Matron series derives its impact from both narrative content and audiovisual design. The creator deploys props, sound, filters, editing, and framing to materialize the affective atmosphere of collapsing public healthcare. These choices turn TikTok's affordances into a visual grammar of sociopolitical critique.

The pitbull filter transforms the creator's face into a grotesque hybrid. Its artificial appearance signals comic intent while marking Matron's monstrosity. This reflects Mbembe's (2001) concept of postcolonial ridicule, in which authority is simultaneously mocked and reenacted through mimicry. Props serve a parallel semiotic function. Socks worn as gloves parody chronic medical supply shortages. A phone charger used as a stethoscope exaggerates the absurdity of improvised healthcare tools. Both devices symbolize institutional breakdown through comic exaggeration.

Sound reinforces this critique. Persistent gum chewing, an abrasive tone, and ambient clinic noise construct an aural environment evoking the overstimulation and lack of privacy typical of public facilities. As Ahmed (2004) argues, affect circulates through atmospheres as well as language. Camera work amplifies the discomfort. Close-up shots of Matron's distorted face create invasive proximity, mirroring the boundary violations patients experience in overcrowded clinics. Point of view shots immerse the viewer directly in the patient experience.

Editing choices, including rapid cuts and abrupt transitions, reflect the chaotic rhythm of overburdened facilities. TikTok's short form format compresses institutional dysfunction into exaggerated, symbolic vignettes optimized for virality. Multimodal satire therefore does not only represent systemic failure. It performs it, inviting audiences to feel its affective contours.

Acknowledgments

Not Applicable.

Author contributions

Not applicable.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

Competing interests

The author declares that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of the Redfame Publishing.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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