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Decolonial Approaches to Reading Distress, Healing, and (Well)being in Contemporary African Diasporic Contexts

Arya Shree Thampuran

Abstract

Taking a decolonial and intersectional approach, this thesis formulates a reading practice for attending to expressions of distress and healing in contemporary African contexts. Drawing on literature, visual and performance art, film and television, this work explores how these creative engagements engage with indigenous Afro-diasporic epistemologies to resist or rescript Eurocentric narratives of illness and recovery. Considering how the 'healthy' subject in the psychiatric imaginary is produced at the intersection of contemporary neocolonial, neuroscientific, and neoliberal discourses, this work suggests that the body might instead be used to reimagine alternative modes of selfhood and relationality, beyond an often disembodying and depoliticising biomedical register.

The first chapter unpacks Eurocentric conceptions of reality and being, considering how the distressed subject has been constructed through a Western psychiatric imaginary. I suggest that indigenous African ontologies and cosmologies might allow us to replot aetiology and pathology beyond a conventional psychiatric narrative, depathologising distress itself. I attend to the most visible signifier of difference and a site where racialised violence has been inscribed: the skin. Here I draw on a range of sociocultural, psychoanalytic, and medical discourses to dislocate the epistemic binary between mythology and reality. I begin with visual artist Wangechi Mutu's collagic reworking of the mythologised black female body. I situate this alongside expressions of embodied distress in Akwaeke Emezi's semi-autobiographical, queer *Bildungsroman, Freshwater*, and Yrsa Daley-Ward's memoir, *The Terrible*. I find striking resonances in biomedical and sociocultural appraisals of the skin and brain, which intersect to produce a neoliberal subject oriented towards resilience, flexibility, and happiness. The second chapter explores how the healthy citizen-subject has been modelled in contemporary 'neuroculture'. I interrogate the structural asymmetries that create conditions of distress, and afford conditional access to particular institutional visions of (well)being. Bebe Moore Campbell's *72 Hour Hold* and Jacqueline Roy's *The Fat Lady Sings* offer insights through their depictions of women under psychiatric care in the U.S. and Britain respectively. Eloghosa Osunde's visual art series, 'Color this Brain', and Zinzi Clemmons' *What We Lose* allow us to reimagine the relationship between the brain and distress in ways that exceed the visual and verbal toolkit of neuropsychiatry. I conclude by turning to the question of healing: what does it mean to be 'whole' and 'well'? I consider the body as a medium for establishing networks of communal care and connection. I explore how Toni Cade Bambara's novel *The Salt Eaters* and Selina Thompson's performance art piece, *salt.*, undertake the cultural labour of imagining curative spaces and trajectories for the future that are more meaningfully aligned with black women's needs and desires.

DECOLONIAL APPROACHES TO READING DISTRESS, HEALING, AND (WELL)BEING IN CONTEMPORARY AFRICAN DIASPORIC CONTEXTS

ARYA SHREE THAMPURAN

Thesis submitted for the degree of Doctor of Philosophy (2022)

Department of English Studies, Durham University

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List of Abbreviations

BB: Victoria Pitts-Taylor, *The Brain's Body: Neuroscience and Corporeal Politics*

BNB: Nancy C. Andreasen, *Brave New Brain: Conquering Mental Illness in the Era of the Genome*

BSWM: Frantz Fanon, *Black Skin, White Masks*

CTB: Eloghosa Osunde, 'Color this Brain'

DGMH: China Mills, *Decolonizing Global Mental Health: The Psychiatrization of the Majority of the World*

DS: Akwaeke Emezi, *Dear Senthuran*

DSM-III-R: American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edn (Revised)

DSM-IV: *Diagnostic and Statistical Manual of Mental Disorders*, 4th edn

DSM-IV-TR: *Diagnostic and Statistical Manual of Mental Disorders*, 4th edn (Revised)

DSM-5: *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn

FLS: Jacqueline Roy, *The Fat Lady Sings*

HTM: Lewis Mehl-Madrona, *Healing the Mind through the Power of Story: The Promise of Narrative Psychiatry*

MB: Jan de Vos, *The Metamorphoses of the Brain – Neurologisation and its Discontents*

MPB: Michelle M. Wright, 'Middle Passage Blackness and its Diasporic Discontents: The Case for a Post-War Epistemology'

OD: Walter Mignolo and Catherine Walsh, eds., *On Decoloniality*

POH: Sara Ahmed, *The Promise of Happiness*

RYM: Lewis Mehl-Madrona, *Remapping Your Mind: The Neuroscience of Self-Transformation through Story*

SE: Didier Anzieu, trans by. Naomi Segal, *The Skin-ego*

SOS: Saidiya V. Hartman, *Scenes of Subjection*: *Terror, Slavery, and Self-Making in Nineteenth-Century America*

TAI: Molefi Kete Asante, *The Afrocentric Idea*

TPL: Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*

TSE: Toni Cade Bambara, *The Salt Eaters*

TT: Yrsa Daley-Ward, *The Terrible*

WWL: Zinzi Clemmons, *What We Lose*

72HH: Bebe Moore Campbell, *72 Hour Hold*

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Introduction

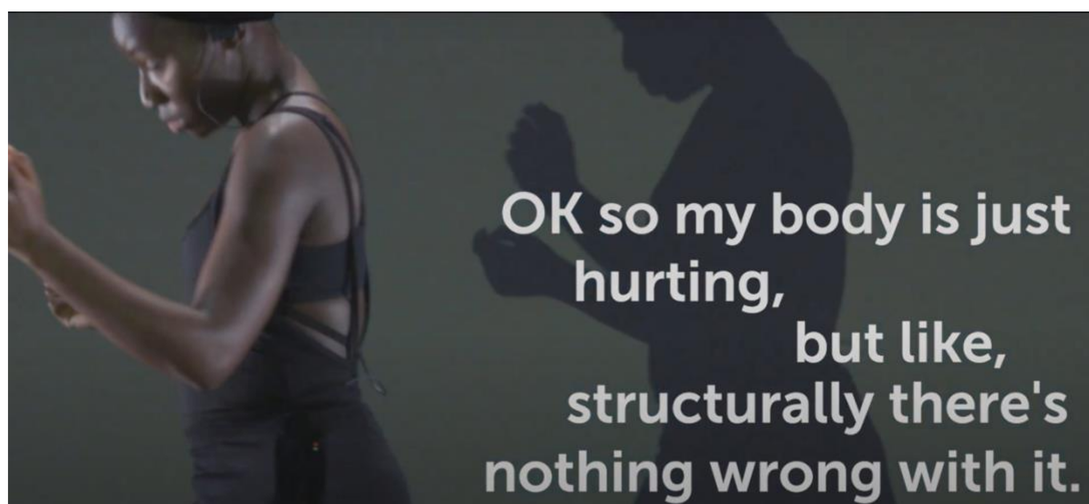

Figure 1: Heather Agyepong, performing in *The Body Remembers*, Fuel Theatre (2021)[1]

In the final stages of writing this thesis, I had the privilege of watching multidisciplinary artist and performer Heather Agyepong's *The Body Remembers*, which I had missed in its initial 2021 run because of pandemic-related constraints. This was perhaps a fortuitous delay; watching Agyepong in motion, mobilising collective healing through her embodied practice, gave much-needed verve and momentum to consolidate the present work. Indeed, Agyepong's performance crystallises the ideas at the pulse of my thesis. *The Body Remembers* (October-November 2021; March 2022) is inspired by Agyepong's practice of Authentic Movement,[2] a therapeutic modality that involves 'moving the body through impulse, in order to release stress and tension'.[3] In this piece, Agyepong moves against the backdrop of an immersive soundscape, which features interviews with twenty Black British women recounting their experiences of trauma and healing. Layered in this way, the performance – and indeed the theatre space itself – collapses the boundaries between the personal and collective. Agyepong ('The Mover') and the audience

[1] Heather Agyepong, *The Body Remembers* trailer, Fuel Theatre (2021) <https://www.youtube.com/watch?v=3IOiMqLZq9Q> [accessed 20 February 2022].

[2] This practice was developed and pioneered as a therapeutic modality by Mary Starks Whitehouse in the 1950s, drawing on her work as a dance therapist and psychotherapist, as well as principles of the Jungian analytical psychology. See *Authentic Movement: Essays by Mary Starks Whitehouse, Janet Adler and Joan Chodorow*, ed. by Patrizia Pallaro (London: Jessica Kingsley Publishers, 1999).

[3] Heather Agyepong, interviewed by Greg Stewart, 'Interview: Heather Agyepong on The Body Remembers' (11 October 2021) <https://theatreweekly.com/interview-heather-agyepong-on-the-body-remembers/> [accessed 20 February 2022].

(‘The Witness’) are not so much in an asymmetrical dynamic of performer-spectator,[4] but intimately enfolded into a process of shared healing; the soundscape makes the audience feel like they are ‘inside the body’ and ‘holds [them] inside something’, Agyepong muses.[5] Here, Agyepong draws on her personal experience of how posttraumatic stress disorder expresses itself somatically, often without conscious awareness of the trauma one’s body holds.[6] The performance is at once deeply ‘cathartic’ for Agyepong and is intended to culminate in a ‘mass release’ for the audience.[7] Dawn Estefan, a psychoanalytic psychotherapist working on the project to support the women involved, resonates with Agyepong’s focus on how trauma ‘sits in the body’; she reflects that many classical theoretical approaches treat mental health as something contained within the ‘head’ – Estefan instead advocates for a more ‘holistic’ approach, where ‘the head actually meets the body.’[8] I am particularly struck by the way Agyepong attends to distress as an irrefutably situated, embodied experience. What is also striking is how this relational ethos – the sense of *holding* and being held – translates into Agyepong’s practice of embodied healing. As co-creator, Gail Babb, notes, Agyepong’s performance channels black women to ‘speak through, with, from, next to’.[9] How might the spatial and somatic enfold one another to create a habitable space for the black female body, one that can accommodate visions of (well)being apart from the exclusionary and asymmetrical structures that condition health?

Theorising a Decolonial and Intersectional Approach to Black (Well)being

This thesis argues that the notion of ‘healthy’ selfhood is produced and conditioned at the intersection of neocolonial, neuroscientific, and neoliberal discourses. Within this matrix that frames the contemporary subject, certain institutional rationalities and orthodoxies – which I will trace through Enlightenment rationality to present

[4] Agyepong muses that this she is interested in ‘not just being a spectator, but being crucial to the work itself’. *The Body Remembers* documentary, Fuel Theatre Digital (2021) <https://digital.fueltheatre.com/streams/the-body-remembers-documentary/> [accessed 20 February 2022].
[5] Agyepong, ‘Interview: Heather Agyepong on The Body Remembers’.
[6] Agyepong, *The Body Remembers* documentary.
[7] Ibid.
[8] Dawn Estefan, ibid.
[9] Gail Babb, ibid.

capitalist wellness culture – have come to define identity, particularly as it circulates within mental health discourse and practice. I propose that the collusion of these discourses structures subjectivity in particular ways, while occluding the structuring myths and the associated systemic violence they mobilise. Advocating for mental health as an urgent and critical social justice issue, I interrogate the operation – and the operative violence – of these discourses. My work here is committed to a decolonial and intersectional reading of distress that is at once attentive to its individual, situated particularities, and the collective experience of endemic structural violence. To this end, I trace how the rigid binaries of mind-body (as Estefan critiques), individual-collective, West-Non-West, are instituted through this ideological matrix, and how we might accommodate expressions of selfhood and relationality beyond its prescriptive and disenabling confines.

Echoing Agyepong's practice, my work foregrounds the expert-by-experience perspective: this is a critical reorientation of the relational dynamics involved in standard reading practice and the interpretive encounter – not speaking *for*, but 'through, with, from, next to', to reiterate Babb's striking description of Agyepong's engagement with the testifying women. Alternatively termed the consumer/survivor/expert (c/s/x) or service user/survivor perspective in some contemporary strands of social justice work in the mental health field, this is as much a narrative reorientation as it is a political one. For Agyepong, this is a practice of asserting 'ownership'[10] over personal healing. This notion of ownership is quite distinct from the discourse of moral responsibility mobilised through a Western therapeutic culture undergirded by a neoliberal capitalist modelling of the healthy citizen and their relation to the national body. I would pose that ownership in Agyepong's vision is a reclamation of agency over a body which has, historically and persistently, been subjected to censure and erasure; it is an assertion of the right to redefine life itself, on one's own terms, where these possibilities have been politically disavowed.

[10] Agyepong, ibid.

As one interviewee evocatively expresses (Fig 1), 'my body is just hurting, but like, structurally there's nothing wrong with it.'[11] This sense of seeming dissonance or 'dis-order', of embodied expressions that exceed the formal confines of psychiatric rationality, is key in my reading of distress. It seems critical to me to resist the impulse to re-order the body, to contain it within the seemingly intelligible – and naturalised – frames of reference prescribed by the available representational technologies of psychiatry, which I explore as this thesis unfolds. Co-creator Imogen Knight asserts 'there are some things that there are no words for', but in this absence, the body has a 'language'.[12] I am interested in probing this sense of the body as a relational mode, one that *relays* distress and *relates* with the other, demanding to be witnessed and read on its own terms.

William Viney, Felicity Callard, and Angela Woods pose a question that I take as a foundational prompt in orienting this thesis: 'Can the medical humanities intervene more explicitly in ontological questions – in particular, of aetiology, pathogenesis, intervention and cure – rather than, as has commonly been the case, leaving such questions largely to the domains of the life sciences and biomedicine?'[13] My present work takes particular interest in deforming institutional time and associated temporalities of being (as it is psychiatrically expressed) in order to meaningfully accommodate different forms of expressing and envisioning 'pathology' and 'cure'. This, I argue, has more profound ontological implications for how we organise selfhood, relationality, and by extension, the telos and temporalities of 'recovery' itself.

I pursue these lines of inquiry via a multimodal body of late twentieth-and-twenty-first century work by writers, artists, and creative practitioners across the African diaspora. From literary text, to film, visual art and live performance art, my corpus fleshes out a rich genre of creative engagements with distress that exceed and often destabilise the pathologising register of Western biomedical scriptings of health. Circulating as many of them do in contexts of cross-cultural contact, these works variously engage with and de/re-form dominant Western expressions of health and

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[11] *The Body Remembers* trailer.
[12] Imogen Knight, ibid.
[13] William Viney, Felicity Callard, and Angela Woods, 'Critical medical humanities: embracing entanglement, taking risks', *Medical Humanities,* 41 (2015), 2-7 (p. 3).

(well)being.[14] In ways that strikingly resonate with Agyepong's practice of channelling of the body as a medium of relational expression, these works generatively re-centralise the body in what is often a dis-embodying clinical register and encounter. If distress is re-embodied and the body productively re-centred across this corpus, then so too are epistemologies and ontologies that are typically occluded, relegated to the margins of healthcare discourse. These selected works draw on indigenous wisdoms to articulate what wellness and wholeness might fundamentally mean. Though distinctly diverse and heterogenous in mode and medium of expression, they largely share a formal commitment to what I term the poetics of *dwelling in irresolution*. I suggest that this particular poetics – a temporality of being – affords the possibility of challenging institutionalised orderings of recovery, and imagining alternative trajectories for becoming well. As this thesis unfolds, I explore how a Eurocentric version and vision of the healthy self – and more fundamentally, *being* itself – is rooted in what I conceptualise as a contemporary neocolonial-neuroscientific-neoliberal matrix. Critically, these engagements with distress expose how structural asymmetries quite literally seep under the skin; to this end, I will consider the various intersecting institutional structures that condition – and provide conditional access to – wellbeing for the black female body. By treating distress as irrefutably embodied and environmentally-embedded, such work demonstrates how mental health is a pressing social justice issue.

I choose to use the term 'distress' over 'disorder' or 'illness' in my own analysis, except where the latter is preferred within the c/s/x work being engaged with; this is to avoid pre-framing experience within the psychiatrically-charged taxonomy of trauma and its associated discourses of pathology. I take my cue from the works under consideration here, many of which draw from lived experience and tend to use the term 'distress' and closely-related synonyms. I am also informed by black feminist researcher Karen Essien's practice in her Rainbow Nation (2003) study, a service user/researcher-led project based in Bradford, UK, to understand and raise awareness of black African and African Caribbean women's experiences of mental distress. Essien uses the term 'distress' interchangeably with 'mental health problems' or the

[14] I often stylise 'wellbeing' as (well)being where salient, to suggest how fundamental ontological understandings of what 'selfhood' and 'being' constitute are implicated in, and inseparable from, constructions of wellness and the heathy, 'whole' self.

‘self-definition of mental ill health’ from women participating in the study.[15] This is a study committed to a ‘feminist ethos’ of ‘listening to and empowering women’, whom Essien believes are ‘the experts about their own mental distress’.[16] This approach to reading experience on the experiencer’s own terms seems to me a key feature of any reading practice that seeks to redress the institutional neglect of minority experience: it becomes critical in a commitment to engage ethically with mental health.[17]

In a similar vein, I use the term ‘healing’ over ‘recovery’ or ‘cure’ to syntactically avoid the medicalised charge of the latter, but more significantly, to avoid its politically-pacifying charge: I suggest that healing is necessarily an open-ended process, when the structural conditions of oppression and trauma occupy temporalities of the endemic.[18] Alternative expressions of embodied distress, then, can radically re-envision the formal conditions for *healthy* subjectivity; texts that dwell in necessary fragmentation and multiplicity, or that resist formal closure, offer a potent challenge to a conditioned mistrust or skepticism of the body and its somatisation of distress. How might this rendering of health through an embodied idiom and logic, rather the available technologies of a medical-industrial complex, in fact create the conditions of possibility for meaningful contact or affective engagement between self, other, and the environment in which these relations circulate? To this end, I am interested in exploring the archival quality of the body: how distress is as much inscribed on the individual body as it is a cipher for collective cultural memory. This act of mining the body also becomes a critical act of rehabilitating the body’s relationship to labour. Against the extractive relationship to land and labour in which the black body has been implicated, the ‘cultural work’[19] undertaken by creatives like Agyepong taps into its regenerative potential. Here, the individual body is mobilised to *hold*

[15] Karen Essien, A Rainbow Nation? Black Women Speak Out’, Report for The Mental Health Foundation (2003), p. 7.
[16] Ibid., pp. 7, 37.
[17] Signalling the urgency of such a decolonial practice in mental health, Lisa Fannen’s recent work, *Warp and Weft*, also raises many of the issues with the prevailing Eurocentric framing of trauma, suggesting how we might ‘relanguage’ these experiences, and outlines embodied practices for psycho-emotional health drawing on the anonymous author’s own experiences and practice. Lisa Fannen, *Warp and Weft: Psycho-emotional health, politics and experience* (Bristol: Active Distribution, 2021).
[18] This formulation of the ‘endemic’ is a concept I borrow from Lauren Berlant’s work on ‘slow death’, which I develop further in Chapter Two. Lauren Berlant, ‘Slow Death (Sovereignty, Obesity, Lateral Agency)’, *Critical Inquiry*, 33 (2007), 754-780 (p. 756).
[19] I adapt this term from Toni Cade Bambara, who, as a writer at the intersection of art and activism, designates herself in the leagues of the ‘cultural worker’ who uses art as a transformative tool for their community. Toni Cade Bambara, ‘What it is I Think I’m Doing Anyhow’, *The Writer on her Work*, ed. by Janet Sternburg (New York: W.W. Norton, 1980), p. 153.

collective experience, and accommodate alternative, culturally-meaningful and contextually-salient modes of healing for the communal body.

This thesis intervenes in the field of the decolonial medical humanities by exploring how African diasporic knowledges and conceptions of selfhood might challenge the dominant Western theoretical axis in psychiatry that universalises a standard for the healthy, whole self. At the pulse of this work is how we might depathologise 'distress' and re-order 'recovery' beyond institutional scriptings that circulate within modernity's narratives of progress. Drawing on Walter Mignolo's assessment of the decolonial project as one of 'epistemic reconstitution',[20] this thesis pursues the narrative possibilities of such an epistemic and political orientation. How might indigenous epistemes and ontologies of (well)being propel the 'epistemic reconstitution' envisaged, by rescripting pathology and reorienting potential recovery trajectories? This involves unpacking the very notion of health and its cognate constructions of the self, or more specifically, how the notion of (well)being itself is determined.

I suggest here that the contemporary subject in the psychiatric imaginary is constituted at a point of convergence between neocolonial, neuroscientific, and neoliberal rationalities. These ideological vectors are teleologically oriented towards the ontological construction and maintenance of the healthy, 'whole' subject. This is a citizen-subject that acquires various sociocultural articulations, while fundamentally reproducing this normalised vision: the 'happy housewife', or the endlessly flexible worker, among other iterations of affective conditioning that will be unpacked through my thesis. The contention here is that the political draws on the biomedical to naturalise and universalise its construction of this healthy subject, figured as endemic to the normative operation of a wider social machinery. But the naturalisation of this linear future orientation and the normalisation of this particular view of health are reified through the cultural hegemony the West enjoys. To frame this dynamic within Mignolo's decolonial reorientation, particular mythologies of the mind produced within Western epistemic traditions have instituted this ontological shaping of the well and whole individual; this is a subjectivity that is pursued through a particular telos of (well)being supported by a linear Western cosmology. What possibilities of selfhood

[20] Walter D. Mignolo, in *On Decoloniality*, ed. by Walter D. Mignolo and Catherine E. Walsh (Durham, NC: Duke University Press, 2018), pp. 166-167, 228-231. Hereafter *OD*.

and relationality are these expressions, or mandates, of health forcibly foreclosing? What are the conditions of access to this vision of wellbeing; are some bodies excluded from its ideological and affective purview?

This line of inquiry is aligned with the ethos of the Association of Black Psychologists (ABPsi), the first ethnic minority association working to develop and promote cultural competence in psychological intervention through an African-centred approach. Formed in 1968, with both US and UK-based chapters now, this is a vital space for black health practitioners to represent the interests and address the mental health needs of black populations. The UK-based ABPsi express their ethos as a 'selfconsious "centering" of psychological analyses and applications in African realities, cultures and epistemologies.'[21] This approach works to understand 'the systems of meaning of human beingness, the features of human functioning, and the restoration of normal/natural order to human development.'[22] Their statement is an evocative reminder of the inseparability of questions of ontology from understandings of human health, though this is an understanding of the human, and what it means to be a human, within a reconfigured model of relationality aligned with African belief systems.

It is worth qualifying here that the terms 'African', 'Afro-diasporic' and 'Afrocentric' are not without their own fraught structural entanglements. I will critically interrogate the viability of these taxonomies throughout this thesis, particularly in how they come to designate a form of collective identity. Similarly, I use the term 'West(ern)' to designate the practices, beliefs, and modes of understanding the (healthy) self that I identify as being rooted in Enlightenment rationality, and expressed in Euro-American spaces – specifically within psychiatry, creative industries, and the neoliberal marketisation of wellness culture. By using these terms, I do not mean to suggest homogeneity across distinct geographies; rather, I hope to foreground the nuanced internal diversity of thought through the creative practitioners I engage with here. In this thesis, I read creative engagements with distress alongside Western biomedical scriptings. Afro-diasporic texts here are not positioned in contradistinction to, but viewed in co-production with, Western epistemes, as they circulate through cross-cultural contact with a multiplicity of

[21] The Association of Black Psychologists (UKAbpsi) < https://ukabpsi.co.uk/aboutus> [accessed 12 January 2021].
[22] Ibid.

discourses on health. In broad terms, however, I take a cue from the ABPsi in defining people of African descent as

> those who share a spiritual, physiological, and historical connection to the continent of Africa, influencing a complex constellation of mores, values, customs, traditions, and practices that shape their response to life circumstances.[23]

Significantly, the ABPsi acknowledge the fundamental ontological differences that delimit expressions of selfhood, when these expressions are filtered through incommensurate or inadequate frames of reference. They note that '[w]hat is considered abnormal in Western culture may be a highly regarded gift in African culture, for example, remote viewing, clairvoyance, and clairaudience.'[24] This reframing of embodied experiences of distress, or an attentiveness to its multivalence beyond a pathological register, resonates in my reading of the works considered here. I probe how particular diagnostic and medicalised tendencies have enjoyed a particular epistemic security and monopoly, devaluing alternative understandings of embodied relationality. To this end, I also seek to unpack how these mythologies of the mind are – often covertly – structured in entrenched, and endemic, myths about the racialised Other.

Indeed, an essential part of the ABPsi's remit is creating awareness of frequently-obscured histories of enslavement, colonialism, and neocolonialism, and how these persistently impact black populations. There is an active attempt here at addressing the gaps in Western psychiatric intervention, and ultimately redressing deep-rooted structural biases that shape diagnosis. An example pertinent to this thesis is the over (and often, mis)-diagnoses of schizophrenia in black populations.[25] Indeed, Michael Gara et al. suggest that the presentation of 'psychotic symptoms' such as hallucinations and delusions amongst African Americans may be 'overvalued by clinicians' as compared to their white counterparts, 'skewing' diagnosis toward schizophrenia-spectrum disorders rather than affective disorders like depression, which clinicians tend to neglect as a diagnostic possibility for this group.[26] They

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[23] Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (CNPAAEMI), *Psychological Treatment of Ethnic Minority Populations* (2003), p. 13.
[24] Ibid., p. 16.
[25] See Harold W. Neighbors, et al., 'Racial differences in DSM diagnosis using a semi-structured instrument: the importance of clinical judgment in the diagnosis of African Americans', *Journal of Health and Social Behavior*, 44 (2003), 237-256.
[26] Michael A. Gara et al. 'Influence of Patient Race and Ethnicity on Clinical Assessment in Patients With Affective Disorders', *Archives of General Psychiatry*, 69 (2012), 593-600 (p. 597).

speculate that these problematic clinical trends possibly reflect ‘cultural differences in worldview’: this might be ‘healthy paranoia’ stemming from histories of medical racism and discrimination, ‘cultural mistrust’, or ‘cultural differences in expressing illness’.[27] Gara et al.’s hypothesis underscores one trap of the cross-cultural clinical encounter I will continue to interrogate: the misalignment between embodied, environmentally-embedded lived realities and generalised diagnostic taxonomies.

Perhaps addressing some of the critical gaps in the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*), which I explore in what follows, the ABPsi propose a culturally-competent model of viewing mental health as ‘holistically integrated phenomena whose processes are interwoven between individual and collective contributions to states and traits of mind and health, and the subsequent biopsychosocial environment.’[28] Pathology, within this reorientation, is symptomatic of a dysfunction in the larger social group; as a corollary, healing must be mobilised within a collective and centre on relations within the community, across generations, and through the physical environment. Among its initiatives are ‘healing circles’, which are ‘culturally grounded and community-informed’ spaces for people of African ancestry to ‘share stories’ and collectively work to ‘deepen [their] understanding’ of and heal from the impact of historical and persistent structural traumas.[29] I will return to this motif of collective, culturally-grounded re-centring through the embodied, sensory practices of a communal healing circle more fully in my final chapter, exploring the potential for redistributing the labour of healing within both textual and theatrical spaces. At present, however, it is worth reflecting that the temporalities of healing are inflected by particular cosmological orientations. According to Kenyan philosopher John Mbiti, time is a ‘two-dimensional phenomenon’[30] within an African worldview, distinct from linear Western cosmology.[31] In Mbiti’s view, time within an ‘African’ orientation

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[27] Ibid., p. 598.

[28] *Psychological Treatment of Ethnic Minority Populations*, p. 13.

[29] One example is the Emotional Emancipation Circle, developed by the Community Healing Network in collaboration with the ABPsi. See Community Healing Network <https://communityhealingnet.org/emotional-emancipation-circle/> [accessed 12 January 2021].

[30] John S. Mbiti, *African Religions and Philosophy*, 2nd edn (Oxford: Heinemann, 1989), pp. 16-17.

[31] It is worth acknowledging the representational risk here in adopting the term ‘African’ as a homogenous category, eliding the plural, distinct cosmologies and religious orientations produced intra-culturally across the continent. Mbiti’s work is invoked here to suggest the fundamental incongruence between this conception of time and a linear Western cosmological frame, and how an attempt to render African narratives through the latter necessarily effaces some of the nuances of reading and engaging with the situated quality of distress.

encompasses a long past ('Zamani') and present ('Sasa'), without a concept of the future ('No-time'), as time has to be experienced in order to be perceived as real.[32] As an example, Mbiti theorises the lack of a concrete conception of a future (as opposed to a Western conception of an 'infinite future') within an African worldview by analysing verb tenses in Kikamba and Gikuyu. That there is no temporal equivalent of a Western 'infinite future', or, in economic terms, a 'bigger and better' future,[33] has significant implications for how institutionally-mediated and mandated futures are reconfigured in these creative works – be it through the compulsory reproductive or recovery imperatives. How then might we reimagine the potential of the subject, beyond linear paradigms of recovery as a prescribed end point? It becomes urgent, in this light, to unpack the foundational myths that undergird psychiatry's progress narrative, and which are largely concealed by a seemingly naturalised confluence of medicine and the market. What is also critical to uncover is the political and epistemic violence of erasure enacted against indigenous epistemologies, ones whose versions and visions of futurity might threaten the ontological security of certain foundational myths in the Western imaginary – not least of which are ideas of individualism and wholeness.

At this juncture, it is important to define the terms 'epistemology', 'ontology', and 'cosmology', to conceptualise their networked operation. I define ontology here as a study of the nature of *being*, and epistemology as the study of *knowledge*: how we come to understand ourselves in relation to the world we inhabit. I draw from African philosopher T. Uzodinma Nwala in viewing cosmology as

> that framework of concepts and relations which man erects in satisfaction of some emotional or intellectual drive, for the purpose of bringing descriptive order into the world as a whole, including himself as one of its elements.[34]

I understand cosmology as a *bridge* here, mediating between ontology and epistemology to map out a system of thought with specific spatial and temporal points. This is consonant with the narrative dimension of Mignolo's definition: he suggests that cosmology is constructed through the 'stories' of origins and creation.[35] Mignolo

[32] Ibid., pp. 16, 21-22.
[33] Vernon J. Dixon, 'African-Oriented and Euro-American Oriented World Views: Research Methodologies and Economics', *The Review of Black Political Economy*, 7 (1977), 119-156 (p. 125).
[34] T. Uzodinma Nwala, *Igbo Philosophy* (Lagos: Lantern Books, 1985), p. 7.
[35] Mignolo, *OD*, p. 164.

argues that modernity's narratives invent the idea that 'ontology is represented by epistemology', i.e. 'we know what simply is and exists.'[36] To reorient this triadic relationship from a decolonial standpoint, however, he suggests viewing ontologies as 'cosmologic/epistemic creations'; epistemology 'institutes' ontology, and this is a prescriptive act that universalises a singular ontological orientation.[37] Throughout this thesis, I unpack this triadic relationship, and interrogate how particular rationalities – and the 'rational subject' itself – have come to be naturalised and universalised through the structuring principles of the (highly gendered) neocolonial-neuroscientific-neoliberal matrix I theorise.

Mignolo's formulation of decoloniality offers an instructive theoretical foundation for the scope of my project. Mignolo builds on the seminal work of sociologist Anibal Quijano, who distinguished between colonialism and what he terms the 'coloniality of power': while the former describes a Euro-centred political domination that has receded in the wake of World War II and America's rise to power, the latter term designates the persistence of an epistemic mono-logic.[38] The social classification of race along biological lines structured the hierarchical boundaries of superiority and inferiority. Mignolo suggests that the distinction between decolonisation and decoloniality lies in the shift from political sovereignty to the epistemic analytic of colonial logic.[39] The critical push toward decoloniality, then, lies in a failure of decolonisation, specifically in its epistemic dimension: in the struggle for national sovereignty following colonialism, the colonial rhetoric manufactured through asymmetrical power was internalised and reproduced by local elites who modelled their newly independent nation-states on Europe. What this also reproduced was the very colonial logic grounded not just in the valuation of human superiority, but a unilinear vision of modernity aligned with a Eurocentric worldview. To understand the complicity of modernity and coloniality, particularly in the contemporary extension of the colonial logic, it is instructive to turn to Mignolo's

[36] Ibid., p. 147.
[37] Ibid., p. 135.
[38] Walter D. Mignolo, 'The Geopolitics of Knowledge and the Colonial Difference', *South Atlantic Quarterly*, 101 (2002), 57-96 (pp. 60-61).
[39] Mignolo, *OD*, pp. 228-229.

theorisation of the coloniality of power through his compound concept: modernity/coloniality.[40]

The spatial stylistics of this compound term itself, in the adjacent positioning of the two terms, enable us to visualise coloniality as constitutive, and not derivative, of modernity. In Mignolo's view, coloniality is the 'darker side of modernity', and both constitute 'two sides of a coin'.[41] The colonial logic operates on a system of cultural classification, and, as Mignolo points out, these classifications are discursive constructs rather than based on any material reality. Central to this logic are the cultural classifications of race and sex – and, as I elaborate here, their intersectional dimension. These classifications are visualised as the building blocks that edify modernity/coloniality, and by extension, structurally support the West's singular epistemic stronghold. This is a dynamic that operates and oppresses through its discursively-constructed, asymmetrical delineations. When classificatory systems acquire value-based designations, they transform into hierarchies, which have variously been expressed in polarities such as primitive-civilised, colonised-coloniser, or more recently, developing-developed/Third World-First World. Such hierarchies have historically offered the justificatory basis for intervention to free those positioned as less rational from barbarism (colonial civilising mission), underdevelopment (modernisation), or terrorism (neo-nationalism). Through its various guises, modernity has maintained the universality of its cognate narratives: a theological Christian one of salvation, or secular iterations like economic development, political democracy, scientific progress, or happiness, to name a few.[42] Fundamentally, however, these narratives service the colonial matrix of power, or modernity/coloniality complex. The different iterations of this rhetoric operate on a logic of colonial difference.

The invention of colonial difference acquires a spatial dimension, as it operates tangentially with the construction of 'exteriority'; in this exteriority, the outside (*anthropos*) is constructed alongside the inside (*humanitas*) to 'secure the safe space

[40] The modernity/coloniality complex is a conceptual abbreviation for what has previously been articulated as a 'colonial matrix of power'. Walter D. Mignolo, 'Coloniality: The Darker Side of Modernity', in *Modernologies: Contemporary Artists Researching Modernity and Modernism*, Sabine Breitwieser, Cornelia Klinger, and Walter D. Mignolo, eds. (Barcelona: Macba, 2009), pp. 39-49 (pp. 40, 49).
[41] Ibid., pp. 42, 46.
[42] Ibid., pp. 43, 49.

where the enunciator dwells.'[43] Mignolo's description of this interior realm as a 'safe space' is striking. This scaffolding of difference has ontological and epistemic bases: differences evolve into hierarchies through an ontological construction of inferiority, and the inferior are positioned not just outside, but subordinate to, the 'safe space' of the 'enunciator' of this difference. The safety of this interior realm is preserved by its very exclusivity; the West is thus able to universalise a Eurocentric logic. Mignolo usefully defines Eurocentrism as an 'epistemic phenomenon', whose 'enunciation' locates 'actors, languages, and institutions that managed to project as universal their own world sense and worldview.'[44] Within this schema, alternative worldviews that may threaten the ontological security of this 'safe space' are selectively rendered invisible or foregrounded on the basis of their position within these classificatory systems: the backward, traditional, or uncivilised are constructed as diametrically opposed to the civilised, developed, or modern. These dichotomies become the semantic support for modernity's violence (epistemic and political), couched in its imagining of happiness, development, or indeed, whatever the prevailing ideological rhetoric is. If colonial difference is constructed through denotations, then the fictionality of these differences is disguised because they present themselves as totalising epistemic universals. By unpacking these grounding mythologies of modernity, a decolonial project such as the present one might be able to expose the fictionality – and fragility – of its enunciations, and challenge the privileged position occupied by Eurocentric frames of reference.

The reification of colonial difference also conceals the fundamental contradictions of colonial logic, particularly the paradoxical co-existence of a purported liberatory impulse alongside the genocidal violence effected in practice. In tracing the 'origin' story of modernity, or to frame it in narrative terms for our purposes here, its creation myth, Enrique Dussel suggests that modernity simultaneously encompasses a 'rational "concept" of emancipation' that is taken for granted, and also an 'irrational myth, a justification of genocidal violence.'[45] Significantly, Dussel's view of modernity's creation myth disrupts a linear or singular localisation of its conceptual and epistemic point of origin. Dussel views modernity as an enfolding of both Europe and its 'alterity', or 'center' and 'periphery'. Modernity

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[43] Ibid., p. 47.
[44] Mignolo, *OD*, pp. 169, 194.
[45] Enrique Dussel, 'Eurocentrism and Modernity', *boundary*, 2 (1993), 65–76 (p. 66).

is a European phenomenon that gains its own self-definition by positioning itself in 'dialectical relation' to its subordinate alterity.[46]

The fundamental question here, then, is why modernity, structured as it is on contradictions, retains its epistemic stronghold? To extract the fragile foundational inconsistencies which undergird modernity, it becomes necessary not just to unpack the myths it produces and perpetuates, but consider how modernity is in itself mythological. Here I am using the term 'mythology' deliberately as an epistemic tradition positioned by Western discourse as Reality's devalued Other; indeed, this is a singular Reality operating around the axis of Western cosmology and ontology. This is perhaps best expressed in the value-laden discursive categorisation of indigenous knowledges within an epistemic hierarchy: classifications like the 'supernatural', 'occult', or 'traditional' cast these diverse bodies of knowledge to an 'alternative', subordinate, epistemic realm – the mythological – which stands in contradistinction to Western reality, and indeed, modernity itself. Endemic to the colonial logic is this system of value-based classification, initially a biological classificatory mechanism that has been extended into an epistemic valuation of knowledge(s). It is in this way that knowledge produced by the culturally-classified Other is constructed not just as inferior, but threatening to the one produced by the European enunciator of such difference. In this epistemic hierarchy, modes of knowledge are valuated through their perceived, and purported, truth value (or lack thereof). A diachronic Western narrative of progress is predicated on temporal linearity. The terms of access and inclusion to this constructed 'centre' become largely contingent on one's epistemic and ontological affiliations; to participate, one is called to demonstrate investments in modernity's promissory vision, and disaffiliate from devalued modes of thought and being – the 'alternative' schemas – that seemingly run counter to Western rationality and its linear, future-oriented narratives of progress.

But in the artificial demarcations of past and present, tradition and modernity, there is a discursive disguising of the persistence of colonial violence. It is for this reason that conceptualising modernity and coloniality as an interrelated, constitutive complex is useful in unpacking these narrative guises and slippages. If decoloniality is largely an epistemic project, as Mignolo suggests, then the task at hand is to make

[46] Ibid., p. 65.

visible the colonial difference (and its attendant epistemic legacies) that have historically silenced and suppressed alternative ways of knowing.

Pushed further, such an unravelling of modernity and its structuring mythologies threatens the very ontological security of the categories and classificatory mechanisms we hold as biologically-fixed. In the vein of Quijano's foundational formulation, then, decoloniality becomes an issue of 'epistemic reconstitution'. This largely involves a displacement of the centrality and singularity of the West's epistemic stronghold, on sociocultural and biological terms. This is not to delegitimise Western modes of thought, but to unsettle its privileged singularity and broaden the remit of what is viably accommodated as knowledge itself. However, and in agreement here with Mignolo, such a reorientation has to be effected through the very epistemic frames that have been devalued, and not through a Eurocentric frame itself. As will be argued, in a psychiatric context, this reorientation raises an ethical question about the rights of representation and the possibilities of meaningfully engaging with distress – whether this is from an experiential or observational vantage point.

How might we reorder some of the grounding and founding mythologies of Western modernity? Of interest to this project is how one of the manifold narratives of modernity acquires expression in the psychiatric setting, and how this modernity/coloniality dynamic structures an institution which, by and large, has structured the conditions of (well)being. Here we might turn to contemporary psychiatry's scriptings of mental health and their universal, global reach, which produce their own mythologies of modernity – mythologies of the mind. What are the building blocks that scaffold contemporary psychiatry and edify its stronghold as a dominant rationality? What rhetorical and representational technologies of the modernity/coloniality complex collude at this site? Fundamentally, how does a psychiatric narrative frame structure the experience of 'disorder', and produce the 'disordered' subject?

We might begin with psychiatry's foundational texts, its primary tools of diagnosis and classification in the West, and in widespread circulation globally: the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Disorders* (*DSM*) and the World Health Organisation's (WHO) *International*

Classification of Diseases (ICD).[47] These are classificatory manuals for psychopathology, outlining the symptom-based criteria for clinically identifying and diagnosing a range of mental disorders. The *DSM* has been somewhat mythologically heralded as the 'bible'[48] of psychiatry, arguably gaining such celebrity through its prominence in the popular press. The narrative of psychiatry has long been saturated with its own 'origin' struggles of sorts, in the form of competing aetiological claims and characterisations of mental illness – from biological predispositions to environmental factors. The current acknowledgement in the latest *DSM-5* (2013), that 'the boundaries between disorders are more porous than originally perceived',[49] is symptomatic of a move towards a more contextualised reading of illness; this is perhaps also suggestive of a more moderated view of psychiatry's explanatory power, accommodating the multifactorial, and often misunderstood, nature of what is classed as 'disorder'.

The National Institute of Mental Health (NIMH) has been skeptical about the prognostic validity and treatment potential of a subjective, symptom-based model. NIMH's former director, Thomas Insel, instead calls for a reorientation of the psychiatric paradigm, from a symptom-based to a cause-based model, one that can accommodate a neurobiological focus. Insel's potent claim that '[a]s long as the research community takes the D.S.M. to be a bible, we'll never make progress', is particularly revealing.[50] In this competition for paradigmatic possession over the prevailing mental health model, what is curiously reproduced is a quasi-religious ontological struggle – endemic to modernity – to gain explanatory ownership over foundational questions of (normative) being. This is signalled in the turn towards a biological model, marked by an explanatory shift towards genetic and neurochemical markers to characterise and classify mental illness. While accommodating contextual variability, this model remains grounded in the perceived security of the biological and organic as its guiding rationality. In the contemporary neuroscientific stronghold

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[47] In this thesis, I will focus on the *DSM*, given its relevance to some of the US-situated or associated creative work I am engaging with.
[48] Thomas Insel, 'Transforming Diagnosis', *National Institute of Mental Health* (April 29 2013), <http://psychrights.org/2013/130429NIMHTransformingDiagnosis.htm> [accessed 6 July 2019].
[49] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn (Washington, DC: APA, 2013), p. 6. Hereafter *DSM-5*.
[50] Thomas Insel, quoted in Pam Belluck and Benedict Carey, 'Psychiatry's Guide Is Out of Touch with Science, Experts Say', *The New York Times* (6 May 2013), <https://www.nytimes.com/2013/05/07/health/psychiatrys-new-guide-falls-short-experts-say.html?_r=1&> [accessed 6 July 2019].

within psychiatry, this is expressed by locating and targeting mental illness at the site of the brain.

It is worth noting here that the NIMH has embarked on its own project, the Research Domain Criteria (RDoC), a framework to incorporate neurobiological and genetic research into pathophysiology. This is not to replace existing diagnostic schemas, but to better 'understand'[51] mental health and 'lay the groundwork' for more targeted clinical interventions.[52] There is a curious reproduction of the cognate development and freedom narratives in modernity's purported emancipatory project: this is evocatively captured in Insel's claim that 'RDoC is already freeing investigators from the rigid boundaries of symptom-based categories.'[53] Here we see a re-iteration, albeit under a different structural guise, of the emancipatory potential of this new paradigm, moving beyond the explanatory shortcomings of the current diagnostic schema. This strikingly reverberates in Insel's dethroning of the *DSM*'s quasi-biblical narrative status, describing it as a 'dictionary'[54] instead – in other words, descriptive rather than prescriptive or predictive, lacking as it is the purported scientific validity of the RDoC initiative. The assertion of epistemic authority is underscored in the RDoC's self-fashioning as a new 'foundation[al]' idiom: a new psychiatric rationality that builds on but seemingly revolutionises, the *DSM'*s design. By purporting towards stronger predictive capabilities and an evidence-based model, the RDoC framework draws on this bio-rationality to secure its position within a familiar, linear narrative of scientific progress – a developing, but enhanced, future-oriented model of mapping mental disorders, securing its authoritative position through scientific rationality. The regeneration of primordial, foundational texts (also evident in the 'biblical' *DSM*'s multiple iterations and internal revisions) across time also bears testament to this impulse towards authoritative ownership: in the psychiatric setting, this is scripted through interpretive schemas that seek to express and explain pathology.

But in narrativising pathology as the dis-ordered, devalued Other of normativity, these models stake explanatory claims on more fundamental ontological questions: primarily, what (well)being means. If we consider these clinical articulations as

[51] National Institute of Mental Health, 'About RDoC', <https://www.nimh.nih.gov/research/research-funded-by-nimh/rdoc/about-rdoc> [accessed 3 February 2022].

[52] Thomas Insel, Research Domain Criteria (RDoC): 'Toward a New Classification Framework for Research on Mental Disorders', *American Journal of Psychiatry*, 167 (2010), 748-751 (p. 748).

[53] Thomas Insel, 'The NIMH Research Domain Criteria (RDoC) Project: Precision Medicine for Psychiatry', *American Journal of Psychiatry*, 171 (2014) 395-397 (p. 396).

[54] Insel, 'Transforming Diagnosis'.

discursively-constructed texts, scripts, or narratives that plot a particular version of distress and chart an attendant vision of recovery, then we might better visualise how they can be amenable to productive, even resistive, dis-orderings and re-formations.

Remapping the Histories of Biopsychiatry

This impulse towards the biological as the secure epistemic basis for classification has colonial roots. Historically, the understanding of mental health has been underpinned by hierarchical sociobiological appraisals of the human; social positioning was considered a factor in determining one's relative immunity or susceptibility to the risk of mental illness. Nineteenth-century thought, for example, deemed mental illness to be a function of progress and the pressures of Western civilisation – one that the primitive 'native' experience was deemed too underdeveloped to accommodate. Against this backdrop, the brain seems to have emerged as something of a bio-social leveller in a global design to seemingly democratise psychiatry and extend its transnational applicability. The following analysis replots this psychiatric progress narrative by weaving into its promissory register the occluded underside of biomedical incursions into the brain, disentangling its colonial roots. The contention here is that an uncritical accedence to psychiatric discourse, particularly in its contemporary neuroscientific articulations, potentially reproduces the conditions for oppression, given the construction of contemporary subjectivity at a point of convergence between these neocolonial, neuroscientific, and neoliberal rationalities.

The history of psychiatry can be plotted through various, often competing, paradigms, each staking its own ontological claims on the aetiology of distress and requisite course of treatment. Biological psychiatry has its roots in early nineteenth-century thought, where mental illness was grounded in the organic conceptions aetiology.[55] The psychiatric stronghold of a biological paradigm was challenged in the twentieth century, with the prominence of psychoanalytic approaches alongside German psychiatrist Emil Kraeplin's development of a classification system largely grounded in his clinical practice, and which offered a foundation for *DSM* nosology.[56] The latter half of the twentieth century witnessed the rise of genetic and psychotropic drug-based approaches to pathology and treatment. This potted history of psychiatry

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[55] M.G. Gelder, 'Biological psychiatry in perspective', *British Medical Bulletin*, 52 (1996), 401–407.
[56] Edward Shorter, 'The history of nosology and the rise of the *Diagnostic and Statistical Manual of Mental Disorders*', *Dialogues in clinical neuroscience*, 17 (2015), 59-67.

might appear to paint a neat narrative of psychiatric development or epistemic 'progress', but these various paradigms themselves did not exist discretely or transition seamlessly along a linear trajectory. As historical narratives go, the institution of psychiatry has not been immune to its controversies and counter-narratives which disrupt such a linear plotting. The 1960s, for instance, was marked by the emergence of the antipsychiatry movement, which waged a foundational political challenge to psychiatry as an institutional practice and episteme. This dissent was largely an outgrowth of backlash against punitive institutional practices – from Electroconvulsive Therapy and psychosurgery to harsh asylum conditions – as well as disillusionment with its disease model and diagnostic framework, its biologisation of social ill, and its dubious claims to scientific authority.[57] The epistemic and ontological challenge to psychiatry's construction of mental illness is perhaps best crystallised in psychiatrist Thomas Szasz's potent challenge to the constructed, medicalised categories of disorder in *The Myth of Mental Illness*.[58]

On what paradigmatic, and ideological, ground does psychiatry advance its claims today? Psychiatry as a field has long been plagued by the elusiveness of a viable cause-and-cure model. Henrik Walter suggested in 2013 that we were in the 'third wave' of biological psychiatry – the first having heralded the association between mental illness and brain disease in the early nineteenth century, and the second having set the stage for neurobiological preoccupations.[59] The designation of the last decade of the twentieth century as the 'Decade of the Brain' by then-U.S. President George W. Bush, with the subsequent development of the BRAIN initiative under the Obama administration, cemented the necessary institutional conditions and credence for developing a neuroscientific knowledge base for health; this has had particular implications in the field of mental health, largely attributable to contemporary

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[57] Marcelo T. Berlim, Marcelo P.A. Fleck, and Edward Shorter, 'Notes on antipsychiatry', *European Archives of Psychiatry and Clinical Neuroscience*, 253 (2003), 61–67; Nick Crossley, 'R. D. Laing and the British anti-psychiatry movement: a socio–historical analysis', *Social Science and Medicine*, 47 (1998), 877-889.
For reflections by contemporary psychiatrists who opposed the institution, see R.D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London: Penguin Classics, 1960); David Cooper, *The Language of Madness* (London: Penguin Books, 1980).
[58] It bears qualifying that Szasz himself did not identify himself with the antipsychiatry movement, but was opposed to its practices and medicalisation of distress, and staged a particular critique of the biologisation of schizophrenia. See Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (London: Secker & Warburg, 1961).
[59] Henrik Walter, 'The third wave of biological psychiatry', *Frontiers in Psychology*, 4 (2013), 1-8 (p. 1).

advances in molecular and cognitive neurosciences, as well as neuroimaging technologies, which I will explore through this thesis. The evolution of this field into the 'golden age of neuroscience',[60] as neuropsychiatrist Nancy Andreasen terms it, has had much institutional backing: the allure of an individualised precision medicine model in the US has led to an increased channelling of resources into its purported promissory potential. In a 2015 address on the Precision Model Initiative for healthcare, former U.S. president Obama spoke of the initiative's goal to deliver 'the right treatments, at the right time, every time to the right person' by profiling genetic data and countering genetic determinism through intervention.[61] While the initiative is not limited to mental health, the precision healthcare model's promise of individualised, preventive medicine tailored to one's biological make-up resonates with the promissory goals of the biopsychiatric turn. The conflation of the individual body and body politic resonates in this initiative's purported potential to 'remake' 'fate', tellingly recalling the American political rhetoric of promise and progress.[62] In Walter's terms, the prevailing psychiatric paradigm is one of 'systems medicine', an interdisciplinary field that considers 'the dynamic systems of the human body as part of an integrated whole, incorporating biochemical, physiological, and environmental interactions that sustain organismic life.'[63]

It would be useful here to unpack neuropsychiatrist and member of the *DSM-III*'s Task Force, Nancy Andreasen's, 2001 study, *Brave New Brain: Conquering Mental Illness in the Era of the Genome*. Although somewhat dated, it remains salient for capturing the verve of the 'era of the genome and the golden age of neuroscience' that Andreasen heralded. In line with my preceding argument on evolving myths of progress, I read this as part of a wider origin story of progress within a psychiatric rationality.[64]

Andreasen outlines a non-sequential four-step model for 'understanding and conquering' disease: isolating the syndrome based on symptoms and fitting it under a

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[60] Nancy C. Andreasen, *Brave New Brain: Conquering Mental Illness in the Era of the Genome* (New York: Oxford University Press, 2001), x. Hereafter *BNB*.
[61] Barack Obama, 'Remarks by the President on Precision Medicine', *The White House* (30 January 2015) <https://obamawhitehouse.archives.gov/the-press-office/2015/01/30/remarks-president-precision-medicine> [accessed 6 July 2019]; Barack Obama, 'State of the Union Address' (20 January 2015) <https://obamawhitehouse.archives.gov/the-press-office/2015/01/20/remarks-president-state-union-address-January-20-2015> [accessed 6 July 2019].
[62] Ibid.
[63] Henrik Walter, 'The third wave of biological psychiatry', p. 2.
[64] Andreasen, *BNB*, x.

definitional classification, identifying its pathophysiology, finding a treatment to reverse it, and a preventive measure.[65] This is largely a biomedical narrative structured around aetiology, pathology, and cure; the understanding of most mental illnesses is currently stalled at the syndromal/classificatory level because pinpointing a cause or aetiology is challenging, if not impossible, due to its multifactorial nature. In this progress narrative, functional genomics and in vivo neuroimaging technologies converge as the exploratory and explanatory mediums for mapping mental illness. These techniques are thought to facilitate a precision medicine model (or 'precision bombing', to borrow Andreasen's term) customised to the individual's neurochemistry and biological functioning.[66]

A purely biomedical model of mental illness, at least in its cruder, more reductive, 'brain disease' iteration, has by now lost much of its influence and credibility in psychiatry. This seems the outcome of a growing awareness about the effects, and sometimes inefficacy, of long-term psychotropic treatment, as well as the medical model's fundamental inability to deliver on its promise of an evidence-based schema for mental illness. The field has also been rightly confronted with legitimate concerns, particularly from its c/s/x base, over its neglect of the complex psychosocial factors that contribute to mental health. Indeed, Andreasen herself is concerned that psychiatry may have 'moved too far' in its biological iterations, and cautions against 'dehumaniz[ing]' psychiatry with a simplistic biomedical understanding of pathology, calling for 'corrective adjustments to prevent losing its identity as the most humanistic of the medical specialities.'[67] But what does it mean to be 'humanistic', or even 'human'; how are we defining the individual in question here, beyond a biological schema of 'brainhood'? Even in neuropsychiatry's more contextualised framings of aetiology and intervention, with developments in neuroplasticity research, for example, indicating the confluence of the biological and psychosocial, some of the reductive traps of a biomedical register persist. Indeed, John Read argues that the purported 'bio-psycho-social' model is 'more illusion than reality', dubbing it a 'bio-

[65] Ibid., p. 172.
[66] Ibid., p. 320.
[67] Ibid., pp. 338-339.

bio-bio' one instead.[68] Subjective, contextual experiences are here perceived as 'triggers' of an 'underlying genetic timebomb'; this is symptomatic of 'a colonisation of the psychological and social by the biological'.[69] The enduring foothold of neuroscience in psychiatry has likewise been contested: advocates of a neuropsychiatric strand – while increasingly attentive to the psychosocial – tend to locate the basis of mental illness in the brain, highlighting the potential for brain imaging and emerging neurotechnologies to better understand, if not resolve, neurochemical imbalances and genetic vulnerabilities.[70] Critics of the neuroscientific turn, however, argue that channelling funds into sophisticated imaging technologies has still failed to meaningfully advance knowledge of mental illness in the 'Decade of the Brain'.[71]

Arguably, a zoomed in, 'micro' view of mental illness is itself a privileged vantage point. The vision that in time, vaccinations or non-pharmacological intervention in concert with prophylactic drugs might arrest the expression of mental illness is perhaps utopian – or rather, an asymmetrically-endowed possibility. What this micro perspective omits from its visual field are the structural vulnerabilities that point to social rather than genetic scaffolding. The ability to appraise the body in terms of its biological vulnerabilities and plastic potential is in itself a privilege – a unilateral rather than universal one.

This tension becomes particularly pressing when considering how the promissory tone of this psychiatric progress narrative mobilises a model of responsible, healthy selfhood. It is worth noting that the kind of psychiatric sentiment expressed by Andreasen, while often tending towards drug-based intervention, does not inherently preclude non-pharmacological approaches. Parallel advances in brain and gene mapping have produced deeper understandings of brain plasticity: the brain's ability

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[68] John Read, 'The bio-bio-bio model of madness', *The Psychologist,* 18 (2005), 596-597 (p. 597). Also see John Read, Richard P. Bentall and Roar Fosse, 'Time to abandon the bio-bio-bio model of psychosis: Exploring the epigenetic and psychological mechanisms by which adverse life events lead to psychotic symptoms', *Epidemiology and Psychiatric Sciences*, 18 (2009), 299–310; John Read, J., Loren Mosher, and Richard Bentall, *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia* (Hove: Brunner-Routledge, 2004).

[69] Ibid, p. 597.

[70] See Jeremy Hall and Nicholas J. Bray, 'Schizophrenia Genomics: Convergence on Synaptic Development, Adult Synaptic Plasticity, or Both?', *Biological Psychiatry,* 91 (2022), 709-717 <doi:10.1016/j.biopsych.2021.10.018> [accessed 10 March 2022]; Jeanne Wolstencroft et al., 'Neuropsychiatric Risk in Children With Intellectual Disability of Genetic Origin' – The UK National Cohort Study, *SSRN Electronic Journal* (2022).

[71] Anne Harrington, *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness* (New York: W.W. Norton, 2019), p. 251.

to repair in the event of trauma, to rewire or produce new neural connections through learning and conditioning. What is suggested is that certain modes of psychotherapy like cognitive behavioural therapy can exploit the plastic potential of the brain to alter response – feelings, thoughts, or behaviour – to certain environmental stimuli, particularly viable for treating PTSD and mood disorders. In Andreasen's estimation, biological advances are fundamentally empowering for the individual: modern understandings of brain and gene plasticity, for example, highlight that the brain can be shaped by experience and environmental stimuli, in a lifelong process of *becoming*. This disqualifies a sense of genetic determinism, and, as a corollary, suggests that we are 'morally responsible' to exercise this agency – presumably this would include personal responsibility for detection, prevention, and treatment.[72] Psychiatric thought has long been couched in this emancipatory discourse, broadly oriented as it is towards the achievement of 'self-realisation' (to be what you can be) and 'self-directed lives'.[73]

How, then, is the 'free' and agentive citizen-subject of this neuro-psychiatric rationality visualised, and what forms of relationality are being envisioned? In this construction of neuro-subjectivity, what possibilities of selfhood are being foreclosed? For Andreasen, the burden of psychiatry is not to 'fix' social ills; rather, this should be achieved through a 'personal moral compass'; what is in need of 'repair', in her estimation, is how we perceive our sense of 'self' and our implication within the community, the 'collective bond' we share.[74] The individual in this particular psychiatric worldview is communally-embedded, with mental wellbeing prescribed as a common social good. The collusion between the moral and institutional is crystallised here, precisely because this moral 'compass' is largely guided by the promissory mappings of scientific and corporate (in this context, a therapeutic industry) discovery. Here it is useful to set up the mechanics of the neoliberal rationality that undergird the modern medical-industrial complex, or perhaps more precisely here, a mental health-industrial complex. I suggest that in its contemporary iteration, this complex is edified by the neocolonial, neuroscientific, and neoliberal discourses I theorise as being foundational to the construction of the contemporary citizen-subject of the psychiatric imaginary. This complex, I argue, works to construct

[72] Andreasen, *BNB*, p. 336.
[73] Carl I. Cohen and Sami Timimi, 'Introduction', in *Liberatory Psychiatry: Philosophy, Politics, and Mental Health*, Carl I. Cohen and Sami Timimi, eds. (New York: Cambridge University Press, 2008), p. 1.
[74] Andreasen, *BNB*, pp. 344, 341.

and circulate a model of the functional, and functioning, citizen-subject.

Wendy Brown suggests that a neoliberal rationality is 'emerging as governmentality – a mode of governance encompassing but not limited to the state, and one that produces subjects, forms of citizenship and behaviour, and a new organisation of the social.'[75] Such a rationality extends beyond the economic and encroaches into all domains of social life. In forming the 'citizen-subject', there is a fundamental subjection to a market rationality of rational entrepreneurial action to maximise utility and profitability – a rationality reified by institutional practices that mobilise and reward such market-oriented behaviour.[76] How has this encroached into psychiatric rationality? To adapt Brown's theorisation to our present context, 'rational' behaviour would involve adopting institutionally-endorsed, active and effective self-management of illness. Within a neuroscientific paradigm of healthy selfhood, self-management might involve psychotropic intervention, psychotherapy, or 'self-care' strategies that promote brain health – capitalising on one's plastic potential, so to speak. This is what Nikolas Rose has termed 'somatic ethics', emerging in contemporary biopolitics as an ethical demand for the responsible 'biological citizen' to care for and conduct themselves through technologies that promote and enhance bodily vitality.[77] This is oriented towards the future health and functionality of a wider social organism, a model of neuro-relationality we see expressed in Andreasen's formulation of a 'personal moral compass' that underpins a 'collective bond' and the drive to remedy both individual and social ills. I would argue, however, that this re-location of responsibility has problematically depoliticising implications for mental healthcare.

The medical-industrial complex was initially theorised in the 1970s to register the contemporary state of corporate collusions and profit-driven healthcare in America.[78] John Ehrenreich revealingly reads its emergence – and present persistence – against the grain of a post-World War II 'progress' narrative of healthcare which foregrounded the structural and technological advances of modern medicine. He defines this

[75] Wendy Brown, *Edgework: Critical Essays on Knowledge and Politics* (Princeton, NJ: Princeton University Press, 2005), p. 37.
[76] Ibid., p. 42.
[77] Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* (Princeton, NJ: Princeton University Press, 2017), pp. 6-8, 139-141; Nikolas Rose and Joelle M. Abi-Rached, *Neuro: The New Brain Sciences and the Management of the Mind* (Princeton, NJ: Princeton University Press, 2013), p. 223. Hereafter *TPL* and *Neuro*.
[78] See Barbara Ehrenreich, *The American Health Empire: Power, Profits, and Politics* (New York: Random House, 1971).

complex as a networked operation of 'providers' (hospitals, nursing homes, clinical laboratories), 'financers' (health insurance companies), 'manufacturers' (drugs and medical technologies), and the 'government', the latter of which manages this 'enterprise'.[79] Ehrenreich critiques the 'individualistic ideology'[80] underpinning this complex, which ultimately places the responsibility of healthcare and the blame for ill health on the individual, all the while maintaining inaccessible and unaffordable barriers to equitable provision in its profit-driven capitalist model.

There is a paradoxical co-implication of the government and individual in these discursive constructions of freedom and responsibility. As Brown notes, a neoliberal governmentality constructs a 'free' subject who makes rational, calculated choices, and whose 'moral autonomy is measured by their capacity for "self-care"'.[81] State control of the citizen-subject is exercised precisely through this paradoxical 'freedom', deflecting responsibility for the structural causes of compromised health by displacing the onus of wellbeing on to the individual. If, as Brown suggests, this neoliberal modelling of 'self-care' is a 'new mode of depoliticizing social and economic forces', then this logic is also the linchpin of psychiatric self-management.[82] In the inward re-location of illness to the brain, we see a coextensive displacement of the source of distress and responsibility for intervention from institution to individual. This deflects the structural issues that, more often than not, are at least constitutive if not causative of 'disorder', a tendency to depoliticise and decontextualise 'disorder' I have identified here as traps of a biomedical register. Indeed, psychotherapist Eric Greene, in his case study of Black men's experiences with mental healthcare in the US, critiques this register's effacement of racism and classism in mental healthcare.[83] I will explore this dynamic more thoroughly in my second chapter, which presses the distinction between *having* and *being* a brain (in distress), and how this shapes the parameters of agentive action for (well)being.

This is not to categorically cast doubt on scientific endeavours, or to suggest that any medicalised paradigm is always and necessarily propelled by vested agendas that undermine its potential. Much criticism has already been levied against the collusion

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[79] John Ehrenreich, *Third Wave Capitalism: How Money, Power, and the Pursuit of Self-Interest Have Imperiled the American Dream* (New York: Cornell University Press, 2016), pp. 57-58.
[80] Ibid., p. 75.
[81] Brown, *Edgework*, p. 42.
[82] Ibid., p. 43.
[83] Eric M. Greene, 'The Mental Health Industrial Complex: A Study in Three Cases', *Journal of Humanistic Psychology* (2019), 1-19.

of knowledge and capital, facilitated by a Western biopsychiatric rationality that seems to support increasing pharmacological intervention and, by extension, the growing and spreading transnational psychiatrisation of individuals.[84] Broad structural critiques, however, inadvertently reproduce some of the issues perpetuated by this biological knowledge base itself. Of concern here is how the individual – whether understood as patient, consumer, or user of this institutionalised knowledge base – might become alienated in this persistent reduction of the psychiatric subject. The contention here is that this scientific conquest narrative has, in significant ways, forfeited a consideration of the embodied and environmentally-embedded qualities of distress – whether this distress is defined psychiatrically or otherwise. This conquest narrative has usurped the vernacular of distress by filtering it through a largely biologised medium.

Further to this, the parallel framing of the brain and gene in terms of psychiatric possibility forecloses from the story its fraught historical precedents. Perhaps aptly titled for its promissory tone, *Brave New Brain*'s formal framing enacts a journey motif largely propelled by scientific inquiry; in each chapter, the book segues from the sobering lived realities of mental illness through patient case studies, to the optimism offered by new scientific technologies. Indeed, in Andreasen's terms, the book is a 'travel guide to the future'– presumably one where the now-mappable brain and gene are in turn mapping incursions into previously unchartered neural terrain in mental illness pathology and treatment.[85] If we have noted the exclusions, and indeed, exclusivity, of a biomedical modelling of mental health, then it is also necessary to press the critical gaps in its promissory progress narrative of psychiatry. If Read frames the singularity of a biological schema as an epistemic 'colonisation' of a psychiatric paradigm, then past and persistent cultural colonisations of the mind, largely footnoted in a Eurocentric iteration of psychiatric history, also demand a re-mapping of this future-oriented scientific narrative. On one hand, we have the parallel scientific and colonial conquest narratives that have, historically, colluded in psychiatric practice. On the other, there are the indigenous pre-historical psychosurgical practices that predate its Western psychiatric variant, but which remain largely excluded from this therapeutic plotting of progress.

To fully unpack the politics of pathology circulating within a psychiatric economy

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[84] See Ethan Watters, *Crazy Like Us: The Globalization of the American Psyche* (New York: Free Press, 2010).
[85] Andreasen, *BNB*, p. 7.

– in its various paradigmatic iterations – we need to consider how psychiatric (dys)functioning operates from both within and without the institution, and how alternative mappings of the mind complicate the plotting of psychiatric history. By re-ordering this psychiatric trajectory, what possibilities are enabled, and how might we productively dis-order the narrative framing of distress, and its attendant shaping of the distressed subject in contemporary psychiatry? If pain can be 'conquered through enlightenment and knowledge',[86] as Andreasen suggests, then it also becomes incumbent on us to probe both the human and epistemic costs of this conquest – because the staging of this biological warfare is perhaps a necessarily sobering reminder that 'progress' (at least in this present expression) and violence have never been inalienable.

Psychosurgery and Colonial Ethnopsychiatry

Having contextualised the state of psychiatry in its ethical and epistemic entanglements, it is possible to entertain alternative epistemologies of embodied experience. This begins with dis-ordering the narrative mapping of scientific conquest Andreasen offers. The field of ethnopsychiatry offers fertile ground to unpack the operation of the modernity/coloniality complex at the very intersection of biomedical and colonial thought that shaped, and in many ways still shapes, this psychiatric rationality. If, as Andreasen holds, molecular biology 'will someday permit us to perform psychosurgery at the level of the gene',[87] the utopian positioning of psychiatric possibility that this view implies cannot be divorced from forms of violence enacted in service of a psychiatric rationality. Psychosurgery – specifically, leucotomy – perhaps best exposes the buried but persistent vestiges of colonial medicine, without which the seemingly positive potential of Andreasen's vision cannot be ethically or adequately appraised.

Beyond the familiar nature versus civilisation dichotomy that positions the 'native' as immune to the excesses and mental stimuli (and hence, psychological impacts) of civilisation, another regnant strand of colonial psychiatry held that the 'native' did not have the neurological facilities for mental distress. These tangents of colonial thought intersect at the site of brain: the biological – and rhetorical – locus on

[86] Ibid., p. 4.
[87] Ibid., p. 129.

which ethnopsychiatric biases have historically been constructed and circulated.[88] J. C. Carothers' influential ethnopsychiatric work in the 1950s merits attention here. A British colonial psychiatrist in Kenya, Carothers (in)famously noted the 'resemblance between the African and the leucotomized European'.[89] Leucotomy refers to the ablation or stimulation of certain parts of the brain to target neuro-physiological or psychiatric disorders. Frontal leucotomy, or lobotomy in its later adaptation, was a procedure used to treat mental disorders such as schizophrenia and depression during the surge of psychosurgery – one that Carothers was exposed to with such surgery performed, albeit sparingly, on psychiatric inmates of Kenya's colonial Mathari Mental Hospital. This particular variant of psychosurgery was popularised in the 1930s by psychiatrist Antonio Egas Moniz, later earning him a Nobel Prize. The procedure involves drilling a hole into the skull, through which a sharp leucotome (a plunger-like instrument) is surgically inserted to sever the white matter connections between prefrontal cortex and thalamus.[90] The frontal lobe was believed to influence personality and faculties of judgment, and the procedure was thought to regulate instabilities of mood, a result of reportedly 'blunted' affect.[91] Of noteworthy mention here is the procedure's early roots in primate testing, and the resultant 'friendly docility' exhibited by the formerly-aggressive animals that were operated on, now 'devoid of emotional expression'.[92] The success of quite literally taming primate compulsions solidified the psychiatric impulse to similarly tame what was perceived as the unrestrained, or primitive, mind through emotional regulation. Indeed, the form of lobotomy popularised in the US was imported to Africa in the 1940s, with a view toward neurologically (and in many ways, socially), re-ordering both Africans and European settlers in the colony. In humans, such surgical effects were typified by compromised creativity and emotional complexity, as well as an increased tendency towards 'living in the present' (presumably lacking the capacity for foresight).[93] The

[88] See Jock McCulloch, *Colonial Psychiatry and the 'African Mind'* (Cambridge: Cambridge University Press, 1995), p. 1.
[89] J. C. Carothers, 'Frontal Lobe Function and the African', *The Journal of Mental Science*, 97 (1951), 12-48 (p. 12).
[90] For more on the anatomical dimension of this procedure and its surgical complications, see E. Cunningham Dax, et al., 'Prefrontal Leucotomy (A Review)', *Postgraduate Medical Journal*, 24 (1948), 415-426.
[91] Miguel A. Faria, 'Violence, mental illness, and the brain – A brief history of psychosurgery: Part 1 – From trephination to lobotomy', *Surgical Neurology International*, 4:49 (2013), 1-24 (p. 6).
[92] Ibid., p. 3.
[93] J. C. Carothers, 'The African Mind in Health and Disease, A Study in Ethnopsychiatry', World Health Organization, Palais des Nations, Geneva, *Monograph Series*, 17 (1953), 104-107 (p. 106).

neurological re-wiring enacted here becomes just one extension of the impulse to re-order the misaligned body, quite literally through the blunting of affect to straighten perceived deviancy into docility.

It is worth qualifying, however, that Carothers's own brand of psychopathology was not exclusively premised on neurological differences between Africans and Europeans, though he did reproduce the dominant view that the African brain was comparatively deficient in size and functioning. In Carothers' estimation, cultural orientation directly shaped the deficiencies he identified in African personalities. Specifically, the orientation toward spiritual or 'magical' ontologies lent itself to 'impulsive', 'irresponsible' behaviour lacking in 'foresight' or the capacity for goal-making; this was perceived as a function of attributing circumstances to external forces such as gods and ancestors.[94] Notably, divine visions by the dispossessed were here not considered as 'foresight', but rather, psychiatrically-framed as possessions and religious mania;[95] in light of colonial anxieties, this characterisation of the African personality seems to be a means of epistemically delegitimising and politically immobilising forms of anti-colonial action. What is distilled in Carothers' work, and which is more problematically echoed in contemporary cross-cultural psychiatry, are certain essentialist binaries that accommodate a broader ideological Othering – one that migrates beyond a clinical context and into the sociopolitical one, not that these spaces are discretely bound.

Pathologising Political Resistance: 'Religious Mania' in Kenya

A neuro-genetic register might offer us a discursive medium to articulate the complexities of pathophysiology. But on the margins of this narrative of the mind are the human and epistemic casualties of such a medicalised medium of expression. Historically, psychiatric language has been a means of discursively eclipsing social and political discontent. Neurological difference, or deviance, has been used as a psychiatric shorthand for political dissidence; the 'aberrant brain'[96] – a term found in one colonial report of subversive behaviour in colonial Kenya – has been grounds on which indigenous modes of resistance have been both demonised and censored. The

[94] Ibid.
[95] Sloan Mahone, 'The Psychology of Rebellion: Colonial Medical Responses to Dissent in British East Africa', *The Journal of African History*, 47 (2006), 241-258 (p. 250).
[96] Provincial Commissioner to J. C. Carothers (11 Dec 1946), quoted in ibid., p. 251.

language of psychiatric diagnosis effaces the ways in which social behaviour may, in subversive ways, itself be a revealing diagnostic for social ill. Of concern here is how a medicalised language for aetiology, particularly in its highly microscopic, biologised form, obscures the contextual roots of behaviour: by couching behaviour in the language of pathology, and imposing a psychiatric medium of reframing dissidence – political or epistemic – as psychiatric deviance.

Drawing on his work on the role of prophets in Kenyan political resistance, Sloane Mahone suggests that medical ideas of pathology were instrumentalised as a tool of governance in colonial East Africa.[97] Neurological schemas framed expressions of the 'supernatural': where resistance movements were helmed by prophetic leadership, culturally-inflected expressions of religiosity or prophetic awakening were psychologised as mania, epileptic seizures or neuroses, becoming grounds for institutionalisation or deportation. It was claimed that such religiosity posed a risk because it might trigger an epidemic of hysteria, to which the African personality was purportedly predisposed.[98] Indeed, ground-level resistance movements were branded as mass hysteria. The backdrop of the Dini ya Msambwa religious movement and the later Mau Mau Uprising of the 1950s reveals this interplay between colonial, psychiatric, and political mechanisms in the pathologisation of resistance.

The case study of Elijah Masinde, leader of the Dini ya Msambwa movement, proves particularly instructive here. The movement was a reaction against white colonial settlement: an attempt to reclaim dispossessed land. Masinde was committed to Mathari in 1945, where the movement reportedly fomented. Colonial reports criticised the 'principles in his aberrant brain' and diagnosed him with 'religious mania' – the default classification for prophetic visions that might mobilise anti-colonial action.[99] What developed was a mythology of the possessed prophet. The association of leadership with lunacy presumably became a means of delegitimising and pathologising resistance, obscuring the social conditions in which the seeds of discontent and dissent were sowed. Mahone argues that such medicalised language allowed colonial authorities to relocate the source of distress from unrest over broader

[97] Mahone, ibid., p. 242.
[98] Ibid., p. 249.
[99] Ibid., p. 251.

economic and political issues to the psychological realm, deflecting responsibility from colonial policies – a tendency that, as I explored above, has persisted.[100]

In this collusion of psychiatry, physiology, and politics, the language of psychiatry became a means of justifying tightened colonial governance, buttressed by this supposed predisposed biological order. What further threatened colonial rationality was the effects of cross-contact: detribalisation and colonial education disrupted the cultural polarities through which power dynamics were sustained. Mahone notes that contemporary colonial opinion held such madness as a function of occupying this grey zone between the 'traditional' and 'modern', with the prophet's practices seen as a 'perversion' of Christian and pagan modes.[101] This observation would also seem to accord with prevailing sentiments that madness was a function of modernity, or civilisation's, pressures. To extrapolate from this and unpack the roots of colonial anxieties, the fear of the uncontained psyche seems symptomatic of a quasi-biological fear of not just contagious, widespread rebellion, but a kind of epistemic epidemic in which a colonial order – largely grounded on constructions of biological and cultural difference – was becoming increasingly destabilised.

Strikingly, biological discourse has been used in disempowering ways for particular political ends. The biologisation of both difference and deficiency has taken several different guises, but has fundamentally been a means of sustaining asymmetrical power dynamics. If in colonial Africa, the 'native' personality was considered predisposed to particular psychological states, and became psychologically-threatened in contact with civilisation and modernity's pressures, then we find distinct parallels in the psychiatrisation of slave revolt in America. Twin physiological and psychological arguments were used here, particularly by nineteenth-century surgeon and psychologist, Samuel A. Cartwright, to caution against emancipation. Cartwright argued that defectiveness of blood and deficiencies of cerebral matter in the cranium were the 'true cause of that debasement of mind, which has rendered the people of Africa unable to take care of themselves.'[102] He also held that the 'physical structure of (African Americans') knees, being more flexed or bent, than any other kind of man' was indicative of their predisposed need to submit to

[100] Ibid., p. 250.
[101] Ibid., p. 254.
[102] Samuel A Cartwright, 'Report on the Disease and Physical Peculiarities of the Negro Race', *New Orleans Medical and Surgical Journal*, 7 (1851), 691-715 (p. 693).

authority.[103] Cartwright suggested that intrinsic mental deficiencies heightened an African slave's risk to certain mental illnesses – illnesses he then theorised. 'Drapetomania' was defined as 'the disease causing slaves to run away'; 'dysaesthesia aethiopis' was a mental disease 'accompanied with physical signs or lesions of the body,' and symptomatised by an avoidance of work.[104] Douglas Baynton, in theorising how disability discourse has shaped political marginality, notes that African slaves were thought to be physically 'disabled by freedom' because of their purported constitutional deficiencies.[105] But to extrapolate Baynton's use of the term, I would argue that being disabled here is not just a condition of being physically compromised by 'modernity's' pressures, but also dis-enabled politically from resistance because of the immobilising, invalidating psychiatric renderings, such as Cartwright's diagnoses, of subversive bodily practices. If the body might dis-order colonial order, then its potential as a medium of resistance is arrested by psychiatric language; the body here is weaponised against itself through the biological framing of deficiency and danger to oneself, intended, in turn, to enable and sustain a kind of protective paternalism – both politically and psychiatrically.

This discussion has unpacked how medicalised language can perform a kind of political immobilisation: by reframing the (collective) body's emancipatory potential as a dangerous sociopolitical liability, the body is undermined and weaponised against itself to sustain the violence of colonial psychiatric or political governance. While the contemporary globalised biomedical model purports to democratise psychiatry by deregulating its borders, such access becomes very much conditional upon a particular conditioning of the self in line with a biomedical rationality. While purportedly inclusive, the psychiatric language of pathophysiology and its construction of the distressed subject itself perform the violence of excluding indigenous frames of reference for distress that it cannot accommodate within either its Eurocentric vernacular or ontology, or that it forcibly excludes from its vision of progress. What forms do these historically-rooted erasures and exclusions take today?

[103] Ibid., pp. 707-710.
[104] Ibid.
[105] Douglas Baynton, 'Slaves, Immigrants, and Suffragists: The Uses of Disability in Citizenship Debates', *PMLA*, 120 (2005), 562-567 (p. 563).

Development Narratives: Global Mental Health

This effort to remap the trajectory of psychiatry's progress narrative has centred on the collusion of coloniality and medicine in conditioning the psychiatrised subject, and on theorising how this expresses itself in contemporary psychiatric impulses. Having interrogated some of the culturally-inflected (mis)readings of pathology through history, here we might turn to the fraught circulation of a particular psychiatric rationality across geographical, cultural borders. How does a largely Eurocentric vision of healthcare scaffold global mental health?

The burgeoning field of global mental health[106] makes this present moment an opportune, and urgent, one to unpack how the cognate narratives of development, globalisation, and progress are being (re)structured through the psychiatric institution, and the global net it casts. Global mental health itself is symptomatic of a paradigm shift in healthcare, or more precisely, a re-scripting of the psychiatric narrative for transnational, transcultural application. Evolving from a nineteenth-century colonial basis in germ theory and tropical medicine, to international healthcare focused on cross-geographical disease control in emergent 'postcolonial' nation states, the current global model attempts to address healthcare issues stemming largely from globalisation's socioeconomic effects[107] – issues that do not simply cross geographical boundaries, but purportedly 'transcend' them.[108] Laurence Kirmayer and Duncan Pederson suggest that the discursive shift accompanying this paradigm shift is significant in itself. By refining the healthcare lexicon and replacing 'international' or 'public' with 'global' health, what is also effected is a functional broadening of healthcare's remit: where public health addresses localised issues, or its international variant makes 'undeveloped' populations its subject, global health casts its net across national, socioeconomic, and cultural boundaries, fundamentally purporting to bridge inequities in illness incidence and response.[109] A key issue to be interrogated here, then, is the occlusions in this universalised version and vision of healthcare. How are significant cross-cultural distinctions managed, or treated, in this attempt to bridge

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[106] Laurence J. and Duncan Pederson, 'Towards a New Architecture for Global Mental Health', *Transcultural Psychiatry*, 51 (2014), 759–776 (p. 760).
[107] Ibid., pp. 761-762.
[108] Institute of Medicine, quoted in ibid., p. 761.
[109] Ibid., p. 762.

disparities and close gaps?[110] More precisely, what are the conceptual casualties – like local models of illness and response – of this purported border-bridging?

The particular vehicle for this global mobilisation of psychiatry has been a mythology of development – one of the rhetorical guises of modernity that Mignolo identifies. Development is inducted into a very specific discourse of progress in the psychiatric narrativisation of modernity: mental health and psychiatric access are positioned as universal conditions for the modern healthy subject, oriented towards a particular telos of psychiatrically-defined wellbeing. Yet, psychiatry's positioning at the nexus of a particular neoliberal and scientific (bio)rationality complicates just how this difference is constructed and potentially effaced. On one hand, it would seem that the biological classifier of colonial difference – race – has been displaced in favour of a universalised understanding of the biologised human. The brain has been positioned as the common biological site for intervention, to achieve a universal social good – healthcare, and by extension, wellbeing. On the other, in the universal reach of this new mental illness model, what remains an undercurrent is the hierarchical flow of these facilities, and as a corollary, how the rights of access are regulated by power concentrated in the 'developed' West.

In her foundational work on decolonising pharmaceutical psychiatry, China Mills stages a potent postcolonial critique of the Movement for Global Mental Health (MGMH), a collective that seeks to 'close the treatment gap',[111] and the concomitant global spread of psychopharmaceutical intervention under its rhetorical guise of human rights. As Mills provocatively asserts, psychiatric subject formation is catalysed and circulated from the global North to the South 'in the swallowing of a pill' – essentially a 'form of psychiatrization' that is ingested, internalised.[112] Mills thus reads the MGMH's mission 'to make mental health for all a reality',[113] in terms of 'psychiatric and colonial subject formation'.[114] By repackaging Western

[110] Gaithri Fernando notes that the WHO's 2005 report on Global Mental Health vouches to be 'sensitive to local cultures and resources, and respectful of diversity', but this is not evidenced in practice. The Lancet series, which sets out the GMH's agenda, does not make culture a topic of any of its publications. Gaithri A. Fernando, 'The roads less traveled: Mapping some pathways on the global mental health research roadmap', *Transcultural Psychiatry*, 49 (212), 396-417 (p. 397).

[111] Vikram Patel, 'The social determinants of mental disorders: implications for international mental health research', Lecture for Global Mental Health Summer Course (August 2011).

[112] China Mills, *Decolonizing Global Mental Health: The Psychiatrization of the Majority of the World* (Hove: Routledge, 2014), pp. 7-9. Hereafter *DGMH*.

[113] Patel, 'The social determinants of mental disorders'.

[114] Mills, *DGMH*, p. 17.

intervention in the form of the travelling psychotropic, a particular neuroscientific-neoliberal rationality is spread as global reality. The twinned development and emancipation narratives that underpin modern psychiatry edify its case for Western institutional intervention in the non-West on the grounds of human rights. The ingestion of a pill becomes coextensive with the internalisation of one's psychiatric subject position, as Mills has argued.

To elaborate on Mills's appraisal, however, what this narrative framing of emancipatory intervention obscures are the colonial hierarchies that undergird it, and sustain the structural asymmetries of coloniality. Knowledge of mental health, and its building blocks – the human, the mind, and more recently in this genetic-neurological turn, the brain – have been constructed on the foundational Western systems of classification. Within this self-reinforcing system, access to knowledge, and indeed, knowledge production on mental health, are concentrated in the 'developed' West, flowing down to the 'developing' non-West. The terms of access become predicated on participating in this Western psychiatric economy and its vision of healthcare, one that wields definitional power over the subject, modality, and objective of intervention.

In the MGMH's pitch to 'close the treatment gap', particularly through dismantled barriers to psychiatric intervention (or in Mills' view, the travelling psychotropic), what other views and visions of healthcare are foreclosed? In my estimation, what is occluded from this universalised version of healthcare are the heterogenous local and indigenous modes of reading and responding to distress and (well)being, and the culturally-salient mediums of intervention – both of which may have developed before and beyond Western psychiatric models. If the brain has been re-located as the identifiable locus of psychiatric intervention, then the simultaneous re-location of the psychiatric subject across national borders involves another intervention into embodied life – into the foundational schemas through which the human, the mind, and by extension, health, are defined.

Mills critiques the 'psychiatric reductionism' involved in reducing aetiology to the realm of the neurochemical, and hence, naturalising a path of cure through psychotropic intervention.[115] Beyond this critique of aetiological reductionism, however, a significant contradictory impulse takes root in the diagnostic mechanism:

[115] Ibid., p. 42.

while mental illness is situated within the individual, in eliding heterogenous local borders to 'make' mental health a generalised global condition, what is also foreclosed is the conceptual space to accommodate the individual, environmentally-embedded quality of 'illness' – and its contextually-dependent, idiosyncratic variability in both expression and interpretation. Within this psychiatric economy, economic and colonial forces collude to compress treatment gaps across geographical borders, but also the epistemic gaps which might betray Western psychiatry's untranslatability, or limited utility, as a universally-applicable frame of reference for experience. With the collapsing of psychiatric borders, what also appears to collapse is the conceptual space to accommodate and express experience beyond a pathologising psychiatric register, over which the West maintains a definitional monopoly. Beyond the travelling pill that Mills problematises, standardised diagnostic systems are a vehicle through which this psychiatric mode has cast a global net. It is at this site that the narrative dimension of the clinical encounter becomes salient: because these diagnostic paradigms are symptom-based, there is heavy reliance on the overt or visible expression of 'disorder' (and as will be explored, signifiers of 'distress', which are often the qualifying criterion for diagnosis). As a corollary, diagnosis becomes incumbent on the clinical exchange: the patient's testimony and the clinician's effective reading of visual or verbal signals of distress. What further asymmetries might structure the cross-cultural clinical encounter, and compromise this universalised vision of (well)being?

Culturally and Contextually-Salient Readings of Distress

Notwithstanding psychiatry's push towards a biological model, diagnostic manuals for psychopathology, like the *DSM* and *ICD*, as well as self-reporting mechanisms like the Patient Health Questionnaire (PHQ), remain instrumental in the narrative framing of distress during an initial clinical encounter. As Mills notes, beyond the travelling psychotropic,

> [p]sychiatry's journey out from the global North is made possible at ground level by diagnostic and classificatory tools (such as the Diagnostic and Statistical Manual – DSM, and the International Classification of Diseases – ICD), which are translated in order to travel across geographical borders.[116]

[116] Ibid., p. 9.

In the momentum towards cross-border applications of clinical frames, it would be worth considering how these instruments have responded to the call for cultural salience in the clinical encounter. In this thesis, I choose to focus on the *DSM*, given its (contested) positioning as a foundational text of psychiatric nosology, and also its widespread application within the US. Much of the creative work that I read through and against the grain of a psychiatric narrative is either produced or circulating within this context. It would be fruitful to consider how possible contact with the prevailing clinical frame of reference might inflect these creative explorations of the expression of distress – or how they contest or co-emerge alongside it. In what follows, the clinical scriptings of selected 'disordered' experiences that are germane to my focus, such as dissociative identity disorder (DID) and 'possession', are examined.

The *DSM*'s quasi-mythological stronghold merits inquiry into its application in cross-cultural clinical encounters. How does the authoritative tenor of a text publicly endorsed as a psychiatric 'bible' figure into the dynamic between diagnosing clinician and testifying patient? Specifically, how does the Eurocentric foundation of this quasi-theological text define the conditions for what is, on many levels, an 'alien', and alienating, encounter between clinician and patient – particularly within a cross-cultural exchange? How the definitional boundaries of 'mental disorder' and the thresholds of tolerance for distress are drawn is significant: how are the terms 'normal' and 'pathological' defined? If, as the *DSM-5* suggests, the 'boundaries between disorders' are 'porous',[117] then can this porosity extend into the definitional boundaries between normality and pathology, to interrogate these terms as institutionally-constructed, rather than self-evident?

The *DSM* itself has undergone a structural reform of sorts to accommodate the cultural intricacies of the clinical encounter. For the purposes of this discussion, it is perhaps more fruitful to chart this technical development of cultural sensitivity from the *DSM-III-R* (revised) onwards, as this marks the entry, albeit a cursory one, of cultural considerations into the diagnostic lexicon. Published in 1987, the *DSM-III-R*[118] offers new guidelines on applying the diagnostic manual to different cultural contexts. In a brief cautionary paragraph within the introduction, the manual calls for the clinician to exercise 'open-mindedness' and 'caution' when evaluating a person

[117] *DSM-5*, p. 6.
[118] The revised third edition, DSM-III-R, was released seven years after DSM-III's 1980 publication.

from a different ethnic or cultural group.[119] Significantly, the manual gestures towards the tenuous boundaries between the culturally-normative and institutionally-pathological. Offering the examples of bereavement rituals and 'trance' or 'possession', the manual cautions against a 'mechanical' application of *DSM* diagnostic categories in culturally-endorsed, 'culture-specific symptoms of distress'.[120] The *DSM*'s Western remit is also acknowledged in its introductory remarks as a methodological limitation, one that its next edition attempts to address, if not remedy. Almost a decade on, the *DSM-IV* incorporates an added degree of cultural sensitivity, depathologising 'an exceptable and culturally sanctioned response to a particular event'.[121] With this added qualifier, the revised iteration signals what has evolved into a sustained endeavour in the APA's classification system to navigate cultural variables that complicate the boundaries between pathology and normality in clinical practice.

The lack of boundedness of the term 'disorder' gains further articulation through this fourth edition's attempt to incorporate cultural indices for diagnosis. Here, the term 'culture-bound syndrome' enters the diagnostic lexicon. Structurally, the *DSM-IV-TR* includes a glossary of culture-bound syndromes in a separate appendix behind its primary disorder classifications. These are defined as

> recurrent, locality-specific patterns of aberrant behavior and troubling experience that may or may not be linked to a particular *DSM-IV* diagnostic category. Many of the local patterns are indigenously considered to be "illnesses," or at least afflictions, and most have local names.[122]

These syndromes are deemed to have locally-particular expressions in symptom and response, articulated through indigenous or folk epistemic frames of reference. How then are these local, 'culture-bound' particularities expressed and read in an exchange between the 'local' or culturally-'alien' patient and the 'host', Western-oriented psychiatric setting? More precisely, how is the boundary between 'culturally sanctioned response' and patterns 'indigenously considered to be "illnesses," or at

[119] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 3rd edn (Revised) (Washington, DC: APA, 1987), xxvi. Hereafter *DSM-III-R*.
[120] Ibid., xxvi-xxvii.
[121] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th edn (Washington, DC: APA, 1994), xxi. Hereafter *DSM-IV*.
[122] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th edn (Revised) (Washington, DC: APA, 2000), p. 898. Hereafter *DSM-IV-TR*.

least afflictions' mediated in a cross-cultural clinical encounter, where the positionality of clinician and individual – cultural or socioeconomic – might inflect frames of reference for distress? Related to this, what is contained, or omitted, by the category of 'culture-bound syndrome'?

From a structural perspective, the spatial politics of inclusion and visibility of these syndromes as clinically-recognised epistemic entities are fraught. The allocation of culture-bound syndrome to either the appendix glossary, or the 'Not Otherwise Specified' category within main diagnostic classification in the manual is symptomatic of a certain spatial Othering – one reserved for syndromes that feature a degree of incomprehensibility, and by extension, resist neat containment within mainstream diagnostic nomenclature. It is worth noting that the terms of entry into this appended glossary of some twenty-five syndromes is premised on their clinical visibility; only syndromes expressed within the psychiatric purview of North America feature here. Visibility, then, becomes contingent on particular hegemonic authentication. Its relative theoretical invisibility, relegated as it is to background, coupled with its relative descriptive brevity compared to syndromes in the main text, asymmetrically positions these syndromes within an epistemic hierarchy of classification. This is not to suggest that the positioning of culture-bound syndromes is a deliberate alienation or epistemic devaluation of 'folk' interpretive schema in the clinically-'alien' encounter. Rather, what this spatial allocation seems to suggest is its relative impermeability or opacity, its inability to cohere – stylistically and ontologically – within a Western narrative schema.

Two particular examples placed within the category of 'culture-bound syndromes' demonstrate this spatial and conceptual gulf. 'Spell', attributed to African Americans and European Americans from the American south, is a 'trance state' where individuals '"communicate"' with spirits or the deceased.[123] Another syndrome, 'zar', describes the experience of 'spirits possessing an individual', who may consequently exhibit 'dissociative episodes' like shouting, crying, or violence – though such behaviour is not locally-designated as pathological.[124] The stylistic features of these characterisations are worth unpacking. There is an attempt, in both instances, to find a culturally-commensurable common ground in the terminology

[123] Ibid., p. 903.
[124] Ibid.

used – but both instances come up against issues of translation or incongruence. In both syndromes, there is an attempt to draw clinical resemblance to existing *DSM* categories and their nomenclature (as with the symptomatic association of zar with ‘dissociative’ states), though with the caveat that there is no symmetrical equivalence between culture-bound syndromes and *DSM* diagnostic entities. The characterisation of ‘spell’, for example, is accompanied by the caveat that it might be ‘misconstrued’ as ‘psychotic episodes’.[125] Significantly enough, the stylistic use of double quotation marks around “communicate” to describe the spell experience is in itself perhaps a semantic acknowledgement of the lexical and conceptual issues of translatability.

It is worth taking the *DSM*’s double quotation marks around “communicate” here as an invitation to hold the term up to methodological scrutiny in its clinical application. The *DSM-IV-TR* offers an additional ‘Outline for Cultural Formulation’ that prefaces its list of culture-bound syndromes. This is a practical clinical tool designed to guide the clinician in assessing cultural influences on diagnostic indicators, and ultimately, shaping a diagnostic narrative that is culturally and ethnically-contextualised. Some of these factors include the cultural/national identity of the individual, and cultural explanations for illness. There is a call here to consider the ‘cultural elements of the relationship between the individual and the clinician’, specifically ‘differences in culture and social status’ that may impact communication, diagnostic assessment of what is ‘normative’ vs. pathological, and care.[126] While the outline for cultural formulation provides these brief indexes for consideration, it remains cursory – an outline that does not quite clarify how the nuances of ‘culture’, itself undefined here, are navigated in the clinical space. Returning to the description of zar is instructive in problematising this indistinction. While the *DSM-IV-TR* notes that zar is not necessarily recognised as ‘pathological’ in its local context, the remit of what is designated ‘local’ in this context seems sweepingly broad: according to the *DSM*, zar is applicable to Ethiopia, Somalia, Egypt, Sudan, Iran, and ‘other North African and Middle Eastern societies’.[127] One might question the functional contradiction here in designating a concept as at once culturally-particular but also clinically-applicable to a generalised grouping of what are diverse, heterogenous cultures.

[125] Ibid.
[126] Ibid., p. 898.
[127] Ibid., p. 903.

It is also worth acknowledging that the practical difficulties of drawing conceptual boundaries around ‘culture’ are heightened in an age of globalisation and increased cross-cultural contact. For instance, the diagnostic descriptions of anorexia nervosa and DID, both of which are represented in the works I will consider, are said to be disorders prevalent in ‘industrialized culture’.[128] Here the terms ‘culture-bound syndrome’ or cultural specificity themselves seem to come up against their own inherent conceptual contradictions, raising questions about the fixity of such categories in the c/s/x experience of distress situated in increasingly diverse and diffuse milieus. Against the contemporary backdrop of globalisation, migration, and cross-cultural contact, the seemingly atemporal boundedness of the terms ‘local’ and ‘culture’ itself seems to unravel.

Furthermore, the boundedness of disorders as isolated or discrete entities, which is something the stylistic classification of a manual like the *DSM* lends itself to, limits both the cross-cultural expressions of disorders and their co-existence or comorbidity. There appears to be a methodological impasse here. On one hand, a generalised classificatory system serves clinical practice by offering a set of uniform, seemingly universally-applicable guidelines. Yet, clinical practice and lived reality are not necessarily coextensive: there is the risk here of reductively homogenising the nuances of pathology and symptom expression in attempting to contain idiosyncratic individual experience within certain fixed, quantifiable diagnostic parameters. Conversely, a fixation with cultural hyper-specificity may itself arguably lack practical applicability to the embodied and environmentally-embedded quality of lived experience. Perhaps acknowledging indexes of distress that are culturally-shaped but ultimately, not statically-bound by geographical or temporal limits might bridge part of this communicative gulf between clinical interlocutors.

The attempt to nuance and dismantle the conceptual fixity of boundaries – both cultural and diagnostic – gains expression in the *DSM-5*. Acknowledging the lack of discrete definitional boundaries for mental disorders, this edition opens with the qualifier that ‘we have come to recognize that the boundaries between disorders are more porous than originally perceived.’[129] In accommodating this porosity, there

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[128] *DSM-IV-TR* notes a higher prevalence in ‘industrialized societies’ with an ‘abundance of food, and in which, especially for females, being considered attractive is linked to being thin’, and cites the US, Canada, Europe, and Japan, among others as having greater expressions of this disorder. Ibid., p. 898.
[129] *DSM-5*, p. 6.

appears to be an attempt to undo the purported structural and authoritative fixity of the *DSM*'s internal classifications. There is greater allowance here for comorbidity across disorders, and, within each classification, a spectrum of symptomatic expression. In the *DSM-5*, the term 'culture-bound syndrome' has been reformulated as 'cultural concepts of distress'. This is defined as 'ways that cultural groups *experience*, *understand*, and *communicate* suffering, behavioural problems, or troubling thoughts and emotions' [emphasis added].[130] There is a further acknowledgement that while culture may provide 'interpretive frameworks', these frameworks are not fixed in their temporal expression or threshold for tolerance both within and across cultures. Crucially, where the *DSM-IV-TR* concedes that the symptoms and course of disorders are '*influenced* by cultural and ethnic factors', the updated fifth edition states that '*all* forms of distress are *locally shaped*, including the DSM disorders' [emphasis added]. The slight lexical modification here, is, in my opinion, far from insignificant. What we have here appears to be a paradigmatic reassessment of the 'local' and a fundamental repositioning of its centrality.

'Possession' and Dissociative Identity Disorder

The diagnostic classification of DID, particularly in its comorbidity with posttraumatic stress disorder (PTSD), exemplifies the nebulous definitional boundary between psychiatric pathologisation and culturally-recognised normativity (or at least, tolerance). As acknowledged in the *DSM-5*, cultural considerations are critical in evaluating behaviour that symptomatises DID, not least because 'normative possession' may be associated with cultural, religious or spiritual practices (deemed prevalent in 'rural areas in the developing world' and 'among certain religious groups in the United States and Europe').[131] A closer examination of the definitional nuancing with DID allows us to revisit some of the lexical-conceptual communicative traps that arise within the clinical space. One salient addition to the diagnostic criteria for DID in the latest edition is worth mentioning here: the explicit distinction between possession and non-possession forms of DID, and the cultural variance accommodated by this distinction. Across the last three *DSM* editions, the defining feature (or Criterion A) of DID (or Multiple Personality Disorder, as it was formerly known until

[130] Ibid., p. 758.
[131] Ibid., p. 295.

the *DSM-IV*), has been the presence of two or more distinct personality states in typical presentations;[132] in *DSM-5*, however, this factor is modified with the added qualifier that this experience 'may be described in some cultures as an experience of possession'.[133] There is a discursive aside here detailing how the presentation of these personality states may be culturally-shaped: these may manifest as a '"spirit," supernatural being, or outside person [that] has taken control', or the individual being '"taken over"', with the 'fragmented identities' assuming the form of 'possessing spirits, deities, demons, animals, or mythical figures'.[134] What distinguishes a DID diagnosis from non-pathological 'normative possession', as the *DSM-5* designates it, then, is that the former is 'involuntary' and causes 'clinically significant distress or impairment'.[135] A clinically-pathological possession state also manifests in ways that 'violate the norms of the culture or religion.'[136] As with the previous characterisation of 'spell' and 'zar' under the umbrella of 'culture-bound syndromes' in the *DSM-IV*, the various uses of the terms 'possession' or '"taken over"' – particularly with the self-reflexive quotation marks attached – betray a lexical gap in theoretical terminology and environmentally-shaped, embodied expression. However, this new pre-modified term 'normative possession' that has entered the *DSM-5*'s cultural lexicon itself raises its own conceptual quandaries. What is vexed here is the apparent attempt to demarcate cultural norm from its pathological counterpoint; arguably, this in itself reproduces precisely the same problematic binary between order and disorder. If there is an attempt made here at nuancing how distress is defined and diagnosed beyond prescriptive fixities, then this seems compromised by inducting cultural concepts of distress into the psychiatric paradigm of pathology and wellness.

To test the viability of 'normative possession' as a category itself, we might consider the phenomenon of *ogbanje*, the born-to-die child of Igbo ontology. This figure gains expression in Akwaeke Emezi's semi-autobiographical text, *Freshwater* (2018), the subject of my first chapter, where I explore the possibilities of what I define as a *medico-mythologic* mode for distress. At this juncture, however, it would be worth setting out some of the methodological and ontological complexities surfaced in our reading of culturally-inflected expressions of distress. This metaphysical identity is a

[132] *DSM-III-R*, p. 269; *DSM-IV-TR*, p. 529.
[133] *DSM-5*, p. 292.
[134] Ibid., p. 295.
[135] Ibid.
[136] Ibid.

recognised mode of being in Igbo consciousness, but the slippage between the normalised and the normative becomes strained here. The *ogbanje* identity itself is culturally-pathologised as a deviant Other in Igbo society; occupying both spirit and human worlds, *ogbanje* engage in a cycle of premature death and rebirth, tormenting the human mother. This appears to 'violate the norms of the culture or religion' as the *DSM-5* qualifies; more precisely, *ogbanje* violate Igbo ancestral cosmology by resisting the sociality of reproduction, kinship, and reincarnation with their particular cycle of premature death before puberty and rebirth. But this does not reorient the phenomenon comfortably within a psychiatric diagnostic category either. As will be explored through protagonist Ada's experience in *Freshwater*, 'recovery', to adapt psychiatric jargon in its loosest sense, involves *recovering* the self, or more precisely, *selves*, in all their layered multiplicity – re-possessing the terms of experience not as pathological fragmentation, but necessary plurality. For Ada, 'recovering', or perhaps more precisely, recuperating the self, only becomes possible through ritual healing; this culminates in the moment when the *ogbanje* acknowledge that '[Ada] is not ours, we are hers.'[137] Ada eventually regains centrality, stepping beyond the obscurity of the *ogbanje*'s shadow(s) and back into her own body, through a non-human priest's tactile mediation. While Ada's apparent encounter with the 'spirits', 'deities', and 'mythical figures' of *DSM* lore seem to push her onto the precipice of a DID diagnosis, the *ogbanje*'s curious positioning within a matrix of what is normalised (or ritualised), normative, and pathological resists such neat ordering and classification. The *DSM*'s distinguishing of terms like 'voluntary' and 'distress' itself are put under pressure within a cosmological and ontological paradigm that does not understand the self in dichotomous terms of fragmentation and autonomous wholeness/closure. In this curious attempt to define a cultural 'normative' as a bound category, what cannot be accommodated are the slippages, or in-between spaces between the normative and pathological, that evade clinical binaries and a related construction of distress. I will return to the idea of this in-between 'third space' to suggest how it might meaningfully accommodate alternative possibilities of selfhood in the first chapter.

Against attempts to elasticise the conceptual remit of 'disorder', the gridlock within a singular psychiatric taxonomic frame is an issue that seems to persist and extend beyond the clinical space. This is notably apparent in critical encounters with

[137] Akwaeke Emezi, *Freshwater* (London: Faber & Faber, 2018), p. 215.

Freshwater in the publishing industry and popular media. There is a tendency to designate protagonist Ada's experience as 'possession', perhaps the most culturally-intelligible conceptual and lexical translation for a Western readership. The methodological issue here lies in acknowledging difference, but accommodating or containing it within a familiar, intelligible Eurocentric frame of reference – an issue that extends into the clinical reading and scripting of distress. The 'coloniality of power', to borrow Quijano's term, becomes inalienable from the clinical articulation of subjectivity: such lexical cushioning within the safety of a Western frame is symptomatic of a particular cultural hegemony over the parameters of (well)being: linguistic (English), epistemic (definitions of disorder), and ontological (fundamental understandings of selfhood) hegemony. What then of experiences that evade containment within these definitional boundaries?

Some of the visual and verbal technologies currently available in a psychiatric setting – in the form of neuroimaging or self-assessment questionnaires – place particular narrative demands and predispose certain framings of distress. I will return to neuroimaging and associated visual technologies in Chapter Two, but at present, I consider self-reporting mechanisms, integral as they are as screening tools in the clinical encounter. A widely-used instrument is the Patient Health Questionnaire (PHQ), a preliminary screening and severity measurement tool comprising different modules for a scaled assessment of diagnostic criteria for depression, anxiety disorders, eating disorders, and alcohol abuse, among other clinical categories of illness.[138] With the PHQ modules being aligned with *DSM-IV* criteria, it is unsurprising that it primes the patient to frame distress within highly delineated temporal and quantitative scales to aid diagnoses. The Depression Severity (PHQ-9) and Anxiety Severity (GAD-7) scales assign scores between 0-3 to the responses 'not at all', 'several days', 'more than half the days', and 'nearly every day' respectively. Likewise, *DSM* diagnostic criteria generally place certain temporal regulations, requiring that a minimum number of identifiable symptoms are expressed within this period. A diagnosis of major depressive disorder according to the *DSM-5*, for example,

[138] The Primary Care Evaluation of Mental Disorders (PRIME-MD) was originally developed in the 1990s as a screening tool for depressive, anxiety, somatoform, alcohol, and eating disorders. It was later adapted into the self-administered Patient Health Questionnaire (PHQ), with streamlined variants for specific diagnoses including: the 9-item Depression Severity scale (PHQ-9), 7-item Anxiety Severity scale (GAD-7), and 15-item Somatic Symptom Severity scale (PHQ-15). See Robert L. Spitzer , Kurt Kroenke, Janet B. W. Williams, DSW, et al., 'Utility of a new procedure for diagnosing mental disorders in primary care: The PRIME-MD 1000 study', *JAMA*, 282 (1999), 1737-1744.

requires that five or more of its listed symptoms are expressed during the same two-week period.[139]

Given its use in the primary care setting and wide availability online, it seems plausible to suggest that this instrument might, for some seeking care, be a preliminary point of contact with a formal frame of reference for distress. The tool demands not just transparency and the capacity for retrospective recall, but a certain degree of introspective ability to be able to engage with its interpretive demands. Individuals are asked to report on a range of affective disturbances from the arguably more quantifiable, like sleep and appetite, to more subjective affective appraisals of failure, hopelessness, restlessness, foreboding, and suicide/self-harm risk – albeit rendered through the quantifiable scales offered to them. But what is lost in the gaps of these prescribed frames of reference, and how are the ways we represent distress and healing conditioned, often in limiting ways, by such a schema? More fundamentally, does the comfort of clinical predictability have to preclude the possibility of other forms of exposition, or ways of making sense of experience that can dwell in ambiguity and irresolution, and resist the kind of transparency demanded by a clinical schema?

Self-reporting is an act of vulnerability, but is in itself vulnerable to introspection and self-perception, which are arguably never wholly transparent – whether this is unconsciously confounded, or consciously performed. Just like the expression of distress itself, the act of reporting is mediated by an interpretive act shaped by situated, embodied experience: cultural contexts, the limits of communication, and significantly, literacy in the institutional language demanded by these clinical frames of reference, access to which is socioeconomically-influenced. The vagaries of interpretation aside, the trust and transparency that the clinical encounter is reliant upon can be actively subverted; its verbal and visual plotting of distress can be appropriated and subversively rearticulated in the act of self-reporting. The seemingly neat equation between quantifiable distress and diagnosis can be tapped in its inverse potential: a performance of wellness for de-institutionalisation; and, in some cases, a performance of *distress* itself (at least in its institutional articulation) to gain access to treatment and the institutional validation this is predicated on, thereby dis-ordering the very clinical narratives of disorder and pathology themselves. This is a dynamic I will explore more fully in the second chapter, which considers how access to psychiatric

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[139] *DSM-5*, pp. 160-161.

care is asymmetrical and conditioned by particular sociocultural narratives of the racialised and gendered body in distress. If we consider clinical texts as constructed texts or scripts, rather than existential givens that plot a particular version of distress and its attendant vision of distress (one that is inalienable from the medical-industrial complex outlined above), then we might better visualise how they can be amenable to productive, potentially resistive, forms of reinterpretation.

There is a prevailing sentiment that people in 'developing' countries tend to 'somatise' their distress more; this results in a tendency to attribute somatic symptoms, or at least their purportedly amplified expression, to culture-bound syndromes.[140] But what if the somatic is not relegated as a cipher for the pathological, but rather, a productive field of inquiry in itself? Mills rightly points out that with the psychiatric privileging of the brain as 'basis' for pathology, 'other frames of reference for distress' that do not fit within a neurochemical lexicon – like the somatic – are translated into the 'language' of 'symptoms'; this services a narrative of illness and disorder that can effectively fit within a psychiatric register of pathology.[141] The *DSM's* preoccupation with somatic expression or neuroimaging's fixation with structural abnormality takes as self-evident the pathological quality of distress or disorder. But the terms 'disorder' and 'illness' are not value-neutral, and merit critical engagement; these terms naturalise and frame particular experiences *as* pathology, thereby setting the necessary conditions for institutionally-defined intervention. Crucial to the decolonial approach developed in this thesis, then, is a refocalisation on the body as a medium of expression that exceeds that of a biomedical logic and its associated representational technologies – an approach that seeks to fill in some of the gaps of an oft-depoliticising and dis-embodying psychiatric register, as I have explored above. Chapters One and Three consider the body in mediation: how it meaningfully synthesises the realm between the living and dead, or natural and supernatural, through particular African cosmologies, productively dis-ordering and re-ordering Western temporalities of

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[140] Kirmayer argues that this ascription of somatisation to a particular personality or culture is 'an artifact of biased observation', expressed as it is across cultures and countries. Al Basidi also notes its cross-cultural prevalence, and suggests that this link between somatisation and developing countries often assumes a lack of 'sophisticated' verbal or affective capacities to express distress otherwise. Al Basidi does, however, suggest that in cultures where mental health remains stigmatised, individuals may turn to the somatic to mitigate the pathologising charge of mental illness. See Laurence J. Kirmayer, 'Culture, Affect, and Somatization: Part I', *Transcultural Psychiatric Research Review*, 21 (1984), 159–188; Zakiya Q Al Basidi, 'The Concept of Somatisation: A Cross-cultural perspective', *Sultan Qaboos University Medical Journal*, 10 (2010), 180–186.

[141] Mills, *DGMH*, p. 31.

being and *becoming* in ways that are more meaningful to the particularities of lived experience. In so doing, it exposes the incommensurability of a linear Western temporal frame, which positions these realms as necessarily polarised, for reading and ethically engaging with the body in distress. If individuals in 'developing' countries are perceived as somatising their distress more, then this is a value judgment that reflects a Western tradition of devaluing the body in favour of the mind, within its value-laden mind-body dichotomy.

The possible synthesis of seemingly polarised categories gains greater clarity through Vernon Dixon's concept of 'diunital logic':

> Webster tells us that "di" means "akin to two" or "apart." "Unital," the adjectival form of the word unit, refers to a "single thing that constitutes an undivided whole." Di-unital, therefore, means literally something apart and united at the same time or something simultaneously divided and undivided – a union of opposites without inherent antagonism.[142]

According to Dixon, duality is a key tenet of West African cosmology which understands categories such as life and death, individual and the phenomenal world, or observer and the observed, as necessarily complementary.[143] This position is in contrast to a Eurocentric worldview dominated by either/or logic and laws of identity, contradiction, and the excluded middle. Through this dichotomous lens, the individual is separated from the phenomenal world by a perceptual gap, resulting in the phenomenal world transforming into an object to be apprehended with an observer detachment. Conversely, the inseparability of the individual from phenomenal world in the African orientation, distinct from a Eurocentric 'Man-to-Object' or 'Mastery-over-Nature' orientation which propagates individualism, supports a sense of communalism.[144] As I have suggested, it is necessary to qualify the term 'African' as a definitional category, and note its internal heterogeneity; to assume a universal ontological orientation across the continent and diaspora would be to reproduce the

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[142] An economist, Dixon employs this framework to understand how cultural factors, typically perceived as existing in the province of noneconomics, can be meaningfully used to better understand economic behaviour in different communities, in a non-antagonistic way. Vernon J. Dixon, 'The Di-Unital Approach to "Black Economics"', *The American Economic Review*, 60 (1970), 424-429 (p. 425).

[143] Dixon uses this concept to assert the lack of a perceptual void between observer and the observed, or man and nature, in the African orientation. Dixon, 'African-Oriented and Euro-American Oriented World Views', p. 139.

[144] Dixon here borrows the terminology developed by Florence Kluckhohn and Fred Strodtbeck in their values orientation theory.

reductive essentialisms under critique in this thesis. It also does not accommodate the way in which movement and contact, as I have explored through the analysis of the *DSM*, have destabilised discrete categories of identification. The fraught conceptualisation of 'African' as a collective identity category is a question I will return to more thoroughly in my final chapter as I consider shifts towards 'Afrocentric' healing modalities, having explored the diversity of expressions and registers for understanding selfhood in the preceding two. At this juncture, however, it is sufficient to note that a mode of diunital logic is compatible with an understanding of the self that holds a oneness between the individual and the phenomenal world: a form of selfhood not meaningfully accommodated by the deep-rooted dichotomies of Enlightenment rationality. This recognition also has a distinct bearing on the texts under consideration here, particularly in relation to how individuals apprehend their situatedness not just within a communal body, but also the environment in which these relations are embedded in – the latter a dimension of interrelatedness that is elided in an anthropocentric view arguably mobilised by capitalism's conditioning of the self.

Replotting Temporalities of Distress and Recovery

To visualise how we might re-plot a schema of (well)being in culturally and contextually-salient ways, and situate this within Dixon's formulation of a non-dichotomous, relational mode, I would like to read Andreasen's biopsychiatric model of mental illness alongside, and against the grain of, an indigenous Nigerian Yoruba holistic healing system, Ifá. As outlined, Andreasan charts a non-sequential four-stage model of 'medical progress' in 'understanding and conquering' mental illness: isolating the syndrome based on symptoms and fitting it under a definitional classification; identifying its pathophysiology (how it arises and persists); finding a treatment to reverse it; and formulating a preventive measure.[145] Andreasan's model is largely a biomedical narrative of aetiology, pathology, and cure. In this narrative, functional genomics and in vivo neuroimaging technologies have occupied a stronghold as the exploratory and explanatory mediums for mapping mental illness; these include techniques like Computerised Tomography (CT), functional Magnetic Resonance Imaging (fMRI) and Positron Emission Tomography (PET). Treatment might involve medication in tandem with modes of psychotherapy like cognitive

[145] Andreasen, *BNB*, p. 172.

behavioural therapy (CBT) or talking therapy; these are thought to alleviate symptom expression, potentially rewiring neural pathways by capitalising on the plastic potential of the brain.

Augustine Nwoye usefully theorises how psychopathology might be articulated within an 'Africentric paradigm'. This is defined as a guiding ideology or principle for performing research and practice in an African context, through the epistemological, ontological and philosophical orientations of people in Africa.[146] Nwoye argues that there is a fundamental difference, and indeed disconnect, in psychopathology as understood from Eurocentric and Afrocentric perspectives. Through the lens of an 'Africentric paradigm', inexplicable or persistent behaviours are read as 'symbolic illnesses' or ones that carry a 'hidden message' that must be deciphered, and whose agent or messenger must be identified, before a cure is sought; these behavioural expressions are treated as a 'text' requiring a 'thick reading' – that is, a deconstruction of the (hidden) agent and underlying message of the behavioural expression.[147] In some indigenous communities, a diviner might be sought, excavating meaning through their own diagnostic mechanisms: this could be instrumental divination (as with the Zande, who introduce poison into an animal such as fowl, and determine their diagnosis based on whether the animal dies) or mediumistic divination (where the diviner might be the channel of communication through which a spirit expresses this message, or who might in turn 'possess' the spirit to seek explanation). This is a reading practice that the bio-psycho-social model of psychopathology in the West – in either its biomedical, psychoanalytic, or sociocultural articulations – fails to accommodate. Instead, symptoms are read for the purpose of identification and classification within pre-existing nosology like the *DSM*. The purported bio-psycho-social model itself is being increasingly reduced to highly atomistic, biologised articulations of aetiology. As Nwoye argues, what is missing is a '*Spiritualist perspective*' [original emphasis] resonant with an African worldview, one which traces the origins of such behaviour not to the local and individual level, but to a site of interconnected spiritual, ancestral, and social contexts.[148]

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[146] Augustine Nwoye, 'African psychology and the Africentric paradigm to clinical diagnosis and treatment', *South African Journal of Psychology*, 45 (2015), 305-317 (p. 306).
[147] Ibid., pp. 309-311.
[148] Ibid., p. 308.

If a psychiatric 'voyage'[149] into the brain and mind has been facilitated through neuroscientific technologies – to borrow Andreasen's journey motif – then the Yoruba spiritual system offers an alternative mapping of the mind visualised through a divinatory diagnostic medium. Ifá originates among the southwest Nigerian Yoruba, and is practiced globally in its diasporic variants. Enslaved Africans imported this practice from Nigeria to the Americas and the Caribbean, and the system is in fairly wide use among African Americans today. This spiritual system has a markedly political face too: synthesised with Catholicism in its early stages, later black nationalist ideology promoted a decoupling of the two, and many African Americans now adhere to the orthodox (though not homogenous) rituals as originally practiced in Nigeria.

The Ifá spiritual system is a holistic modality of mind-body-spirit healing, a tripartite constitution intrinsic to African ontology. This tripartite consideration of mental health as inseparable from the physical and spiritual is quite distinct from the entrenched mind-body dualism in Western thought that Andreasen herself acknowledges and attempts to sidestep.[150] The impaired connections identified here exceed the frame of neurological connectivity; they are both relational and somatic, as is the diagnostic medium for identifying them: the Orìsà priest divines a diagnosis and prescribes the requisite therapeutic intervention by communicating with the spirit world. The affected individual is first given an object on which to pray, after which invocations are performed to open this channel of communication. In this 'clinical' encounter, the *DSM*'s quasi-mythological status as psychiatric bible and narrative medium for mental illness is displaced by the *Sacred Ifá Literary Corpus*, through which the priest divines the aetiological 'message' to be inferred from the distress, relating this to the individual through relevant stories and proverbs.[151]

In their study of indigenous African healing systems, Ojelade et al. found that African Americans seeking such intervention largely understood their distress – which would be classified as mood, anxiety, or psychotic disorders within a Western psychiatric system – as having a 'spiritual basis'.[152] The spiritual sources of ailment

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[149] Andreasen, *BNB*, p 132.
[150] Andreasen notes how this dualism has been shown to be untenable in the expression of PTSD, where 'psychological experiences have neurobiological consequences'. Ibid., p. 308.
[151] Ifetayo I. Ojelade et al., 'Use of Ifá as a Means of Addressing Mental Health Concerns Among African American Clients', *Journal of Counselling and Development*, 89 (2011), 406-412 (p. 409).
[152] Ifetayo I. Ojelade et al., 'Use of Indigenous African Healing Practices as a Mental Health Intervention', *Journal of Black Psychology* 40 (2014), 491–519 (p. 500).

may include the failure to venerate ancestors or divinities, witchcraft/sorcery, incurring someone's ill will, or being the subject of gossip. The majority identified the ability to see or hear phenomena that others may not as 'an interaction with the spirit world'; significantly, this was not regarded as pathological behaviour.[153] Strikingly, participants also attributed their distress to an identity conflict engendered by 'Western socialization': the forced adoption of beliefs and modes of being incongruent with their 'African cultural heritage'.[154] Investigating community beliefs about aetiology in Nigeria, Abiodun Adewuya and Roger Makanjuola similarly found that most participants understood their mental health issues as being multifactorial, largely an effect of substance use or supernatural forces, with some relating it to biological causation.[155] Of noteworthy mention here is that education level and urbanicity were shown to have limited bearing on perceptions of aetiology: while most participants without formal education and/or who dwell in rural areas tended towards 'supernatural' causation, a vast majority of formally-educated participants were similarly inclined.[156] That formal education has limited impact on the explanatory framing of mental health concerns is significant in deconstructing the rigid polarity between tradition and modernity – a binary still palpable in a psychiatric or ethnographic vernacular that positions the supernatural as antithetical to the 'natural' or biological and organic, and as fundamentally inimical to modernity's vision of epistemic progress.

There is also a categorical misalignment here with a Western psychiatric rationality, not least because the Ifá system's own internal logic of pathology and cure is rooted not in a neuro-genetic-environmental psychiatric schema, but a social-organic-spiritual one. This is a radical revision of the medicalised language of impaired neurochemical balance and connectivity between distributed brain regions, to borrow the common consensus on schizophrenia as an example. Instead, the 'disease' is targeted in these indigenous systems by re-incorporating the body within a dense distribution of temporal and kinship networks. Ojelade et al. revealingly note

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[153] Ibid.
[154] Ibid., p. 502.
[155] Abiodun O. Adewuya and Roger O. A. Makanjuola, 'Lay beliefs regarding causes of mental illness in Nigeria: pattern and correlates', *Social Psychiatry and Psychiatric Epidemiology*, 43 (2008), 336-341 (pp. 338-339). Oye Gureje et al.'s community study amongst the Yoruba also found a similar pattern, with only one in ten participants self-identifying with biological causation for their distress. Oye Gureje et al., 'Community study of knowledge of and attitude to mental illness in Nigeria', *British Journal of Psychiatry*, 186 (2005), 436-441.
[156] Ibid., p. 340.

that the transgenerational inheritance of spiritual beliefs results in a normalisation of seeing and hearing phenomena, or talking to the deceased and ancestral spirits – all of which would be classified as voice hearing, psychosis or schizophrenia, if read through a Western diagnostic frame. Because the very frame of ontological reference is distinct, interpretive issues arise when such experience is confined within a Eurocentric psychiatric mode. Indeed, as previously noted, African Americans in particular have been mis/over-diagnosed with schizophrenia and psychotic disorders as a result of having their experience read and mapped through an incommensurable psychiatric narrative.

The therapeutic mode could include spiritual baths with medicinal herbs, talismans, chanting incantations, or sacrifices of personal time, money, or food. Increasingly, cross-cultural contact has hybridised healing; a collaborative care model is being advocated to enhance cultural sensitivity and reduce the time-lag in addressing debilitating symptoms, whether this is understood psychiatrically or spiritually.[157] In the context of Ifá, interventions prescribed by the priest could sometimes be allopathic or psychotherapeutic, particularly in cases of suicidal ideation or sexual trauma that exceed the Orìsà priest's expertise. Ojelade et al. themselves endorse the benefits of a pluralist approach, based on their case studies. For example, one individual, who was unable to access the services of a priest, reported taking psychoactive medications during her school semester. This allowed her to effectively manage her symptoms, and then develop the capacity to focus on her spiritual practice.[158] 'Alternative' healing modalities, then, are not intrinsically incommensurable with Western therapeutic practices; rather, it is the incommensurability of a specific explanatory, or narrative, schema in Western psychiatric thought – particularly in this biomedical expression – that leaves indigenous modalities susceptible to misinterpretation, misdiagnosis, and associated prejudices.

Having probed the limits of a neurochemical-genetic register as an interpretive schema, we find in indigenous epistemologies a means of re-embodying the self (or networked selves) as a narrative medium in its own right. In the body's configuration as a sensory instrument, or medium into the mind, we find the possibilities of

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[157] Igberase and Okogbenin's study of Midwestern Nigeria reveals this therapeutic inclination in the local community and argues for the benefit of an integrated, community-based care model. Osayi Igberase and Esther Okogbenin, 'Beliefs About the Cause of Schizophrenia Among Caregivers in Midwestern Nigeria', *Mental Illness Journal*, 9 (2017), 23-27.
[158] Ifetayo I. Ojelade et al. (2014), p. 508.

rechannelling the body in ways that amalgamate the organic, mental, and spiritual dimensions of a tripartite understanding of the self – though, as the figure of political prophet and diviner diagnostician demonstrate, the psychological is inalienable from the sociopolitical. In the figure of the political prophet and diviner diagnostician we also find a radical reconstitution of the terms insight and foresight – terms that are, to recall Carothers and his contemporaries, charged with colonialist appraisals of 'native' defectiveness and deficiency. In the earlier discussion of colonial ethnopsychiatry, it was noted how Carothers' appraisal of African personality led him to make parallels with the schizophrenic state, and diagnose the lack of foresight or future-oriented goals as symptomatic of their spiritual 'fantasy' orientation – that is, the attribution of circumstances to external entities like gods and ancestors. Beyond ethnopsychiatric inspections of 'native' behaviour or modern technologies of biomedical observation, these indigenous systems counter the psychiatrised individual's often disenabling disembodiment as an object of surveillance and subject of medical intervention.

Frantz Fanon: The Intersection of Psychiatry and Politics

Any engagement with the intersection between psychiatry and politics must acknowledge Frantz Fanon's invaluable contribution to a reformed, liberatory model of care, situated as it was in response to colonial ethnopsychiatry and the institutionalised neurologisation of distress we have just interrogated. Fanon himself was interested in the potential of neurologically-mediated treatment modalities like shock and sleep therapies, insulin-induced comas, neuroleptics, and lithium salts, popularised in psychiatric practice in his contemporary moment. While operating within this neurologically-inclined, often punitive and racist psychiatric culture, and against the backdrop of the Algerian War in the 1950s, Fanon adopted an organo-dynamic view of distress and defended the critical need to incorporate a socioculturally-salient perspective within a clinical assessment of mental health. As Jean Khalfa argues, Fanon approached organic treatments as a gateway into longer-term psychotherapeutical work that was sensitive to the sociocultural situatedness of the individuals being cared for.[159] Fanon sought to reform the institutionalised model of care at Blida-Joinville where he was practicing in 1953, an ethnically-segregated hospital treating both military officials and victims of torture in the Algerian War. Key

[159] Jean Khalfa, 'Fanon and Psychiatry', *Nottingham French Studies*, 54 (2015), 52-71 (p. 62).

to this was developing a sense of community to reintegrate the distressed, through film and music clubs, and journaling exercises. While these practices proved effective for the European men under his care, they were less so with Algerian men. This drove his professional and political desire to engage with a culturally-contextualised understanding of wellbeing that could meaningfully cater to their therapeutic needs.[160] Khalfa notes that the men's religio-spiritual worldviews shaped their understanding of disease pathology (for example, a belief in distress emerging from *Djinn*, or loosely, spirit 'possession'), leading Fanon to develop activities incorporating traditional storytellers and cultural festivals, to better accommodate the ways in which these men's ontological orientations informed their sense of (healthy) selfhood and place within a social world.[161]

Fanon's influence in decolonial thinking and practice is undeniable: his seminal texts *Black Skin, White Masks* and *The Wretched of the Earth* have laid much of the theoretical and political groundwork for a decolonial reform of the mental health field, contextualising as they do distress through the colonial conditions that black individuals were embedded in, and their internalisation of racial inferiority. This constituted a critical re-centring of the black individual as a subject of psychiatric care; not just a passive subject of racially-charged, punitive practices, but as a psychologically fleshed-out individual whose psychopathology is inextricably rooted in a covert matrix of political power relations. Integrating philosophy, psychoanalysis, and phenomenology into his understanding of psychiatric pathology, Fanon's thinking was revolutionary and indeed, ahead of its time in its assertion of the embodied, socially-situated dimensions of distress.

Fanon's philosophical and political approach was, and continues to be, a prescient critical challenge to a Eurocentric epistemic hegemony operating within and beyond psychiatry. While being cautious not to assess the quality of Fanon's decolonial mode through twenty-first-century frames of reference, the enduring legacy of his work warrants some critical examination and, as I will argue, elaboration. While I have suggested that black experience has been characterised by persistent, endemic struggle through time, it is necessary to also acknowledge that the versions of structural violence and the attendant visions of struggle evolve, through and against

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[160] Ibid., p. 65.
[161] Ibid., p. 66.

modernity/coloniality's evolving myths of progress which conceal its cyclical reproduction of violence.

In tracing the psychopathology of colonial violence and racism, Fanon suggests that the internalisation of inferiority for the colonised, subjected to a racist white colonial gaze, underpins the development and expression of psychiatric pathologies. Liberation, then, hinges on re-articulating cultural and national identity beyond the violence of this colonial gaze, one that necessarily disavows the desire for what Fanon terms 'lactification'[162] – quite literally, the internalised violence of whitening oneself to assimilate and model the image of the coloniser, and access the associated power and freedom. Contemporary feminist critics, however, have rightly pointed out the gendered biases in Fanon's work, charging him with misogyny at worst, and ambiguity in more charitable readings.[163]

Fanon offers an extensive exposition of female desire in *Black Skin, White Masks,* primarily through a highly critical reading of French author Mayotte Capécia's semi-autobiographical *Je suis Martiniquaise*, expressing as it does the mixed race female protagonist's desire to be married to a white man. This he reads alongside Abdoulaye Sadji's characterisation of 'mulatto' women who seek the recognition of white men and reject the romantic advances of black men in *Nini, mulâtresse du Sénégal*.[164] In an acerbic condemnation of Capécia's desire for 'lactification', Fanon's reading of the expression of female desire delimits the articulation, and subsequently denies her any degree of psychological interiority, claiming as he does that we have no access to her 'unconscious' beyond this sexual desire, which he reads as a symptom of racialised pathology. She is also denied a voice; the 'mulatto' female figure of his critique here is a passive subject of white male instrumentalisation: '[h]e is her lord. She asks nothing, demands nothing, except a bit of whiteness in her life', Fanon writes.[165] This reading of female desire is not limited to Capécia; Fanon seemingly generalises this condition through his anecdotal interactions with women of colour in Martinique and

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[162] Frantz Fanon, *Black Skin, White Masks*, trans. by Charles Lam Markmann (London: Pluto Press, 2008; originally published 1952), p. 33. Hereafter *BSWM*.
[163] Sam Haigh stages a forceful critique of how Fanon's theorisation of the 'lactification' complex is highly gendered, taking as its model the black man and his particular concerns over self-identification. Haigh argues that Fanon's appraisal of the black woman in this context takes shape in anxieties over miscegenation. Sam Haigh, 'Voix féminines/Voix féministes'? Women's Writing from the Francophone Caribbean', in *Francophone Voices*, ed. by Kamal Salhi (Exeter: Elm Bank Publications, 1999), pp. 143-144.
[164] *BSWM*, pp. 28-44.
[165] Ibid., p. 29.

France. In this clinical-cultural reading of the black female body, race and sex intersect in ways that, I would argue, critically diminish the embodied complexities and potentialities of black female experience. The black female body here becomes a site onto which particular colonial, masculine anxieties are projected; affect is articulated solely through the male gaze and its limited – and limiting – expression of desire in terms of racial and sexual dominion.

In staging this critique, however, it is necessary to qualify that Fanon offers a similarly critical reading of black men's desire for white women in the subsequent chapter of *BSWM*; however, a chronological reading also exposes certain affective asymmetries in Fanon's appraisal of these gendered expressions of desire within inter-racial relationships. Indeed, as Ella Shohat forcefully argues, Fanon's readings of Capécia and Sadji's Nini reveal a 'selective empathy' in 'unmask[ing] the negrophobic environment that drives the black man into the arms of the white woman, but he extends no such understanding for the black woman driven into the arms of the white man'.[166] In this pathologisation, Shohat argues, Fanon '(dis)places the lactification neurosis and the burden of miscegenation-as-betrayal on the black/mulatta woman alone.'[167] Shohat goes on to offer a nuanced reading of Fanon's visualisation of female desire – and by extension, the coloured woman's placement in his vision of freedom – through a comparative reading of *BSWM* and Fanon's position on the (un)veiled Arab Algerian woman in his work *A Dying Colonialism*. A sustained analysis of Fanon's complex, if at times ambiguous, stance on coloured women and liberation goes beyond the scope of this present work.[168] But what bears acknowledging is that while consciously working to dismantle the Manichean binaries inherent in colonial thought, Fanon – perhaps a product of his own positionality as a black male theorist and psychiatric practitioner of his contemporary moment – reproduces a dichotomy of gendered relations that is necessary to address, and redress, given the enduring significance of his model of decolonial thinking.

I would argue that treating these gendered expressions of desire discretely – formally in the structural organisation of *BSWM*, and also ideologically – it also fails

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[166] Ella Shohat, *Taboo Memories, Diasporic Voices* (Durham, NC: Duke University Press, 2006), p. 266.

[167] Ibid., p. 267.

[168] There is also much more to be said about the issues with Fanon's position on homosexuality, which goes beyond the scope of this thesis. See Anne McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Conquest* (London: Routledge, 1995); Madhu Dubey, 'The 'True Lie' of the Nation: Fanon and Feminism', *differences*, 10 (1998), 1-29.

to acknowledge *intra-race* relations; that is, how the black man might be implicated within this politics of black female desire, and vice-versa. This is a limitation that extends into Fanon's vision of freedom. Indeed, Anne McClintock advances a potent critique of Fanon's exclusionary scope: in her critical appraisal of visions of 'male nationalisms' and the naturalisation of the nation-as-family trope in Western constructions of a national genesis narrative, women are '[e]xcluded from direct action as national citizens, and are subsumed symbolically into the national body politic as its boundary and metaphoric limit', while 'denied any direct relation to national agency.'[169] While acknowledging that Fanon, distinct from his contemporaries, was sensitive to the co-implication of gendered politics and nationalism, McClintock critiques the centralisation of the male as the subject in Fanon's writing, and, more critically, in his emancipatory decolonial vision of Algerian nationalism: '[f]or Fanon, both colonizer and colonized are here unthinkingly male, and the Manichean agon of decolonization is waged over the territory of the female, domestic space.'[170] To elaborate on McClintock's appraisal of this gendered asymmetry, the general psychiatric lexicon that Fanon develops to identify the particular neuroses that emerge from racialised violence fails to consider the intersecting operations of race and gender in the development and expression of said distress. Whether a rhetorical or ideological slip, in taking *man* as his universal subject, this psychiatric narrative fails to fully attend to the particularities of black female experience. I will return to this gendering of the national body in emancipation discourse and political practice, exploring the constructed 'borders' of a national body as a collectivising identity, in my analysis of Toni Cade Bambara's *The Salt Eaters* in Chapter Three. Protagonist Velma Henry's disillusionment as a black woman in the male-dominated milieu of black Civil Rights activism, and its embodied manifestations, offers fertile ground for an intersectional appraisal of the structural violence particular to the body sociobiologically marked as black and female.

While acknowledging the prescience and enduring relevance of Fanon's formulations, it is necessary to identify the gaps in translating Fanon's work into contemporary decolonial practice; this calls for a sustained challenge to and elaboration of these limits if we are to meaningfully attend to the complex

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[169] McClintock, *Imperial Leather*, p. 354.
[170] Ibid.

heterogeneity of contemporary black experience and accommodate more inclusionary visions of emancipation. The paradigm I advance here to treat mental health as a critical social justice issue is therefore necessarily a decolonial *and* intersectional one. In addressing some of the gaps identified here, I engage with works by women and gender non-conforming creative practitioners, to unpack how the networked operation of race, sex, and other metrics structure lived experience, and crucially, inflect one's orientation and participation within a collective 'African' identity; indeed, I seek to interrogate the exclusions and evasions within these homogenous taxonomies themselves. This is aligned with civil rights activist and theorist Kimberlé Crenshaw's formulation of 'intersectionality', which designates the intersection of identity metrics such as race, class, gender and sexuality that are endemic to expressions of structural violence. Crenshaw asserts that 'many of our social justice problems like racism and sexism are often overlapping, creating multiple levels of social injustice.'[171] In her seminal TED talk, which extends the conceptual remit of 'intersectionality' from the legal sphere into popular cultural consciousness, Crenshaw situates her argument within the context of African American female victims of police violence who experience 'double discrimination' and whose plight is under-represented in popular media.[172] Crenshaw contends that this neglect stems from a lack of 'framing'; social issues are often viewed through the partial prism of either race or gender, neglecting the amplified, interconnecting capacity for such 'double discrimination'.[173] Crenshaw thus asserts the need to find an 'alternative narrative', one that can account for and accommodate the particularities of experience. How then, might this 'narrative' vision be expressed?

Situating the Thesis: Potential Directions

I have suggested in the preceding analysis that the representational and relational technologies of neuro-articulations of psychiatry might be fundamentally insufficient at best or at worst, incommensurable with the embodied and environmentally-embedded realities of distress. Curiously enough, the biological register for Andreasen is a means of restoring dignity to the lived experience of mental illness. By locating

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[171]Kimberlé Crenshaw, 'The Urgency of Intersectionality', TED Talk (October 2016) <https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality> [accessed 5 March 2021].
[172] Ibid.
[173] Ibid.

mental illness in organic factors and demonstrating how 'they are brain diseases that cause enormous human suffering',[174] we seemingly avoid the polarity of mind and body, physical and mental illness. To Andreasen, this demands that we treat people with mental illnesses with the same compassion and respect' that we would those with 'physical' illnesses like cancer or diabetes.[175] In her view, psychiatry's dehumanising quality is largely a function of symptom-based checklists like the *DSM* and economic imperatives like efficiency and resource allocation that underpin the clinical exchange – rather than anything intrinsic to the principles of a biological model.

It would seem that we have 'progressed' beyond reductive polarities and appraisals of mental experience to appreciate its multifactorial quality, but are other complexities elided the moment we attempt to cast a formal explanatory net over psychological experience? At stake here is the web of sensory, somatic, and social strands that situate and constitute individual experience. In co-opting mental distress within a similar biological explanatory schema as physical disease, we might also be taking for granted the uncontested definitional quality of 'mental disorder' itself – as an entity that can be identified, defined, and in time, pre-emptively treated within certain psychiatric parameters. If a neuroscientific mode flattens out difference (and perhaps then, stigma) by staking its claim on certain biological universals, does this then run the risk of obscuring asymmetrical social determinants of distress from its field of vision? What becomes effaced here, in this psychiatric narrative and its vision of preventive medicine, is what the biological register – as a medium of understanding and the mediating instrument between particular experience and diagnostic generals – fails to embody.

This thesis is fundamentally concerned with dignifying and depathologising the situated, embodied expressions of distress that demand witnessing and engagement on their own ethical and epistemic terms. In adopting a decolonial, intersectional approach to reading embodied distress, the situated, structural asymmetries that in turn structure experience are necessarily foregrounded – as both an aesthetically meaningful and politically urgent consideration. The narrative reframing engaged with here is consonant with the 'experts by experience', or consumer/survivor/ex-patient (c/s/x) movement in psychiatry. This taxonomy resists the pathologising, and in many

[174]Andreasen, *BNB*, preface.
[175] Ibid.

ways disempowering, register of the term 'patient' – one which arguably presupposes, and hence, delimits, subject status within an institutional framing of distress. Such a reorientation is more generally aligned with the growing liberatory potential that Philip Thomas and Pat Bracken associate with 'postpsychiatry', a potential that can only be tapped into by reframing the psychiatric narrative from a reductive, biomedical one to a contextualised, service-based one that foregrounds individual, situated experience.[176]

As with deploying any term as a collective, mobilising identity category – whether this is 'African', 'postpsychiatry' or 'service user/survivor', it is worth noting that there is internal diversity in the expressions and visions within the group; however, at the core of postpsychiatry is a commitment to disentangling distress from prevailing psychiatric hegemony. This movement necessarily has an ethical orientation to it; proponents of the postpsychiatry sentiment call for recognition of the 'moral aspects of healing', which include 'bearing witness' to suffering, is one that is typically side-lined in the emphasis on quantifiable metrics in a disease model of pathology.[177] One salient point to raise is how the person-oriented narrative Thomas and Bracken envision is distinct from the rhetorical guise of targeted, individualised healthcare emphasised in the precision medicine or early intervention impulses of neuroscientific discourse. As explored, initiatives like the U.S's BRAIN place a premium on one's personal genetic makeup to determine risk factors. The orientation of the 'patient' within a biomedical model is a complex one; while it does place the patient at the centre, this is not necessarily on the patient's own terms for reading distress and health since the individual is preconditioned by a biomedical constitution of the self and health.

It also bears qualifying that in spite of the kind of temporal fracture implied by the term 'postpsychiatry', this formulation is not meant to project an end point to psychiatry. Thomas and Bracken are rightly realistic about the necessary endurance of psychiatric intervention as an available choice for some experiencing distress.[178] Postpsychiatry instead sidesteps the unproductive oppositions between anti-psychiatry and psychiatry. It is not an attempt to 'divorce' 'madness' and medicine, but to re-

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[176] Philip Thomas and Pat Bracken, 'Power, freedom, and mental health: a postpsychiatry perspective', in *Liberatory Psychiatry: Philosophy, Politics, and Mental Health*, ed. by Carl I. Cohen and Sami Timimi (New York: Cambridge University Press, 2008), p. 48.
[177] Ibid., p. 49.
[178] Ibid., p. 46.

evaluate this relationship through experience-based narratives.[179] By foregrounding and validating the voices of the c/s/x, its purpose is not to advocate for a new epistemic orthodoxy, but more generally challenge the monopoly of singular renderings of embodied experience and 'render the experiences of psychosis meaningful rather than simply psychopathological.'[180] Indeed, this thesis is similarly not attempting to pursue a kind of decolonial approach that unilaterally delegitimises any form of Western clinical intervention. To do so would be to wage an ideological critique that negates the realities of distress in its lived experience, and unproductively append value judgments to particular modes of managing distress. It is not a wholesale rejection of a biomedical narrative either. This might be a desirable, even necessary, frame of reference for a variety of reasons, not least of which is the question of severity – in some cases, for example, psychotropic intervention remains the most viable option for managing distress. For this reason, there is a conscious engagement with works that draw on a psychiatric model of distress across a spectrum; Bebe Moore Campbell's *72 Hour Hold*, for example, adopts a predominantly medicalised understanding of disorder, while Emezi's *Freshwater* constructs a contemporary *ogbanje* medico-mythologic narrative that enfolds Igbo ontology within medicalised mediations into the body in distress. This project thus attempts to accommodate experiences both *within* and *beyond* current articulations of pathology and healing in contextually-sensitive and meaningful ways.

Yet, one further crucial question that needs to be posed here is why *madness* and *psychosis* remain unchallenged as self-evident terms, even in the narrative challenge posed by a postpsychiatric vision. The liberatory potential here is still quite fundamentally locked within the taxonomic restrictions of an existing psychiatric vernacular. In alignment with a 'postpsychiatry' vision, Bradley Lewis[181] compellingly proposes a shift from being 'science based' to 'democracy based', and from a clinical frame to a 'narrative frame' for a truly c/s/x-focused practice.[182]

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[179] Ibid., p. 47.
[180] Philip Thomas and Pat Bracken, 'Postpsychiatry: a new direction for mental health', *British Medical Journal*, 322 (2001), 724-727 (p. 727).
[181] See also Isaac Prilleltensky, Ora Prilleltensky, and Courte Voorhees, 'Psychopolitical validity in the helping professions', *Liberatory Psychiatry: Philosophy, Politics, and Mental Health*, ed. by Carl I. Cohen and Sami Timimi (New York: Cambridge University Press, 2008), pp. 105-130. Like Lewis, their vision is for equal participation: participants as 'expert agents' with involvement in the research process beyond that of subjects for data acquisition.
[182] Bradley Lewis, 'Democracy in psychiatry: or why psychiatry needs a new constitution', in *Liberatory Psychiatry: Philosophy, Politics, and Mental Health*, p. 79.

Lewis offers three possible steps to approach a more democratic model of psychiatry. The first is a reform of the APA (which produces the *DSM*). This involves a model of democratic 'psychiatric governance', with adequate 'weighted' membership of the c/s/x and people of multiple hybrid identity categories.[183] He also calls for the formation of a 'critical psychiatry network' comprising activists, interdisciplinary humanities and social sciences scholars, c/s/x, and critical psychiatrists; this draws inspiration from disability studies' advocacy of a scholar-and-activist model of representation.[184] This has already gained traction with the global Hearing Voices Movement, which centres the experiences of voice hearers, actively challenging both a biological model and the prevailing psychiatric depiction of voice hearing as mental illness.

It is relevant here to consider the growing field of service user/survivor research, and reflect on its methodological potential as a more egalitarian, emancipatory model of engaging with distress. This field is comprised of research practitioners and stakeholders who identify with the service users under research through shared experiences of either their personal distress, or encounters with mental health services. This might take shape in different ways in research practice, adapted to the particularities of the project; internal heterogeneity notwithstanding, at its core, such a practice is theoretically and ideologically-committed to challenging certain epistemic principles undergirding the scientific model that dominates mainstream academic research. This practice does not lay stakes in values like 'neutrality', 'objectivity' and 'distance', synonymous with a scientific model; the randomised control trial, for example, is held at the top of the Cochrane hierarchy of evidence (a value-based classification of knowledge production) in the scientific model, precisely for its purported fulfilment of these objectives, with evidence from experts at the bottom.[185] By contrast, the very value of these objectives is brought under scrutiny here, and largely deemed incompatible with the affective and political considerations involved in engaging with mental health. What is critically questioned here is whether a methodology developed for general medicine can and should be meaningfully translated into mental health practice. Fundamentally, and crucially, it challenges the

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[183] Ibid., p. 80.
[184] Ibid., pp. 81-82.
[185] Peter Beresford and Diana Rose, 'Background', in *This is Survivor Research*, ed. by Angela Sweeney et al. (Monmouth: PCCS Books, 2009), pp. 12-14.

'conventional, medicalised, individual' focus of such practice, instead privileging the 'expert by experience' perspective for a contextualised understanding of distress.[186]

This emancipatory vision in the mental health field has in some ways been informed by a more robust articulation of such practices in disability research, where the development of a social model of disability and a commitment to treating disability as a civil rights issue has staged a potent challenge to normative dichotomies of health and physical ability. A fuller engagement with the conceptual and political orientations of disability research unfortunately goes beyond the remit of this thesis. However, it is worth noting that while service user/survivor research within mental health is committed to dismantling similar medicalised binaries – of madness/reason, 'normal'/pathological brain – it avoids imposing another epistemic orthodoxy, like a psychiatric model, instead working alongside mainstream services to improve them. Indeed, David Armes argues that a key theoretical element of his own Foucauldian-inflected survivor research practice involves dismantling the 'reason/unreason' dichotomy entrenched in discourses on 'madness' which persists in contemporary Eurocentric psychiatry, and fundamentally 'redefin[ing] the term "madness"' itself.[187]

This, to me, seems a necessary methodological feature of any attempt to engage with mental health as a social justice issue. While sympathetic to Armes's push to challenge the reason/unreason dichotomy, I seek to elaborate on this methodology through the decolonial and intersectional reading practice being developed here. Having set a foundation for some of these issues in this introduction, the thesis will continue to interrogate how certain institutional rationalities and orthodoxies have come to define the rational subject, and how they are inextricably entangled with discourses of racism and colonialism: how this dichotomy has historically, and persistently, been mobilised to pathologise difference and justify discriminatory practices. The subject in distress is thus produced at the intersection of a neocolonial-neuroscientific-neoliberal matrix, one that conditions particular spatial and temporal orientations of the healthy self. As black feminist mental health researcher and service user Karen Essien notes, 'black women have unmet needs', needs that are culturally-inflected and structurally-shaped.[188] These needs are not accommodated by prevailing Eurocentric psychiatric practices that define and prescribe the healthy subject; indeed,

[186] Ibid., p. 18.
[187] David Armes, 'Getting Better – In Theory', in *This is Survivor Research*, pp. 145-146.
[188] Karen Essien, 'Identity Issues in Mental Health Research', in *This is Survivor Research*, p. 66.

black women tend to be under-represented in black mental health research, and are subjected to psychiatric racism. Stereotypes of violence and aggression feed into persistent neglect or misdiagnosis, most commonly of schizophrenia. This is a gap identified above in Fanon's articulation of a racially-sensitive model of psychiatric pathology. How then might this disenabling mis-reading of the individual be addressed?

This begins with attending to expressions of distress that have historically been erased or effaced, forcefully or otherwise. A contextualised understanding of distress might be a step towards addressing the 'unmet needs' of black women that Essien identifies, situated as they are within Eurocentric mental health practices that cater to a 'majority population' and cannot meaningfully accommodate the particularities of their lived experience. This vexed dynamic between exposure and (in)visibility is one that I will interrogate throughout this thesis, by surfacing how the oft-effaced, endemic quality of structural violence, both embodied and epistemic, might covertly seep under the skin.

Defining 'Narrative' in the Critical Medical Humanities

In developing a reading practice that can address and redress these gaps, it is worth dwelling on how 'narrative' is currently being engaged with in psychiatry. This shift is perhaps most prominently captured in Rita Charon's bridging of narrative and medicine through the 'corporeal reality' central to both fields – the interest in memory, genetics, and reproduction, for example.[189] Charon suggests that the narrative features of medicine, like 'temporality, singularity, causality/contingency, intersubjectivity, and ethicality' correspond to that of the literary text: frame, form, time, plot, and desire.[190] In Charon's vision, narrative competency is key in medical education: literature courses, reading groups, narrative writing workshops, and exposure to illness narratives during medical education are crucial if medicine is to be practiced with the narrative skills of 'recognizing, absorbing, interpreting, and being moved by the stories of illness.'[191] Storytelling and listening, in her estimation, are key clinical competencies to foster a more empathetic and ethical clinical encounter compromised

[189] Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press, 2006), p. 125.
[190] Ibid., p. 114.
[191] Ibid, p. 4.

by market interests. Particularly valuable in Charon's project is the emphasis on the singularity of the story; narrative knowledge centralises the particularities obscured by the universals of logico-scientific knowledge. There is resistance here to the impulse to order and plot illness narratives according to a linear, aetiology-oriented clinical logic. Narrative medicine is informed by both the bio-psycho-social model and patient-centred praxis, but its distinguishing factor lies in how it focalises the relational quality of the clinical encounter. Meaning here is co-constructed; the physician acts as diagnostic listener and witness to the patient's testimony, and the resultant clinical reading becomes a composite of the physician's autobiography – their prior illness narratives, medical background, pre-existing frames of reference – and the patient's linguistic and para-linguistic cues.

Charon's scope is centred on the physician-patient encounter, but what are the narrative possibilities and challenges specific to a psychiatric context? I would like to interrogate the polarised views concerning the capacity of narrative medicine within the critical medical humanities, and suggest how the notion of 'narrative' might be meaningfully and productively engaged with in my work. 'Narrative' has been made to do much of the theoretical and occupational heavy-lifting in attempts to 'humanise' the medical sciences; under a narrative medicine framework, it is often positioned as a remedy for the affective shortcomings of clinical encounters. This presents distinct problems: on an ontological level, Galen Strawson emphatically rejects the view that human beings are, and more concerningly, *should be*, 'Naturally narrative' (universally-inclined towards organising our experience in a diachronic narrative mode);[192] this presumes a universalised, indeed normative (and I would argue, normalising) mode of experiencing and relating to distress, one that does not account for the contextual and cultural particularities that shape these experiences. In Charon's estimation, the act of narration is therapeutically-salient because 'to find the words to contain the disorder and its attendant worries gives shape to and control over the chaos of illness.'[193] But how might narrative form and the available representational technologies instead be *conforming*; how might it constrain expression through emotional and political conformity, through narrow orientations towards health that efface marginalised realities and indigenous modes of expression? This is a

[192] Galen Strawson, 'Against Narrativity', *Ratio*, 17 (2004), 428-452 (p. 429).
[193] Rita Charon, 'Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust', *JAMA*, 286 (2001), 1897-1902 (p. 1898).

representational trap we have seen in the lexical and conceptual gaps of diagnostic frames of reference. While seeming to foreground subjective experience, how might it regulate the boundaries of normative experience and expression? We might consider, for example, the impulse towards narrative closure or coherence as one that mandates a singular vision and trajectory of recovery – one that is ultimately conservative and corrective in its vision of wellbeing. As Angela Woods incisively argues, 'narrative is not, and has never been, innocent'.[194]

A more fundamental gap in the current criticism levelled against narrative, however, is how we *define* narrative to begin with, too often capitulating to a particular Eurocentric, canonical conception of 'narrative' and form. My contention here is that narrative becomes a limiting technology when it is bounded by certain formalised confines. As Woods signals, narrative medicine scholars tend to treat form as transhistorical and transcultural; she posits that a robust account of genre is 'overdue' in literary approaches to illness narratives.[195] My thesis seeks to address this gap by theorising a genre of creative work on distress that is phenomenologically-inclined, culturally-salient, and contextually-sensitive, developing a critical methodology for attending to these expressions that goes beyond the affective premium on empathy that has dominated – and I would argue, delimited – existing accounts of narrative medicine and cross-cultural encounters.

I suggest here that 'empathy' is an inadequate, and indeed, limiting, benchmark for both narrative medicine and the *DSM-5*'s new guidelines for cultural competency in the clinical encounter. Esther Jones notes that physicians have noticed 'a decline in the capacity of doctors to practice empathy towards their patients since the rise in medicine.'[196] This is partly attributable to the biologisation of racial difference and the rampant racism in medicine. Jones also notes that there has been evidence suggesting the potential for literature to cultivate the 'humanistic' elements of 'empathy and compassion'; this has led to the incorporation of narrative training in medical curriculum.[197] However, Jones rightly argues that narrative medicine 'may not adequately deal with issues of racial and gendered difference', particularly against the

[194] Angela Woods, 'The limits of narrative: provocations for the medical humanities', *Medical Humanities*, 37 (2011), 73-78 (p. 75).
[195] Ibid., p. 74.
[196] Esther Jones, 'Africana Women's Science Fiction and Narrative Medicine: Difference, Ethics, and Empathy', in *Afrofuturism 2.0: The Rise of Astro-Blackness*, ed. by Reynaldo Anderson and Charles E. Jones (London: Lexington Books, 2016), pp. 185-205 (p. 185).
[197] Ibid., p. 186.

backdrop of persistent racial profiling and stereotyping within and beyond the realm of medicine.[198] Jones suggests that this empathic gap might instead be bridged through a more diverse engagement with *genre*; narrative medicine has typically confined itself to the realm of realist fiction in its attempt to cultivate sympathetic affiliation, but, as Jones observes from practice, people struggle to engage with 'non-mainstream religious beliefs and practices' expressed in texts, which often run counter to scientific and medical orthodoxies.[199] Extrapolating from Jones's argument, I would suggest that what is envisioned as a project in cultivating empathy might inadvertently become a source of further disconnection and alienation, perhaps even reinstating racial or cultural binaries. Instead, Jones advocates for the potential of science fiction to bridge, if not remedy, this gap. Where scientific discourse has characterised black people as sub or non-human, the tropes of 'alien bodies, settings, and worldviews' in science fiction might allow us to productively elasticise our definition of the 'human' itself, and how we ethically encounter the 'Other', in Jones's estimation.[200]

A sustained engagement with the specificities of Afrofuturist form and how its particular chronotropes might influence temporalities of healing lies beyond the conceptual remit of this present work. However, the premise of re-centring and dignifying alternative expressions of selfhood and relationality is fundamentally aligned with the ethos of (well)being presented in my work: care and ethical engagement with distress are considered to be critical, both within and beyond the reading practice I am developing here. In this thesis, I engage with a multimodal body of creative work – from literary text, to film, visual art and live performance art – to consider how embodied expressions of distress and healing might exceed the imaginative bounds of Western canonical forms and formulations of narrative. These expressions themselves often cross, and indeed de-form, conventional genre-based classifications, formally embodying a kind of porousness that enacts a more profound commitment to multiplicity and connection. Given the acknowledgement of cross-pollination and contact across borders, we might avoid reproducing the binary mode of thought critiqued here, by exploring how the humanities and biomedicine might engage with distress in dialogue, rather than in opposition. We can set a stage for this co-construction of meaning by reflecting on some current work in narrative medicine

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[198] Ibid., p. 186.
[199] Ibid., p. 193.
[200] Ibid., p. 191.

that draws on indigenous wisdoms and neuroscientific knowledge in concert, potentially bridging certain epistemic and affective gaps in both modes through a pluralistic approach.

Psychiatrist and healing practitioner Lewis Mehl-Madrona has advocated for the significance of storytelling and its healing potential in his clinical work, tackling concerns ranging from cancer and chronic pain to psychosis. Informed by both his cultural and academic backgrounds, Mehl-Madrona's practice distinctly converges both neuroscience and indigenous knowledges gleaned through his personal encounters with indigenous storytelling traditions amongst Lakota, Cherokee, Cree, and Australian Aboriginal populations, as well as narrative approaches in Native American indigenous healing. Mehl-Madrona envisions a relational mode of communal mental healthcare that exceeds the narrative scope of conventional Western psychiatry; here, individuals are embedded in communal economies of storytelling where stories function as 'social neurotransmitters'.[201] This emphasis on the communal orientation of wellbeing is crystallised in his therapeutic focus on healing circles, which I will revisit in the third chapter. What is particularly attractive about this model is its attention to the body as both signifier and site of sociocultural inscription. There is an acknowledgement of the body's capacity for making meaning of distress beyond the verbal, and how it fundamentally embeds us in sensory, relational encounters.

But the physical body itself can become a source of disconnect or even fear, given the often-disenabling sociocultural scripts about how we are formed and occupy space imperfectly – scripts about weight, musculature, shape, and other cosmetic imperfection. Healing in this vision, then, involves rehabilitating these fissured connections with the body and its pain or distress signals.[202] This is accessed through multimodal therapeutic strategies ranging from drama to dance and movement. Crucially, Mehl-Madrona seeks to displace a singularly clinical understanding of pathology and its orientation towards drug-based intervention, by reframing the 'defective brain' of biomedical consciousness as 'defective stories'.[203] Healing here involves redrafting new and plural stories about distress and the potential for change

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[201] Lewis Mehl-Madrona, *Healing the Mind through the Power of Story: The Promise of Narrative Psychiatry* (Vermont: Bear, 2010), p. 21. Hereafter *HTM*.
[202] Ibid., pp. 226-227.
[203] Ibid., p. 15.

beyond pre-existing, disenabling ones that patients might initially present with. In his vision, stories can quite literally, in a neurobiological sense, heal; empowering stories of the self, personal resources, and the capacity for change can leverage on plasticity and epigenetics to remap the brain's route to wellbeing. He further argues that clinically-pathologised experiences, like hearing voices or schizophrenia, exist on a 'continuum'; we all hear voices to some degree, but we might frame them as self-talk, or memories, or auditory hallucinations.[204] Two key insights here are highly germane to my present project: first, it is worth critically interrogating how clinical frames like pathology and normality might produce categories of illness. Further to this, an acknowledgement that we all have experiences along a common spectrum might mediate the perceived affective and experiential gaps imposed between self and Other, creating the conditions for a more meaningful, ethically-engaged relational encounter.

Methodology

The reading practice that I have developed here has evolved over the course of writing; it has been profoundly shaped by my encounter with the corpus of creative work, and in conversation with a multidisciplinary range of scholars and creative practitioners. This thesis was written amidst urgent calls to decolonise the academic curriculum, and attend to racism within and beyond pedagogy; the theoretical and political practice developed here has also been inflected by the *Black Lives Matter* movement's prominent activism over the last two years. What does it mean to decolonise academic practice, and how might this take shape in literary education and criticism? As the events of the COVID-19 pandemic and racialised police violence have demonstrated, what is needed is a decolonial, intersectional approach to social justice issues that can meaningfully translate from theory into practice, sensitive to contemporary structural asymmetries and lived, embodied realities.

Principally, I have been guided by Sabelo J. Ndlovu-Gatsheni's striking vision for a truly decolonial methodology that meaningfully translates into pedagogical practice within African Studies:

[204] Ibid., pp. 16-17.

> to decolonize methodology itself means we have to think deeply about *ethics*; we must think about *subject-to-subject relationship method*, not the object-subject relationship; you must think of a *nonextractive* methodology.[205] [emphasis added]

I describe my practice here as a process of *attending to* expressions of distress, gesturing to the political, affective, and ethical principles enfolded into this approach. It involves engaging with these expressions in a way that fundamentally reconfigures the relationship between text and reader, shifting it from an 'object-subject' to 'subject-to-subject' relationship, as Ndlovu-Gatsheni signals. To me, this means reading these expressions on their own terms, centralising the c/s/x experience and foregrounding voices that have historically, and persistently, been neglected or relegated to the margins. The corpus I have curated is reflective of this principle: here is a multimodal range of creative expressions, many of which valuably draw on the artist's personal experiences and encounters with conditions of distress and the mental health system, and many of which have also, unfortunately, received little critical consideration. But in bringing these works into scholarly purview, we must re-evaluate the theoretical frames of reference and narrative schemas available to us within literary studies and the critical medical humanities. In my estimation, a decolonial practice involves re-centering non-Eurocentric interpretive schemas, ways of understanding the world that are culturally and contextually-meaningful to these creative practitioners and the experiential realities they embody. This requires a displacement of the centrality and singularity of the Western poststructuralist thinking that dominates pedagogical models in the West. I have thus attempted to work through these expressions using the lens of Afro-diasporic epistemologies, ontologies, and cosmologies, where salient.

To me, a meaningful encounter with the material involves a recognition of our own embodied positionality and a sustained reflection on how the frames of reference we carry with us – theoretical and experiential – mediate our encounter with this material. As a scholar educated in both Singapore and the UK, coming from a literary

[205] Sabelo Ndlovu-Gatsheni, interviewed by Duncan Omanga, 'Decolonization, Decoloniality, and the Future of African Studies: A Conversation with Dr. Sabelo Ndlovu-Gatsheni', *items: Insights from the Social Sciences* (14 January 2020) <https://items.ssrc.org/from-our-programs/decolonization-decoloniality-and-the-future-of-african-studies-a-conversation-with-dr-sabelo-ndlovu-gatsheni/> [accessed 23 June 2022].

studies background, my familiar analytical tools for approaching texts tend to be the psychoanalytic, deconstructionist, and postcolonial frames I have encountered in the curriculum. My reading practice here, therefore, does not necessarily reject these frames of reference; this is an approach that *de-centers*, but does not *dismiss* Western epistemic modes. I draw, for example, on psychoanalysis in my first chapter, *Skin*, to consider questions of individuation and embodied boundaries, an analysis placed in dialogue with an Igbo ontological schema that remodels what embodied boundaries and (self-) containment might mean. It would also be remiss to disavow the ways in which psychoanalytic strands have permeated African thought – Fanon's influential decolonial psychiatric practice is a telling case in point. Indeed, many of these primary texts have been shaped by the hybrid, cross-cultural diasporic contexts of production and circulation they emerge in, as my analyses will demonstrate.

To reflect this plurality, I have selected material from creatives who differentially self-identify within the 'African diaspora', whose relationships with distress are distinctly in dialogue with Western psychiatry, and whose work challenges how we might conceive of relationality. These works establish forms of collective connection – epistemic and political – that are not contained by racial, national, or geographical borders. A corpus that draws on various forms of expression – from literature to visual and performance art – seems to be key in reflecting and respecting the heterogeneity of lived experience. But a multimodal corpus also demands methodological hybridity to accommodate the nuances of distress as it is lived, perceived, and rendered. In keeping with the ethos of dismantling institutionalised boundaries and binaries, I have drawn on these creatives' personal reflections as a valid and viable form of knowledge, through interviews, podcasts, and other popular culture mediums not typically deployed in academic practice. This approach reflects the form of decolonial 'border thinking' Mignolo calls for, one which delinks modes of knowing and being from entrenched epistemic hierarchies.

In my view, an 'ethics' of reading, to recall Ndlovu-Gatsheni's methodological demands, is underpinned by certain personal and political considerations. I am mindful of my own positionality as a non-black woman of colour engaging with material on the oft-distressing lived realities of communities across the African diaspora, a context that is culturally and politically-dissimilar to my own. The principles I develop here therefore extend beyond the narrative medicine model and the cultivation of empathy, which dominate medical humanities education and the cross-cultural clinical

encounter. As noted, I use the term '*expressions of distress*' to avoid conceptually pre-framing this material through existing – and arguably inadequate – registers of psychiatric pathology or genre-bound form, to avoid reading for symptoms or retrospective diagnosis, and crucially, to remain attentive to the creative, cultural significance of these works. Indeed, as Josie Gill and Amber Lascelles note, black art is often categorised as 'documentary and political', sublimating its aesthetic or theoretical value in the mainstream academy. Such works demand that we engage with black forms of expression 'on their own terms'.[206] In engaging with these expressions, I seek to provide an account of how their political and ontological value is inextricable from aesthetic form. I am interested in exploring how these forms, in reconfiguring the parameters of 'narrative', also stage an ontological challenge to Eurocentric modes of being: how they *re-form* ideas of selfhood, wholeness, and relationality. By drawing on Afro-centric practices and cosmologies, these expressions disrupt and re-order temporalities of being and 'recovery' produced at the intersection of the neocolonial-neuroscientific-neoliberal matrix as theorised.

In doing so, I am also mindful of my personal stance in relation to Euro-American psychiatry, as someone with clinically-diagnosed mental health conditions who has engaged with a range of therapeutic modalities, including Western psychiatric practice. I am thus sensitive to how my pre-existing perspectives might mediate the way I evaluate certain modes of framing distress and practicing healing; I attempt not to project these views onto my reading practice, or reductively conflate formal experimentation and creative subversion with political resistance to particular institutional models or ideological modes.

It is worth qualifying, however, that objectivity, neutrality, and critical distance are not values shaping my approach here. In fact, an intimate engagement can be personally and scholastically edifying, as I have come to learn through this research. A dispassionate or critical distance from the 'text' seems to be antithetical to the form of connection and relationality being advocated here, one sensitive to our collective enmeshment and ethos of care. Such distance also delimits a nuanced appreciation of the breadth and depth of lived experiences, in all their tangled, irresolute complexities. We might more productively reframe our relationship to the material as an active co-

[206] Josie Gill and Amber Lascelles, 'Invisible to Whom? Reckoning with Race in the Medical Humanities', video poster, Medical Humanities: (In)Visibility NNMHR Congress (21 April 2021).

construction of meaning, one that is enhanced, and not compromised, by our self-reflective and reflexive engagement. This is an act of working *with* and *alongside*, rather than *on* the text.

What seems key, then, is an openness to modes of thinking, being, and relating that might be unfamiliar, a reading practice that is amenable to change and comfortable with inconclusiveness. This is a process of working *through* rather than working *out* meaning, guided by the idiosyncratic demands of the material at hand. The creative works under consideration here formally experiment with the psychiatrisation of distress and sometimes use form in explosive, fragmentary ways to reconstitute the idea of health beyond a psychiatric paradigm; they foreground its somatic, sensory, and social-situatedness through mediums that exceed medico-institutional representational technologies. By vexing the seemingly neat plotting of distress, these texts unsettle clinical temporalities and narrative trajectories; they disrupt the narrative momentum towards closure, or in clinical terms, an orientation towards 'recovery' and future wellness. Often, these expressions exceed language and the capacity for vocalisation itself.

Rather than attempt to re-order the texts, contain them within familiar narratives or interpretive schemas, or seek formal closure, an ethically-engaged reading practice involves sitting with the discomfort that such multiplicity of meaning and open-ended instability might engender. This involves a degree of humility and introspection on the reader's part. It is for this reason that I settle on, and affirm, a poetics of *dwelling in irresolution* in some of my interpretive acts in this thesis. Indeed, my approach itself has transformed over the course of this research. My encounter with Selina Thompson's performance art piece, *salt.*, quite profoundly reconfigured my position on the textual encounter, and perhaps more significantly, my treatment of the body-as-text. *salt.* traces Thompson's own deeply personal journey through the Atlantic Triangle to recover ancestral histories of enslavement and work through healing. I first came across Thompson's work through the Wellcome Trust-funded Black Health and the Humanities Network, an interdisciplinary community of scholars and practitioners which I have been fortunate enough to have been a part of during this research. This was in the final year of my PhD research, just as I was embarking on my final chapter on healing, which was initially envisioned through a different angle and set of materials. But I was struck by Thompson's treatment of deeply personal material with vulnerability and care. In conversation with network members who each brought with

them a reading inflected by personal and professional experiences, and in dialogue with Thompson herself, I found a space to reflect on and work through, if not conclusively work out, the questions of witnessing inextricable from research of this nature.

What are the ethical implications of reading the *performing* body? Thompson speaks about the particular labour of the performing body shouldering the weight of representation and collective mobilisation, particularly when lived experience is mined for public witnessing. In Thompson's view, there is a trend in theatre to treat the performing body as an autobiographical 'vessel'.[207] In my view, this detracts from the viscerality and materiality of embodied experience, particularly when such experiences are re-produced on stage. An interpretive act of peeling back layers to uncover meaning(s), as one might do with the written narrative, does not seem fruitful, or even ethical, in live performance where the body is implicated in a very specific form of representational labour. This underscores the need for what Ndlovu-Gatsheni designates as 'nonextractive' methodology. If we are to formulate a 'nonextractive methodology', then this involves redressing the historically-extractive relationship the black female body has had to (neo)colonial and capitalist labour, and not reproducing a form of epistemic extractivism in the act of literary criticism. Thompson herself is vocal about the need for care practices in the theatre space; to me, the act of reading necessarily incorporates this quality of care as a prime principle. It demands sensitivity to the spaces in which these works circulate, creatively and commercially: the structural, somatic realities of experience as it is both lived, represented, and reproduced publicly – this is an added consideration that I had not accommodated prior to encountering Thompson's work, but which led me to revisit and revise some earlier readings of texts like *Freshwater* and *What We Lose*.

In many ways, the ethos of this reading practice has been guided and formed in connection with the texts themselves. Its core principles are ones I hope can translate beyond academic practice, and guide lived encounters with distress: a humility and openness to unfamiliar modes of thinking and relating; a sensitivity to our own positionality and connection with the 'other'. Perhaps the act of actively attending to,

[207] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast* (29 May 2019), Spotify, <https://open.spotify.com/episode/3xW4JWxEOmci3aUhMypoyJ?si=xuPybhIcSwabw8A2w4l0cg> [accessed 13 Oct 2021].

rather than passively reading, might be one launching point as we work *with* and *alongside* these expressions, 'speak[ing] through, with, from, next to'.[208]

Chapter Outline

The body has historically been anatomised to be valuated and devalued within modernity's multiple narrative guises: the skin, brain, blood, and genes are prominent sites where coloniality and medicine have coalesced to biologically structure and naturalise particular narratives of pathology. These are the same anatomical features implicated in a biopsychiatric articulation of the self. How then, by re-embodying distress, might we approach a contextualised understanding of distress and subjectivity, beyond the disenabling articulations available within a medical-industrial complex? Further to this, how might these engagements sidestep the representational trap of occluding the racialised valence of psychiatric discourse? To navigate some of these provocations, this thesis works through expressions of distress that are relayed through modes that might exceed and transcend the verbal-linguistic realm. These are modes of understanding the self within a network of interdependent relations, rooted in rich oral traditions and practices indigenous to certain Afro-diasporic communities. To revisit Knight's poignant commentary on Agyepong's Authentic Movement piece, *The Body Remembers,* the body 'has a language'; it becomes a mode of relaying and relating distress, one that often fluidly moves between the individual and collective, collapsing the fixity of boundaries instituted by particular models of healthy selfhood.

My first chapter, *Skin*, questions how we have come to define *reality*, and the definitional parameters it imposes on the notion of *being*, within and beyond a psychiatric rationality. I begin by attending to what is arguably the most visible signifier of difference and a site where racialised violence has been persistently inscribed: the skin. Taking containment as a leitmotif, I consider how the skin exposes structural malaise, demanding to be read – demanding confrontation with the structures that quite literally, seep under the skin in insidious ways. Here, I draw on a range of sociocultural, psychoanalytic, and biomedical discourses to dislocate the epistemic binary between mythology and reality, or specifically, mythology as the devalued Other within a psychiatric rationality. Of interest here is the question of origin points: I explore how a cyclical cosmology disrupts the mapping of distress

[208] Gail Babb, *The Body Remembers* documentary.

through pathobiological aetiology. I consider Kenyan visual artist Wangechi Mutu's creative, collagic engagements with the body and form in her (re)formed mythological depiction of the female body, *Forbidden Fruit Picker* (2015), unsettling as she does various mythologies I identify within the modernity/coloniality complex. This I read alongside Akwaeke Emezi's semi-autobiographical, queer *Bildungsroman, Freshwater* (2018), where the born-to-die *ogbanje* of Igbo ontology intersects with sociocultural and biomedical discourses in the expression of plural selfhood that cannot be contained within dichotomous or singular understandings of the healthy, 'whole' and integrated self. I situate this reading alongside Yrsa Daley-Ward's memoir, *The Terrible* (2018), where fragmentary form comes to enact a more fundamental corporeal resistance to containment within narrow clinical prescriptions and its representational baggage.

I find striking resonances between the biomedical and sociocultural appraisals of the skin and brain, which intersect in many ways to produce a neoliberal citizen-subject oriented towards the tenets of resilience and happiness. Chapter Two, *Brain*, interrogates the distinction between *having* and *being* a brain in what I view as contemporary 'neuroculture', and presses the implications of being defined by and through biologised distress. This chapter is particularly interested in the question of form. Initially conceptualised through a neuroscientific understanding of plasticity, it then explores how formal experimentations with distress might allow us to envision self-formation and the embodied relationship with distress beyond the neuroscientific-neoliberal conditioning of the plastic and ever-flexible, agentive self. Brain plasticity has become a means of reconciling the subject's agentive position within neuroscientific discourse; if we are able to exercise the lifelong potential of plasticity and enhance or repair the distressed brain through practices of self-management, then how might this potential be delimited, or its dynamic quality flattened, by institutional prescriptions? Bebe Moore Campbell's *72 Hour Hold* (2005) offers insight into the structural asymmetries and intersectional realities that regulate access to psychiatric care, demonstrating how distress – if understood psychiatrically, as it is in this text – is an irrefutably situated experience. I then turn to Eloghosa Osunde's visual art series, 'Color this Brain' (2017), and Zinzi Clemmons's collagic novel *What We Lose* (2018), works which reimagine the relationship between the brain and distress, questioning not just the representative capacity of a biopsychiatric toolkit, but the rights of representation within marginal communities itself. I conclude by setting Campbell's

US-based text against Jacqueline Roy's exploration of psychiatric violence and vision of remodelled care within the British context of *The Fat Lady Sings* (2000). Significantly, its preoccupation with the dynamics of silencing and the (suppressed) power to speak has poignant resonances with Roy's lived experience in a psychiatric institution, and as a minoritised writer in the publishing industry. This powerful, though largely under-read text, has gained necessary visibility now with Bernardine Evaristo's *Black Britain: Writing Back* (2020) series with Penguin, which has re-published and foregrounded six texts by Black British writers. I would argue that in many ways, one can read this timely revival as an exposure of the unfortunate, enduring resonance of the structural critiques Roy staged in her contemporary moment. Roy's text, in exposing the persistent violence against and silencing of the black female body, sets the stage for my interrogation of temporalities of *endemic* distress in the concluding chapter. *The Fat Lady Sings*, however, also offers a vision of hope, and the epistemic scope, for envisioning more regenerative models of care, which I develop in the final chapter.

For indigenous mental health practitioners Ruby Peterson and Sabina Chatterjee, any therapeutic engagement with distress must be attentive to the *whole*, or what Peterson dubs 'wholistic healing'[209] – an attentiveness to stories of historical and persistent structural violence, fear, as well as personal resources and resiliencies. Chatterjee notes that in typical service provision, 'the way we ask people for information, or offer issue-specific support, splinters people.'[210] Chatterjee here refers to how practitioners must decide what parts of healing to prioritise, or what parts of the person to attend to, and as a corollary, what form healing will take. But cataloguing and compartmentalising issues for target can have the effect of not just decontextualising, but also depoliticising an engagement with mental distress. This seems largely a structural consequence of the bureaucratic demands placed on an overworked, underfunded, and corporatised mental healthcare system, where, as Mehl-Madrona notes, 'we did not have time to care.'[211] Compounding institutional inertia, however, are the more tacit ideological constraints placed on non-Western ontologies and expressions of distress, as well as traditional knowledge and modalities

[209] Ruby Peterson and Sabina Chatterjee, 'Decolonization and Social Justice Dialogues', *Critical Inquiries for Social Justice in Mental Health* (Toronto: University of Toronto Press, 2017), p.157.
[210] Ibid.
[211] Mehl-Madrona, *HTM*, p. 28.

of healing. Peterson poignantly speaks to this when she notes how we ‘bring our half-selves when we enter the [clinical] room’,[212] a space that strains to accommodate and dignify the particularities of experience, especially when said experience does not align with conventional therapeutic wisdom. How then, might the act of reordering the spatial networks and temporalities of care radically transform the possibilities of healing? To this end, my final chapter explores how a remodelled vision of care and healing might take shape through a collective, communal body, beyond the institutional space.

Throughout the thesis, I explore how the temporalities of violence are experienced as a persistent, endemic condition; how individual distress is intimately imbricated in a wider collective experience. The model of healing advanced here accommodates the ‘wholistic’ view to which Chatterjee and Peterson signal; it draws on a communal body of epistemes and experiences, while remaining attentive to internal heterogeneity and the particularities of individual lived experience. As Essien herself notes, she is mindful of the limits of identification in service user/survivor research, aware of her own positionality and how other social determinants like socioeconomic status might intersect with race to produce vastly diverse experiences even within a culturally-similar group with shared mental health encounters.[213] In Chapter Three, *Care*, I bring together two works that engage with the blurred boundaries between the individual and the collective in their visions of communal healing. I begin with Toni Cade Bambara’s *The Salt Eaters* (1980), a polyphonic text that exemplifies the endurance of violence against the black female body, set as it is against the backdrop of post-Civil Rights disillusionment and the threat of environmental crisis. Here, the individual body is inextricably enmeshed with the broader (non)-human collective, with Bambara exploring the healing possibilities of non-biological kinship. Selina Thompson’s performance art piece, *salt.* (2016-2020), is a re-enactment of her journey through the Atlantic Triangle, in an attempt to grapple with her Afro-Caribbean diasporic identity. But this is a rendering of experience that actively rejects, and disrupts, the autobiographical mode currently favoured in theatre, one which treats the body as a ‘vessel’.[214] Thompson is vocal about the burden of representation: she

[212] Peterson and Chatterjee, ‘Decolonization and Social Justice Dialogues’, p. 157.
[213] Karen Essien, ‘Identity Issues in Mental Health Research’, p. 69.
[214] ‘Salt with Selina Thompson and Rochelle Rose’, *Bechdel Theatre Podcast* (29 May 2019), Spotify, <https://open.spotify.com/episode/3xW4JWxEOmci3aUhMypoyJ?si=xuPybhIcSwabw8A2w4l0cg> [accessed 13 Oct 2021].

dramatises the intimate, embodied weight involved in participating in the collective labour of memorialisation and healing. The theatre is here transformed into a space that accommodates both storytelling and ritual, steeped in Afro-diasporic practices and wisdom; it is also a space where the boundaries between the individual and collective are, in many ways, dissolved. I conclude by theorising how the practice of *holding space for* and *sitting with* becomes critical cultural work. I suggest that this radically rehabilitates the historically-extractive, exploitative relationship between labour and the black female body, redressing the structural violence of a neocolonial-neuroscientific-neoliberal matrix.

Skin

Framework

Multiple frames of reference – Igbo *ogbanje* mythology, gender dysphoric autobiography, self-harm testimony, rape and recovery narrative – layer Akwaeke Emezi's *Freshwater* (2018). Multiple interpretive schemas might also lay explanatory claims over protagonist Ada's experiences and expressions of distress – psychiatric, psychoanalytic, sociocultural, mythological. I read this work as a form of *queer Bildungsroman*: one that queers the notion of formation, deforming an institutionalised vision of 'wholeness' and reforming the body, which is treated as a text in itself. Ada, loosely modelled after Emezi, experiences the presence of multiple voices in their head; this is formally enacted through the fragmented, polyvocal narrative. From the initial undifferentiated aggregation of voices, the plural 'we' voices that also occupy narrative space with their own vignettes, new and distinct ones are individuated and emerge following Ada's traumatic experience of rape in college. The voices, coupled with Ada's acts of cutting, tattooing, breast removal surgery, and sadomasochistic sex, could lend their experience to a psychiatric framing of dissociative identity disorder. Yet, the singularity of a clinical narrative as an explanatory schema is complicated by the metaphysical frame Emezi uses, drawing as they do on the Igbo mythology of the born-to-die *ogbanje* child.

I suggest that the text might be more productively read through what this chapter designates a *medico-mythologic* mode. The term 'mythologic' is stylised in this way to suggest just how this formal generic feature stages a more fundamental ontological challenge to an ordering Eurocentric logic, which informs Western psychiatric rationality and its constructions of the (healthy) whole self. Ada's distress could be read in terms of a struggle for integration; Ada's body is imagined as the 'bridge' between human and spirit worlds, and in an early vignette, the *ogbanje* note their inability to integrate with Ada, their voices becoming 'overwhelming' and 'unsettling' to a young Ada.[215] What I identify as a contemporary embodiment of the *ogbanje*

[215] Akwaeke Emezi, *Freshwater* (London: Faber & Faber, 2018), pp. 35, 15.

narrative co-emerges at the intersection of Igbo and Western epistemes, a space that can accommodate selfhood in all its vexed multiplicity.

While there was a sparse body of criticism on *Freshwater* when I began to engage with the text in 2018, it has now attracted much attention within academic scholarship and popular media. Much of the current engagement with *Freshwater*, while acknowledging the significance of *ogbanje* ontology, has tended to foreground its gender and sexual politics.[216] Where scholarship has more explicitly oriented itself towards Emezi's aesthetic and ontological interventions, the discussion often invokes its radical experimentation with literary genre, theorising its Afrofuturist and Afropolitan expressions.[217] This is perhaps unsurprising, given the publication's entanglement in wider public debates on feminist politics and trans representation in its particular sociocultural moment. Emezi, who identifies as non-binary transgender, has been vocal about the trans-exclusionary sentiments within creative circles and the gatekeeping of the broader literary publishing and prize industries, taking to their social media platforms to express these issues following *Freshwater's* publication.

There has been an ongoing, highly-publicised feud between Emezi, who identifies as non-binary transgender, and acclaimed Nigerian writer Chimamanda Ngozi Adichie, whom Emezi criticised for 'transphobia'[218] following Adichie's comments in a 2017 BBC Channel 4 interview that 'trans women are trans women', and that she does not think 'it's a good thing to talk about women's issues being exactly the same

[216] See for example Tina Magaqa and Rodwell Makombe, 'Decolonising Queer Sexualities: A Critical Reading of the Ogbanje Concept in Akwaeke Emezi's Freshwater (2018)', *African Studies Quarterly*, 20 (2021), 24-39; Jenna N. Hanchey, '"The self is embodied": Reading queer and trans Africanfuturism in The Wormwood Trilogy', *Journal of International and Intercultural Communication*, 14 (2021), 320–334; Rocío Cobo-Piñero, interviewed by Aretha Phiri, 'Nigeria's queer literature offers a new way of looking at blackness',
Young Afrikan (5 June 2020) <https://youngafrikan.com/nigerias-queer-literature-offers-a-new-way-of-looking-at-blackness/?fbclid=IwAR3qhX0pa76xDGZjNWD1zBnmE7oD5S-6dhSpnidLcQ4ojycToIG3VK8WmUY> [accessed 22 June 2022]; Karolína Zlámalová, 'The Self-Identity Journey of Non-Binary Protagonists in *Freshwater*, *Sissy* and *Gender Queer*', unpublished Master's Diploma thesis, Department of English and American Studies, Masaryk University, 2020 <https://is.muni.cz/th/dggl6/Zlamalova_MgrThesis.pdf> [accessed 22 June 2022].

[217] See Kelsey Ann McFaul, '"One Foot on the Other Side": An Africanfuturist Reading of Irenosen Okojie's *Butterfly Fish* (2015) and Akwaeke Emezi's *Freshwater* (2018)', *Feminist Africa*, 2 (2021), 47-61; Chris Dunton, '"Wherever the Bus Is Headed": Recent Developments in the African Novel', *Research in African Literatures*, 50 (2019), 1-20.

[218] See Emezi's Twitter thread, where they express their views on Adichie's (and later, J.K. Rowling's) 'transphobic' comments: @azemezi, *Twitter* (2020-2021) <https://twitter.com/azemezi/status/1346268453221658624> [accessed 22 June 2022].

as the issues of trans women'.[219] These comments have sparked much controversy, amplified by Adichie's self-identification and public positioning as a feminist following her widely-acclaimed TED Talk and essay, *We Should All Be Feminists* (2013/14).[220] This trend in *Freshwater* criticism might also be an outgrowth of the controversy surrounding *Freshwater*'s longlisting for the 2019 Women's Prize, and Emezi's inclusion in the category of women's fiction.[221] Emezi has since publicly condemned and disassociated their future work from the prize, after the awarding committee requested information about Emezi's 'sex as defined by law' to submit their second novel for consideration.[222] Against this backdrop, and Emezi's own authorial positionality, issues of sexual expression and representation are undeniably instrumental in considering identity formation in *Freshwater*. However, I suggest in my reading here that Emezi's striking reflections on queerness extend beyond sexual expression; in my reading, *Freshwater* quite profoundly *queers* form itself: it is a multi-layered text in which multiplicity – as an ontological principle and reading practice – is embraced, and indeed, demanded. This analysis explores how the aesthetic and political are intimately enfolded in Emezi's creative negotiation of the

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[219] Chimamanda Ngozi Adichie, interviewed by Cathy Newman, 'Chimamanda Ngozi Adichie on feminism', *BBC Channel 4* (10 March 2017) <https://www.channel4.com/news/chimamanda-ngozi-adichie-on-feminism> [accessed 22 June 2022]. Adichie has since continued to express and clarify her views on trans politics and cancel culture, particularly in the wake of similar media backlash against author J.K.Rowling in 2020. See Chimamanda Ngozi Adichie, 'IT IS OBSCENE: A TRUE REFLECTION IN THREE PARTS', *Chimamanda.com* (15 June 2021) <https://www.chimamanda.com/news_items/it-is-obscene-a-true-reflection-in-three-parts/> [accessed 22 June 2022].

[220] B. Camminga offers an insightful appraisal of Adichie's comments against cross-cultural expressions of feminism in the Global North and South, considering contemporary trans-exclusionary radical feminist (TERF) politics in the West and African trans activists' responses in 'Disregard and danger: Chimamanda Ngozi Adichie and the voices of trans (and cis) African feminists', *The Sociological Review Monographs*, 68 (2020), 817-833 <doi: 10.1177/0038026120934695> [accessed 22 June 2022]. For media coverage on the debate between Emezi and Adichie, also see Anastasia Tsioulcas, 'Chimamanda Ngozi Adichie Directs Fiery Essay At Former Student – And Cancel Culture', *NPR* (17 June 2021) <https://www.npr.org/2021/06/17/1007350665/chimamanda-ngozi-adichie-directs-fiery-essay-at-former-student-and-cancel-cultur> [accessed 22 June 2022]; Aja Romano, 'Chimamanda Ngozi Adichie's cancel culture screed is a dangerous distraction', *Vox* (18 June 2021) <https://www.vox.com/22537261/chimamanda-ngozi-adichie-transphobia-cancel-culture-jk-rowling-akwaeke-emezi-olutimehin-adegbeye> [accessed 22 June 2022].

[221] For an example of controversial coverage on Emezi's inclusion in the Women's Prize longlist, see David Sanderson's article for *The Times*: 'Bearded, non-binary authors have eyes on women's prize', *The Times* (11 March 2019) <https://www.thetimes.co.uk/article/bearded-non-binary-authors-have-eyes-on-womens-prize-08n77tkjs> [accessed 22 June 2022].

[222] See Emezi's Twitter thread: @azemezi, *Twitter* (5 October 2020) <https://twitter.com/azemezi/status/1313003555608047616> [accessed 22 June 2022].

literary and ontological forms available to us for expressing, accommodating, and radically re-envisioning, different modes of *being*.

Having been frequently misgendered as a woman in publishing and the press, Emezi, who self-identifies as *ogbanje*, has also been vocal about how the ontological and taxonomic constraints of Western frames of reference encroach into the possibilities of self-definition. As Emezi argues, these are 'human' or 'flesh'[223] frames of reference that delimit the full, complex expression of the *ogbanje* identity. Indeed, Misty Bastian speculates that *ogbanje*, who are 'human-looking spirit' entities from the spirit world in embodied human form, occupy a 'third category of gender', not contained by Western sociobiological binaries of sex and gender.[224] This impulse to order is one that Emezi identifies as a colonial vestige in Nigerian consciousness too: Emezi recollects the astute observation of an acquaintance of theirs, that 'white people asked about criteria for entities and we [Nigerians] ran with it like a diagnostic guide, like a ruler we could hold up against each other.'[225] This appropriation of clinical jargon is striking; it suggests how a pathologising psychiatric frame crosses borders, permeating the colloquial, and becomes a structuring motif for expressing lived experience. Even the commonly-used term of identification for Emezi, 'non-binary', is gridlocked within these discursive boundaries – there is a fundamental assumption that there exists a binary to exceed in the first place. These issues are symptomatic of the gaps in translatability and intelligibility I previously outlined through the *DSM*'s cross-cultural scope; pressingly, it exposes the limiting entrapments of available technologies of representation, and how self-expression becomes constrained when contained within incommensurate frames of reference. The misgendering also speaks to a more fundamental devaluation of and failure to dignify lived realities that do not conform to – or cannot be contained by – prescribed institutionalised modes of being. As Emezi forcefully argues, '[t]o self-name as an entity breaks the rules, because then it means we've taken the naming and storytelling power, to wield it for ourselves.'[226] To 'self-name', then, is a radical act of reclaiming agentive power to define the parameters of *being*, and the possibilities of *becoming*.

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[223] Akwaeke Emezi, *Dear Senthuran* (London: Faber & Faber, 2021), p. 16. Hereafter *DS*.
[224] Misty L. Bastian, 'Irregular Visitors: Narratives about *Ogbaanje* (Spirit Children) in Southern Nigerian Popular Writing', in Stephanie Newell, ed., *Readings in African Popular Fiction* (London: James Currey, 2002), p. 59.
[225] Emezi, *DS*, pp. 154-155.
[226] Ibid., p. 154.

In *Freshwater*, Ada's identity co-emerges with Igbo *ogbanje* mythology. These born-to-die spirits engage in a repeated cycle of birth, rebirth, and death to torment the human biological mother. Much of Ada's distress and internal conflict arises from their metaphysical identity and complex, embodied incarnation as *ogbanje*: Ada is descended from the Igbo female deity, Ala, but also occupies a place within a human biological family, retaining ties to both spirit and human worlds. The *ogbanje* phenomenon expresses acute anxieties over the limits and traps of embodiment; by engaging in this cycle of birth and premature death,[227] the *ogbanje* exploit the body's fragile mortality as their chosen means of maternal torment. Biological expressions of embodiment pose a particular threat to the *ogbanje* agenda. Specifically, the ability to reproduce and become implicated in the human sociality of patrilineage threatens their contract with the spirit world. This is why *ogbanje* typically die before puberty or marriage, foreclosing the possibility of participating in a human sociobiological contract. Bastian notes that human kin may attempt to metaphorically 'cut' the *ogbanje*'s ties to the spirit world to circumvent this cycle, a process which may involve ritual practices performed by a *dibia* (traditional healer) or prayer, fasting, or exorcism by a Christian priest.[228]

The verb 'cut' surfaces another taxonomic issue in trying to read and render this phenomenon through an available Eurocentric conceptual frame. The term 'mutilation' is preferred in my discussion over 'self-harm' (except where the latter term is deployed in critical material) to reference episodes where Ada cuts their own skin. More broadly, I consider other skin-based practices such as tattooing and gender-affirmation[229] surgeries as a form of 'marking' that they engage in to toy with this fleshy materiality. 'Marking' includes, but is not limited to, cutting, since the term signals a rich history of social and aesthetic practices involving skin modification

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[227] It is necessary to qualify that the Igbo cosmology of ancestral reincarnation is distinct from the cycle of premature death and rebirth the *ogbanje* participate in.
[228] Misty L. Bastian, 'Married in the Water: Spirit Kin and Other Afflictions of Modernity in Southeastern Nigeria', *Journal of Religion in Africa*, 27 (1997), 116-134 (pp. 120-122).
See also: Chinwe Achebe's comprehensive study in *The World of the Ogbanje* and its elaboration on the ritual cut, quoted in Christopher N. Okonkwo, *A Spirit of Dialogue: Incarnations of Ọgbañje, the Born-To-Die* (Knoxville: The University of Tennessee Press, 2008), p. 11.
[229] I am using this term loosely here, and this taxonomic struggle is perhaps also indicative of my own position situated within a largely Eurocentric frame of reference and using the language available to me, which do not seem to adequately capture these practices of disarticulating gendered identity and its gridlocks. What is 'affirmed' here is not so much a specific gender constructed within a Western sex or gender binary, but rather the resistance of *ogbanje* identity to a specific gender, instead occupying a 'third' gender category or space, as Bastian usefully suggests.

across the African continent.[230] These practices, which include tattooing, scarification, cicatrisation, piercing, and perforation, are not culturally deemed pathological or punitive, but rather, are multivalent in meaning and significance; notably, many of these practices signal sociality, marking tribal or group affiliation. This seems a fitting frame for the *ogbanje's* practices, given their relational ties to spirit kin they must return to: they are a 'cohort',[231] as Emezi defines them. Notably, in the early colonial period, *ogbanje* children were somatically marked with bodily charms or tattoos. Once marked, humans would be able to identify *ogbanje* when they cyclically returned; the markings signalled their asociality, or transgressive Otherness, within a biological model of kinship. These markings also served the function of appeasing the *ogbanje*, who are generally perceived as malevolent.[232]

Principally, I am guided in using this terminology by Emezi's own terms of self-identification and reflections about their relationship to human embodiment in their subsequent memoir, *Dear Senthuran*: 'I've come to think of mutilation as a shift from wrongness to alignment, and of scars as a form of adornment that celebrates this shift.'[233] Emezi imagines these marks as 'reminders' of how they 'continue choosing to move toward [themselves].'[234] The violence, then, lies instead in forcibly aligning the body with the 'wrongness' – or incommensurability – of endorsed, normative modes of being. This strikingly demands a reorientation of the way we encounter and read these practices, which are typically perceived as pathological through a Western psychiatric lens. What they are 'mov[ing] toward', through these practices, is a version of selfhood that maintains the integrity of their lived experiences, movement that runs counter to the mandated momentum towards integration or wholeness, at least as these terms circulate within a psychiatric economy. For the *ogbanje*, who occupy the interstices of human and spirit worlds, the body becomes an unwanted reminder of imprisoning biological containment, but also something that can be creatively toyed with to capture the breadth and depth of their metaphysical identity. Significantly, they

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[230] See Christiana Oware Knudsen, *The Patterned Skin: Ethnic Scarification in Developing Ghana* (Aarhus C.: Intervention Press, 2000); Megan Vaughan, 'Scarification in Africa: Re-reading Colonial Evidence', *Cultural and Social History*, 4 (2007), 385–400.
On the significance of scarring as a trope in African American literature, see Carol E. Henderson, *Black Body: Race and Representation in African American Literature* (Columbia: University of Missouri Press, 2002).
[231] Emezi, *DS*, p. 19.
[232] Bastian, 'Married in the Water', p. 119.
[233] Ibid., p. 20.
[234] Ibid. For their specific elaborations on 'mutilation', see pp. 11-20; on 'marking': pp. 197-200.

describe human children as 'weak bags of flesh with a timed soul'.[235] The *ogbanje* in *Freshwater* engage in practices such as tattooing, cutting, and breast removal, to test and stretch the very limits of this embodiment, but also to find self-expression through it. Indeed, Emezi notes that their own engagement with these gender surgeries was a means of 'customizing' their 'vessel'[236] – their human body; the verb 'customizing' is a powerful reminder of the agentive potential inhered in remodelling the body to accommodate expressions of selfhood that are personally meaningful. As the chapter unfolds, I read these practices against the grain of a psychiatric framing of posttraumatic expressions. Fundamentally, I read Ada's epidermal markings as a way of reintegrating this socially-inscribed alterity, and of re-forming the body – variously described as a 'bag' or 'container'[237] in *Freshwater* – to accommodate the multiplicity and multivalence of *ogbanje* identity, which resists formal and corporeal containment within a singular interpretive schema, psychiatric or otherwise.

To revisit Mignolo's formulation of the modernity/coloniality complex and its cognate narratives, I argue here that *Freshwater* challenges some of the grounding and founding myths that scaffold Western thought. It is worth noting that Emezi is suspicious of the term 'mythology', instead preferring 'Igbo ontology', as the former term has been positioned as the antithesis, or indeed, discursively devalued Other, of a Eurocentric version of reality.[238] I am consciously deploying the term 'mythology' here, however, to unpack how it is stylistically and ideologically situated within the broader Western narrative of modernity. Post-Enlightenment rationality has waged this temporal and spatial distancing of alternative epistemologies (and indeed, the indigenous communities they circulate in), relegating mythology to the past, or pre-modern. Such a linear temporality services an ideologically-inflected diachronic progress narrative in Western modernity. By intervening in a medicalised discourse that has historically defined a singular vision of reality, Emezi legitimises what is conventionally devalued as the mythological or supernatural. It becomes necessary to avoid the trap of reproducing the binary logic being critiqued here, one that positions the medical and mythological as competing discourses. In *Freshwater's* medico-

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[235] Emezi, *Freshwater*, p. 6.
[236] Ibid., p. 16.
[237] Ibid., p. 43.
[238] Akwaeke Emezi, interviewed by Tajja Isen, 'How to Move Between Realities', *Electric Literature* (13 February 2018) <https://electricliterature.com/reclaiming-the-realities-killed-by-colonization-1ebd94e2a95d> [accessed 29 November 2018].

mythologic mode and its re-narrativisation of the contemporary *ogbanje* identity, an Igbo ontological frame of reference co-exists with biological and medical registers, in various cultural and clinical articulations, to fully accommodate this metaphysical identity. Emezi's text productively destabilises the fixity of certain dualisms entrenched in classical Western thought – mind/body, medical/mythological, modern/traditional, and perhaps most significantly, the colonial constructions of self and Other.

The perceived fixity of these boundaries is productively destabilised through twinned textual tropes: the fluidity of both epidermal and epistemic border crossings. If a Eurocentric frame has defined the conceptual and experiential limits of understanding selfhood, relationality, and reality itself, then the interpretive instability of this text – on formal and corporeal levels – contests the presumed universality of these parameters as existential givens. Mignolo offers 'border epistemology' as a decolonial third space beyond the racialised acceptance of inferiority, or assimilation.[239] Border thinking is the particular epistemology of the discursively-constructed Other, one that navigates through colonial difference to delink thought from the Eurocentric myths of modernity in their theological or secular iterations. This creates the space for alternative epistemologies to emerge and circulate alongside, rather than as a marginal, devalued Other to, dominant Western modes of thought.

The clinical space in the texts under consideration here is a site where intersecting biological and political discourses of alterity are enfolded – particularly, the binary positioning of wellness in opposition to its deviating, pathological Other(s). The skin has been the site through which colonial difference has historically been inscribed and read. On a surface level, skin's cosmetic properties have codified colonial difference along racial lines. However, the skin may also become a locus with its own representational and enunciatory power; read as a signifier of difference, skin is able to displace and relocate the power of signification. The skin that occupies intersecting marginalities also stages, in its diffusion, the potential for border crossings. It is through Emezi's mythological intervention into the modern medicalised subject that such border thinking becomes crystallised: it is thinking produced, for a Nigerian

[239] Walter D. Mignolo, 'Geopolitics of Sensing and Knowing: On (de)coloniality, Border Thinking, and Epistemic Disobedience', *Confero*, 1 (2013), 129-150 (p. 134).

writer like Emezi addressing both Igbo and Western audiences, within the borders of two ontological and epistemic frames.

Skin studies is an interdisciplinary sub-field of body studies that has gained growing critical attention over the last twenty years.[240] This recognition of the skin endows it with its own distinct significance – not simply as a border or surface layer to be peeled back to reveal issues of embodiment – but as an entity constituted by and constitutive of its sociocultural milieu. Significantly enough, the disciplinary diversity and cross-pollination within the field itself has productively shaped such an understanding of the skin – and by extension, the realit(ies) it inhabits and constitutes – as multifold. Indeed, medical, psychoanalytic, and anthropological perspectives on skin represent but a few recent attempts to extract the skin from its surface functionality of protective enclosure.[241] As the largest organ and most visible landscape, the skin figures as a significant site for sociocultural inscriptions. Through the skin, cultural constructions encode the cosmetic: visible signifiers like colour, glabrousness, and wrinkles are but a few markers that become implicated in sexual and racial dynamics. Yet, the skin's relative theoretical invisibility until recently is perhaps symptomatic of the effacement of certain intersectional realities within a predominantly Western intellectual tradition. As Marc Lafrance rightly points out, the very ability to let the skin recede to the background is itself a privilege[242] – a privilege that the skin racially-marked by its colour, for example, is denied.

***Forbidden Fruit Picker*: Diagnosing Social Ills**

If the skin has been reductively regarded as the border between body and world, then how might reading it through such disciplinary diffusion allow us to dismantle the fixity of both epistemic and epidermal borders? It is in these unbound spaces that the possibilities to elasticise the very definitional scope of the self, or indeed the healthy self, emerge.

To visualise how the skin might become a productive site for exposing and reforming some of the originating myths of Western modernity, the collagic female form in Kenyan visual artist Wangechi Mutu's work proves particular instructive.

[240] Marc Lafrance, 'Skin Studies: Past, Present and Future', *Body & Society*, 24 (2018), 3-32 (p. 3).
[241] See Sara Ahmed and Jackie Stacey, eds., *Thinking Through the Skin* (London: Routledge, 2001); Sheila L. Cavanagh, Angela Failler, and Rachel Alpha Johnson Hurst, eds., *Skin, Culture and Psychoanalysis* (Hampshire: Palgrave Macmillan, 2013).
[242] Lafrance, 'Skin Studies', p. 8.

Mutu's work crosses the borders of mythology and medical anthropology to stretch the biological boundaries of the black female body. In his reading of Mutu's work, writer Teju Cole suggests that her art underscores the way in which female bodies 'can act as measuring devices for any society's health.'[243] In the fragmentation and layered, collagic reconstruction of the female form, we witness a sustained attempt to work through and reconcile, if not resolve, the multiple, often competing, sociobiological scripts imposed and inscribed on the black female body. There is also an attempt at reordering the temporalities of these scripts, and envisioning new modes of futurity, or *becoming*, beyond the imaginative scope of institutionalised (well)being.

Figure 2: Wangechi Mutu, *Forbidden Fruit Picker*, Venice Biennale Arte (2015)[244]

Mutu's collage painting *Forbidden Fruit Picker*, a nod to Eve in Judeo-Christian mythology, recreates an Edenic setting but deforms this founding myth by superimposing the female body with mechanical images and anatomically-misplaced facial features. This piece was presented in a three-part mixed media exhibition at the

[243] Teju Cole, 'Wangechi Mutu: Under the Skin of Africa', *The Guardian* (25 September 2014) <https://www.theguardian.com/artanddesign/2014/sep/25/wangechi-mutu-artist-interview-africa-snakes-mermaids> [accessed 11 December 2018].
[244] Retrieved from <https://emuseum.mfah.org/objects/131366/forbidden-fruit-picker;jsessionid=DE4307EFD5B03BECF77F14C748945682> [accessed 21 March 2022].

Venice Biennale Arte (2015), alongside a sculptural installation and video.[245] Its multimodality in itself is a formal nod to the co-existence of multiple worlds, aesthetic and mythological, and a celebration of plural modes of meaning-making. The Edenic landscape serves as an artistic point of origin of sorts, historically contextualising the intimate relationship between the female body and material culture. The body here is figured as a composite construction of sociobiological myths that codify the ideal female form in the cultural imaginary – from aesthetic ideals, to reproductive functionality and kinship. In its defamiliarised, cut-and-paste form, we see the body struggling to contain the competing excesses of these scripts. Here, Mutu draws on what is essentially an originating myth of consumption and desire, the Edenic myth, but stretches it to its political limits by depicting this excess in terms of the circulation of female bodies in capital –a nod to the cultural consumption of the female body as a fetishised object, moral scapegoat, and reproductive commodity.

The body is consumed by the spectating gaze, becoming a site where cultural desire and anxieties are projected; we see through this amalgamated sense of excess a poignant critique of the rampant consumerism that quite literally threatens to consume the labouring female body. The motorbike-part motif evokes the dominant cultural view of the female body as a biological vehicle, imagined instrumentally as a conduit in a life-to-death reproductive journey narrative; in this jarring mechanical imposition, Mutu's collagic form suggestively expresses how women become chained to a sociobiological narrative. If skin mottling is medically attributable to a lack of blood flow, then the raw and discoloured, almost subhuman skin depicted here epidermally literalises how female self-expression – the capacity for expressing the possibilities of life itself – is forcibly blocked.

The skin, and female body, become a means of exposing, or quite literally surfacing, a much deeper structural malaise in contemporary society. Mutu offers the timely reflection that

> this unhealthy planet is *us* being unhealthy. The planet didn't create this for us; we have made it. And in many ways, you know, the wound on the skin behaves

[245] The other two parts include a sculptural piece, *She's Got the Whole World in Her*, and a video entitled *The End of Carrying All*. The sculpture depicts the female body crossing through a metallic cage into a new world, a metaphorical embodiment of circumventing the modern materialist trap; *The End of Carrying All* animates this apocalyptic vision with a woman bearing a basket incrementally expanding with material goods until she falls under its weight and volcanically erupts, quite literally consumed by bearing the weight of consumerism.

similarly; eventually it bursts open and all that festering stuff comes out, and then it's back to normal.[246]

In this striking image of the wound spilling over and bouncing back, reverting to 'normal', Mutu maps a particular regenerative vision for the future, working against the violent temporalities of individualist-driven, anthropocentric consumption and destruction that arguably characterise this contemporary moment. There is a subversive sense of tenacity and resistance embodied in the distinctly outlined shape of the female form in *Forbidden Fruit Picker*, despite being fashioned as a receptacle for this cultural baggage; deformation is not tantamount to destructive disintegration, but retains the possibility of being agentively re-formed. If we have 'made' the planet unhealthy, then there is also potential to collectively re-make it. The distorted, defamiliarised female form in Mutu's work can be taken as a call to defamiliarise ourselves with what has been naturalised as 'normal', and normative operation, through capitalist conditioning. The leaking, festering raw skin dissolves the boundaries between self and other; it becomes almost impossible to passively consume the image with the detached insulation or insularity of a spectating gaze, when its jarring and teeming excesses spill over, demanding to be confronted. One is called to confront their co-implication in this malaise, but is also productively enfolded into the collective – a call for action to undertake the collective labour and responsibility for re-envisioning more habitable futures.

There is a polysemous register to the skin in both Emezi and Mutu's work, which in its rejection of borders and the theoretical enclosure of self-containment – ontological and relational – opens up vistas of reading the skin in productive, generative terms. Mutu draws on the skin to raise significant questions about the boundaries between self and other, life and death – and the legitimacy or productiveness of such boundaries at all. This is particularly germane in this contemporary moment, where, confronted by an ecological crisis, the anxiety over futurity and confrontation with mortality have heightened. Envisioning the female body as a regenerative landscape that can contain and consolidate these fissured connections, Mutu here effects an expansive re-embodiment of the relationship between humans and the non-human world, alienated precisely because of a limiting

[246] Wangechi Mutu, interviewed by Tiffany E. Barber and Angela Naimou, 'Between Disgust and Regeneration', *ASAP*, 1 (2016), 337-363 (p. 352).

anthropocentric and capitalistic vision. A mythological lens does not suggest a return to a prelapsarian ideal of untouched pastoral paradise, another founding myth Mutu resists in her work. Rather, what is called for here, in this recourse to origins, is to go back to the root of human relationships to labour and consumption, and reconfigure this relationship with the natural world. This is mobilised precisely by exposing, through the interrupted skin on the female form, the source of these diseased and deconstructed relations. Here, the temporalities of being and becoming are remapped through the effective deconstruction and reconstruction of creation mythology. By re-charting the spatial and temporal structures of self and Other, life and death, Mutu offers a trajectory for the future and envisions a space that the black body can safely inhabit.

What on the surface appears to be an apocalyptic vision, then, also accommodates regenerative potential. The resilient female form transforms from a passive object to be inscribed on and consumed, to an active, agentive site of subjectivity and possibility that exceeds biologically-bound reproductive functionality. But this sense of resilience and responsibility as resources is quite distinct from neoliberal articulations of functional healthy self-management – and which arguably contribute to the damaging individualist consumerism critiqued here; this is a dynamic I will interrogate more thoroughly in the next chapter. What is demanded, in the leaking excesses of the skin, is an active confrontation with, rather than suppression of, this social malaise. To revert to 'normal', in Mutu's words, then, also means to rescript its terms of access; this involves rehabilitating the relationship between land, body, and labour.

Diseased or mutilated skin here testifies to a particular social reality, and in so doing, becomes a demand for occluded – and in many instances, forcibly obscured – forms of violence to be read, tackled, and transformed. What the skin communicates here also becomes communicable, or infectious. Distress itself has a leaky, unbounded quality; from the epigenetic 'mark' of inherited transgenerational trauma,[247] to epidermally-marked expressions, there is a necessary demand to witness and engage with trauma. In my subsequent analysis of *Freshwater*, I draw on some of the lines of inquiry I have preliminarily drawn out through Mutu's work. I am particularly

[247] See Dora L. Costa, Noelle Yetter, and Heather DeSomer, 'Intergenerational transmission of paternal trauma among US Civil War ex-POWs', *PNAS*, 115 (2018), 11215-11220; Amy Lehrner and Rachel Yehuda, 'Cultural trauma and epigenetic inheritance', *Development and Psychopathology*, 30 (2018), 1763–1777.

interested in how these tropes of containment and leaking infectiousness might reframe the psychiatric pathologisation of fragmentation and accommodate plural selfhood. I am also interested in the ethics of witnessing: where the skin's expressions refuse to be contained within a singular interpretive schema, how do we access and attend to these expressions on their own terms, without capitulating to pre-existing, and arguably inadequate, frames of reference?

***Freshwater* and Myth: Replotting Psychoanalytic Pathology**

To visualise the co-implication of the medical and mythological in *Freshwater* and flesh out the medico-mythologic mode identified in this text, here I explore the various conceptual schemas through which Ada's experiences might meaningfully be read.

The *ogbanje* mythology circulates at the intersection of clinical and cultural paradigms, and is strikingly couched in the pathogenic discourse of containment and infectious contagion. The *ogbanje*'s ontological Othering in a third space suspended between human and spirit worlds finds its medicalised articulation in the discourse of genetic alterity. In medical anthropology, the *ogbanje* phenomenon is understood through the prism of biological mutation, with sickle cell disease predominantly offered as an alternative explanation for premature death and high infant mortality rates in Nigeria.[248] Perhaps betraying anxieties over the infectious encroachment of the *ogbanje* and its disruption of Igbo ancestral cosmology, the malevolent *ogbanje* finds its cultural articulation as *akpa oya* or a 'bag of diseases' within this community.[249] Indeed, in *Freshwater*, the collective voices of the *ogbanje* also claim that Ada has 'always been sane. It's just that she was contaminated with us, a godly parasite with many heads'.[250] Interestingly, Christopher Okonkwo suggests that the mother-*ogbanje* child 'power battle', wherein the *ogbanje* engage in a cycle of premature death to torment their human mother, can be extrapolated as 'tension

[248] See Esther Nzewi, 'Malevolent Ogbanje: Recurrent Reincarnation or Sickle Cell Disease?', *Social Science & Medicine*, 52 (2001), 1403-1416. What I find somewhat vexing in Nzewi's sickle cell study is the almost discrediting insistence that any commitment to an *ogbanje* framework of explanation is symptomatic of cultural anxieties over modernity and a need to preserve traditional beliefs in the wake of Western discourses. This does come from an anthropological stance of medical and ethical commitment to pragmatically treating potential SCD, but the broader question about how to poise such medical pragmatism alongside cultural sensitivity remains unanswered. This is something Emezi might be trying to negotiate by placing medical and mythological discourses together, not as diametrically opposed to one another.
[249] Ibid., p. 1404.
[250] Emezi, *Freshwater*, p. 41.

between "parasite/guest" and "host".[251] If a psychiatric reading of the text is to be taken, Ada's psychic 'split' – the expression of these voices – appears to align with a DID diagnosis. Curiously enough, in DID's clinical vernacular, the multiple personality states are often referred to as 'alters' and the dominant alter capable of regular bodily functioning is termed the 'host'. While these two terms are not formalised in the *DSM-5* itself, they are used fairly prevalently in medical literature.[252] What this pathological discourse of compromised, contaminated containment is symptomatic of is an anxiety over the ruptured, weak or diseased 'bag', which perhaps betrays deeper anxieties about the security of the borders and boundaries we construct between self and 'Other'. In this striking circulation of medicalised jargon within the mythological realm, we find a discursive crossing between two seemingly self-contained epistemic and ontological spaces.

On an epidermal level, pathobiological alterity has historically been expressed through skin's visible signifier of difference – colour. Here I am defining such pathobiological alterity as the condition of being situated as an Other by virtue of certain genetic or biological characteristics that transgress normative prescriptions of the healthy self. If the epistemic and epidermal are intertwined, then how might pathology itself be constructed in service of 'normativity'? The semantic construction of alterity services the oppositional positioning of self and Other, and by extension, normativity and deviation within psychiatric and political contexts – though as I have suggested, the two realms are inalienable. Pathologically constructed as a transgressive Other, the *ogbanje*'s cultural Othering is inextricable from the notion of biological alterity, particularly for the female body, whose reproductive potential is stymied by the *ogbanje* cosmology. The 'uncut' *ogbanje* within the Igbo cosmology of reincarnation is alienated precisely because of their reproductive transgression: in their cycle of premature death and rebirth, they undermine reincarnation by resisting maturation, the sociality of procreation, and the subsequent possibility of ascending to ancestral status.

What sociocultural and political anxieties might the *ogbanje* phenomenon, particularly in its embodied manifestations, effect by refusing to be contained by

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[251] Okonkwo, *A Spirit of Dialogue*, p. 15.
[252] Erdinc Ozturk and Vedat Sar, 'Formation and Functions of Alter Personalities in Dissociative Identity Disorder: A Theoretical and Clinical Elaboration', *Journal of Psychology and Clinical Psychiatry*, 6 (2016), 1-7.

singular ontological (human or spirit worlds) and epistemic (medical and mythological) frames? The spatialisation of the skin as a site for diffusion is significant when read through a broader political discourse of the pathological Other. The biological register of alterity, the alien, the foreign body, or indeed the notion of a 'host', slips into a value-laden discourse of modern geographical diffusion: migration, globalisation, and xenophobia have been discursively implicated in this pathological alterity, often couched as threats to biosecurity or national security in contact with the racialised Other. The discourse of parasitic contamination or threat itself speaks to a deeper tension with the unknown; these diffused boundaries threaten the ontological security of certain fixed discursive parameters through which we understand the healthy, 'whole' self. The intimate connection between the psychic and epidermal in *Freshwater* highlights a certain anxiety over the skin's capacity as enclosure and container for the competing excesses within. In *Freshwater*'s leitmotif of border crossings, we find a creative remastering of the skin beyond bounded self-containment. Here, the skin dismantles biological (and indeed, species), epistemic and generic borders; it becomes a site on which this resistance to singularity is violently inscribed and performed, and the borders of reality itself are remapped. In the text's repeated assertion of the body as a transient zone, the skin, and the text, become a conduit for the multiple crossings through these worlds, stretching spatially and conceptually to accommodate the plural narrative 'we' register of the *ogbanje*.

Any attempt to theorise the relationship between skin and distress would be incomplete without acknowledging how psychoanalysis has read the skin, though a full engagement with this vast theoretical body goes beyond the conceptual scope of this thesis. I am interested specifically in the co-implication of the psychoanalytic and the mythological modes; in particular, I demonstrate how the emergence of the *ogbanje* in *Freshwater* through the biological and spiritual matrilineage of Igbo ontology refracts creation mythologies, and ultimately complicates the psychiatric plotting of aetiology and its orientation of the 'whole' self. In this section, I situate Ada's sense of plurality and perceived pathologies in dialogue with psychoanalyst Didier Anzieu's conceptualisation of psychic individuation. Anzieu's theorisation of the Skin-ego is instructive here, surfacing as it does a particular preoccupation with the trope of containment – and an anxiety over the pathologically leaking, uncontained self.

Rooting subjectivity in the body, Anzieu extrapolates the Freudian concept that the ego is a projection of the surface by literalising the surface as the skin itself. Anzieu theorises that the phantasy of 'having a skin of one's own' is indispensable to psychic autonomy.[253] The Skin-ego he defines as 'a mental image used by the child's Ego during its early stages of development to represent itself as an Ego containing psychical contents, based on its experience of the surface of the body.[254] Anzieu re-centralises the body in psychoanalysis, and psychical functioning more broadly, with his principle that all psychical functions rest anaclitically on the body. Anzieu's relational model, though not without its limitations, is valuable to this discussion because it deconstructs certain dualisms and deterministic qualities entrenched in Western thought. By co-implicating psyche and soma, Anzieu usefully deconstructs a paradigm of mind-body dualism. Yet, as will be demonstrated, what is necessary to layer with Anzieu's psychoanalytic model are the specific cultural and political inscriptions etched on skin – and how these structure the experience of inhabiting one's skin.

By probing this psychoanalytic view of the skin, and assessing its limitations, this section considers the porosity of skin as a fluid, unbounded interface. This appraisal of the skin as interface rather than just boundary might enable us to generatively dismantle the oppositional quality of outside/inside, self/other – and this has significant implications for the clinical encounter with distress. For Anzieu, touch is foundational to thought itself. As the only reflexive sense, touch allows us to experience the world, and by extension, becomes the foundation on which other sensory experiences and the reflexivity of thought (awareness of oneself as a thinking and feeling entity) itself are modelled. As Anzieu notes, his model offers a way of countering the physiological tendency to 'reduce the living body to the nervous system and behaviour to the brain activities that programme it'[255] – an invaluable insight to this thesis, as the next chapter will demonstrate. Since the brain and skin develop from the same embryonic material of the ectoderm, Anzieu proposes a relationality between these surfaces. To adapt Anzieu's argument, this critique could also apply to the tendency in psychopathology to atomise mental illness under diagnostic paradigms.

[253] Didier Anzieu, trans by. Naomi Segal, *The Skin-ego* (London: Karnac Books, 2016), p. 120. Hereafter *SE*.
[254] Ibid., p. 43.
[255] Ibid., p. 3.

These paradigms centralise psychological symptoms and overlook the body, often framing pathology in highly disembodied and decontextualised ways, a trap I explore further in Chapter Two. Indeed, this is very much symptomatic of an entrenched binary mode in Western thought, one that has problematically diffused into psychiatric practice.[256]

In Anzieu's view, a crucial part of psychic individuation is the recognition of boundaries between the self and other. This is achieved through the tactile relationship between infant and mother or caregiver; an infant first perceives a phantasy of common skin with their caregiver before this process of individuation. The subsequent disavowal of shared skin is necessary for psychic individuation, key in the child's formative acknowledgement of a Skin-ego and identification as an individual.[257] The necessary 'flaying' of this shared skin with the caregiver may in itself be an early traumatic encounter, and it is in this transition from the phantasy of shared skin to an individuated Skin-ego that Anzieu locates potential developmental trauma. If the tactile relationship between infant and caregiver (through caressing, washing, feeding, etc.) is conducted sufficiently and reliably, infants can perceive themselves as capable of communicating and being responded to.[258] Deficiencies in this tactile 'mothering environment' – wrapping that is too 'tight' or 'loose', caused by under or over-stimulation, as Anzieu terms it – results in a defective development of the Skin-ego, and the development of particular pathologies. This might manifest through the formation of 'second skins' like tattooing, drug use, or an engagement with sado-masochistic sex – these practices, which Ada also engages in, function as proxy containers in the absence or failure of the Skin-ego.[259]

The skin has manifold biological functions which in turn correspond to the Ego's psychical functioning; a defect in these functions manifests as identifiable disorders within a clinical setting. Anzieu initially assigns the Skin-ego three functions – as

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[256] Eugene Paykel also argues that the compartmentalised conceptualisation of depression in psychologised terms reflects a Western distinction between psyche and soma, or mind and body. Eugene S. Paykel, 'Basic Concepts of Depression', *Dialogues in Clinical Neuroscience*, 10 (2008), 279-289.

[257] Anzieu, *SE*, pp. 39-43.

[258] Ibid., p. 40.

[259] Marc Lafrance, 'From the Skin Ego to the Psychic Envelope: An Introduction to the Work of Didier Anzieu', *Centre for Sensory Studies* <http://centreforsensorystudies.org/occasional-papers/chapter-one-from-the-Skin-ego-to-the-psychic-envelope-an-introduction-to-the-work-of-didier-anzieu/> [accessed 20 May 2019].

'sac', 'screen', and 'sieve'.[260] The skin figures as a 'sac that contains and retains' the sense of cohesiveness achieved through a reliable caregiving environment, as well as 'an interface' and protective barrier against external violence. In addition to this tactile relationality with the external environment, it also performs a kind of communicative reciprocity as a 'site and primary mode of communication with other people' and 'surface for registering the traces left by those others.'[261] For our purposes here, the containment and maintenance functions are particularly salient to the perceivably deficient caregiving dynamic in *Freshwater*, where Ada's mother Saachi leaves young Ada and siblings in Nigeria to return to her homeland Saudi Arabia, visiting her children infrequently.

Ada's fissured relationship with her biological mother opens up a 'space' or void which is filled by a parasitically interdependent relationship with the voices within her.[262] This embodied 'space' also opens a conceptual one, for the skin to be read against the medicalised grain. The *ogbanje* are born into distinction by 'blood wiped along a tarred road [Ada's sister Anuli's traffic accident], the separation of a bone at three points, and the migration of a mother.'[263] The spirit 'brothersisters', whom the *ogbanje* are relationally tied to, attempt to sever ties with the human world and draw the *ogbanje* back. They trigger Anuli's accident, which exacerbates Saachi's depressive break and eventually drives her relocation to Saudi Arabia. With this amplified alienation from maternal touch, Ada retreats 'deeper into her head, closer to us'; the *ogbanje* 'com[e] alive not just for ourself, but for her' in their 'newborn' form.[264] If the skin comes to animate this multiplicity – both interpretive and in terms of identity – then another skinning occurs on a metafictional level. As a polygeneric, polyvocal novel, the poetics of the text itself comes to embody this layering of generic, focalised 'skins'. The *ogbanje's* births – before and after Ada's rape – signal shifts in the narrative perspective, as they alternate with Ada's in the text. To press the 'newborn' metaphor further, the text itself may be read as a queered *Bildungsroman*, albeit with a reoriented trajectory of development – and significantly, a reoriented

[260] Anzieu, *SE*, p. 44. This triple functionality is later elaborated into eight capabilities, of which any deficiency has a corresponding pathological consequence: maintaining, containing, protecting, individuating, intersensoriality, supporting sexual excitation, ensuring libidinal recharging of psychical functioning, and registering tactile sensory traces (pp. 105-114).
[261] Ibid., p. 44.
[262] Emezi, *Freshwater*, 17, 36.
[263] Ibid., p. 21.
[264] Ibid, pp. 36-37.

plotting of developmental trauma and pathology. The formal and aesthetic are inalienable from the ontological here: Emezi's form toys with the genre boundaries of a novel of formation, both temporally and spatially. This is a text that accommodates the integration of disavowed modes of being, recovering selfhood in all its fraught multiplicity; the narrative arc resists linearity, committed as it is to mapping alternative temporalities of *becoming*. In the forthcoming analysis, I press further how the skin becomes implicated in this formal vision.

Ada's embodied incarnation is a complex, and often conflictual, one; much of Ada's initial distress arises from the competing claims of ownership and possession made over them and their body. As Okonkwo notes, the mother-*ogbanje* child relationship is a site of significant power struggle.[265] Ada is believed to be descended from the Igbo female deity Ala, and is also tied to the *ogbanje* spirit realm and the biological family they belong to. Inhabiting these sacred, metaphysical, and human spaces and realities, and implicated in a triadic mother-child relationship between human mother Saachi and deity Ala, Ada's state is likened to 'shoving a sun in a bag of skin, so it should be no surprise that her skin would split or her mind would break. Consider her burned open.'[266] This striking assessment of Ada's complex, embodied incarnation crystallises some of the key features embedded in the skin which facilitate the text's broader conceptual project of border crossing: visibility, relationality, and porosity. The parallelism between split skin and broken mind deconstructs the mind-body dualism that much of Western psychotherapy remains gridlocked in. In the violent image of internally-cannibalising violence – burning from the inside out – the skin exposes the very fragility of any ideal of containment. Burnt open, this self-cannibalising violence forces the private into the public and diffuses the outside/inside boundary. This type of externalised violence is also laid bare through Ada's acts of skin mutilation to nurture the *ogbanje*.

The containment function is correlated to the skin covering the body, just as the Skin-ego must initially cover the psychical apparatus. This psychical representation of the Skin-ego is achieved through the caregiver's daily handling and response to the infant, a failure of which results in one of two possible anxieties. The first is the 'anxiety of an instinctual excitation that is diffuse, scattered'; individuals manifesting

[265] Okonkwo, *A Spirit of Dialogue,* p. 15.
[266] Emezi, *Freshwater*, p. 207.

this attempt to carve out a substitute shell to wrap themselves in suffering. In the second instance, the wrapping exists but is 'pitted with holes' – this is formalised as the 'sieve Skin-ego', in which the individual fears 'leaking away' or being drained out.[267] The maintenance function that Anzieu theorises is largely conditioned on deriving stable external support against the support-object (i.e. caregiver), an 'image-sensation of this inner phallus',[268] enabling the child to support itself against its own spinal column. This verticality and gravitational centering in turn become the ground, or foundation, for perceiving a personal psychic life. Nightmares of the ground losing its integrity (by tearing, hollowing) or symbolically transforming into a 'heap of snakes' are not phallic, but rather, symptomatic of anxieties over the compromised integrity of common skin shared with the support-object/caregiver.[269]

To situate Anzieu's theorisation of individuation in dialogue with *Freshwater*'s conceptualisation of the self (or more accurately, *selves*), I would like to draw out two specific motifs that Anzieu evokes through the containment and maintenance functions: leakiness and snakes. Leakiness as a structuring motif in *Freshwater* stretches beyond stylistic abstraction; it animates the epistemic and ontological border crossing necessary to accommodate the plural realities and selfhoods that Ada embodies. The aquatic leitmotif represented in the title lends itself in productive ways to the porous crossings across genre-based or epistemic borders. The *ogbanje* voices visualise Ada's body as a 'bridge', a medium for navigating through spirit and human worlds; for the *ogbanje*, who initially struggle to integrate with Ada, these open gates between worlds and realities are imagined as 'sores that can't stop grieving: they infect with space, gaps, widenings.'[270] This is a striking personification of infected interstices, visibly leaking with tears – the distress over human embodiment and the difficulty of integration.

But these gates, or sores, can heal and regenerate to accommodate plurality. Leakiness as a motif transforms from the pathological to the productive. Ada's seemingly pathological body that struggles to integrate, or contain – as expressed through the skin-related practices – becomes the site where this commitment to multiplicity is negotiated and eventually reconciled. The *ogbanje* phenomenon

[267] Anzieu, *SE* p. 110.
[268] Ibid., p. 106.
[269] Ibid., p. 107.
[270] Emezi, *Freshwater*, p. 35.

demands engagement on its own terms, if we are to make meaning of Ada's psychical reality and subsequent cutting, tattooing, breast removal surgery beyond cultural, medical, or psychoanalytic pathologisation. The aquatic body also has deeper historical resonances with the Middle Passage. I will dwell on the significance of this imagery more thoroughly in my third chapter, drawing connections through the Flying African mythology salient to visions of freedom and mobility in an Afro-diasporic context. Of immediate significance, however, is the way in which the *ogbanje*'s border crossings, mapped on the body's surface, free the reader from the limiting fixity of epistemic and ontological boundaries, accommodating and depathologising alternative forms of selfhood. When relational networks are reconfigured as they are in this text, it becomes necessary to re-evaluate how we define wholeness; what does it mean to 'recover' the self (or *selves*)? My argument here hinges on the impasse of conceiving the self as a contained, integrated entity, one that may not be able to productively accommodate culturally-variable conceptions of selfhood. It becomes necessary, then, to layer Anzieu's theorisation of individuation with the socioculturally-salient inscriptions of the skin. The creative works under discussion here probe what the autonomous 'whole' self represents in all its ideological baggage; it is worth questioning whether this vision of healthy functioning is necessary or even desirable. Such a reframing problematises the very premise of individuation in terms of containment, and de-privileges a particular understanding of the contained, integrated self.

The serpentine association in *Freshwater*, elaborated below, invites further interpretive instabilities, or framed more productively, possibilities. This motif in Anzieu's theorisation of caregiver support finds curious (dis)continuities in *Freshwater*. The plural mothering (including by Ala) in *Freshwater* disrupts several structuring myths of modernity, not least the patriarchal underpinnings of the phallic myth. If Anzieu's work decenters the oral relationship from caregiving environments and replaces it with the tactile, then this indigenous mythology disrupts other ingrained bio-mythological orthodoxies. In its triadic mythological-religious-biological reconfiguration of motherhood, *Freshwater* complicates the tactile caregiving environment, and how psychic individuation or selfhood may be expressed. This formative environment is a site where an origin struggle is evocatively staged: the

ogbanje voices claim that '[t]he Ada belonged to us and Ala and Saachi'.[271] The struggle for maternal possession between earth goddess, Ala, and biological mother, Saachi, becomes a leitmotif of the text, interacting in striking ways with Anzieu's theorisation of the relationship between caregiving and psychic individuation. Indeed, the objectifying and dehumanising third person reference to 'the Ada' underscores how the *ogbanje* initially view Ada instrumentally – the body being a receptacle, or bridge – without a fully-fleshed, psychically-developed identity. Read through Anzieu's lens, Ada's lack of tactile contact with parents Saul and Saachi, who were 'not prone to holding',[272] would result in a compromised Skin-ego and the development of associated pathologies.

Yet, the text resists the linear causality, or plotting of pathology, within such a reading; this multiplicity, though distressingly divisive initially, becomes generative rather than pathological. The Igbo female deity, Ala, whom Ada is believed to be descended from, is associated with fertility and reproduction, and takes her fleshy incarnation in the form of the python. In a significant formative moment, Ada, 'like a serpent', opts to 'wriggle, slithering on her stomach', with Saachi observing 'her tight rolls of new flesh as they wormed across the carpet'.[273] This is a striking description to read against the grain of Anzieu's diagnosis of deficient spinal and psychic maintenance. If, for Anzieu, the stomach is the 'most precious and fragile'[274] part of the body, then Ada's serpentine slithering would be clinically read as symptomatic of functional deficiencies in the caregiving environment. Ada's movement is a reorientation, connecting the child within a network of relations in this maternal triad, however distressing it might be to navigate. The *ogbanje* visualise Ada as Ala's 'hatchling' covered in 'translucent scales';[275] this scaly, sub-human skin becomes a visible, visual reminder of the inextricability of the self from this relational network that crosses between worlds and realities. This image of amalgamated form, animated through the skin, has striking parallels with Mutu's exposure of interconnectivity through the collagic female form, its raw skin a cut-and-paste composite of human features, animal hide, and mechanical objects. This exposed skin reveals – and potently undermines – the foundational myth of individuality or autonomous

[271] Ibid., p. 10.
[272] Ibid., p. 17.
[273] Emezi, *Freshwater*, pp. 10, 38.
[274] Anzieu, *SE*, p. 108.
[275] Emezi, *Freshwater*, p. 38.

'wholeness', ingrained and privileged in Western consciousness, by demanding a confrontation with the costs of such perceived insularity.

Anzieu's work refracts one foundational myth of psychoanalytic trajectories by undermining the centrality of the phallus; Anzieu relocates developmental trauma in the phantasy of flayed skin – the necessary rending of the infant's sense of a shared skin with its caregiver, in order to individuate with a Skin-ego of its own. By reading the 'heap of snakes' in nightmares as a manifestation of physiological-psychical instability rather than as a phallic symbol, Anzieu's work dislodges from its theoretical axis the phallic myth that grounds much of orthodox Freudian psychoanalysis.[276] But with the caregiving environment often attributed to the woman (at least in Anzieu's contemporary moment, though he does allow for the substitute family or social groups to replace this function),[277] defects in Skin-ego formation become incumbent on faulty parental, typically maternal, handling. This becomes problematic on the grounds of potential gendered biases in reading formative pathology, and in its plotting of aetiology.

At this juncture, it is fruitful to outline the relationship between women and creation in Igbo consciousness, particularly in its pre- and post-colonial iterations against Judeo-Christian theology. As scholars like Chukwuma Azuonye have noted, representations of womanhood are fraught with antinomies in Igbo communities, paradoxically revered and marginalised in Igbo imagination. This is in large part attributable to British colonial intervention which operated in tandem with the incipient patriarchal order within Igbo communities to displace strong matriarchal foundations.[278] The ritualistic associations of women with hyper-sexualised temptation, animality, or frivolity find their roots in rising male colonialist power, which displaced the matrifocality of Igbo folkloric tradition.[279] This is poised somewhat paradoxically alongside a cultural reverence for *Ala*, the earth goddess of

[276] It is significant here to note that Anzieu's work does draw on a mythological tradition to exemplify the (mal)functionings of the Skin-ego. For Anzieu, myth encodes external reality (time, sociopolitical and religious contexts, etc.), as well as internal psychical reality (for him, this is the Skin-ego) by placing it in relation to this external reality. He draws specifically on the Greek myth of the flayed, flute-bearing Marsyas defeated in contest with Apollo and his lyre. Anzieu, *SE*, pp. 49-58.
[277] It is worth noting that Anzieu uses the term 'mothering (rather than maternal) environment' so as not to restrict the scope of this relationship to biological motherhood. Ibid., p. 59.
[278] Chukwuma Azuonye, 'Power, Marginality and Womanbeing in Igbo Oral Narratives', in Raoul Granqvist and Nnadozie Inyama, eds., *Power and Powerlessness in West African Orality* (Umeå: Umeå Papers in English, 1992), pp. 1-32.
[279] Ibid., pp. 27-28.

fertility and gatekeeper of human and spirit worlds, as well as the moral arbiter of the social-spiritual contract between these worlds. *Ala* is deeply implicated in the highly sexed dynamic of Igbo creation mythology, positioned as the matrifocal 'mother-goddess'.[280] *Ala*'s supremacy and subsequent displacement in the Igbo pantheon can be traced to the construction of a male sky deity *Chukwu* by the patriarchally-ordered Nri Kingdom and Aro oligarchy.[281] This ideological construction was later reinforced by the induction of *Chukwu* as an Igbo equivalent to Jehovah by colonial Christian missionaries.

In spite of these patriarchal and theological attempts to displace the figure of the earth-goddess, *Ala* has remained culturally significant, in large part reinforced by the power of other female forces in Igbo belief. Significantly, the Igbo creator *Chi na Eke* is a twin deity comprising the male *Chi* (divine power of life) and a female principle, *Eke* (divine power of creation). The female aspect, *Agbala*, is strongly associated with fertility and often ritually invoked as *Ala.*[282] In Azuonye's estimation, Igbo gendered relations are distinct from the dynamics of gendered (in)equality in Western discourse; rather, they are organised around a principle of complementarity, or what he terms 'gender capacitance' – this is crystallised in the necessary mythic complementarity of earth and sky deities.[283] According to Azuonye, the sexed dynamic of Igbo creation mythology itself might have a biological basis: the twin deity *Chi na Eke* has sexed etymological roots, with *Chi* representing a male 'divine power of life' and *Eke* a female 'divine power of creation' that exist in necessary complementarity.[284] Such a conception of sexed complementarity forms the basis of Azuonye's argument for the inherently feminist strain of Igbo mythology, one that is distinct from its Christian counterpart couched in more derivative terms, with Eve as a 'suitable helper' created from one of Adam's ribs. This further differentiates Igbo creation mythology from the Christian concept of original sin and female transgression (as reworked in *Forbidden*

[280] Ibid., p. 4.

[281] Rather than a neat dynamic of displacement and dominance between the gendered earth and sky deities, however, Azuonye posits that *Chukwu's* force in Igbo imagination was derived in part from traditional ideas of *Ala's* supremacy. The Nri conceptualised a 'happy marriage' between earth and sky forces; the male godhead *Chukwu* came to emblematise both fertility and creation, existing 'to promote the will, and to function with the power, of the earth goddess.' The Aro, however, transformed this benign conceptualisation of *Chukwu* into a more malignant 'war-god'. Azuonye suggests that the Aro failed to fully gain a foothold for this deity because they neglected to incorporate *Ala* in its conceptualisation, as the Nri had. Ibid., pp. 5-9.

[282] Ibid., p. 9.

[283] Ibid., pp. 9-10, 26.

[284] Ibid., pp. 9-11.

Fruit Picker).[285] The need becomes clear, then, in work like Emezi's and Mutu's, to reframe the notion of creation through a departure from foundational Christian iconography, which has displaced the matrifocal concept of creation in African mythology.

However, this matrifocal reclamation of the creation myth under Azuonye's biological framework remains gridlocked in a certain sexed essentialism. Such a reading, while a powerful gesture of decolonising mythology through an intersectional perspective, reifies sexual complementarity through biologically essentialist binaries. It is worth recalling that *ogbanje* exist beyond Western discursive constructions of sex and identity; according to Bastian, *ogbanje* might instead be viewed as occupying a 'third category of gender'.[286] Ada's descent from Ala and their subsequent sexual identification in non-binary terms poignantly reconstructs both the premise for matrilineality and the accompanying sociobiological baggage of reproductive imperatives. As Bastian notes in her extensive work on the *ogbanje* phenomenon, *ogbanje*, while destabilising the entire patrilineage, pose a particular threat to female personhood in northern Igbo ideology, conditioned as heavily as it is on reproductive fulfilment. A woman is not seen as 'complete' without bearing offspring, and the *ogbanje's* threat to kinship undermines the fulfilment of this social identity.[287] Though Saachi, Ada's mother in *Freshwater*, does have other children, the politics of maternal possession and ownership continue to be enacted between human mother and Ada's 'first mother' from the spirit world, Ala.[288]

Saachi is repeatedly displaced to the margins of Ada's development, inhabiting a zone of maternal alterity or Othering. When Ada opts for a breast reduction, Saachi's attempts to prevent the surgery on grounds of mental instability are met with the *ogbanje* 'terminat[ing] her contact'[289] with the doctors. Saachi's attempt to exert maternal ownership over Ada's body, by participating in its psychiatric medicalisation, is turned on its own head with this clinically cold, contractual register of termination employed by the *ogbanje*. The triple alliteration in the *ogbanje's* claim that they 'excluded her, exiled and excommunicated her'[290] is also noteworthy. Its

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[285] Ibid., p. 10.
[286] Bastian, 'Irregular Visitors', p. 59.
[287] Ibid.
[288] Emezi, *Freshwater*, p. 218.
[289] Ibid., p. 190.
[290] Ibid.

repetitive sibilance effects a serpentine hissing sound, one that reinforces Ala's maternal dominance, fleshed as she is in python form; indeed, this is reminiscent of the *ogbanje's* earlier claim that Ada's name is etymologically rooted in the 'egg of a python', and such a descendent of Ala 'is not, and can never be intended for your hands.'[291] While metaphorical, this expression situates itself quite strikingly in dialogue with maternal handling, or the tactile contact involved in this sense of 'shared skin' between caregiver and child, so crucial to a sense of containment and individuation in Anzieu's view. Here, touch is refracted from biological motherhood as point of origin to a broader mythological one, reframing the very notion of individuation. It is particularly striking that the *ogbanje* appropriate a theological register with the lexical choice 'excommunicated', itself an ironic invocation of the 'christ-induced amnesia'[292] they earlier criticise – an amnesia that had caused this alternative Igbo ontological point of origin to be displaced. The Christian reference here alludes not just to the rhetoric of a colonial civilising mission, but also to the broader colonisation of systems of thought and displacement of indigenous ontologies to the margins. In this ironic linguistic refraction of both Christian and psychiatric discourses, the *ogbanje* reject the exclusive monopoly of these two frames in rendering their metaphysical identity. This becomes a powerful gesture in re-centring Igbo ontology and cosmology, by appropriating and transforming the discursive structures that have facilitated their displacement.

[291] Ibid., p. 9.
[292] Ibid.

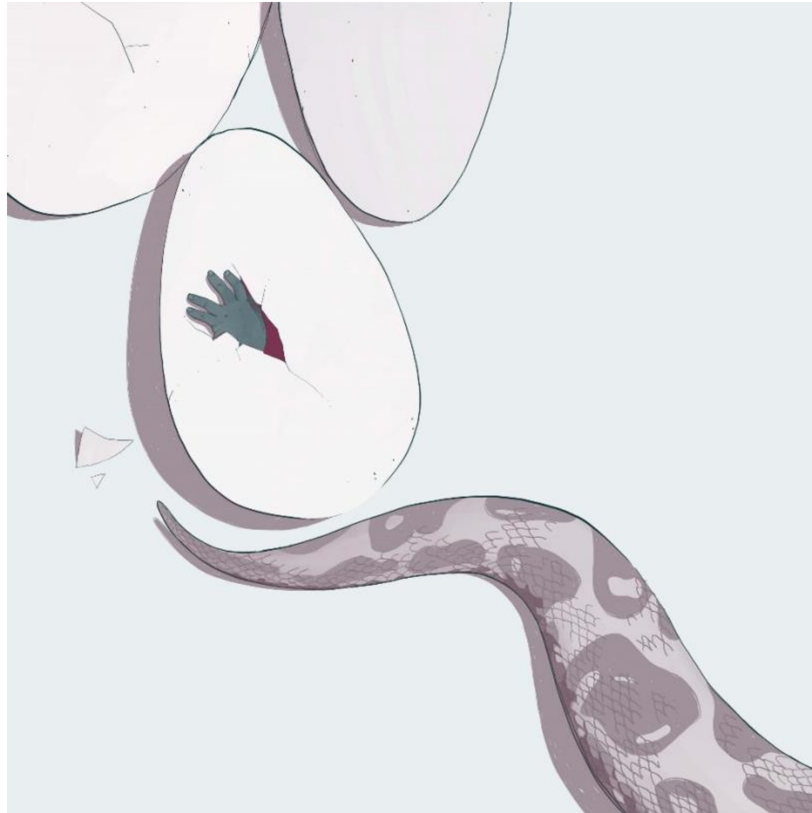

Figure 3: Benedetta C. Vialli, illustration for *Aquadolce*[293]

Significantly, then, Ada's caregiving environment destabilises the patriarchal foundations of what is perhaps the most foundational myth: creation. The illustrations done by artist Benedetta C. Vialli for the Italian edition of *Freshwater* poignantly animate this tactile disruption of mythological points of origin. The cracking pictured here signifies a certain ontological fragility, and the human hand that emerges from the reptilian egg potently evokes the destabilisation of human centrality on a species-distinct biological hierarchy. In its fragmentation of founding myths, the text disrupts the ontological security of the boundaries we hold in such biological fixity. The juxtaposition of the green reptilian-hued human hand with the white shell disrupts the stability of multiple oppositions and distinctions that organise understandings of the self, and its position within biological-reproductive time, or the species chain that is arguably underpinned by an anthropocentric bias in Eurocentric articulations of relationality. From a theological perspective, the Great Chain of Being foundational in Christianity is also disrupted here. The serpent in Genesis iconography and the sexualised valence of the serpent in cultural imagination as symbol of seduction and

[293] Benedetta C. Vialli, Illustrations for *Aquadolce* (2018) <https://www.behance.net/gallery/78418711/Freshwater> [accessed 18 March 2022].

temptation, find alternative articulations here. This re-visualisation of Christian iconography resonates in potent ways with Mutu's appropriation of the Edenic setting, only to deform and defamiliarise the relationship between the female form, desire, and consumption in the cultural imaginary. Rather than original sin, the reptile in *Freshwater* is refracted through the prism of a more (re)productive form of mythological creation and fertility. On a textual level, then, the translucence of the skin suggests its interpretive opacity, a resistance to being fully read when it is organised solely through the gridlock of a singular, limited and limiting, Eurocentric vision of reality. What is enacted here is an elastication of the very basis of reality to accommodate plural registers. Strikingly too, we find a recuperation of the term 'mythology' itself from a position of pathological alterity to Reality. If we deconstruct the value-addled binary opposition of mythology and reality, then Ada's subject position of biological and mythological alterity must itself be reoriented beyond the prism of the pathological.

Unconventionally, in *Freshwater* the *ogbanje* hide the *iyi-uwa*, or binding oath to the world, over Ada's skin, thus transforming Ada herself into an embodied bridge. They 'spit' on her 'human hide' and 'stitch [the oath] to her other skin' like a cape draped over her back.[294] Now to destroy this oath and root Ada in the fleshy embodiment of the human world, Ada herself would paradoxically have to be killed. The patchwork quality of Ada's skin, with the spiritual oath 'stitch[ed]' over her 'human hide' finds a striking parallel in Mutu's collagic reimagination of the female body characterised by multiplicity. Furthermore, the invocation of Ada's 'human hide', a curious amalgamation of animal and human worlds, resonates with the species or biological border crossings represented in Mutu's female forms.[295] This 'second skin', to appropriate Anzieu's term, becomes paradoxically both protective and self-destructive, the outer covering making Ada impenetrable to the demands of biological life but equally, susceptible to the self-cannibalising impulses within her, which I will further explore through Ada's mutilation, focusing on cutting in the next section. Asughara (one of the individuated *ogbanje* voices) revels in Ada's bleeding, becoming 'greedy for the mother colour she was feeding me'.[296] The broken mirror, another motif of psychoanalytic mythologies of individuation, is an instrument used in these

[294] Emezi, *Freshwater*, p. 15.
[295] Ibid.
[296] Ibid., p. 113.

acts of cutting. Here, it becomes a poignant symbol for the multiple selves competing to surface through the skin and gain the power of articulation – whether this is metafictional narrative power or psychic power over Ada's interiority.

Skin Mutilation: Cutting

The politics of both maternal and theoretical possession are further animated through a perversion of the motif of maternal nursing in the text. Ada's cutting, which would be psychiatrically read as self-harm, is here re-possessed, as it were, by the mythological discourse of 'self-worship' to 'feed' the 'newborn' gods within her.[297] The ritual 'cut' acquires multiple meanings: Ada's ritual blood sacrifice here stages a challenge to the metaphorical 'cut' that the community might perform, marking the *ogbanje* child and severing their ties to the spirit world.[298] The preoccupation with blood is also striking when read against the grain of medical anthropology narratives, to recall the pathologisation of the *ogbanje* experience in terms of sickle cell disease – a disorder of the red blood cells. Here, blood as a motif, symbolically dubbed the 'mother colour',[299] also calls into question mythologies and points of origin, from the maternal struggle between Ala and Saachi, to the origin(s) of Ada's distress beyond psychiatric aetiology and associated sociocultural scriptings.

In the novel's 'mirror' scenes, which perhaps also toy with Lacanian psychoanalytic theorisations of subjectivity,[300] broken shards of mirror are used in Ada's skin mutilation, to mark and map alternative trajectories for self-identification and individuation. As an adult, Ada relocates to the US for college and distressingly, experiences sexual assault by their partner. One particular episode of cutting after the rape becomes particularly significant. This event stems from feelings of depression Ada experiences when she begins dating someone else, and takes the hormonal contraceptive Depo-Provera.[301] Interestingly, this medical mediation into the biologically female body induces an attempt to test the fleshy parameters of embodiment itself, and this has significant implications in the context of *ogbanje* who also resist participation in reproductive narratives. Ada breaks a mirror and draws the

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[297] Ibid, pp. 41-42.
[298] Bastian, 'Married in the Water', pp. 120-121.
[299] Emezi, *Freshwater*, p. 41.
[300] Jacques Lacan, 'The Mirror Stage as Formative of the *I* Function as Revealed in Psychoanalytic Experience', lecture (17 July 2949), published in *Écrites: The First Complete Edition in English*, trans. by Bruce Fink (New York: W.W. Norton, 2000), pp. 75-81.
[301] Emezi, *Freshwater*, p. 113.

shards 'down the inside of her arm, watching the bright red bubble through the brown skin.'[302] The verb 'bubbl[ing]' is a curious choice, which in its aquatic connotations, becomes metaphorically as fluid as its multiple associations: the term evokes an early primal scene of the spirits 'whistling through the water' in utero, Ada's baptism, and equally, the freshwater that 'comes out of the mouth of a python', Ala.[303] In its evocation of creation and generation, this aquatic imagery and the inwardly-directed mirror refract Catholic creation iconography through the prism of Igbo cosmology. When the spirits are first metaphorically birthed, they are dragged across the river into the 'rippling water' of the amniotic sac.[304] The sac, a primal skin for the spirits, becomes a kind of permeable membrane rather than encasement, while Ada is a foetus, with the spirits slipping seamlessly between their two worlds. Here, the boundaries between the protective and the destructive are confounded, just as they are in Asughara's paradoxically self-destructive impulses performed in the name of self-preservation. Indeed, this paradox of unhousing, or lack of gating, is imagined in aquatic terms as well, with the spirits bemoaning that they were not 'anchored' in Ada as they should have been.[305] As the collective 'we' claim, '[a]ll water is connected', and it is in this saturation of biological, Christian and Igbo mythological frames, all suspended in the liminality of water as a fluid space, that the *ogbanje* negotiate their ungated, permeable embodiment, or lack thereof.

This refracted origin story further confounds the temporal plotting of aetiology in a psychiatric schema. What is noteworthy is that Ada engages in what would be clinically diagnosed as 'self-harm' even before the rape in college: there are episodes of self-mutilation at age sixteen and subsequently, the hormonal medication-induced episode of cutting. This complicates how we plot the aetiology of mutilation and by extension, its function: Ada's mutilation can be variously read as psychic dissonance produced by the voices at a young age, and as a posttraumatic response to her later rape, hormonally-induced, or fuelled by Asughara's self-destructive impulses. Relatedly, is the experience of split voices in Ada's head to be understood psychiatrically as PTSD effected by the experience of rape, or is her psychic break caused by the *ogbanje* division in her head? The text leaves open this clinical chicken-

[302] Ibid., p. 113.
[303] Ibid., pp. 1, 8-9.
[304] Ibid., p. 4.
[305] Ibid., p. 5.

and-egg question, making no attempt to resolve or disambiguate the chronology of this split. Perhaps this in itself signals a formal resistance to the reductive isolation of experiences to a singular aetiology or interpretive schema, dissolving the boundaries between normativity and pathology by quite fundamentally deconstructing what it means to be human, or perhaps a self-in-relation.

The penetrative mirror used in the cut can also be read as instrumentalising a different kind of severance, from the gridlock of stifled, silenced expressions of identity; it tests the skin's regenerative, transformative potential against the structural, and structuring traumas in which the biologically-female human body is mired. Blood, the 'mother colour', toggles between (pro)creation and destruction. In its 'greedy' cannibalism, the plural voices that constitute Ada's identity gain prominence and narrative life through this blood, refusing to be contained by either spirit or embodied human form exclusively. In its insubordination, cutting here is an act of resisting identification with human embodiment as 'weak bags of flesh with timed souls'.[306] In a cycle of pushing the human body towards the precipice of death only to retract it once again, these acts reaffirm both the cyclicality of regenerating skin and the possibilities of transcending its 'timed' mortal and biological confines.

Cutting becomes charged with multiple interpretive possibilities, from its testimonial function, to the mythic sustenance or literal 'nursing' of inner multiplicity, or even a reversal of the *ogbanje* 'cut' from a sociobiological kinship contract. What underpins all these acts as a common denominator, however, is the embodied resistance to a pathologising register as reading practice – and this is effected precisely through the interpretive instability of the narrative. The plural possibilities for reading such acts of cutting become a textual extension of Emezi's broader conceptual project to accommodate multiplicity, grey or third spaces, and the absence of formal closure. The alternative framing of the *ogbanje's* split is perhaps Emezi's way of reclaiming the narrative voice of the skin, beyond the boundaries of psychiatric discourse. Ada's split – psychic and somatic – is reframed in terms of regeneration through the birth, or rather, explicit emergence of these various selves, Asughara and Saint Vincent, from the narrative obscurity of a collective 'we' to become named and distinguishable forces. Having mapped and reoriented particular psychoanalytic and sociobiological

[306] Ibid., p. 6.

scriptings, this next section probes the limits of a psychiatric narrative of pathology and healthy selfhood.

De-forming a Psychiatric Narrative

Extending this sociobiological engagement with temporality, creation, and lineage, it is fruitful to turn to Emezi's own modern reworking of Igbo cosmology through what the writer identifies as their 'contemporary *ogbanje*'.[307] This contemporaneity is animated particularly through the possibilities of medico-technological mediation such as breast removal and tattooing to express the *ogbanje* identity and test the temporalities explored above. While Bastian does not discount the impact of *ogbanje* on cultural consciousness or their possible existence, she does suggest that this spirit-human interaction, so bound up in kinship ties, may function for the Igbo people as a way of negotiating their own sense of Otherness amidst the increasingly permeable spaces of modernity.[308] To take this claim further, one could also consider the interpretive and performative function of the skin as a narrative vehicle in its own right; writing itself, in this autobiographical novel, works as another layer of skin, embodying multiple narratives – as cultural, mythical text, or as a diagnostic text and tool within a medical or psychiatric paradigm. Formally, the text enacts a shedding or skinning of selves with its polyvocal layering of perspectives. The competing voices, particularly Asughara's, become significant in exposing the discrepancies between overt and covert meaning, or explicitly articulated claims versus buried, concealed intentions that need to be extracted from the narrative's subtext. In this vein, and to engage with Bastian's sense of the psychological function of the contact between the mythological and modern, Emezi's creative use of the *ogbanje* can itself be seen as a means of participating in a literary genealogy of *ogbanje* scholarship alongside medical orthodoxy, albeit re-situating it within a contextually-salient and sensitive (textual) space. The impulse here is towards a kind of transtemporal narrative frame, achieved through corporeal contact between self and Other; this becomes particularly significant again in imagining an alternative to linear Western cosmology.

[307] Akwaeke Emezi, interviewed by Deesha Philyaw, 'A Spirit Born into a Human Body: Talking with Akwaeke Emezi', *Rumpus* (21 February 2018) <https://therumpus.net/2018/02/the-rumpus-interview-with-akwaeke-emezi/> [accessed 29 November 2018].
[308] Bastian, 'Married in the Water', pp. 130-131.

As a psychiatric subject, Ada's *ogbanje* experience would likely be diagnosed dualistically: her symptoms suggest comorbidity between DID and PTSD. Ada's experience of hearing multiple voices would appear to comply with a dissociation diagnosis, and the post-rape emergence of the distinctive voices of Asughara, Yshwa and Saint Vincent alongside the collective 'we', coupled with the exacerbated dysphoric, self-directed violence that follows, does lend itself to a PTSD reading. In the *DSM-5*, the defining diagnostic criterion for DID is 'the presence of two or more distinct personality states or an experience of possession', which is typically comorbid with self-injury or suicidal behaviour.[309] Ada would likely be diagnosed under the 'possession-form' subset of this disorder, which the *DSM-5* concedes may be a culturally-accepted form of understanding this experience. In these accounts, individuals may become 'depersonalised observers of their "own" speech and actions, which they may feel powerless to stop' and 'may also report perceptions of voices […] In some cases, voices are experienced as multiple, perplexing, independent thought streams over which the individual experiences no control.' Additionally, they 'may report that their bodies feel different', experiencing themselves as being in a child-like state or of having a different gender.[310]

Strikingly, there seems to be a narrative quality to the diagnosis of this disorder: the multiplicity of voices, the possibility of dissociative amnesia, and out-of-body experiences are mirrored in Emezi's narrative form itself, characterised as it is by fragments and gaps in Ada's testimony (particularly the amnesiac quality of her retrospective memory of the rape), depersonalisation through multiple narrative perspectives, and their non-binary sexual orientation largely played out in Asughara and Saint Vincent's conflicting interests. Indeed, Ada, in their own narrative space, claims 'I am not even real. I am not even here',[311] a claim classically symptomatic of depersonalisation, derealisation, or a combination of both. The post-rape psychic and narrative splitting of voices also appears, on the surface, to feed into one diagnostic marker for PTSD: the 'onset or exacerbation of pertinent symptoms' preceded by trauma exposure.[312]

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[309] *DSM-5*, pp. 291-292.
[310] Ibid., p. 293.
[311] Emezi, *Freshwater*, p. 94.
[312] *DSM-5*, p. 279.

When Asughara gains psychic, and by extension, narrative, power, Ada's displacement is imagined in highly spatialised terms: Ada the 'gibbering baby' recedes to the 'corner' of her mind, while Asughara 'sank [thier] roots into her body, finding [their] grip on [Ada's] capillaries.'[313] The violent quality of this narrative domination, in the evocative embodied register of sinking and gripping, not only refocalises the body in a psychotherapeutic reading, but also betrays a self-indulgent quality which renders Asughara's claims to protection suspect. As a 'gibbering baby', Ada's articulacy, and by extension, narrative and sexual agency, are arrested in this pre-pubescent figuration of her body. In a significant moment of attempted individuation, Asughara ecstatically remarks: 'I was a me! I had a self', momentarily forgetting the purpose of their presence – to 'save' Ada after sexual trauma.[314] It is in these moments of slippage that the disjunction between overt, surface and concealed, covert meaning or intention become exposed. The embodied, multi-layered shedding becomes a metafictional extension of buried narratives – in Asughara's case, a self-indulgent desire for individuation and the masochistic drive to test the possibilities of this new embodied form through acts unsettlingly suspended between protection and perversion.

The reliability of narrative voice and its truth claims become suspect. This is perhaps an underlying comment on the constructedness of any narrative – psychiatric, mythological, autobiographical or testimonial. In many ways, this layering of covert and overt meaning demands a different type of reading practice, one skeptical of totalising or singular interpretive frames, and able to accommodate the interpretive instability and plurality the text invites. Perhaps more compellingly, the politics of perspective in the text exposes the sheer inadequacy of reading the body solely as a clinically-scripted text, and how it is codified with preconceptions brought to it by the subjective reader. By framing this identity split as a 'third birth-skinning',[315] in generative rather than depersonalising or destructive terms, Emezi resists not just the pathologising quality of a clinical reading, but complicates any sense of singularity in reading Ada's experiences. When Ada falls in love with Ewan, Asughara, scornful of human emotions, wages an internal battle and silences Ada with a 'No!' and claims: 'I could see I was crushing her, but there was no other option. I couldn't allow her

[313] Emezi, *Freshwater*, p. 61.
[314] Ibid., p. 62.
[315] Ibid., p. 88.

hope any room to breathe; I had to choke it out. I was protecting her.'[316] In a similar episode, Asughara displaces Ada when with their friend Itohan's brother and borrowing the register of depersonalisation, 'could almost see her standing aside as I used her body', because '[i]t was my job to protect her.'[317] It is in this curious appropriation of the register of sexual violence or silencing – choking, suffocating, instrumentalising the body – that the boundaries between protection, perversion, and pleasure become increasingly obscured.

These discursive slippages gain force through another psychiatric script with which Emezi engages, the eating disorder narrative – Ada's restriction and exercise addiction, coupled with the specific numerical reference to her '114 pounds of human flesh',[318] seemingly fit into an anorexia nervosa diagnosis. Yet, Emezi thwarts a purely clinical reading of restriction by counterpoising Ada's self-induced starvation with Asughara's destructive impulses. Asughara claims that Ada had begun starving herself well before Asughara's birth for some 'human reason', presumably 'trying to control her body since she couldn't control her mind'[319] – an appropriation of the discourse of 'control' typically ascribed to eating disorders. Indeed, the *DSM-5* states that with anorexia nervosa, '[w]eight loss is often viewed as an impressive achievement and a sign of extraordinary self-discipline, whereas weight gain is perceived as an unacceptable failure of self-control.'[320] The repeated references to the 'human' impulses driving Ada's restriction, specifically the exertion of physical control in the absence of its psychic equivalent, are juxtaposed with the metaphysical mode Asughara adopts as an explanatory schema. Asughara, however, distinguishes this drive for restriction from Ada's 'human' ones: in the active, agentive voice that claims 'I took her to new weightless places', Asughara betrays a self-indulgent toying with the newfound 'power' derived through embodiment, and starvation becomes an 'experiment' to test the parameters of flesh.[321] Perversely, Asughara's drive for

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[316] Ibid., p. 106.
[317] Ibid., p. 74.
[318] Ibid., p. 69. According to the *DSM-5*, there are three key diagnostic markers for anorexia nervosa: 'persistent energy intake restriction' which causes the individual to maintain a weight 'below a minimally normal level for age, sex, developmental trajectory, and physical health', typically measured by body mass index (Criterion A), an 'intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain' (Criterion B), and 'a disturbance in self-perceived weight or shape' (Criterion C). *DSM-5*, pp. 339-340.
[319] Emezi, *Freshwater*, p. 69.
[320] *DSM-5*, p. 340.
[321] Emezi, *Freshwater*, p. 69.

individuation and blockage of other voices, like Yshwa's, quite literally constricts Ada. The desire for individuation and agentive power, then, becomes symptomatic of not just metaphysical masochism but a more fundamental affective condition. This fear of receding into obscurity is outlined in corporeal and narrative terms as well, with these voices – 'we', Asughara, and Ada – competing for narrative space. As the collective 'we' assert, '[t]he worst part of embodiment is being unseen.'[322] This fear of obscurity is mirrored in Asughara's colonisation of Ada's mind: 'I expanded against the walls, filling it up and blocking her out completely', pushing Ada out in a paradoxically perverse gesture at once protective and coercive during every subsequent sexual encounter after the rape.[323]

Perhaps the text's instability suggests that there will always be a certain opacity within psychic experience that can never fully be accessed or apprehended by the external gaze; dwelling in this irresolution potentially evades the trap of totalising absolutes, and might be a productive rather than pathological space where plurality can be meaningfully accommodated. Such a reading practice is also indispensable to any interpretive attempt directed at Ada's cutting beyond a psychiatric model. According to Jane Kilby, the discourse surrounding self-harm (as Kilby terms it) must be disentangled from that of suicidal ideation in order to consider the body productively as a site of articulation. In a similar vein to the reading practice I am developing here, Kilby advances a hermeneutics of skin that places responsibility on the perceiver to read the testimony of trauma the skin inscribes.[324] To extend Kilby's idea, I would argue that such a relationship between the skin and reader, or subject/victim and witness, in the co-construction of meaning, necessarily deconstructs yet another boundary: that of self and Other. This adds a further fold to the skin's multiplicity, destabilising the boundaries between personal and inherited traumas. This is a tangent I pursue more intently in the final chapter, where I consider the necessary porosity of boundaries between the individual body and communal bodies of knowledge in acts of (re)construction. I also consider the ethics of spectating the body performing this labour of reconstruction in theatre. At this juncture, however,

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[322] Ibid., p. 92.
[323] Ibid., p. 64.
[324] Jane Kilby, 'Carved in Skin: Bearing Witness to Self-Harm', in *Thinking Through the Skin*, ed. by Sara Ahmed and Jackie Stacey (London: Routledge, 2001), pp. 124-142.

I will unpack some of the issues involved in reading and attending to distress that is epidermally-marked and demanding to be witnessed.

Kilby draws on the poststructuralist strand of trauma theory and testimony to evoke a breakage with language as testimonial modality, with the skin figuring as a stand-in site for rearticulation through self-harm. As Judith Butler, with whose work Kilby engages, suggests, if a subject 'speaks impossibly […] then that speech is discounted and the viability of the subject called into question.'[325] A consequence of such communicative breakage is the punitive institutional intervention into psychic life – specifically, legislative or psychiatric intervention in Butler's estimation. To take this further, however, there is also a narrative quality to this intervention which defines the parameters of testimonial intelligibility and by extension, the limits of bodily articulation. If the body is granted such a narrative quality, then issues of censorship, audience, and access to the body as text become key considerations. It is with this in mind that Kilby's ethics of readership become vital. Kilby questions what it is about self-harm as an act, an articulation of testimony, that is particularly resistant to witnessing. In responding to this question, it becomes necessary first to contextualise the narrative organisation of testimony and its attendant institutional underpinnings. When the body in distress exceeds the testimonial capacities of (psychiatric) language and violently asserts itself as an alternative interpretive medium, it threatens the conceptual, affective parameters of a psychiatric narrative and the epistemic security of said narrative; it thus becomes susceptible to institutional censorship, or attempts to contain or re-condition the body within its schema. Kilby notes that self-harm has been institutionally couched within the taxonomies of 'para-suicide' or 'attention seeking' behaviour, both of which are symptomatic of an institutional neglect of the testimonial voice and life of the skin.[326] When medical discourse itself is used to delegitimise and reorder practices of mutilation – in its multivalent forms – it becomes incumbent on what we have visualised here as the psychic life of the skin to reassert a certain representational agency and demand to be read on its own terms.

[325] Judith Butler, quoted in Kilby, ibid., p. 126.
[326] Ibid., p. 126.

The Medico-Mythologic Mode: Reading Distress

Such a productive reading of the skin, as a site of resistance to the muting force of medical discourse, might move us past a linear temporality of trauma and recovery. This temporality positions recovery as a recuperation of wholeness and reaffirmation of the future, after the psychosomatic breakage or diversion in this path caused by trauma. Ada's therapist reinforces this sentiment when she questions: '[h]ow do you feel about your future?'.[327] It is particularly significant then that Kilby conceptualises this institutional discourse through its temporal framing: self-harmers are often considered to be 'time wasters' toying with mortality, an act defined by death deferred.[328] In the context of the female body, this anxiety is particularly heightened when such a death-wish interferes with the imposed reproductive imperative; the act of self-harm becomes not just death deferred but biological futurity itself violently risked.[329] Rather than frame these acts in terms of death deferred or suicidal ideation, how might we frame its regenerative potential beyond the gridlock of sociobiological discourse? This is a key consideration in any assessment of testimony as an act of recovery, in this case a recuperation of narrative agency and a reordering of the temporal and biological teleology of institutional narratives shaping the female body.

Emezi's mythological *ogbanje* narrative is mediated through modern medical technology, but not trapped by its prescriptive plotting of (well)being. In its re-plotting, Emezi offers a contemporary rescripting of Igbo mythology, one that is not statically fixed in time, but evolves in ways that are contextually salient and meaningful to their particular lived experience. At this juncture, it is instructive to return to the idea of the ritual 'cut' outlined earlier, and how its connotative somatic violence participates in both mythological and medical scripts of biological embodiment. The struggle over bodily possession staged here is one of narrative ownership, a struggle for the skin's inscriptions to articulate and be read beyond a

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[327] Emezi, *Freshwater*, p. 147.

[328] Kilby, 'Carved in Skin', p. 126.

[329] Drawing on Louise Pembroke's anecdotal illustrations of self-harm treatment in a psychiatric facility, Kilby asserts that self-harmers are viewed as 'time wasters', 'wasting not only the time of the medical staff – time which could be spent on saving and caring for the lives of the "legitimately" traumatised – but also their own future life-time.' Pembroke, quoted in Kilby's work, recalls how a nurse confronted with her self-harmed skin asked: 'Don't you want to get married, have children?' (Pembroke 1994: 41).' This brings to fore the question of bodily ownership: as Kilby rightly argues, '[Pembroke's] body and its testimony of cut skin is thus already read (and erased) as the site for the heterosexual (re)production or (re)generation of (family) time.' Ibid., pp. 126-127.

psychiatric register. It is also a claim to redefine embodiment beyond the discourse of sex and gender; for the *ogbanje*, this becomes an entrapping gridlock of human embodiment and sociality. As Bastian notes, while the *ogbanje* may die at any stage of infancy or childhood, they are most endangered 'soon after birth, at the onset of puberty, or at the prospect of marriage' – in other words, when they physically demonstrate potential 'connection to human kin'.[330] Indeed, Ada's onset of puberty is described as a 'cage,' trapping or containing the body biologically in the human world, and the associated hormonal changes are further described to be 'remaking' her body 'without consent from us or the Ada'.[331] Significantly, this discourse of consent becomes a recurrent motif in the text, preoccupied as it is with the struggle for possession articulated through ambiguous, or to borrow the earlier reptilian figuration, 'translucent' somatic spaces. Whether it is caused by the parasitic 'contamination' of the mythological, the biological impingement of the hormonal, or the later sexual transgression Ada is subjected to through rape, Ada's borderless skin becomes implicated in this struggle to articulate its own limits.

'Cut' here is polysemous: it connotes a violent severance both from the body's biological entrapment and from a broader conceptual entrapment within any singular reading or interpretive mechanism. For Ada, this physical 'cutting' of the body or severance of ties becomes an act of freeing themselves from the caged confines of prescribed or normative singularity – here biological womanhood – crystallised at the moment of hysterectomy. Since Ada bypasses pre-pubescent *ogbanje* death, Ada quite literally reverses and reclaims the agentive power of the 'cut' with the hysterectomy and breast reduction, physically breaching the reproductive imperative of human kinship contracts through medical interventions. This change is largely fuelled by Saint Vincent, who gains centrality in Ada's mind when Asughara recedes. Ada begins this transition by wearing a binder. Ada's binder, a 'bulletproof' 'armour', is described as preparation for 'a shedding, the skin splitting in long seams'.[332] Germane to this context is Steven Connor's argument for the association between shining, toughened skin (scales, leather, or metal) and impenetrability. The shining skin becomes inviolate, immune to external elements like light; it borrows the mirror's 'depthlessness and invisibility', and its interiority itself remains visually opaque to the

[330] Bastian, 'Married in the Water', p. 120.
[331] Emezi, *Freshwater*, p. 123.
[332] Ibid., p. 188.

perceiver.[333] Likened to the 'flat depth' of the fetishist's black rubber or leather 'second skin', or even the bodybuilder's armour, Connor posits that this toughened, shiny 'skin mirror' refuses the natural 'endogenous and exogenous sensation' of the skin – that is, it typically has the unique sensory capacity to be sensed from the outside as another (by touching one's own skin) even as one feels through the skin itself.[334] This duality, however, is arrested in the hardened shell of the skin – here effected through the armour-like binder. Interestingly, Connor's observation echoes a medical register: he suggests that the shining armoured skin is therefore 'anaesthesised', and further performs the function of a 'visual immune system'.[335] Read within the clinical context of Ada's transition, the bulletproof binder-armour as a precursor to the breast reduction is indeed anaesthetic in its quality. As anaesthetic, the binding performs a kind of subduing of the inner psychical contents, and in the shiny skin's surface, displays 'an exteriority without interior, a container without content.'[336]

This reduction of the skin to exterior, or to borrow Connor's lexicon, 'container', crystallises the central tension between human embodiment and *ogbanje* spiritual existence, culminating in the desire to circumvent the reproductive demands placed upon this biological containment. Indeed, if reproduction and the incorporation into an ancestral patrilineage present the greatest threat to the *ogbanje's* spiritual oath, then resistance becomes hinged on this opacity, an impenetrability to being read and ordered by the authorising (and equally pathologising) cultural or clinical gaze that places biological demands upon their transitory 'vessel'.[337] Bodily binding, then, becomes a violent reaction against the biological bind the *ogbanje* fear, freeing in its very articulation of a skin surface unbound by these ordering narratives. Without points or lines directing the visual gaze, the armoured, flat surface of the chest simultaneously projects itself as container and resists containment within definitive contours. Here, this may be envisioned as the mapping or plotting of the biological woman along reproductive lines, where the elevated breast, to recall the motif of maternal nursing, draws the eye to the procreative function and trajectory of the female body. Indeed, Saint Vincent becomes enlivened by the 'flatness', the 'rightness of the

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[333] Steven Connor, *The Book of Skin* (London: Reaktion Books, 2004), p. 54.
[334] Ibid., pp. 54-55.
[335] Ibid.
[336] Ibid., p. 55.
[337] Emezi, *Freshwater*, p. 27.

absence'.[338] In its quality of 'absence', uninterrupted flatness here represents an unbound, unmapped zone, one that is not pre-inscribed with reproductive and attendant cyclical, ancestral lines that would threaten the *ogbanje's* binding spiritual contract. The flat chest, coupled with the impenetrable opacity of its armour-like shine, become an embodied figuration of a blank conceptual canvas unmarred by the scripted sociality of human embodiment and kinship, opening it up as a space to reimagine alternative articulations of identity.

This mythological lens, and the interpretive tension it stages, become necessary also in reordering the temporal framing of recovery trajectories. As Kilby suggests, self-harm is not simply a desire for death, as is often institutionally understood, but a means of articulating and therefore outliving trauma. Yet, self-harm as a mode of traumatic testimony is not without its own communicative barriers. The very repetition of pain, from the originating trauma of the past to its repeated signification in the present as a mode of testimony, introduces a kind of cyclicality in the narrative mapping of 'recovery'. For Kilby, a significant risk of self-harm is the 'vicious circle' of being trapped in an 'endless project of traumatic testimony', alienating the self from the scarred body as object of testimony.[339] This is a problem of both signification and interpretation because self-harm in itself is visualised as this dual process of private self-inscription and social reading. The failure of articulation and subsequent self-erasure remain inexorable risks in this testimonial project, where the body inscribes an unreadable, 'alien' testimony.

While this is a distinct danger in Kilby's estimation, I would argue that this interpretive instability is a necessary liminal space Emezi's text occupies to defamiliarise the reader from encountering the material through naturalised, and normative frames of reference that have been conditioned for distress. This is an act of confronting positionality in reading practice. Here, mythological framing does not so much render the body and its testimony alien as it does recast the boundaries of normality; here the mythological is reframed not as the devalued antithesis to what has been upheld as natural or normative order, but validated in its own expressions of reality (or realities). I would argue, then, that this openness to deconstructing a pre-conditioned Eurocentric logic, which maps a particular organisation of space and time,

[338] Ibid., p. 188.
[339] Kilby, 'Carved in Skin: Bearing Witness to Self-Harm', pp. 133-134.

is critical in an ethically-engaged encounter between reader and body-as-text. To revisit the recurrent motif of gates and border crossings in *Freshwater*, the reader's entry into this gated private act, and the subsequent projection of private expression into public purview, become contingent on dismantling such borders.

With the skin inscribed with this narrative testimonial function, what are the conditions or rights to access the private body as a public text? The narrative's politics of ownership, animated through the multiple voices competing for fictional and psychic centrality, exposes yet another hermeneutic conflict: the power dynamics that underpin any narrative act of meaning-making. Problematically, in a clinical setting, asymmetrical power dynamics orient the reading gaze; the clinician is called upon to legitimise the individual as author in order to access treatment. Narrative power or ownership is here mediated by institutional discourse, which places certain demands to translate bodily trauma into a clinically-intelligible narrative form. Personal testimony, then, becomes conditioned by the demand to perform authenticity – to perform as a subject neatly occupying the conceptual limits of particular forms of classifiable distress, defined by an overarching diagnostic master narrative.

In Ada's experience, these politics of narrative possession and ownership are expressed most distinctly when they begin reading diagnostic criteria for personality disorders and impulsivity, desperate to fit experience within a clinically-coherent explanatory form.[340] When Ada visits a therapist, however, and risks displacing the *ogbanje* reality with a psychiatric frame, Asughara 'choked up the words and made them rot in her throat – there would be no screaming for help.'[341] Speech act and body become inseparable in this narrative silencing; the violence of verbal silencing is tinged with the note of bodily decay. To become a medicalised subject under clinical scrutiny and psychiatric medication would be to reinforce its fleshy embodiment and mortality, the ultimate threat to the *ogbanje's* return to the spirit realm. This silencing becomes an attempt to keep Ada's body 'safe',[342] or in other words, opaque and unreadable, to the clinical gaze. Asughara's possessive drive to be in bodily and narrative control, for Ada to 'rely on only me',[343] reinforces this fear of receding into narrative obscurity. These politics of narrative ownership complicate any reading of

[340] Emezi, *Freshwater*, pp. 140.
[341] Ibid., p. 149.
[342] Ibid., p. 150.
[343] Ibid.

Ada's inscriptions, demanding a reading practice that is at once sensitive to alternative, culturally-salient explanatory modes and also suspicious of any authoritative claim to Ada's narrative.

As previously noted, the *DSM-5* crucially acknowledges the significance of cultural-specific schemas for distress; the narrative gesture of including guidelines for a Cultural Formulation Interview for the cross-cultural encounter reflects this recognition. One of the purported functions of these cultural concepts in diagnosis is

> [t]o improve clinical rapport and engagement: "Speaking the language of the patient," both linguistically and in terms of his or her dominant concepts and metaphors, can result in greater communication and satisfaction, facilitate treatment negotiation, and lead to higher retention and adherence.[344]

Valid and necessary as this acknowledgement of cultural schemas is, I would argue that the assumption of unmediated access is both epistemically and ethically risky.

What then, are the ethics of engaging with expressions of distress? For Zambian writer Namwali Serpell, the empathy model of art becomes a 'gateway drug to white saviorism, with its familiar blend of propaganda, pornography, and paternalism.'[345] The possibility of empathetic affiliation seems to hit an impasse here. As Serpell suggests, it runs the risk of encouraging voyeurism rather than activism; we momentarily inhabit or indulge in the experience of marginality as spectators, while remaining within the safety of privileged social positions. Uncritical claims to empathetic identification, then, exposes a fundamental ethical disconnect. Pain can be generative in this vision as it 'exaggerates the aesthetic';[346] it makes us confront our bodies and how they signify, against the grain of the Western naturalisation of health as wholeness. Perhaps what is called for instead is engaging with and dignifying distress narratives by reading them on their own terms. If these texts offer experiential access, then this is quite distinct from complete identification or the demand for intelligibility. An acknowledgement of the limits of knowing – of our own perceptual and communicative capacities – becomes ethically salient. For one, it allows us to dignify different mediums of representing and expressing distress, even if they remain somewhat opaque to interpretive attempts. By critically engaging with our own

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[344] *DSM-5*, p. 759.
[345] Namwali Serpell, 'The Banality of Empathy', *The New York Review of Books* (2 March 2019) <https://www.nybooks.com/daily/2019/03/02/the-banality-of-empathy/> [accessed 20 January 2020].
[346] Ibid.

reading orientations, and resisting the temptation to reframe said expressions through mediums intelligible to us, we might also dismantle some of the epistemic hegemony of certain frames of reference; this becomes key in not just the cross-cultural psychiatric encounter, but in a more general engagement with any expression of distress. Two addressees or reading communities might be identified: in Emezi's case a Nigerian readership, and more broadly, a Western audience, though these two are not necessarily discrete or distinct; geographical and cultural borders are just as porous, and, as argued, positionality reflects the nuanced heterogeneity of experience, and the inadequacy of certain taxonomies themselves. For a readership typically engaged with Western discourses, gaining the rights of access to this knowledge, then, becomes a matter of encountering embodied distress – here through the skin's significations – on its own terms, without encoding or conditioning it within a pre-formed interpretive script. For an Igbo audience, Emezi's mythological intervention might be a potent means of redress – a re-centring of devalued epistemes and ontologies, one that authenticates and participates in reconstructing communal bodies of knowledge.

Cyclicality, thus embedded in the cosmological framework of Igbo consciousness Emezi draws on, becomes productive and not destructive, in this sense. Rather than the stagnation Kilby fears in the repeated articulation of pain, here we find regenerative potential in the very displacement of a singular reality. An ethics of reading cutting as testimony, then, would also include this openness to a reality beyond a singular or dominant frame, and this relies on a necessary deconstruction of the polarity between myth and reality. A mythological framing offers the possibility of reading the corporeal within an alternative cosmology, one that also disrupts the polarity of creation and destruction. As Kilby suggests, self-harm can be read as a 'desire to open a future for skin that is untouched by trauma.'[347] In its active reworking of mythology, Emezi's narrative offers just such a site to reimagine futurity, one that reframes the reproductive trajectory of origin myths along alternative lines. The contemporary expression of *ogbanje* here, enfolded into the present and future, also challenges the temporal and ideological displacement of 'myth' to the 'past', decoupling it from its delegitimised position in the hierarchy of knowledge production that modernity's progress narrative has constructed. This cyclicality is one that

[347] Kilby, 'Carved in Skin: Bearing Witness to Self-Harm', p. 129.

complicates the linear trajectory of recuperating wholeness, a wholeness thwarted by the repeated cycle of scarring, suturing, and scabbing. To make the skin a site for this testimony, however, relies upon a certain correspondence between reader and body, a relationship that is vexed because of taxonomic orderings of linear time, recovery, and the biological teleology of the female body.

I would argue that it is also important, then, to consider a further ethical dimension in the critical practice of reading skin theoretically: to navigate the tricky boundaries between fetishising or overly politicising the mutilated body as a transgressive instrument of resistance. To fail in this navigation would be to contain the body within another interpretive polarity, between recovery and transgression, and not be attentive to the polysemic potential or function of reproducing violence on an epidermal level. Indeed, Ada's skin modifications are neither exclusively productive or destructive; acts vacillate between an almost self-indulgent masochism and equally, a regenerative impulse to destroy and generate new skins, to borrow the serpentine leitmotif of shedding so central to mythic identity formation in this novel. It becomes useful at this point to draw on Kilby's metaphorical framing of self-harm as a 'technique for self-(re)production.'[348] Re-production here gains dual valence: it is both a violent signification of the originating trauma (in Ada's case, the sexual, embodied violation of rape) and an attempt to regenerate the self through the skin's regeneration, or the very shedding and molting of the skin. Scarring and scabbing then, become the epidermal manifestations of this twin demand to be both audible and visible. Developing an ethics of reading and hearing the act of self-mutilation, and by extension, the skin, involves a displacement of pre-constituted interpretive structures of time and the associated unfolding of distress.

The *ogbanje* collectively comment that '[t]he Ada used a therapist to assist with our carving plan and we discovered that humans had medical words – terms for what we were trying to do', to 'carve our body into something we could call home'.[349] The choice of the verb 'carve' is noteworthy; it simultaneously connotes a sense of creation, in the sense of aesthetic moulding or even 'carving out' a place, as well as a violent erasure, inscription or hollowing. To revert to the earlier metaphor of the 'cut' *ogbanje*, the skin here curiously becomes implicated in this paradoxical, polysemous

[348] Ibid., p. 127.
[349] Emezi, *Freshwater*, p. 189.

process to reclaim agency and extract the body from the threats of either theoretical or biologically-embodied rootedness. Significantly, 'home' here is suspended in a liminal place of transition; this is, to a significant extent, aligned with the text's conceptual resistance to gated, bounded spaces. This quite poignantly encapsulates *Freshwater's* overarching impulse to dwell in a certain irresolution, depathologising, as it were, displacement, and identifying in these spaces the generative potential to make new meanings.

The Terrible

The relationship to distress in *Freshwater* is one that evades the binary logic of the pathological or productive, perversion or care. However cognitively dissonant this may be to the subject in distress, such a sense of duality can be at once disabling and empowering; in fact, what might intensify the sense of bodily alienation could be the attempt to rationalise or smooth out this dissonance or fragmentation, by containing it within a schema that is not personally or contextually meaningful to the experiencer. We might recall here Dixon's formulation of diunital logic as 'something simultaneously divided and undivided – a union of opposites without inherent antagonism';[350] the ability to hold space for two seemingly contradictory impulses, not in opposition, but in co-existence. This seems a foundational principle in accommodating interconnected, networked plurality through the medico-mythologic reorientation I have proposed above. Textual form, then, is often de-formed and reformed to accommodate this kind of multiplicity and work through the interpretive tensions we have seen modelled through Ada's lived experience. In her memoir chronicling her childhood in Northern England, *The Terrible* (2018),[351] Black British writer Yrsa Daley-Ward expresses a similarly complex, but not necessarily conflictual, relationship with distress. As a taxonomic stand-in, 'the terrible' already resists the localisation of distress so endemic to psychopathology. It designates instead the multivalent forms her distress manifests in – a composite story of distress, which could psychiatrically be read as depression, anxiety, an eating disorder, and drug addiction. There is a striking resistance in Daley-Ward's text to a medicalised framing of bodily pain and distress; clinical taxonomies are rejected in favour of expressions

[350] Dixon, 'The Di-Unital Approach to "Black Economics"', p. 425.
[351] Yrsa Daley-Ward, *The Terrible* (London: Penguin Books, 2018). Hereafter *TT*.

like 'the terrible', or later in life, the state of 'going under', which is presumably a metaphor for grief, or what would be clinically diagnosed as depression.

Daley-Ward's narrative registers her attempt to work through, if not resolve, her relationship with 'the terrible', which is variously endemic and alien to her – often at once. The choice of the word 'terrible' initially seems an ironic gesture: earlier in the text, she mentions that her African given name, Dankyes, means '[at] last! An end to terrible things'.[352] As she unpacks this relationship with 'the terrible', it becomes apparent that this nomenclature signals a kind of hopefulness. The terrible is initially visualised as inhabiting her body: 'the terrible is in your throat' and 'the darkness burns a hole in your liver'.[353] The boundaries between the psychological and somatic are dissolved in this expression of embodied distress, and the suffocating, burning darkness of 'the terrible' is enacted through the formal breakdown of language: 'it is too much / and it is not enough', the text reads.[354] The text accommodates this flouting of the law of the excluded middle, a feature Dixon identifies in the non-binary disposition of African modes of thought.[355] The sensory, somatic logic here exceeds a structural one, as the space 'the terrible' occupies within her is at once overwhelming and inadequate. This co-existence of seemingly contradictory measures of space is not so much symptomatic of cognitive dissonance, as it is of Daley-Ward's complex relationship with pain as both self-sustaining and destructive. There is an acknowledgement of the seemingly irrational or contradictory as an inalienable feature of embodied, felt experience. The second-person address here could be a symptom of a dissociated, detached witnessing of the self, but equally, and perhaps more generatively, it could be read as a general address that breaks down the corporeal boundaries between reader and writer. The apparent breakdown of formal logic or meaning here opens the conditions of possibility for a more meaningful reading of the body in distress, implicating the reader in this demand for recognition and experiential access, if not empathetic identification.

This state of distress intensifies after her mother's passing from illness. This illness likewise remains clinically unclassified in Daley-Ward's text, and is expressed purely through the tactile, sensory experience of feeling something 'hard' and

[352] Ibid., p. 17.
[353] Ibid., p. 192.
[354] Ibid.
[355] Dixon, 'African-Oriented and Euro-American Oriented World Views', p. 138.

‘[p]ebble-sized’ on her mother’s body.[356] Touch becomes a medium of access and mediation between mother and daughter, the relational, diagnostic medium that captures the viscerality of her mother’s pain in a way that the biopsy cannot. In rejecting clinical taxonomies, the text also disavows the representational baggage that accompanies them, and in doing so, accommodates expressions of distress that often flout any formalised or stable structural or temporal logic. But in its delocalisation of distress, the term ‘the terrible’ also discards the clinical preoccupation with aetiology and pathology to tap into a more fundamental quality of experience – the affective state of being distressed as a more general human condition, an endemic quality of lived experience itself. This arguably has a way of universalising the affective import of the text, not necessarily smoothing out the idiosyncrasies of experience, but bridging a point of contact with the reader.

Animated in these accounts are bodily excesses that evade formal containment within a binary logic and the constraints of narrative form, the latter strikingly expressed in Daley-Ward’s persistent use of empty, white space on the page to articulate the overbearing presence of distress – at once anthropomorphised as alien to and inalienable from her. In a striking moment in the text, ‘the terrible’ acquires a distinct life and voice of its own, and explodes, ‘[d]on’t you know I’ve got you, you ungrateful, ungrateful creature? […] don’t you know without me you’d be just another girl with an everyday life’.[357] This section unpacks Daley-Ward’s relationship to distress, or ‘the terrible’, placing these fraught identity politics in dialogue with *Freshwater* to explore the almost perversely co-dependent relationships one might have with one’s identity as being distressed – understood as an inalienable, endemic or even productive, rather than pathological feature of said identity – and why ‘recovery’, in a conventional sense of the term, might itself become a frightening confrontation with the prospect of self-annihilation.

Raised partly by a single, largely-absent Jamaican mother and devout Seventh Day Adventist grandparents, Daley-Ward narrates growing pains, sexual encounters, mental health struggles, and drug addiction through a series of fragmented vignettes that take the shape of something between prose and poetic form in *TT*. The organisation of these vignettes resists the linear unfolding, or journey arc, of the

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[356] Ibid., p. 137.
[357] Ibid., p. 198.

autobiographical mode; there is little formal coherence to be drawn in the consolidation of these vignettes, ordered either numerically (albeit irregularly) or with pithy titles alternating between the mundane and matter-of-fact ('a weekend at Mum's' or 'It is summer.'),[358] and the metaphorical and conceptually opaque ('gamma hydroxybluthate' and 'awayness; an almanac').[359] Irregular typeface and white space further confound the reading experience. Yet, there is something viscerally accessible about the text, not in spite of, but because of its stylistic opacity, in all its formal dislocations and vagaries. The form comes to articulate, where language breaks down or proves insufficient, Daley-Ward's dislocation between worlds she struggles to fully inhabit – her Nigerian and Jamaican heritage, her religion, and her body itself, which she is told occupies too much space.

It is the physical body, enacted through the text, that becomes the site where these excesses are negotiated. Her body is hypervisible in its difference – she is tall, black, with breasts growing 'so very fast' according to her 'nervous mother'.[360] Daley-Ward is made conscious of the space she occupies – or perhaps more accurately, is made to feel unaccommodated, and an intruder, in. She is instructed to mitigate the visibility of this bodily excess; her mother instructs her to cover her developing body with an oversized robe, and her friends' mother instructs her to keep on her vest and get dressed for P.E. in the bathroom.[361] The competing impulses towards visibility and erasure become a persistent source of tension. At once seeking parental attention and grappling with unsolicited sexual attention, the text registers her attempts at drawing these corporeal boundaries, both within herself and with the external gaze. When her mother begins dating a new man and fears his sexual advances towards her daughter, she sends Daley-Ward away to live with grandparents. Daley-Ward attempts to rationalise the transition in this way:

My body is too big to stay home

Body as trap,
body as trapdoor to a haunted unreal place.[362]

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[358] Ibid. pp. 55, 94.
[359] Ibid., pp. 123, 196.
[360] Ibid., p. 13.
[361] Ibid., pp. 13, 51.
[362] Ibid., p. 18.

The distinction between Daley-Ward as retrospective narrator and Daley-Ward as child is dissolved in the vulnerability of this admission, in all its internalised self-blame. At age seven, the physical re-location becomes a significant moment of maturation: the forced recognition of her body as a sexual and sexualised object. Inhabiting her mother's disapproving gaze, Daley-Ward's narrative gesture here offers access to the internalised blame that she re-directs towards her own body for occupying too much space in her mother's life, and quite literally spilling out of the safe confines of her maternal home. The white space between these lines – a feature that recurs fairly regularly across the vignettes – animates this transitory moment and exposes, in its jarring emptiness, what the physical spaces in her life fail to accommodate.

The text becomes an attempt at re-homing, or finding new ways of articulating her body beyond the external pressure to control and contain its perceived excesses. It is not insignificant that this vignette is titled 'contradictions and info'. This seems a fitting title for her attempts in this space to reconcile the competing narratives she encounters: her mother's relationship with Daley-Ward's biological father back in Nigeria and her new boyfriend, Linford; having to call the volatile Linford 'Dad' instead; her attempts at identifying as both 'Drsa' and 'Dankyes Mikuk'. We intimately access, through a child's bewildered vantage point, the vulnerability of being on the receiving end of her mother's secrets and mixed signals. The white space registers the spillovers between all these polarities; it bridges the experiential leap from an almost-apologetic acknowledgement of bodily excess to an acknowledgement of its potential – one which, in its self-assurance, seems to read in the retrospective voice of an adult observer. The body here is seen as foreclosing certain possibilities – a nuclear home, the expected chronology for maturation – but this is not an enclosure that delimits all possibility. Rather, the body reimagined as 'trapdoor' offers temporal and spatial paths that do not necessarily follow these conventional schemas. The rhetorical reconfiguration of 'trap' to 'trapdoor' appends just this excess space where such potential can be meaningfully accessed. There is a curious tonal toggling between the vulnerable child-like voice and the ominous adult retrospective narration, both accommodated within this verse. Indeed, the 'trapdoor' metaphor holds both promise and foreboding. Her body does indeed become a medium, or 'trapdoor', into altered states of consciousness: from her feverish episodes of what would be psychiatrically

understood as depersonalisation in childhood, to her later adult phases of 'going under'[363] – a metaphor for both depressive, suicidal episodes, and drug-induced ones.

Early on, Daley-Ward comes to recognise the power of illness – or rather, the potential of instrumentalising illness – for maternal attention. Her body in distress becomes her remaining attachment, or to appropriate the aforementioned metaphor, a 'trapdoor', to her childhood home. A vignette titled 'LITTLE ROO AND YRSA'S PLANS TO GET MUM TO TAKE US HOME ASAP – MEANING AS SOON AS POSSIBLE' takes the form of a list itemising brash, child-like tactics at this re-homing, culminating in '3. Be ILL.'[364] Of interest here is how the body self-referentially engages with its own visibility, and how it might demand to be witnessed and read in a way that respects the integrity of its idiosyncratic somatic expressions and its multivalent relationship with distress. This becomes germane when contextualising Daley-Ward's own conflictual relationship with the socially-conditioned visibility of her body and its sexualisation, alternately capitalising on it for her modelling work, and then attempting to diminish its visibility by starving herself – though arguably, the emaciated body itself becomes *more* visible as a site of distress. Daley-Ward's retrospective stream of consciousness narration amplifies the experiential immediacy of her vivid nightmares, and what appear to be depersonalisation and psychosomatic episodes; it also makes it difficult to distinguish between dream and conscious states, allowing readers to almost inhabit Daley-Ward's own confusion.

There is a persistent breakdown of communication that underscores the limits of articulating pain using the available mediums – here, clinical language. Her family doctor is confounded by her claim that she sees patterns and flickering lights, and '[doesn't] feel real'; he presses her to 'put it a different way', to contain her affective state within a clinically-intelligible frame of expression and exposition.[365] The incompatibility here seems symptomatic of a fundamental mind-body fissure in Dr Melling's clinical reading of her symptoms – the inability to accommodate the psychological dimension of Daley-Ward's embodied expressions, and hence meaningfully interpret distress. Instead, he prescribes laxatives and painkillers for growing pains that are as much physical as they are psychological. The dreams register

[363] Ibid., p. 81.
[364] Ibid., p. 42.
[365] Ibid., p. 53.

her early attempt at adjusting to the strangeness of not just a new home but a misalignment with her growing, increasingly alien body. There is a misalignment between her own self-perception of child-like vulnerability, and the external, cautionary appraisals of her biologically-female body as vulnerable in its newfound sexuality. Like the oversized robe her mother gives her, or the vest her friends' mother instructs her to cover herself with, these modes of masking and conditioning the body signal a deeper crisis of reading the body as text. Daley-Ward's narrative space struggles against the glosses and censorship of the reading gaze, or its attempts to narrativise the body through its chosen guises. At eight, Daley-Ward 'longed for smallness; to be petite'; the text, however, rejects the necessity for this kind of flattening of both physical and affective space.[366] It is within the narrative space that the body finds a site hospitable to consolidating these competing visions and versions of herself, and to finding a medium of expression beyond conditioned self-erasure.

In 'physics and magic', Daley-Ward attempts to conceptualise a form of temporality that can consolidate her multiple selves and lives beyond 'Western' time. At twelve – 'in theory; in your Western linear time concept at least' – Daley-Ward comes across a book where various scientists write about the possibility of 'jumping timelines' and 'jump[ing] into whatever reality'.[367] The book allows her to visualise self-sustaining alternatives beyond the spatial and temporal confines of her immediate reality: a life with her absent biological father, or optimism about 'Growing Up' and high school. These possibilities of escape – of inhabiting alternative versions of reality – become a means of retaining some semblance of hope and wonder even within her inhibiting, often repressive circumstances. This narrative gesture also enables her to visualise self-organisation beyond the temporal ordering imposed by the inhibiting external gaze, whether this is her perceived accelerated biological development or the religious surveillance of her body through the picture of Christ and the Last Supper next to the tall golden clock in her grandparents' regimented household. In a way, narrative form becomes a space for regaining the narrative agency over self-fashioning and writing over pre-determined scripts, whether these are the conditions of her birth or the conditioning she receives from the external gaze.

[366] Ibid., p. 51.
[367] Ibid., p. 75.

The term she uses for this 'bendable' time is 'magic science'.[368] The lexical co-existence of 'magic' and 'science', a seemingly oxymoronic formulation if read within a Western hierarchy of knowledge, is a strikingly subversive rhetorical and epistemic gesture. In accommodating this duality, the text potently rejects the now-naturalised, value-addled epistemic oppositions between fact and fiction, authenticity and disingenuity, or scientific rationality and the supernatural. In fact, the supernatural becomes the *more* real or natural mode – the more inhabitable mode – of being for both herself and her brother Little Roo. In the Prologue, their insistence on a 'unicorn' sighting in their garden sits uneasily alongside implicit allusions to domestic violence at home.[369] This retrospective insistence on having insight into the 'Fourth Dimension'[370] becomes an apt prefatory frame; it becomes a link to an alternative space where childhood wonder is not undercut by harsh realities. The text does not attempt to retrospectively rationalise away this childhood memory, maintaining a certain integrity to its own internal logic. It is a narrative frame that validates multiple modes of seeing and experiencing the world, and calls upon the reader to encounter the text in a similarly expansive imaginative mode to meaningfully engage with and dignify Daley-Ward's experiences, as articulated on her own terms.

Following directly from the 'physics and magic' vignette, part two signals a shift in tone and style, formally enacting Daley-Ward's transition from childhood to adolescence. The two sections end and begin with 'this is how it goes',[371] but rather than narrative continuity, there is instead quite a jarring rupture in the tonal shift from optimism to deflation. Part two begins with a number of sparse, abrupt vignettes, rendered in what is barely recognisable as prose, and organised by irregular numerical headings; this is a stark break from the often-frenetic stream of consciousness style of her childhood vignettes. This section marks the inarticulable start of 'going under'.[372] One could read the brevity of these sections as a formal re-enactment of the lethargic heaviness of her emotional state. It also seems symptomatic of the worn-down discontinuity between the physical and psychological, and the futility of trying to articulate this fissure. This is strikingly captured in one such vignette:

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[368] Ibid., p. 76.
[369] Ibid., p. 1.
[370] Ibid.
[371] Ibid., pp. 77, 81.
[372] Ibid., p. 81.

feel fat

feel fat

stop washing

feel[373]

The absence of formal continuity here does not render all meaning void. The white space here registers her exhaustion, the breakdown of form marking not just the inadequacy of any formal medium for expressing distress, but the futility of any attempt to impose order. Where language becomes an inadequate carrier of emotion, the empty space also articulates, in its formal erasure, Daley-Ward's own impulse towards self-erasure. It is interesting to consider here how such erasure in fact becomes *hyper*-visible in its unexpectedly jolting dissonance within the rest of the formal space it occupies. Sensitised and socialised to be highly aware and ashamed of her body, Daley-Ward starves herself as an adult, diminishing the physical excesses that have been both sexualised and pathologised. This attempt to articulate bodily disconnect – a disrupted connection embodied by the line break – strikingly recalls Mehl-Madrona's suggestion that the physical body, as both signifier of distress and site of social inscription, can become alienating, a source of fear even, with the baggage of disenabling sociocultural scripts about where we belong and how we occupy space.[374] In its striking blankness, the text formally embodies the internalised violence of self-erasure, but demands an acknowledgement of the oppressive gaze that created the conditions for, if not conditioned, such erasure to begin with.

Disconcertingly, the almost competitive, performative quality of rendering distress visible finds a breeding ground in the clinical space. The diagnosis for eating disorders, for example, places significant demands on identifiable somatic markers – the physiological visibility of distress becomes the qualifying condition for clinical acknowledgement in the first instance. A key criterion for the diagnosis of anorexia nervosa in the *DSM-5* is 'significantly low body weight', a subjective descriptor that is authorised through the clinical measure of Body Mass Index (BMI) as an objective standard of assessment.[375] The manual notes that 'the most remarkable finding on

[373] Ibid., p. 81.
[374] Lewis Mehl-Madrona, *RYM*, pp. 226-227.
[375] *DSM-5*, pp. 338-339.

physical examination is emaciation';[376] it is the emaciated body that is encountered most visibly as a testifying sign of distress during initial clinical contact. Access to treatment, then, becomes predicated on being perceived as sufficiently distressed by clinical measures. This invites us to consider ethical questions about the embodied conditioning, conscious or otherwise, to inhabit and instrumentalise distress in an imperfect system with conditional barriers to access. This is a line I will pursue more thoroughly in Chapter Two's analysis of Campbell's *72 Hour Hold*.

Anorexia nervosa, in its psychiatric iteration, is characterised by dysfunctions to insight and perception. As the *DSM-5* puts it, a 'distorted' experience of body weight: some individuals perceive themselves as being physically larger than they actually are, in spite of tangible evidence to the contrary.[377] In her emaciated state, Daley-Ward likens her hip bones to 'two trophies / flanking you, holding you upright, telling you thank you thank you; we love your hard work'.[378] By representing her hip bones as 'trophies', Daley-Ward's expression of the emaciated state seems to cohere with the *DSM-5*'s scripting of anorexia, where 'weight loss is often viewed as an impressive achievement and a sign of extraordinary self-discipline.'[379] There is a perverse interdependence with the distressed state where the lines between self-sustaining achievement and self-destruction become irredeemably blurred; it 'flank[s]' her almost supportively like a trophy, while atrophying her body itself. This emaciation becomes both distinct from but also inalienable from Daley-Ward's sense of self. The severity of this emaciated state bears testament to a kind of corporeal mastery over excess, and in this way, perhaps offers sustenance to her compromised sense of self.

Matthew Pugh and Glen Waller note that the internal 'anorexic voice' is paradoxically internally-generated, yet 'alien to one's sense of self'.[380] This voice is distinct from regular thoughts or an internal monologue; it is typically a 'second or third person commentary on actions and consequences relating to eating, weight, and shape.'[381] There is often a relational dynamic between the individual and their 'anorexic voice'; in voice hearing phenomena across several forms of psychopathology, the voice varies in its power and nature, and can express itself in

[376] Ibid., p. 343.
[377] Ibid., p. 340.
[378] Daley-Ward, *TT*, p. 104.
[379] *DSM-5*, p. 340.
[380] Matthew Pugh and Glen Waller, 'Understanding the 'Anorexic Voice' in Anorexia Nervosa', *Clinical Psychology and Psychotherapy*, 24 (2017), 670-676 (p. 670).
[381] Ibid.

varying degrees of benevolence, malevolence, and omnipotence.[382] This voice has been the subject of much clinical interest, not least because it can inhibit attempts at weight gain or physical recovery through threatening counter-messages about body shape. In their study of the relationship between the nature of the 'anorexic voice' and the severity and expression of pathology, Pugh and Waller note that 'perceived voice benevolence was associated with more pathological eating attitudes' and 'a longer duration of disorder was associated with perceiving the voice as omnipotent'.[383] The stronghold of the 'anorexic voice' is viewed as a significant factor that shapes the idiosyncratic expressions of distress. Indeed, the 'alien' quality Pugh and Waller recognise in the 'anorexic voice' very much reverberates through Daley-Ward's anthropomorphised hip bones, which, in speaking for the emaciated body, acquire a voice and subjectivity distinct from her second person 'you'. But the 'anorexic voice' itself acquires epidermally-expressed form here; the anthropomorphised hip bones, pressing against and through the skin, demanding to be witnessed, become their own medium of enunciation. This maintains the integrity of her embodied experience by exceeding, indeed spilling over, clinical prerequisites; distress is here articulated beyond the numerical reduction of the body to BMI or weight-based metrics in psychopathology. Embodied logic and its epidermal expressions here exceed a medical modelling of distress, one that contains its expression within a specific form of aetiological and anatomical expression.

As explored, *Freshwater* is similarly engaged with representing corporeal excess and multiplicity, against and through the trappings of embodiment. Asughara comments that 'the worst part of embodiment is being unseen.'[384] Paradoxically, the body here is already rendered invisible rather than hyper-visible because of its epistemic containment; the human body is entrapped by a limiting Western biomedical vision of the self, one that is inhospitable to *ogbanje* ontology in its plural version of selfhood. Through Emezi's particular ontological framework, however, much of Ada's clinically 'self-destructive' behaviour might be alternatively reframed as a negotiation with the multiple selves within her, and their idiosyncratic demands for recognition. The multivalent skin-based expressions, from the breast removal to

[382] Paul Chadwick and Max Birchwood, 'The Omnipotence of Voices: A Cognitive Approach to Auditory Hallucinations', *The British Journal of Psychiatry*, 164 (1994), 190-201.
[383] Matthew Pugh and Glen Waller, 'Understanding the 'Anorexic Voice' in Anorexia Nervosa', p. 674.
[384] Emezi, *Freshwater*, p. 92.

cutting and starvation, externalise this conflict over embodiment, in all its distressing but also liberatory potential. Ada begins to restrict food even before Asughara is ‘born’, but the latter rejects the ‘human reason’ for starvation, to control the body when the mind has lost control – a familiar clinical reading of anorexia.[385] Instead, Asughara callously experiments with the body’s fleshy materiality, treating it as disposable in light of the *ogbanje*’s pact to return to the spirit world. Yet, Asughara also indulges in the visibility of the body in pain, as a way of staking a claim on Ada. Ada’s emaciated body, in its hyper-visible shoulders like ‘knives’ and long thin legs, bears the immutable mark of Asughara’s presence, once occluded and subsumed under the plural ‘we’ of the *ogbanje* identity.

Daley-Ward’s alternative figuration of the self as necessarily fragmented, alternating between weariness and frenetic energy, and resisting the psychiatric streamlining, or containment, of affect, is itself a subversive act of self-fashioning. In ‘awayness: an almanac’, we witness an attempt at working through her subjectivity vis-à-vis ‘the terrible’. In the vignette, the terrible undergoes its own narrative transformation: from an anthropomorphised predator on Daley-Ward’s mental state, to eclipsing and being practically indistinguishable from Daley-Ward’s voice, to eventually acquiring an embodied form with a voice and subjectivity of its own. The terrible first morphs into an anthropomorphised entity, simultaneously acquiring a form and voice of its own, yet also becoming indistinguishable from that of Daley-Ward’s: it is ‘the thing that you are because it comes and comes and comes as sure as you breathe’.[386] The frenetic energy in this sentence is captured in the polysyndeton, formally enacting the almost-predatory encroachment of the terrible, which is also anthropomorphised as it cannibalistically ‘eats whole lives up in one sitting’.[387] In its anthropomorphism, the terrible captures the strangeness of becoming a stranger to oneself, a way of representing the self as dissociated observer of what one has become or is capable of becoming. The terrible then becomes indistinguishable from ‘you’, in a rhetorical move that seems to suggest that distress is an inalienable state of *being*, where identity is completely subsumed under – or more aptly here, consumed by – the cannibalistic ‘terrible’.

[385] Ibid., p. 69.
[386] Daley-Ward, *TT*, p. 196.
[387] Ibid.

In a somewhat parodic narration of the clinical encounter with distress, the doctor orders that 'the terrible needs vitamin D' and a 'dose of CBT', though the terrible 'doesn't believe in [pills] but it does believe in spirulina.'[388] The self-conscious parodying of the polarised discourses of modern and what might be designated as 'alternative' medicine here undercuts the emotional weight of the preceding passages, and in its self-deprecating levity, acknowledges and finds humour in the fundamental irrationalities enfolded into experiences of distress. Ultimately, Daley-Ward's relationship with illness is complex, as it was in her childhood; the toggling between the fear of pain and a seemingly irrational attachment to it exceeds the binary logic of health/pathology or self/other. In this way, her relationship with the terrible is distinctly reminiscent of Ada's with Asughara in *Freshwater*, one that, in its dissolution of boundaries between masochism and self-protection, seems to border on co-dependency. Likewise, the terrible 'grip[s]' and 'plague[s]' but also 'smile[s]' at her; there is a sense of almost perverse endearment towards this 'lonely thing'.[389] What appears as an irrational attachment simply underscores the complexity of a relationship that defies the parameters of a medicalised normality/pathology binary. In a jarring narrative shift, the terrible acquires a voice of its own, and with 'yellow eyes gleaming', 'bellows' at her:

> Don't you know I've been carrying you throughout all this? […] Don't you know those dark times kept you stronger? (thus sayeth the terrible) Don't you know without me you would be just another girl with an everyday life […] Don't you know you earned resilience?[390]

These irrationalities are sometimes self-sustaining, even if it flouts the logic of Western metaphysics. Strikingly mirroring Asughara's claims of quasi-maternal protection in *Freshwater*, the terrible self-fashions as almost chronically necessary to Daley-Ward's identity and self-preservation. There is the possibility here of theorising distress as not just self-sustaining but generative – of an identity beyond the mundane, as the terrible seems to imply, or on a metanarrative level, as a source of creative (re)generation. The petulant voice of the terrible self-parodically appropriates existing social scripts that have shaped Daley-Ward's subjectivity, in its attempt to articulate

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[388] Ibid., pp. 196-197.
[389] Ibid., p. 196.
[390] Ibid., p. 198.

its own. There is the biblical refrain 'thus sayeth the Lord', appropriated such that the terrible usurps narrative power. There is also the curious appropriation of the neoliberal discourse of resilience, so entwined in contemporary wellness culture, though this is ironically undermined in its reverse representation of distress itself as a source of resilience rather than a risk factor. In these various self-(mis)representations, there is an attempt to articulate the distressed subject beyond the existing clinical and religious frames of reference that Daley-Ward has encountered and presumably internalised. What the terrible gives form to are the particular irrationalities at the heart of our relationships with distress, particularly when they become inalienable from identity. Instead, these are attempts at working through and making meaning out of the seeming dissonances that exceed the formal logic of pre-existing narrative frames for distress; they accommodate these 'irrationalities' as enfolded into lived experience, instead of pushing them out of 'normative' purview.

Recovering the Self/Selves

Plural idiosyncratic relationships with distress mean that 'recovery' cannot necessarily be imagined through the singular vision of psychiatric rationality. A universalised prescription for (well)being runs the risk of flattening out these complexities. Indeed, Daley-Ward's text does not orient itself towards any sort of formal re-integration. What is offered in place is a necessary co-existence with distress, albeit with a reorientation of her perspective on distress. The 'irrational' as an endemic quality is best captured by Asughara's provocation in *Freshwater*, to

> [t]hink of brief insanities that are in you, not just the ones that blossomed as you grew into taller, more sinful versions of yourself, but the ones you were born with, tucked behind your liver.[391]

These engagements with distress become curative in their own way. This is not so much recovery framed as a cathartic expulsion of pathology, but a recovery of alternative mediums for accessing the body in distress, what was foreclosed by psychiatric mediation. This involves a negotiation with its potential as not just pathological, but productive and generative – itself an act of narrative re-framing. *TT's* penultimate vignette begins with the line, 'a girl walks into the bar and you are the

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[391] Emezi, *Freshwater*, p. 14.

girl'.[392] The declarative statement, with its reclamation of the second person 'you', cements her identity; she sits 'cosying up' with the terrible 'like old sweethearts',[393] but retains the boundaries that come with having her own distinct corporeal and narrative form. The barman encourages her to participate in the poetry reading taking place, and she realises 'there is something underneath your seams; you remember poetry.'[394] This evokes the act of reaching within the recesses of embodied distress to articulate and produce art, drawing on the terrible, which is said to lie '[d]eep inside your linings'.[395] This is particularly significant in light of an earlier moment in the text, where Daley-Ward questions whether *life* itself is 'hidden in the lining of our seams' and whether we are simply 'wearing it inside out'.[396] Strikingly, it also recalls the *ogbanje's* act of hiding the 'oath' within Ada's body, inextricably binding the body to the spirit contract and the spirit world. This oath is a composite of objects curated from the spirit world with which the *ogbanje* lace Ada's body: they hide a rock in Ada's stomach 'between the mucus lining and the muscle layer' and 'put the velveteen inside the walls of her vagina […] stitching [the oath] to her other skin.'[397] This layering links Ada inextricably to the *ogbanje* identity; to destroy the oath – and the perceived source of conflict and distress – Ada's body itself would have to be destroyed.

I want to dwell here on this trope of disguise, and the possibility of generating *life* by unmasking and recovering what is suppressed and concealed. Unsurprisingly, given *Freshwater's* ontological commitment to understanding selfhood as plural, this sentiment is echoed in the way Asughara occupies the empty 'little air pockets between the secret flesh', the 'marrowspace'; she asserts that they occupy the 'spaces under [human] skins and inside their marrow, so much room for us to yawn into existence.'[398] Identity is here reimagined as a composite of these plural selves that somatically occupy space within the body. Attempts to efface this multiplicity to produce a singular, unified subject become a threat to the integrity of identity. In Daley-Ward's articulation, the terrible is itself plural and delocalised, a stand-in for different affective states and their associated triggers. This corporeal embedding

[392] Daley-Ward, *TT*, p. 202.
[393] Ibid.
[394] Ibid., p. 203.
[395] Ibid., p. 196.
[396] Ibid., p. 182.
[397] Emezi, *Freshwater*, p. 15.
[398] Ibid., pp. 135, 34.

means that the self is necessarily formed as a composite of selves and states born from experience. Life here, then, is recovered not through disavowal or expulsion in the sense of exorcising these states, but drawing out and drawing on distress which has been embedded, concealed, and hence suffocates in its suppression – as Daley-Ward says, the terrible is initially lodged in her 'throat'.[399] If we read the prevalent second person address as a means of unifying reader and writer, this meaning-making is a collective act. Poetics, then, become a means for her to continue what the narrative space of the memoir has hitherto experimented with: the potential to express embodied realities beyond formal constraints and expectations.

Distress here can only be meaningfully engaged through the body's idiosyncratic logic, which necessarily resists the confines of a clinical one. Within a psychiatric logic, plurality – commonly understood as dissociation, depersonalisation or schizophrenia – is understood as pathological excess in need of containment. This excess threatens to spill over and implicate the other; this is fundamentally why Daley-Ward's body, in its perceived sexual and emotional excess, is feared, and she attempts to contain it, first by physically concealing it with oversized clothes and later, by sedating it with alcohol and drugs. But what if this containment, the stripping down of the self as a singular, self-enclosed entity, itself becomes suffocating? The final vignette captures a profound rhetorical shift that reaffirms Daley-Ward's narrative agency. Just as the encroaching fear of a writer's block overcomes her, the narrative ends with '[no] such thing as a block, not really. / Your soul arises and you let it; or you don't.'[400] In a text that toggles as it does between the first, second, and third person registers, this affirmation of the 'you' voice becomes significant. Distress remains inalienable, but she wrests narrative agency in making meaning out of this distress, and ultimately holds power over self-representation.

Daley-Ward concurs that '[p]eople have a lot of words for [the terrible]', but chooses to keep it taxonomically indistinct to retain the creative freedom to represent the multiple, often conflicting forms, this distress acquires.[401] What is offered in place of a linear narrative does not make for a smooth read – chronological flow is stymied, narrative voice curiously toggles between the petulantly child-like and cautiously adult, and oblique references to magic and unicorn sightings confound the boundary

[399] Daley-Ward, *TT*, p. 192.
[400] Ibid., p. 204.
[401] Ibid., p.196.

between fact and fiction. But the choice not to formally re-integrate the vignettes into a coherent shape quite profoundly respects the integrity of memory. This flouting of the structural logic usually demanded by the autobiographical genre itself performs a kind of resistance to the psychiatric ideology of wholeness, exposing the artificiality of any kind of coherent, self-enclosed form in capturing lived experience. Daley-Ward's only gesture towards a form of narrative closure is a profound one: it is not a capitulation to the narrative logic demanded by a wellness narrative, but a sustained re-affirmation of the kinds of shifts in perspective and narrative reframing that have placed demands on the reader throughout the text.

The unicorn sighting in the Prologue makes a cyclical return in the Epilogue; Daley-Ward and Little Roo return to their childhood home years later, where they once claimed to have spotted a unicorn in the rosebushes. On their return, they both 'see' 'the thing' again.[402] First-hand, sensory experience, rather than naturalised discursive boundaries, determines what can be included and meaningfully reclaimed into the realm of experience. The sighting exposes what is fundamentally occluded when vision is filtered through the myopic thresholds of ordinary or 'real' human experience – and this expanded insight that privileges situated experience becomes a source of hope. The 'thing' is curiously unspecified, and interestingly, 'the terrible' itself was once termed 'the thing' – something which evades articulation.[403] The narrative poignantly ends with the lines '[w]hat luck. What terrific magic'.[404] This is a fundamental reaffirmation of what has been generated from their childhood, a reclamation of the wonder and hope that the particular distresses of their youth threatened to undercut. The unicorn in their childhood was spotted amidst the traumatising sight of domestic violence. It could be psychologised away as an imaginative distractive technique, but what is significant is that in this return as adults, there is no attempt at rationalising out of existence what is fundamentally an affirmation of hope amidst the inescapable traumas and distresses of lived experience. To end on this note of magic also reaffirms the commitment to alternative ways of seeing; indeed, the text acknowledges that '[a]dults went about their lives missing beauty all the time' and, after the news of her biological father's death, '*beauty makes*

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[402] Ibid., p. 208.
[403] Ibid., p. 196.
[404] Ibid., p. 208.

everything bearable'.[405] What is rejected here is the limiting logic inherent in linear visions of growth or maturation. The linear passing of time has not conditioned an outgrowing of this hope, and the transformation here – both personal and narrative – lies not in disavowing the past but in consolidating it as a necessary, and regenerative, layer of identity.

Remapping Futures through Tattooing

To consolidate the multiple narrative layers uncovered in this chapter, I turn to a final epidermal act of enfolding multiplicity: tattooing. To return to the pathologisation of PTSD and dissociative amnesia in *Freshwater*, the *ogbanje* instill a self-proclaimed protective fragmentation by 'section[ing]' off Ada's non-consensual childhood sexual encounters with her neighbours in order to erase traumatic memory.[406] This temporal reconstruction of Ada's multiple selves becomes dependent on reasserting agency over fleshy materiality, one compromised by the *ogbanje*'s attempts at protective amnesia. Connor theorises that there is an inextricable link between the desire for rupture and repair, between 'injury and the mark' – and tattooing exemplifies this intimate association.[407] The scab is curiously doubly-charged as it simultaneously 'marks' and 'transforms' the skin; it visually inscribes the injury as a blemish compromising the 'smooth integrity of the skin's surface', while reaffirming the skin's tenacity against the inflicted wound.[408] This he relates to the curious impulse to repeatedly pick a scab, one driven by the desire to participate in this thwarted threat to psychic wholeness. What is achieved here, in Connor's estimation, is the paradoxical pleasure and pain derived from mastering or controlling the scab. There is pleasure derived from the marked skin, which in its assertion of transformative and regenerative capacity holds a certain power beyond the purely unmarred 'virgin' skin surface.[409]

Connor's choice of words here also has significant resonances with Asughara's drive to violently perform such skin mastery through sexual sadomasochism. If rape is an assault on psychic integrity, then the cyclical regeneration of the skin reaffirms corporeal integrity and resiliency, imagined in Ada as a serpentine shedding, to recall this imagery. Given the tenuous discourse of protection Asughara invokes in the post-

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[405] Ibid., pp. 1, 38.
[406] Emezi, *Freshwater*, p. 209.
[407] Connor, *The Book of Skin*, p. 53.
[408] Ibid., pp. 51-52.
[409] Ibid., p. 52.

rape sexual rebellion, such slippages between pain and pleasure become a means of re-scripting Ada's traumatic encounter. Drawing on the skin's regenerative capacity, in all its cyclicality, becomes a means of moving beyond a discourse rooted in binaries of the unmarked virginal body and its antithesis, to borrow Connor's expression of the 'virgin' surface, and as a corollary, the linear segmentation of the pre- and post-rape body with sexual trauma as the ultimate fracture point.

As 'an advertisement, a timeline of sections',[410] the tattoo in *Freshwater* transforms the private body into public text in its testimonial function, and as argued, this demands a reading practice attentive to the skin, and by extension, the multiplicity of identity. By 'advertis[ing]' the tattoo, the skin confronts the reader with the need to reassess preconceived interpretations of Ada's experience that they may project onto the body as a narrative frame, and redirects the authorising function of this narrative to its inscriber, Ada. Ada's second tattoo on the top of the left arm, a portrait of the *ogbanje* peering over Ada's shoulder, crystallises the drive to accommodate – or to revisit an earlier metaphor, *contain* – multiplicity. The tattooed self-portrait paradoxically achieves this consolidation even in its assertion of separation or distinction: the collective 'we' are inked into distinct, corporeal form by being positioned over Ada's shoulder. Perhaps this embodied exposure of the *ogbanje's* presence counteracts the fear of obscurity, or being 'unseen',[411] an anxiety as previously raised, one that is voiced specifically by Asughara. In staging this dynamic between the inside and outside, the skin becomes a site where the boundaries between private memory and public testimony, self and Other, become disarticulated.

Interestingly, the tattoo is a cannibalistic impression of the *ogbanje* with their mouth between Ada's neck and trapezius and a 'phantom arm wrapping around her'.[412] This positioning condenses the very interstices of perversion-protection, pain-pleasure that the *ogbanje* occupy. The almost vampiric placement of their mouth evokes a possessive, cannibalising intimacy and the 'phantom arm' reproduces this arrested illusion of the protective tactile contact that Ada is denied from birth, disinclined as Saachi is to maternal holding. It thus becomes significant that at the novel's resolution, Ada is able to regain centrality, stepping beyond the obscurity of the *ogbanje*'s shadow(s) and back into their own body, through the non-human priest,

[410] Emezi, *Freshwater*, p. 210.
[411] Ibid., p. 92.
[412] Ibid., p. 210.

Leshi's, touch. Leshi is described as having 'hooked his fingers into our eyes and flayed us neatly, peeling us raw.'[413] The lexical violence here is striking in its evocation of this interplay between the visual and tactile, played out on the skin itself. For the *ogbanje* to finally acknowledge that '[Ada] is not ours, we are hers',[414] then, this violent deskinning, or an exposure of their dense textual politics of possession, must be stripped bare. Ada is described as being confronted by 'light' after the lull of receding behind a 'great shadow', and this awakening through Leshi's metaphoric gouging of the eyes becomes the ultimate act of self-exposure.[415] The dehumanised register of raw skin strikingly recalls Mutu's exposed female form in *Forbidden Fruit Picker*; in a similar vein, this depiction of raw skin reinforces the capacity to retain integrity in spite of this epidermal violence, albeit an integrity that involves the mastery and consolidation of Ada's multiplicity.

There is a self-reflexive quality to a tattooed self-portrait laid over the skin in this manner, itself a nod to the composite constructedness of identity that also recalls the spirit contract inextricably enfolded and 'stitch[ed]'[416] into Ada's body to affirm its identity as *ogbanje*. A curious instability between inner and outer persists here, however: the tattoo can be read as either an external collagic layering on the skin, or equally a deskinning that exposes Ada's interior. As an inscription of Ada's self-perception, it functions as a demand for the external gaze to read Ada's experience through the prism of Ada's own psychic impressions. In this double layering, it destabilises the structural integrity of a body imagined in terms of individual selfhood. By superimposing a composite self, it veers beyond ideas of defective fragmentation to assert a unified whole in this very multiplicity, and in this way makes a further demand to reconfigure selfhood beyond the confines of the singular or autonomous. Significantly, this inscription also becomes a means for Ada to reclaim their position of alterity in an agentive way; to recall the cultural marking of *ogbanje* as transgressive Other, tattoos and charms were used both to please the *ogbanje* and mark the child as *ogbanje* in the early colonial period.[417] Read along these lines, the reclamation of this act of tattooing symbolically becomes a way of embracing this fragmented position of alterity through modes that are not pathological but self-affirming.

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[413] Ibid., p. 216.
[414] Ibid., p. 215.
[415] Ibid.
[416] Ibid., p. 15.
[417] Bastian, 'Married in the Water', p. 119.

Returning to Anzieu's formulation of the Skin-ego as a psychoanalytic diagnostic for a contemporary twentieth-century condition, Anzieu pathologises the 'absence of borders or limits' as characteristic of the Western condition, wherein one cannot 'perceive the frontiers between the psychical and bodily Egos, between the reality Ego and the ideal Ego, between what depends on the Self and what depends on other people'.[418] For Anzieu, it becomes a matter of psychic priority to 'rebuild limits, restore frontiers, and create for ourselves recognisable and habitable territories.'[419] Anzieu suggests that for a subject who perceives himself with broken skin, and by extension, boundaries, cutting and other violent embodied expressions become a means of re-imposing boundaries on the Ego and regaining a sense of wholeness. Yet, how might this be reframed in a sociocultural context in which individual subjectivity is defined not by autonomous closure, but by a necessary commitment to plurality, or where a Western conception of the whole self as healthy self is not the telos of an alternative healing paradigm?[420] Ada's 'bag of skin' here must stretch beyond the purposes of self-containment or enclosure, to accommodate the plural 'we', and, on a theoretical level, the hybrid toggling between multiple interpretive mediums for experience. What is habitable and hospitable for this body, then, dwells precisely in a liminal, borderless zone. Reframing the skin beyond conventional connotations of border or boundary may also enable us to redefine the limits of identity beyond a model of singularity and autonomous 'wholeness', and to appraise how selfhood in Igbo consciousness might be alternatively implicated with the plural 'we' voices of the narrative.

To depathologise transience and multiplicity, then, would necessarily mean to deconstruct the idea of the body as sexed or human border. Revisiting narrow conceptions of the skin as containment proves instructive. As Connor rightly points out, the notion of the skin as enclosure or container fits into a 'therapeutic narrative' which cannot accommodate 'the psychosocial life, or lives of the skin'; this narrative is theoretically enclosed in binary appraisals of skin, wherein traumatic inscriptions or articulations on the skin site are read in terms of defect and cure.[421] Connor's argument

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[418] Anzieu, *SE*, p. 8.
[419] Ibid.
[420] Claire Stocks identifies this equation of the whole self with the healthy self as a characteristic of Western trauma models. Claire Stocks, 'Trauma Theory and the Singular Self: Rethinking Extreme Experiences in the Light of Cross Cultural Identity', *Textual Practice*, 21 (2007), 71-92 (p. 74).
[421] Ibid., p. 92.

is particularly valuable to my present provocations as it opens up the possibility of depathologising distress and its embodied articulations. By extracting the skin from its medicalised binaries of 'healthy wholeness and pathological damage',[422] Connor contributes to a modality of reading the skin beyond a strictly psychoanalytic or psychiatric one. Such a disavowal of conventional medicalised discourse on skin and indeed, the 'wholeness' that becomes synonymous with metaphors of housing or the reintegration of the 'fragmented', becomes key in articulating alternative trajectories of distress and healing beyond a Western model of self-enclosed, autonomous selfhood. The decolonisation and depathologisation of these expressions, then, becomes premised on redefining the parameters of belonging or housing. The politics of possession mapped onto Ada's body animate this multiplicity. Selfhood here is not housed or gridlocked within a stable and identifiable point of belonging, but necessarily occupies transient, re-formable interstices.

Concluding Thoughts

In this chapter, I have offered some preliminary provocations regarding how the elasticity of the skin in its multifold expressions – conceptual and corporeal – extends the imaginative scope of selfhood and relationality. I have also demonstrated both the generative possibilities of re-forming distress, and the destructive impulses when such potential is forcibly undermined and foreclosed. I hope to have set the stage for a more thorough subsequent engagement with how experience is both embodied and environmentally-embedded, how structures can seep under the skin.

Through Emezi and Daley-Ward's work, we have seen how form can de-form some of the structuring mythologies that have occupied a particular cultural hegemony – psychiatric, psychoanalytic, sociobiological, to name a few – organised around a largely Eurocentric mode of being and relating to the world. In disrupting the limits of the clinical and cultural narratives in circulation, and their particular conditioning of embodied distress, these texts explode the confines of narrative form to re-imagine selfhood beyond wholeness or autonomous integration – at least in the psychiatric visualisation of these terms. I have begun to develop here a mode of reading the body on its own terms, in ways that exceed dichotomous logics and boundaries between cultural discourses; in this attempt, multiplicity, excess, and fragmentation have been

[422] Ibid., p. 91.

treated not as pathological but productive sites of inquiry. Specifically, I have staged the significance of the skin in Emezi's text to suggest the value of this disciplinary diffusion in decolonising and depathologising our readings of distress. Skin-based expressions in *Freshwater* have served as a gateway into a reading practice sensitive to the oft-occluded in-between, marginal spaces, demanding confrontation with its buried narratives. In its multifold formal expressions and capacities, skin has the potential to surface what has been rendered invisible through institutional concealment or containment, and to open up alternative realities that inhabit zones beyond the binary mode of Eurocentric logic – indeed, decolonising and depathologising a third space where multiplicity can be meaningfully accommodated.

Emezi, via Ada, and Daley-Ward's experiences of distress are both contested and enfolded into a sense of self (or perhaps more accurately, *selves*); their texts stage the tensions engendered by alternately conflating and distancing oneself from the state of distress. Having explored the possibilities for reconfiguring selfhood through alternative temporalities and cosmologies, in the next chapter, I press the distinction between *having* and *being* a brain in an age that has increasingly understood selfhood on neuroscientific terms, and its implications for self-definition. I consider how the self might unfold in a constant state of *becoming*, rather than gridlocked within a fixed state of being, against the backdrop of a neuroscientific imaginary.

This chapter has also examined how the resiliency of skin – through Mutu's apocalyptic vision of the female form and Ada's mutilation – might be channelled to rupture or deform, and then productively reform, the boundaries of selfhood to accommodate their relational vision. In this vein, I find striking overlaps in appraisals of the skin and brain in the contemporary cultural imaginary; socio-biomedical discourses have intersected to orient the healthy self towards resilience and happiness. In Chapter Two, I will situate the notion of *becoming* within contemporary discourses of brain plasticity and its associated visions of connectivity and relational networks. If the skin and brain have the potential for both rupture and regeneration, how might this potential circulate within contemporary sociopolitical discourses to produce and condition the ontological parameters of the self? How might this resiliency – the capacity to form and reform – instead become conforming? I am interested here in exploring how the brain in mental health discourse has come into being at the intersection of the neocolonial-neuroscientific-neoliberal matrix I have begun to articulate.

Brain

Framework

In Jordan Peele's social horror film, *Get Out* (2017),[423] black is declared 'in fashion, baby!' by the Coagula, a group of white Americans who profile and auction off young African American individuals with highly sought-after physical capabilities. Once identified and itemised, they are lobotomised in a partial brain transplant to transfer these features to privileged Coagula members. Experiment subjects are left with limited consciousness: 'you'll be able to see and hear, but what your body is doing – your existence – will be as a passenger'. The Coagula is the family heirloom of the Armitage clan; a psychiatrist matriarch and neurosurgeon patriarch, along with their two children, have spent years perfecting this procedure. Rose, the Armitages' daughter, romantically lures viable young men and women into the family's chillingly time-warped suburban home. Chris, an African American photographer, becomes the latest prey in their long chain of quasi-eugenicist transplants. Chris's eyes become a coveted commodity for Jim Hudson, a blind art gallery owner in the Coagula fold. Hudson would acquire Chris's eyesight, but the part of Chris's brain connected to his nervous system is kept intact to preserve neural connections. Chris thus retains limited consciousness, transformed into a 'passenger' while Hudson operates the motor control, so to speak. Almost self-parodically, Hudson proclaims himself colour-blind to set himself above the rest of the Order: he tells Chris he 'couldn't give a shit what colour you are'. That uniformed black domestic workers occupy the same space as a young interracial couple in the Armitage household, however, is a striking visual reckoning with how age-old racism persists under thinly-veiled contemporary guises of white liberalism and post-racial rhetoric.

Commenting on the film's poetics of relationality, Zadie Smith suggests that Peele forces an uneasy, but necessary, confrontation with how disgust and desire have always been intertwined in racial politics. While the black body might no longer be explicitly reviled, according to Smith, a 'new kind of cannibalism' emerges in forms

[423] *Get Out*, dir. by Jordan Peele (Blumhouse Productions, 2017), Netflix.

of appropriation – cultural, or more perversely here, biological.[424] Smith ultimately argues that the film exposes a kind of radical relationality through the enmeshed histories and futures of different races in contemporary America:

> [w]e have been warned not to get under one another's skin, to keep our distance. But Jordan Peele's horror-fantasy – in which we are inside one another's skin and intimately involved in one another's suffering – is neither a horror nor a fantasy. It is a fact of our experience. The real fantasy is that we can get out of one another's way, make a clean cut between black and white, a final cathartic separation between us and them.[425]

In my introduction, I presented the fraught neuroscientific rationalities and biomedical modelling of health that underpin contemporary psychiatry as an institution. Advocates of the neuroscientific turn – while increasingly attentive to the psychosocial – tend to locate an organic basis for mental illness, highlighting the potential for brain imaging and emerging neurotechnologies to better understand, if not resolve, neurochemical imbalances and genetic vulnerabilities. Critics, however, argue that the channelling of funds into sophisticated technologies has still failed to meaningfully progress knowledge of mental illness in the so-called 'Decade of the Brain'.[426] Its contested psychiatric utility aside, the enduring proliferation of contemporary neuroculture has granted the brain particular forms of social capital. In its unmoderated expression, a neuroscientific frame of reference for subjectivity may tend towards neuroreductionism: the notion that mental life is entirely reducible to its biological properties – or in short, that we *are* our brains. This is an anxiety stretched to its representational limits in Peele's imagining of neuro-valuated relationality. Francisco Ortega and Fernando Vidal define, or perhaps diagnose, the 'cerebral subject' of contemporary neuroculture as an 'anthropological figure that embodies the belief that human beings are essentially reducible to their brains'.[427] This figure becomes a universal cognitive standard for subjectivity, against which the boundaries of normality and pathology are drawn. The enduring impression of the brain and associated mythologies of personhood, or 'brainhood', as it were, holds particular

[424] Zadie Smith, 'Getting In and Out', *Harper's Magazine* (2017) <https://harpers.org/archive/2017/07/getting-in-and-out/> [accessed 20 January 2020].
[425] Ibid.
[426] Harrington, *Mind Fixers*, p. 251.
[427] Francisco Ortega and Fernando Vidal, 'Mapping the Cerebral Subject', *RECIIS*, 1 (2007), 255-259 (p. 255).

resilience in the cultural imagination; it appears to be, at least in part, a compelling mark of a biomedicalised ontology of the self.

More than a mere synecdochal slip, the conflation of personhood with 'brainhood' seems to both rhetorically and ideologically enfold biology into the construction of selfhood. The term 'neuroculture' is worth unpacking here: Ortega and Vidal designate this as the 'discourses, images and practices' that produce said cerebral subject.[428] Distinguishing this epoch from Foucauldian biopolitics, they argue that biosociality is now

> a form of apolitical sociality formed by groups of private interests that are no longer organized according to grouping criteria such as race, class, social status or political orientation [...but rather,] structured according to criteria of health, bodily performances, specific illnesses or longevity, and they function according to criteria of merit and recognition that express values embodied in hygienic rules, activity schedules, and ideal models of the self based on physical regimes.[429]

Conversely, Nikolas Rose and Joelle Abi-Rached argue that what we are witnessing is not so much a conflation of personhood with 'brainhood', but an evolving understanding of what it means to *have* a brain.[430] We are both shaped by and actively shape our brains. Neuroscientific conceptions of the brain influence how we understand our human potential and subsequently engage in cerebral processes of self-fashioning to optimise wellbeing.[431] In their estimation, there is a curious toggling here between the neuroscientific image of the highly isolated, individualised brain, and a brain that is adapted for sociality, morally responsible for acting towards a collective social good.[432] This tension between *having* and *being* a brain, and its implications for a relational, networked version of selfhood, is a central concern I pursue here. If the brain has become a privileged site for understanding the self, then socialisation and participation within this neuroculture involves an alignment with its particular vision of identity, which, as the forthcoming analysis suggests, is inalienable from the conditions (and conditionality) of contemporary neoliberal citizenship.

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[428] Ibid., p. 256.
[429] Ibid., p. 257.
[430] Rose and Abi-Rached, *Neuro*, p. 22.
[431] Ibid.
[432] Ibid., pp. 22-23.

Neuroculture's reimagining, and consequent valuation, of the individual has permeated cultural consciousness in curious ways. Though certainly not a new phenomenon, popular culture has trained its gaze on the brain. This self-reflexive gaze, however, is increasingly refracted through a contemporary vision of medical technocapitalism. The neurologised self, and associated anxieties, have proliferated in the media – this is particularly pervasive in science fiction and horror genres, which are by convention eager to extrapolate present anxieties to a reimagined future, straining their potentialities against their perverse possibilities. There has been a marked interest in not just exploring the trajectory of this neurologised self, but exposing its fundamental embeddedness in the racialised, sexualised (mal)practices of modern medicine, and their historical antecedents. This perhaps attests to a growing consciousness about the inalienable implication of the biological and sociopolitical; in their idiosyncratic representations of neuro-anxieties, these creative engagements disrupt the utopian, promissory narrative of scientific discovery and recast the vision of future potential through its own occluded, oppressive histories.

One notable undercurrent of this trend has been an attempt to radically reimagine relationality: what it fundamentally means to *care* within (remodelled) social networks – biological, institutional, or otherwise. The season four finale of Netflix's digital dystopia, *Black Mirror* (2017),[433] follows a young black woman through the 'Black Museum', a gallery of medical technology artefacts curated by the white neurotech salesman-turned-collector Rolo Haynes. Haynes walks Nish through an eclectic spectacle of now-illegal neural modifications he had pedalled during his stint in 'neuro R&D' at St. Juniper's, a corporatised clinic engaging in ethically-dubious medical procedures. In this 'perfect mix of business and healthcare', according to Haynes, patients without insurance coverage could access free healthcare in exchange for consensual participation in experimental treatments. One noteworthy instrument is the 'sympathic diagnoser', used to neurally transfer pain and distress from patient to doctor. Implanted with a synaptic receiver, the doctor vicariously receives sensation without its physical ramifications from the diagnoser-donning patient. The impulse behind this is to 'feel exactly what a patient feels'; in Hayes' words, this resolves the issue that 'half the assholes who roll in here can't even describe their symptoms – they're out cold, or drunk, or dumb, or two years old, or can't speak English.' In this

[433] 'Black Museum', *Black Mirror*, dir. by Colm McCarthy (2017), Netflix.

vision of perfect clinical intelligibility, technology seemingly sidesteps human fallibilities. However, this utopian vision of concord in the clinical encounter fails to sustain any meaningful affective affiliation or duty of care. It soon morphs into emotional desensitisation, and eventually a self-indulgent pleasure that thrives on prolonging the patient's pain. Other artefacts include a hologram of a digitally-'reincarnated' criminal free to be electrocuted on the spectator's whim. Tourists can opt to pocket a looping visual reel of this inflicted, now-immortalised distress on a keychain souvenir – voyeuristic indulgence thinly-veiled as legal or moral vindication. These technologies are fundamentally driven by the capitalist impulse to contain human consciousness within a digitally-mediated commodity, first circulated within an exploitative medical-industrial complex, and later, in Haynes's pain-for-profit spectacle of the barely-human subject.

In a strikingly similar, albeit more technologically-sophisticated parallel with *Get Out*, an innocuous-looking toy monkey in Haynes's Black Museum animates the limits of this techno-relationality. When a near-fatal accident leaves Carrie comatose, Haynes prompts her husband Jack to undergo a digital consciousness transfer to 'rehome' Carrie as a 'passenger' in his head, occupying the purportedly untapped 60% potential of the brain – and eerily mirroring Chris's position vis-à-vis Hudson. In a bizarre image, Carrie occupies a seat in Jack's brain, having unmediated access to his sensory experiences – everything from hugging their son to using the toilet. Unsurprisingly, this seemingly utopian vision of preserved kinship quickly evolves into a power struggle. Carrie gets under Jack's skin, and he weighs the intrusive violation of personal boundaries against the ethically-questionable alternative of quite literally deleting his wife. Haynes's solution is to upload Carrie's consciousness, without her consent, onto a stuffed monkey for their young son. Consciousness receptor and camera in tow, Carrie-the-monkey can now only express either approval or disapproval through the toy's two pre-programmed verbal expressions, giving her emotionally-restricted, regulated access to her son, who soon tires of the toy.

Jan de Vos questions whether we are becoming 'mute' amidst this rhetorical shift in neurodiscourse: 'given that we are now increasingly enjoined to coincide with the brain itself, are we not in danger of losing our capacity to speak about that very thing

which itself claims to define our conditions of possibility?'[434] De Vos more broadly connects this displacement with the concurrent shifts from the psychological to neurological register, and analogue image culture to virtual, digital culture. To clarify de Vos's position, the contention is not that we have *become* our brains per se, but rather that we have become interpellated as proxy neuroscientists. When we are said to have 'become' our brain, what we are fundamentally identifying with is a neuroscientific gaze from the vantage point of an observer rather than subject. It is in this purportedly neutral gaze of the naturalised, 'neuro' self that particular neuro-rationalities emerge, in her estimation. For de Vos, the ability to access the bare brain – both visually and epistemically – is in itself a form of disguise. In its purported epistemic exposure, neuroscience conceals, or perhaps more accurately, covers up, what it fundamentally means to be human – or, as he puts it, the 'unbearable surplus of being human'.[435] He convincingly argues that while the brain image purports to reveal ourselves to us, we are not actually present as agents. De Vos's work fundamentally interrogates whether we require a recourse to psychology in order to reject neuroscientific virtuality and understand the psyche, though he ultimately rejects this as a mode of 'resistance';[436] instead, he demonstrates how the psychological and the neuroscientific have never been structurally-separable. Former psychologically-articulated categories like empathy, love, and will have just been rendered as neuroscientific preoccupations, accessed through the brain image. Carrie's and Chris's circumstances animate this slippage between the 'passenger' and a fully-fleshed subject granted psychological depth and ethical weight. In this instance, is Carrie 'just a leftover code' in Jack's head, as his new partner argues; does disembodiment negate her interiority and humanity? Or is there more to 'Carrie' that exceeds the neurologised fragment of herself contained within a cookie? It becomes ironic, then, that in the *Black Mirror* universe, the United Nations eventually decrees Haynes's procedure a human rights violation and the monkey a criminal artefact, because it does not meet the 'humane' legal threshold of expressing at least five human emotions.

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[434] Jan de Vos, *The Metamorphoses of the Brain – Neurologisation and its Discontents* (London: Palgrave Macmillan, 2016), p. 2. Hereafter *MB*.
[435] Ibid., p. 9.
[436] Ibid., pp. 93-95.

It does not seem incidental that in both these recent popular culture engagements, social asymmetries are mapped onto the reconfigured neuro-marketplace: the black body and the female body take the backseat as 'passengers', the experimental scapegoats for compromised consciousness, and as a corollary, agentive and affective capacities. It is not just the psychological and neuroscientific that are inalienably enfolded, as de Vos rightly argues, but the sociobiological too. In this devolution from agent to passive observer, or 'passenger', there is a confrontation with the ways in which particular bodies occupy, and are regulated in, space. These scenes articulate a specific cultural neurosis over the slippages between the biological and the political. For Carrie, restricted affective and verbal functioning – her emotional range is compressed to 'Monkey loves you' for affirmation and 'Monkey needs a hug' for disapproval – becomes a reckoning with the right to self-representation itself, and the fragility of this right when it becomes paternalistically regulated within both medical and domestic settings. Elsewhere in the Black Museum, the hologram of a wrongfully-incarcerated African American man, Clayton Leigh, further underscores the historical endurance of violence against bodies circulating in capital – animated here at the intersection of a prison-industrial and medical-industrial complex. Promised that his family will receive the profits from Haynes's vending machine of pain long after his death sentence, Leigh consents to being uploaded and 'reincarnate[d]' as a voiceless spectacle. Haynes's choice of the term 'reincarnate' is in itself a peculiar perversion of a specific Afro-diasporic cosmology of reincarnation, co-opted into the marketplace. Here, the ethical line between legal vindication and blatant voyeurism on the part of electrocution-inflicting tourists becomes disconcertingly muddled.

The vicarious and the voyeuristic seem to converge uneasily in these relational encounters, begging the question: what is the human cost of this digital guise? What are the ethical limits in any encounter with distress as a witness, and how might this inform a meaningful engagement with the vexingly aestheticised spectacle of (dis)embodied beings in distress?

This chapter addresses ways in which selfhood and relationality may be re-articulated within and beyond the boundaries of a neuroscientific register. I suggest that one is poised between *having* and *being* a brain; this often-conflictual toggling conditions the capacity and technologies available to relate and relay the embodied, environmentally-embedded quality of distress. Drawing on texts across distinct mediums, from film and fiction to a photographic vision-board, I consider how distress

might be productively re-embodied, and how self-formation and subjectivity can be disarticulated from both a neuro-psychiatric gaze and its associated mechanistic vision of highly insular and individualised, ever-flexible selfhood in the contemporary neuroscientific imaginary. To further interrogate claims about the purported neutrality of a neuroscientific gaze, I consider the concept of neuroplasticity, which has increasingly shaped the ways in which we represent our potential and capacity for change. I press how the neuroscientific view of the plastic brain might enable us to reframe (inter)subjectivity, and interrogate its potential to avoid the reductive or deterministic quality of neuroscientific discourses.

De Vos seems less optimistic about the possibilities of circumventing this neuroscientific gaze and its accompanying frames of reference. He suggests that the technologies available to us fundamentally preclude the possibility of engaging with the materiality of embodied and psychic experience as we confront the isolated brain 'in profile, the brain without eyes, nose, mouth or tongue' – fundamentally, blind, deaf, and mute.[437] He argues that this inclination towards the brain image stems from our acknowledgement that we cannot have objective, unmediated access to the nature of being or an identifiable reality; instead, what we project onto this ontological gap are these ever-multiplying images that seem to capture who we are. I would argue, however, that we cannot discount the comfort that such transparency might offer in mitigating the uncertainty or powerlessness that accompanies illness or distress. Undeniably, the *prospect* of targeting cause and treatment course mitigates the ineluctable quality of illness; it imposes order on what is often viscerally experienced as disordered, disorienting. It does bear qualifying, however, that much of this sense of security itself comes from the value-laden positioning of scientific rationality within clinical settings as the privileged epistemic mode of framing and relating distress.

It is worth returning here to Mehl-Madrona's conceptualisation of narrative psychiatry, situating it within the concepts of plasticity and memory in neuroscientific discourse. Mehl-Madrona strikingly claims that 'story is our default mode'.[438] This refers to processes of narrative organisation in the brain developed as a mechanism for memory and continuity – the co-evolution of story and brain backed by

[437] Ibid., p. 3.
[438] Lewis Mehl-Madrona, *Remapping Your Mind: The Neuroscience of Self-Transformation through Story* (Vermont: Bear, 2015), p. 12. Hereafter *RYM*.

neuroimaging.[439] Within this relational mode of healing, stories function like 'social neurotransmitters', facilitating connection between people just as neurotransmitters do with neurons.[440] In this neuroscientific framing of subjectivity, the self (or *selves*, as Mehl-Madrona posits) is a composite of what is received and relayed, in a communal economy of storytelling. For Mehl-Madrona, the body is a 'site of knowledge' from which stories arise; 'it becomes urgent that we consult our bodies to help us understand ourselves' as pain and distress manifest themselves somatically.[441] He goes further to suggest that current imaging technologies are a source of self-discovery, 'connecting' us to our bodies in previously unchartered ways.[442] By observing the brain, and that of others, we have a concrete visual guide for what the brain, in all its plastic potential, *could* be: confronting a visual of a 'happier' brain, or of change more generally, we are able to envision the tangible, neurobiological effects of various healing modalities.[443] Stories, then, such as those of plasticity, can quite literally change the brain. While I am in agreement with Mehl-Madrona's appraisal of the body as a site and cipher of knowledge, and his engagement with indigenous modes of tapping into said knowledge, the somewhat idealistic view of this encounter with neuroimaging does not seem to capture the full picture. If certain clinical or neuroscientific meta-narratives we come into contact with inflect the stories of distress we tell, how might they also limit our frames of reference for said distress, or the representational strategies we have at hand to visualise alternative narratives? What if the encounter with the disembodied brain in neuroimaging becomes alienating or disenabling, rather than ontologically-empowering?

Neuroplasticity, or the brain's potential to adapt to environmental stimuli, repair in the wake of trauma, and change throughout one's life course, has become a significant paradigm in reimagining – perhaps redeeming – the agentive potential of the self. Mehl-Madrona's psychiatric project of storytelling incorporates scientific stories of neuroplasticity not to affix them as authoritative fact, but as a medium for mobilising and envisioning change.[444] Plasticity might afford the narrative scope for imagining psychiatric transformation; a shift in received stories about our brains, away

[439] Ibid., pp. 77-79.
[440] Mehl-Madrona, *HTM*, p. 21.
[441] Mehl-Madrona, *RYM*, pp. 229, 230-231.
[442] Ibid., p. 229.
[443] Ibid., p. 230.
[444] Mehl-Madrona, *HTM*, p. 17.

from older (albeit entrenched) scientific narratives of biological determinism or brain defect, can enable us to map new routes into wellbeing. The acknowledgement of lifelong plasticity – the brain in a constant state of *becoming* – dismantles certain fixities or fatalisms like genetic determinism, but potentially re-inscribes others that will surface as this chapter progresses. Rather than being genetically-determined, the plastic brain seems to afford a vision of possibility and transformation. The insidious flipside to this recognition, however, is the constant mobilisation of the individual for better self-management, oriented towards a more productive future. If engaged with uncritically in its neurobiological iteration, the conditioning of the 'plastic' self might become yet another disenabling mechanism that services the more reductive and regulatory schemas of contemporary neuroculture. The preoccupation with managing the brain's vitality and performance – whether as a pre-emptive or corrective strategy – is undeniably fuelled in part by the spectre of the brain's fragility, its vulnerability to the structural explosions – illness, ageing, accidents – of everyday life. Creativity or flexibility itself can be, somewhat paradoxically, rendered mechanistic, enacted as it is through a largely flattened, standardised version of the 'dynamic' 'neuro' self of late capitalism.

Through my reading of selected creative engagements with distress here, what I suggest is that this ever-flexible self can instead radically deform, fragment, and threaten the security and fixity of formal wholeness or closure through embodied expressions that exceed the structural and temporal conditions of a clinical logic. Many of these renderings attempt to work through, without necessarily resolving, distress, beyond the representational strategies offered by the visual and verbal technologies of contemporary psychiatry: clinical interviews, self-reporting, *DSM* classifications, and neuroimaging. What follows is a sustained engagement with the asymmetries of experience that condition access to this vision of selfhood, ones that might be occluded by the promissory potential and momentum of a neuroscientific progress narrative. How might this visualisation of cerebral subjectivity elide the body itself, and more specifically, the socially-situated body inflected and infected by the spaces it inhabits? Central to this critique is how the biologisation of distress may perpetuate the conditions for structural asymmetries, particularly when the psychiatrised, 'plastic' subject circulates at a point of contact between neoliberal and neocolonial rationalities, and how psychiatric subjectivity may produce and sustain the conditions for subjection within a medical-industrial complex.

My analysis begins with Bebe Moore Campbell's *72 Hour Hold*,[445] a fictional account of a mother's experience navigating the psychiatric institution with a daughter diagnosed with bipolar disorder. Published in 2005, this text captures the biopsychiatric stronghold of the time. Aligned as it is with an understanding of distress as 'brain disease', Campbell's novel offers insight into the experiential realities of distress; it presses how the racialised body in distress is immutably embedded and read within the intersectional asymmetries of a psychiatric system. Where the individual is conflated with a neurochemical state of distress, how might psychiatrist SuEllen Hamkins's narrative therapy practice of 'seeing the person without the problem' and 'seeing the problem as external to the patient' be undermined, or altogether foreclosed?[446] I then turn to two distinctive engagements with distress that draw on, but subversively refract, the representational mediums available within a neuroscientific and biopsychiatric toolkit. These texts contextualise distress as at once distinctly embodied and environmentally-embedded, shaped by the spaces in which the body is suspended. Eloghosa Osunde's visual art series on neurodivergence, 'Color this Brain' (2017),[447] is a striking engagement with clinical and colloquial schemas of mood-colour correspondence. Zinzi Clemmons's publication *What We Lose* (2018)[448] is a multimodal fictional plotting of the messy trajectories that grief and identity take in the aftermath of loss. Lastly, by way of synthesis, I turn to Jacqueline Roy's 'resurrec[ted]'[449] text, *The Fat Lady Sings* (2000),[450] which animates the remedial power of connection against the backdrop of the oppressive psychiatric silencing of two black British women in the nineties. At its core, this chapter is interested in how these narratives can meaningfully engage with a networked vision beyond that of the flattened, normalised iteration of democracy that philosopher Catherine Malabou critiques, or the disconnected representation de Vos pre-empts. This is fundamentally a question of how we can engage with other stories of the brain that are not isolated in their distress, opening a generative space for relational engagement.

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[445] Bebe Moore Campbell, *72 Hour Hold* (New York: Anchor Books, 2005). Hereafter *72HH*.
[446] SuEllen Hamkins, *The Art of Narrative Psychiatry* (New York: Oxford University Press, 2014), p. 9.
[447] Eloghosa Osunde, 'Color this Brain' (2017) <https://www.eloghosaosunde.com/colorthisbrain> [accessed 10 January 2020]. Hereafter *CTB*.
[448] Zinzi Clemmons, *What We Lose* (London: 4th Estate, 2018). Hereafter *WWL*.
[449] Bernardine Evaristo, 'Bernardine Evaristo: the forgotten black British novels everyone should read', *The Guardian* (30 January 2021) <https://www.theguardian.com/books/2021/jan/30/bernardine-evaristo-the-forgotten-black-british-novels-everyone-should-read> [accessed 17 Dec 2021]
[450] Jacqueline Roy, *The Fat Lady Sings* (London: Penguin Books, 2000; reprinted 2021). Hereafter *FLS*.

Neuroplasticity

According to Victoria Pitts-Taylor, plasticity designates 'the brain's ability to biologically change and be changed' on both phylogenetic (the evolution of a genetically-related species for survival) and ontogenetic (the development of an individual organism) scales.[451] The brain is not fixed or universal, but constantly changing in response to environmental stimuli and experience. Malabou categorises plasticity in three groups: developmental (the modelling of neuronal connections in embryo and child), modulational (modification of neuronal connections through adaptation, learning, memory) and reparative (postlesional repair or neuronal renewal).[452] Recent research into neural plasticity has shown that plasticity is not just confined to early phases of neural developmental, as was previously thought, but remains a lifelong possibility. The discovery that our plastic potential can be reparative, and exercised throughout one's life course, has significant implications for how we conceive of our agentive potential in shaping the brain – to adapt this to the present psychiatric context, the potential for self-formation or indeed, re-formation, in the wake of trauma. If plasticity is understood as being mediated by experience, then conceptually, at least, it seems to address – if not attenuate – some of the reductive tendencies of scientific discourse.

For one, this 'plastic' vision might displace the classical figuration of body, mind, and brain as discrete entities – boundaries which reify a bio-bio-bio psychiatric model,[453] to revisit Read's formulation, and that become conceptually antagonistic to an understanding of subjectivity as an embodied network of biological, psychic, and social lives. Pitts-Taylor persuasively reveals how the mind-brain dichotomy is perpetuated by disciplinary boundaries:

> [t]he mind once was understood in cognitive science, for example, as a problem of abstract computation that could be modeled by computers, without attending to the capacities of a fleshly, biological organ. In the humanities and social sciences the mind often was addressed through rationalism or psychological drives, or in terms of symbolic interaction, cultural inheritance, socialization, or discourse and subjectivation. These different perspectives

[451] Victoria Pitts-Taylor, *The Brain's Body: Neuroscience and Corporeal Politics* (Durham, NC: Duke University Press, 2016), p. 2. Hereafter *BB*.
[452] Malabou, *WSWDB*, pp. 17-29.
[453] Read, 'The bio-bio-bio model of madness', p. 597.

> assumed the brain to be fixed hardware – necessary for, but inessential to the study of, cognition and culture. The brain belonged to the biological body, whereas the mind was understood as immaterial, symbolic, intellectualist, or discursive.[454]

An acknowledgement of plasticity, then, poses a potent challenge to not just mind-body, but mind-brain, and to an extent, nature-culture dichotomies. Malabou's conceptualisation of plasticity is particularly useful, situated as it is at the intersection of neuroscience, philosophy, and psychoanalysis. This disciplinary diffusion offers a means of counteracting the reductive or depoliticising tendencies of neuroscience; for Malabou, the determination of psychic disturbance is 'always contemporaneous with a certain state or age of war.'[455] If neuroscientific discourse has become the vehicle for a particular mode of psychiatric intervention, then this in itself is symptomatic of the preoccupations of a particular political moment. Malabou's conceptualisation of plasticity demonstrates how the deceptively seamless synchronicity between neuronal and political life is anything but; rather, we might be able to visualise how the political draws on the biological to both naturalise and mobilise its functioning.

Where the brain was once metaphorically understood in mechanistic terms as control centre, computer, or machine, the decentralisating effects of plasticity have catalysed a new vernacular of the networked system.[456] In Malabou's estimation, the plastic subjectivity of the twenty-first century being is articulated through this narrative reframing of the brain, from a centralised to a connectionist model, in concert with capitalism's ideological demand for the redistribution of centres and deregulation of hierarchies.[457] Labour conditions (or perhaps more accurately, conditioning) have shifted the demands on the worker from mechanistic repetition to adaptability in an ever-changing, unstable milieu. Indeed, Sabine Massen and Barbara Sutter suggest that this enterprise culture demands that the autonomous self be 'capable of acting in both a responsive and responsible way toward the ever-unruly environment', and engaged in a 'continuous exercise of self-reformation' to meet developing

[454] Pitts-Taylor, *BB*, p. 2.
[455] Malabou, *WSWDB*, xvi.
[456] Ibid., pp. 33-35.
[457] Ibid., p. 41.

technological demands.[458] Malabou demonstrates how the neuronal system comes to mirror, and to a degree, enact, a modern democracy visualised in terms of

> mutual support (reparation), freedom of choice (one somehow constructs one's own brain), a crossing point between the public and the private (the interaction of the outside and the inside), belonging to many spheres, mobility, openness, availability, autonomy, absence of hierarchy between the network elements, and equality of function.[459]

This vision, however, is not as politically emancipatory as it seems. Malabou argues that it produces 'an extremely normalizing vision of democracy'.[460] In this networked worldview, the central demand placed on the individual – imagined as both neuronally agentive and embedded within an interconnected social network – is that of *flexibility*: the flexibility to be ever-adaptive to the fluctuating milieu of late capitalism, a quality that quickly slips into 'docility and obedience'.[461]

For Malabou, then, current neuroscientific discourse falls short of its potential to radically reconfigure and liberate identity. The slippage from plasticity to flexibility simply conditions further subjection, called as we are to 'displace ourselves better, work better, feel better, or obey better'.[462] Flexibility is not so much synonymous with what is dynamic or creative; rather, it produces an alternative version of a docile subject flattened by the normalising, and normative, demands of late capitalism. What remains unconscious to the subject within this system is the way in which a neuronal ideology has naturalised this reconfigured, flexible identity to reify the demands of capitalist self-management. This is a brain that, paradoxically and perhaps in an act of cognitive dissonance, invests in its own status as centre – itself a symptom of a particular political myth about the efficacy of centralised power – all the while holding onto capitalism's particular mythological construction of borderless-ness and delocalisation. To re-situate Malabou's critique at the intersection of neocolonial and neoliberal constructions of cerebral subjectivity for our argument here, such conditioned docility is reminiscent of colonial psychosurgical efforts which effected the docility and blunted affect observed in the leucotomised. What remains

[458] Sabine Maasen and Barbara Sutter, *On Willing Selves: Neoliberal Politics vis-à-vis the Neuroscientific Challenge* (Hampshire: Palgrave Macmillan, 2007), pp. 7-8.
[459] Malabou, *WSWDB*, p. 53.
[460] Ibid.
[461] Ibid.
[462] Ibid., p. 68.

unconscious, then, is not just a neuronal ideology, but a more implicit manifestation of biopolitical violence that becomes internalised and self-directed, foreclosing the possibilities of exercising agentive potential beyond the flattened vision of selfhood produced through the convergence of neuroscientific, neoliberal, and neocolonial discourses.

The flexible self is, then, the linchpin of a well-oiled, functioning social organism. The smooth operation of this connectionist vision is undergirded by such healthy flexibility, positioned as both an individual and social good. This is where the responsibilisation of self and its moral valence in psychiatry, a demand first raised through Andreasen's work, become salient. Self-management involves the preservation and enhancement of the adaptable, creative mind; where illness compromises brain functioning, this is redressed through neuro-interventions. Ortega and Vidal term such practices as 'neuroascesis': 'a cerebral self-discipline aimed at maximizing brain performance.'[463] The (largely commodified) exercise of self-management has proliferated an industry of neuro-management, from cerebral self-help manuals and computer programmes that function as 'brain gyms', to vitamins, dietary supplements, and psychotropic interventions that support the conditions for 'healthy' neural (and by extension, social) life. What is striking here is the physical internalisation of the language of the human machine; creativity or flexibility itself is, somewhat paradoxically, rendered mechanistic. In a purportedly connectionist world, then, it is not hard to see why the depressive or disaffiliated personality would be deemed as a threat to the social fabric.[464] Fixity is inimical to flexibility; the apathy or inertia typified by these states of distress threatens the demands of adaptability and creativity. Recovery, then, is predicated on the restoration of flexibility, mobilised as it is by the moral imperative of collective social responsibility.

The 'progress' in neuroscientific narratives of subjectivity hinges on an enhancement of the 'quality of life' through the better management of illness. Yet, what is lacking here in Malabou's view is *life* itself – or the capacity for resistance to said demands. This is what Malabou signals when she forcefully argues that 'neuronal liberation has not liberated us'.[465] Whatever 'progress' this neuroscientific epistemic advance can offer us, then, remains delimited by a narrow vision of plasticity, one that

[463] Ortega and Vidal, 'Mapping the Cerebral Subject', p. 257.
[464] Malabou, *WSWDB*, pp. 48-51.
[465] Ibid., p. 67.

occludes its flipside – annihilation – and the resistive, transformative potential inhered in it.

An uncritical internalisation of neuroscientific discourse runs the risk of quite literally embodying and performing the conditions of neoliberal rationality. I would also argue that the predominant apparatuses available to us – visual or verbal technologies – operate very much as a deceptively one-sided medium. While purporting to reveal pathology, such a medium keeps hidden the collusion of neuroscience and politics (conscious or otherwise) in manufacturing a particular neuronal ideology, and its concomitant structuring of the neoliberal self through its particular interventions into the body. This flattened momentum of neuro-intervention conceals the ways in which plasticity can be paradoxical; in fact, it is in working through these tensions that we might access a space to reformulate and exercise agency beyond the neoliberal structuring of the self. This is where Malabou's distinctive conceptualisation of plasticity becomes instructive to disentangle transformative potential from its neuropolitical scripting. Plasticity is to her

> the relation that an individual entertains with what, on the one hand, attaches him originally to himself, to his proper form, and with what, on the other hand, allows him to launch himself into the void of all identity, to abandon all rigid and fixed determination.[466]

This involves the recognition that creation and annihilation are two faces of the same coin and necessarily interdependent; one is only formed by *resistance* to form itself, to explosion. It is also to acknowledge that personality can be re-formable. This conceptualisation of plasticity allows us to accommodate the possibilities of self-fashioning beyond the vision of the reformed neoliberal subject, operating along certain self-sustaining, and system-sustaining, practices of neuroascesis.

By foregrounding the inherent tensions of plasticity, Malabou's analysis valuably disrupts the uncritical naturalisation of the ideal 'cerebral subject'. In many ways, this is a naturalisation effected by quite literally – at least in its clinical design – sedating the explosive dimension of our plastic potential, as we have seen with the travelling psychotropic. Yet, I would argue that Malabou's theoretical reconfiguration of plasticity can only be promissory if the conditions of access to its actualisation are also critically exposed and challenged. Ortega and Vidal suggest that 'neuroascesis' is a

466 Ibid., p. 80.

new subset of bioascesis, practices consonant with the demands that *biosociality* places on individual subjectivity. I would like to trouble their definition of biosociality as an 'apolitical sociality' organised not according to sociodemographic factors, but value-laden criteria of somatic health and functioning.[467] What this seems to occlude is the way in which sociodemographic factors are always and necessarily implicated in the construction of healthy subjectivity; how they fundamentally regulate the conditions of access to a form of sociality structured along the lines of a very particular vision of wellness. What also remains absent from this account is how environment, while not deterministic, can create the conditions of possibility, but equally, condition the parameters of possibility, for exercising neural plasticity.

If we are to commit to understanding experience as both embodied and environmentally-embedded, how might plasticity and its resistive potential be exercised in practice, situated as it is within the asymmetrical realities of contemporary society? This is not just a question of whether neuroplasticity is exclusively a biological property, but the extent to which biological possibility is conditioned by political positionality. Does plasticity itself become a neurological privilege? What are the conditions for tapping into this plastic potential? Does the concept of plasticity, then, only accommodate *some* bodies in its promissory visions?

Conditioned and Conditional Neuro Futurity

If plasticity itself is an asymmetrically-endowed property or privilege, then it would seem the capacity for resistance, or *life*, in Malabou's terms, can to some extent be exclusive and pre-determined. Discourses of neuro-empowerment pursue the agentive logic of freeing the brain from its circumstantial 'cognitive load' by intervening at the level of biochemistry to empower this plastic potential. Rose and Abi-Rached argue that the 'molecular, visible, and plastic' brain is particularly attractive and amenable to a future-oriented biopolitics.[468] They posit that

> [w]e have moved from the risk management of almost everything to a general regime of futurity. The future now presents us neither with ignorance nor with fate, but with probabilities, possibilities, a spectrum of uncertainties, and the potential for the unseen and the unexpected and the untoward. In the face of

[467] Ortega and Vidal, 'Mapping the Cerebral Subject', p. 257.
[468] Rose and Abi-Rached, *Neuro*, p. 13.

> such futures, authorities have now the obligation, not merely to 'govern the present' but to 'govern the future.'[469]

This discourse of futurity reframes its temporal and material site for intervention within a neuro-centric vision: the brain in its early childhood environment. Research supporting the poverty phenotype, for example, demonstrates how socially-identified pathologies, from depression to obesity and poor emotional regulation, have been aetiologically-positioned as developmental, and hence amenable to early intervention and prevention. Psychologists Clancy Blaire and C. Raver suggest that policies targeted at improving families' socioeconomic statuses can offer a scientific testing ground for the link between poverty and public health. A reduction in poverty 'may benefit public health through key mechanisms of lowered allostatic load, improved caregiving, and healthier brain development.'[470] A high premium is thus placed on fashioning a healthy developmental environment. Blaire and Raver assert that

> greater self-regulation and cognitive control (or executive function) are robust predictors of greater health, greater wealth, lower substance use, and lower involvement in crime in adulthood; *investments* in early classroom-based interventions that support executive function and related self-regulation skills may *pay major dividends* across the life course for decades to come.[471] [emphasis added]

This 'obligation' to 'govern the future', as Rose and Abi-Rached put it, is mobilised largely through pre-emptive technologies that extrapolate the effect of particular biomarkers to future psychopathology and criminality. The brain here becomes a public health commodity; this is strikingly apparent in Blaire and Raver's economically-inflected jargon of 'investments' and dividends'. The possibility of cyclical, biologically-transmitted trauma is a significant threat to the linear trajectory of such a future orientation. Some studies on the purported poverty phenotype do indeed problematise this cyclicality, by suggesting that the poor perpetuate and reproduce the conditions of their suffering because of cognitive deficiencies and their associated, compromised responses. If the brain is plastic, then it becomes incumbent on the individual to build particular resiliencies that can counteract the effects of

[469] Ibid., p. 14.
[470] Clancy Blair and C. Cybele Raver, 'Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention', *Academic Pediatrics,* 16 (2016), 30-36 (p. 36).
[471] Ibid., pp. 35-36.

biological embedding and to redirect their predisposed trajectory away from this neurobiological cycle. Pitts-Taylor rightly argues that the targeting of individual bodies, rather than environments, reframes a structural issue as a biomedical one; this justifies a particular mode of intervention that is largely technoscientific or pharmacological, directed toward biochemistry.[472]

To build on Pitts-Taylor's argument, by foregrounding predicted health risks on an individual scale, the source of distress is not just depoliticised, but also occluded from this neuroscientific vision of the healthy, networked social organism. The individual is ironically almost effaced under the amorphous banner of 'the poor' – a flattening out of an entire social subset into homogeneity, effacing intra-group differences. To remedy this reductive tendency, Pitts-Taylor proposes an intersectional approach which can address how race in concert with poverty affects neurobiological functioning.[473] Rather than poverty being viewed as a function of cyclical genetic transmission or socially-acquired behaviour, such an intersectional approach considers how racialisation perpetuates and sustains the conditions of poverty. Unequal access to healthcare, medical provision, and environmental racism are some of the indices of asymmetrical, embodied experiences that such an intersectional analysis could interrogate.

Pitts-Taylor's critique is both necessary and timely, but it is also worthwhile establishing how this intersection of race and class within a neurobiological narrative is part of a historically-entrenched organisation of social relations through the pervasive modernity/coloniality logic and the associated power dynamics inhered in the biomedical space. One could extrapolate to question how much this notion of futurity, and its attendant developmental discourse, is underpinned by the similar logic of intervention in colonial development narratives. The primacy of the caregiving environment has long been a psychiatric preoccupation – as explored in the discussion of psychoanalytic caregiver blame in *Freshwater* – and now too in social neuroscience. What is striking is how developmental trauma has been recast through this neuro-centric logic. The pathologisation of structural marginalities, and their presumed biological effects, runs the risk of re-inscribing existing boundaries between normality and pathology, particularly with the interest in predicting predispositions

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[472] Victoria Pitts-Taylor,, 'Neurobiologically Poor? Brain Phenotypes, Inequality, and Biosocial Determinism', *Science, Technology, & Human Values*, 44 (2019), 660-685 (pp. 677-678).
[473] Ibid., pp. 673-676.

towards asocial, criminal behaviour. This seemingly innocuous positioning of the individual within a wider social organism commodifies health or wellness as a public property. But does this neuro-centric logic not also reproduce, albeit under a different guise, the rhetoric of colonial medicine or racial eugenics, and its appraisal of the developmentally inferior 'native' brain? This is a further risk in the uncritical engagement with neuroscientific discourse, even in its seemingly more holistic bio-psycho-social iteration: remaining unconscious to the ways in which contemporary medical narratives have persistent, endemic, historical precedents that should serve as cautionary tales. This is particularly salient when development discourse, and the purportedly benevolent intervention it justifies, can easily reinforce asymmetrical power structures and slip into paternalistic dependence, as I will explore through Campbell's *72HH*.

It would appear that we are poised between a few significant paradoxical undercurrents in this neurological moment. There is, on one hand, a deterministic quality in social neuroscience analyses that understand behaviour as neurobiological predispositions. Conversely, individuals are mobilised to exercise agency over self-(re)formation. To return to Rose and Abi-Rached's view of the current 'somatic ethic', there are two seemingly contradictory images produced by this neuroscientific vision of the individual: the brain is at once seen as 'isolated and individualized', but equally, 'evolved for sociality, for the capacity and necessity of living in groups, for the ability to grasp and respond to the mental states of others: human brains are both shaped by, and shape, their sociality.'[474]

How then do we speak of or represent the brain, to approach the seeming cognitive distance necessary to critically engage with the materiality of our brains? In this networked mirroring of the neuronal and sociopolitical, the tension between *having* a brain and *being* a brain, which launched this chapter, seems to be at the root of this question. Current neuroscientific discourse, particularly with the conceptual and biomedical stronghold that plasticity enjoys, positions the brain as constantly *becoming*, malleable to experience. In this conflation of self and brain, we are in a continuous process of self-(re)formation. Ortega and Vidal argue that neuroimaging could in fact help destigmatise mental illness; by 'graphically confirming' that these are brain conditions, '[p]atients understand themselves not as "having," say,

[474] Rose and Abi-Rached, *Neuro*, p. 22.

depression, but as being a particular kind of person, a depressed person, by virtue of having (or rather being) a certain brain type.'[475] Presumably this would be destigmatising because the experience of distress is framed as inalienably biological – a predisposed neurological property – rather than self-inflicted, as it was, and often still is, regarded. There is a reframing here of distress as neurochemical rather than personal or moral dysfunction, and presumably it is this narrative gesture that might bridge the misunderstanding, disapproval, or stigmatisation as Ortega and Vidal suggest. But the claim here remains dubious. The rhetorical act of conflating the self with distress seems to reaffirm the deterministic quality of psychiatric renderings of the pathological brain. Is the understanding and representation of distress as biologically-intrinsic (and hence, inseparable from how we constitute ourselves) truly as liberating as some suggest? Or if it is disenabling, as is conversely argued here, how might we find new ways of agentively expressing the state of distress?

I would like to interrogate the claim that representing subjectivity in this way, through the discursive mode of pathology, can be destigmatising, and press its limits. Campbell's *72HH*, as a text that largely employs a biopsychiatric representational frame for distress, re-situates some of this theoretical exposition within the lived, embodied realities of the institutional encounter. For Trina, the moment of psychiatric diagnosis catalyses a fundamental re-configuration of subjectivity: the shift from *having* to *being* a state of distress. As her mother Keri reflects, '[t]hat was the scariest part, the way [the doctor] said it. She *is* bipolar, not she *has* bipolar disorder. You *are* cancer. You *are* AIDS. Nobody ever said that.'[476] What is problematised here is the potential gulf between distress in its theoretical or institutional articulation, and distress as a fully-fleshed, contextualised experience. Of interest here is how the socially-situated body – constituted by metrics like race, socioeconomic status, physical and mental ability – is implicated in the institutional formation and de-formations of subjectivity.

72 Hour Hold

72HH is a fictional first-person account of Keri's experience as single mother and primary caregiver to Trina, who is diagnosed with bipolar disorder. Distressingly for

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[475] Ortega and Vidal, 'Mapping the Cerebral Subject', p. 257.
[476] Campbell, *72HH*, p. 25.

Keri, Trina's violent episodes of mania manifest in extreme paranoia that Keri is an imposter and demon who has replaced her biological mother. The '72 hour hold' of the title references the involuntary psychiatric institutionalisation of individuals who, as a result of mental illness, are deemed to pose a danger to themselves or others. After the mandatory seventy-two hours, a healthcare professional evaluates the individual in question and assesses whether they can be released on the condition of follow-up treatment, or, in the event that the risk is deemed high, schedules a court hearing to impose involuntary treatment. When at age eighteen, Trina's episodes heighten in frequency and intensity, Keri struggles to access the desired level of support within a system constrained by rigid legal and medical criteria for intervention. Keri encounters a frustrating impasse: she cannot exercise parental rights and impose psychiatric institutionalisation or medication compliance on her legally adult daughter, who in reality, remains very much dependent on, and often a physical threat to, Keri herself.

At eighteen, the age of majority in the U.S., Trina is on the cusp of independence, but this is a legal right vexed by her psychiatric diagnosis. The nature of her illness places her precariously within a dynamic of co-dependence: she vacillates between child-like dependence and an adolescent desire for independence – a complex, risky duality that a generalised institutional model of care fails to accommodate. Keri herself becomes dependent on the system to alleviate her physical and emotional weariness from being Trina's caregiver. It is worth noting here that access to drug treatment was instrumental in mobilising the North American push towards psychiatric deinstitutionalisation that began in the 1950s. Access to medication offered the possibility that mental healthcare could be managed within the family and community setting; the inefficacy of many of these drug-based treatments, however, meant an unprecedented strain on caregivers.

Where institutional precedents set a generalised standard that is at odds with the particularities of Trina's lived experience, Keri tries to find resourceful ways of ensuring that Trina has sustained care: first by playing into the system's conditions, and conditioning, of distress to gain conservatorship, and later, by engaging Trina in an illicit, alternative treatment facility. When Keri feels the system constrains Trina's chances of recovery and so strains their relationship further, she turns to an illegal, coercive care system that combines allopathic with complementary, holistic treatments. Implicated as Keri and Trina are in the (bio)psychiatric model, Campbell's text offers an incisive perspective on the treatment of mental illness in an imperfect

system, from the vantage point of being deeply, and sometimes dissonantly, dependent on and aligned with it. Narrated by Keri, we gain intimate access to the conflicted position of a caregiver, her internalised maternal blame, and the ensuing distress. The boundaries between protection and perversion, or consent and coercion, here are not just blurred, but become categorically unproductive in reading the complexities of lived experience that exceed a purely medico-legal articulation.

I use the term 'mental illness' here to orient my reading with the biopsychiatric frame Campbell herself employs in the text. However, the articulation of particular mental states through a disease model, and the uncritical use of associated taxonomies as neurobiological fact, will be interrogated in this analysis. Trina's state (and that of other patients) in many ways coheres with the prevailing psychiatric model's representational strategies and rhetoric of recovery previously outlined. Here, distress is articulated as 'brain disease',[477] 'brain discord',[478] 'brain flu',[479] or the function of a 'fucked-up brain'[480] – very much reminiscent of Andreasen's claim that the brain is 'broken' in mental illnesses.[481] Keri describes the Weitz Center, where Trina initially attends an outpatient partial program, as 'a place to heal brains'.[482] Medication compliance is viewed as not just necessary, but favourable: 'Trina's sanity was maintained by her regimen of proper diet, enough rest, psychotherapy, and pills. And so was mine.'[483] The therapeutic response to episodes of mania is, in the first instance, an increase in antipsychotic dosage, much to Keri's relief.[484] Recovery is also understood as fundamentally an individual responsibility: Elaine, the programme director at Weitz, tells Keri that '[Trina's] healing is *her* job, not yours' and that '[Trina] has to be vigilant about taking care of herself'.[485] In its appropriation of the capitalist discursive strategies of efficient, functioning labour, this therapeutic rhetoric underscores the marketisation of recovery and the valuation of the recovered, 'whole' self within a medical-industrial complex. The internalisation of this rhetoric becomes strikingly apparent when Keri's friend advises Trina to 'work at staying well like it's

[477] Ibid., pp. 69, 104, 167, 206.
[478] Ibid., p. 51.
[479] Ibid., p. 29.
[480] Ibid., p. 48.
[481] Andreasen, *BNB*, pp. viii, 41.
[482] Campbell, *72HH*, p. 23.
[483] Ibid., p. 61.
[484] Ibid., p. 70.
[485] Ibid., pp. 69, 72.

a nine-to-five job.'[486] Strategies of self-management (medication compliance and therapy attendance) align the body with a corporate schema and its temporal demands, otherwise threatened by the cyclicality of repeated, unproductive hospitalisations. Before her latest episode, Keri notes that Trina had been in a 'rebuilding phase' of her life:

> [t]he first step was taking responsibility for her healing. The next was forming relationships, becoming more independent, regaining her autonomy. She had been inching closer to that place called normal.[487]

The trope of recovery-as-work frames the value of the 'cerebral subject', to revisit Ortega and Vidal's term, in terms of their ability to maintain healthy functionality as a node within a neoliberal model of the networked social whole. Keri's mapping of recovery reinforces a binary between pathology and normality, and undeniably reproduces a particular vision of the recovered self as rehabilitated within normative social space and capitalist time. Keri eventually reorients her envisioned trajectory of recovery to one that is non-linear and lifelong, moderating her visualisation of Trina's wellness as a state of being 'pretty well' – however fragile this may be.[488] This reframing of the recovery narrative will be more meaningfully engaged with in my subsequent chapter on healing.

To contextualise Keri's vision, it is worth considering Campbell's own position within mental health advocacy. Campbell's daughter was diagnosed with bipolar disorder, and Campbell herself became a celebrated advocate for minority representation and access to mental health services.[489] She co-founded the National Alliance for the Mentally Ill (NAMI), an advocacy organisation for the mentally ill and their families in the U.S. What began as a grassroots organisation spearheaded by a small group of families is now a major national stakeholder in mental health advocacy, represented by a widely-proliferated network of state organisations and affiliates. But NAMI has not been immune to criticism on the grounds of institutional collusion: its education programmes adopt a biomedical approach to demystifying

[486] Ibid., p. 33.
[487] Ibid., p. 38.
[488] Ibid., p. 303.
[489] In recognition of Campbell's commitments, the U.S House of Representatives designated the month of July as 'Bebe Moore Campbell National Minority Mental Health Awareness Month' in 2008, two years after her passing.

distress, and a legal exposé in 2007 revealed that significant pharmaceutical industry funding is channelled into NAMI.[490]

Campbell maintains that NAMI is fundamentally oriented towards destigmatising mental illness.[491] From Campbell's perspective, the embedded structural issues within mental healthcare call for a more nuanced appraisal than the reductive positioning of industry-institution versus individual can offer. Apart from the socioeconomic impediments to access, she notes a more general mistrust of the medical establishment amongst ethnic minorities – unsurprising given the historical track record of racialised biopolitical violence.[492] There is also resistance amongst African American individuals to identify as mentally unwell for fear of being further pathologised and stigmatised. Indeed, Keri's ex-husband initially denies Trina's diagnosis because he emphatically 'do[esn't] believe in that shit', designating the locked facility a 'warehouse for crazies'.[493] In Campbell's view, however, this resistance simply reproduces the conditions for marginality: a lack of treatment may result in drug and alcohol abuse to self-medicate, setting a legal precedent for the mentally distressed minority population to be even more disproportionately vulnerable to incarceration. Race insidiously becomes a license for policing the already-marginalised, unwell body; Keri is conscious of how the black body in distress gains amplified visibility under this policing gaze. Fearing the optics of 'a black girl going crazy with a hammer in front of cops',[494] Keri lies to intervening police that Trina is unarmed during one of her violent episodes. When Trina, the only black girl under treatment in the illicit alternative practice, is put on a high dosage of sedatives, Keri wonders if she would have been treated more kindly had she been 'a little blond girl' instead.[495]

If the body occupying multiple, intersecting marginalities is entrapped in the cyclical reproduction of the conditions of suffering, then it is not difficult to see why

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[490] Gardiner Harris, 'Drug Makers Are Advocacy Group's Biggest Donors' (October 21 2009) <https://www.nytimes.com/2009/10/22/health/22nami.html?_r=0> [accessed 10 January 2020].
[491] Bebe Moore Campbell, interviewed by Galley Girl, 'Between the Lines', *Time* (6 August 2005) <http://content.time.com/time/nation/article/0,8599,1090784,00.html> [accessed 10 January 2020].
[492] This medical mistrust is also potently registered in the disproportionately low uptake of the COVID-19 vaccination amongst black populations, largely stemming from mistrust of the medical establishment in the wake of historic violence and neglect of black healthcare needs, from gynaecological experimentation on enslaved black women, to the Tuskegee syphilis study on black men. See Karla FC Holloway, *Private Bodies, Public Texts: Race, Gender, and a Cultural Bioethics* (Durham, NC: Duke University Press, 2011); Ayah Nuriddin, Graham Mooney, and Alexandre White, 'Reckoning with histories of medical racism and violence in the USA', *The Lancet*, 396 (2020), 949–951.
[493] Campbell, *72 HH*, p. 19.
[494] Ibid., p. 31.
[495] Ibid., p. 188.

a psychiatric progress narrative would hold such appeal. To return to Keri's plotting of recovery, then, it becomes necessary to acknowledge how in practice, lived experience might not always comfortably align with the kind of broad structural critique of institutionalised recovery I have staged here. The text's visceral depictions of Keri's pain as witness and victim to Trina's episodes, and her desperation, quite profoundly challenge – on ethical grounds – an unnuanced critique of her alignment with certain coercive institutional practices. The movement towards Keri's idealised 'place called normal'[496] itself involves a painful dislocation from her black community. When stigma and silence make the community unaccomodating to Keri's need for support, she 'had to come to the white people'[497] and travels to the other side of town to attend support group meetings. The mother of another young adult in Trina's outpatient facility soberingly notes that not everyone can *afford* to be mentally unwell: she remarks that Keri, 'living the good life up there in the hills', has the 'money and insurance to go along with every crazy little thing [Trina does].'[498] Keri's socioeconomic privilege is simultaneously empowering and estranging. Her relative spatial immunity from some of the manifestations of structural violence positions her at the fringes of experience, as a partial observer. A significant line of inquiry that emerges here is how socioeconomic privilege affords not just the conditions of access to care, but the rights of representation in mental health advocacy. Perhaps the idea of the reintegrated self, privileged as it is in Western medical discourse, is here not so much an uncritical capitulation to a Western biomedical model of subjectivity, but an attempt to create conditions amenable to a kind of communal reintegration, where divisive fractures have taken root because of enduring silence and silencing.

The conditionality of (well)being takes sobering shape in the spectre of 'Crazy Man', a man identified as having schizophrenia, who lurks around Keri's neighbourhood market by day and returns to his mother's home by night. Like a 'silhouette posed against a white sheet', Crazy Man becomes a source of terror for Keri: he embodies what Trina, who must recover to fulfill her potential as a National Merit Scholar at Brown University, *could* have become – and indeed, could *still* become, without psychiatric intervention.[499] But Crazy Man functions as more than

[496] Ibid., p. 38.
[497] Ibid., p. 49.
[498] Ibid., p.136.
[499] Ibid., p. 61.

Trina's symbolic Other in the text. The fragile counterpoising of Trina and the Crazy Man is sustained only through their respective socioeconomic positionalities. Crazy Man becomes a direct reckoning with how structural privilege creates the conditions for even accessing this seemingly desired conditioning of the self. The nameless Crazy Man is denied subjectivity or a voice; this narrative violence of erasure simply enacts the structural violence and social exclusion he encounters. He is eventually shot by the police in response to his public outburst.

If there is any vision of relationality, then, it is an exclusionary one with particular conditions of access, which in turn condition the possibilities of (well)being. Keri's linear plotting of Trina's recovery arc strikingly animates this slippage between social mobility and access to the promissory goal of healthy selfhood. Trina's socioeconomic privilege gives her the mobility to even begin orienting herself towards care and wellness within an expensive, profit-driven medical-industrial complex. The mobility to even be 'inching closer to that place called normal',[500] as Keri envisions, is an unevenly distributed social good; some, like Crazy Man, are immobilised from the outset. The potential to recover, on institutional terms, also becomes proportional to one's cerebral value within a capitalist social network. Health is not just an individual responsibility, but a right that is pre-determined by the valuation of bodies, always already foreclosed to some, like the Crazy Man, and afforded to others, like Trina with her potential as a future Brown graduate.

Environment here mediates, in its exposure to risk factors, both the aetiology and expression of mental illness. The idea of predisposition, which theoretically circulates within a neurogenetic discursive remit, slips into social space as well. This becomes strikingly apparent in the '[d]epressed area'[501] Keri visits when Trina runs away from the alternative treatment facility. The search party looks for her in Woodie's Hamburgers on the 'dark side of town' hit by an 'economic bomb',[502] where black, underprivileged teenagers spend time and peddle drugs. The designation of a space as a '[d]epressed area' – in fact, *worse* than a depressed area in Keri's view – captures this coalescence of the biological and environmental. Keri fears that Trina's momentary contact with the 'dark side' might trigger and intensify another marijuana-induced episode. Yet, for the inhabitants of this '[d]epressed area', trauma is not

[500] Ibid., p. 38.
[501] Ibid., p. 258.
[502] Ibid.

episodic, but an *endemic* quality of life itself. These spatial politics are exposed when Trina is admitted to the Light House locked facility: on the west side are the incarcerated, and on the east, the mentally ill - though as Keri notes, many of the purported criminals are *also* mentally ill.[503] The right to inhabit certain spaces and gain immunity from others, or the right to identify as unwell rather than criminal, exists on a tenuous line sustained also by sociodemographic metrics: the privilege of inhabiting a particular *body* in social space. What is confronted here, in this contact with dark, depressed zones, is the danger of reading the mental illness through a neuroscientific prism alone – as localised and contained within the biological body – without considering how environment can quite literally get under the skin.

In staging a biopolitical critique, however, the text does evade the manner in which the biological itself has been unquestioningly naturalised in the psychiatric imaginary. This is something the text itself reproduces, in its uncritical appropriation of a discourse of pathology. Such a biopsychiatric rationality produces, defines, and sustains the 'mentally ill' subject as neurobiological fact. Interestingly, the cracks in the presumed biological fixity of this category emerge as Trina and Keri both instrumentalise the institution's modelling of distress. They self-consciously perform and model distress, albeit to different ends. But the possibility of performing distress, while disenabling in its willing subjection, exposes how illness and distress themselves are to some degree discursively constructed. Can we uncritically take 'mental illness' as objective neurobiological fact, without considering the ways in which its very representation – its institutional logic, diagnostic technologies, and signifiers for distress and wellness – fundamentally inflects the ways in which people implicated in the system represent themselves, and come to understand their subjectivities and subjection to the status of 'mentally ill'? This returns us to our overarching question: the tenuous boundary between a subjectivity defined as *having* or *being* a particular state of distress. A few qualifications are necessary here. This is not to deny neurobiological factors of distress, or discount the realities of distress itself. Rather, it is to critically consider how certain taxonomies and frames of reference, when unchallenged, (re)produce and sustain the 'mentally ill' subject and mental illness itself as existential given rather than discursive construction, limiting or altogether foreclosing alternative ontological imaginings of (well)being.

[503] Ibid., p. 294.

These traps are disconcertingly animated in Keri's attempts to secure conservatorship. Somewhat perversely, one becomes conditioned to internalise and embody biopolitical predation, to further morph, or mould one's charge, into the identity of the mentally ill (as institutionally defined), to access care. In Keri's words, '[t]he worse off I made Trina seem, the sooner she'd get help.'[504] At one point, Keri consciously provokes an otherwise-calm Trina as a violent outburst would implicate her in an involuntary seventy-two-hour hold, and potentially give Keri legal conservatorship over her distressed adult ward. Keri enters Trina's bedroom, screams at her, and moves toward her, pressing her chest against Trina. When Trina pushes back with her hands, Keri 'let them stay on [her] for a few seconds' and then 'fled downstairs' to call social services.[505] Touch, which is a source of connection between Keri, a former masseuse, and Trina, when all other forms of communication break down – '[m]y fingers on [Trina's] skin was our way of communicating'[506] – acquires an almost perverse charge in this de-formation of care, when institutional imperatives encroach into the affective, and regulate the relational dynamic. The exchange poses the insoluble question of whether a coercive act like this one can ever be read as benign, or even benevolent, in a system that structurally sustains a dynamic of psychiatric paternalism. When Keri's initial attempt fails, she calls the social worker repeatedly, 'exaggerate[s]'[507] Trina's state, and finally, plants a trap within Trina's reach – a bottle of alcohol, which is a known trigger. A system that breeds competitive distress – to perversely have to become *sicker* to survive – deforms the body in order to orient it towards its promissory goal of wholeness.

There is a vexed relationship between autonomy and adaptability in this seemingly willing subjection to the conditions of dependence. The clinical subject, and those implicated in their wellbeing, must adaptively and *visibly* perform their expressions of distress – varying its intensity and form – to meet the inflexible criteria for survival. The competitive, ceaseless moulding of the self, to outsmart the system on its own terms, becomes endemic to the operation of a particular medical-industrial machinery. To appropriate to a clinical context Malabou's observation about the formation of the endlessly-flexible neoliberal self, it becomes apparent that such

[504] Ibid., p. 162.
[505] Ibid., p. 159.
[506] Ibid. p. 305.
[507] Ibid., p. 162.

adaptability to clinical demands breeds a disenabling form of dependency and docility. This conditioning resonates in Keri's assertion to the social worker that '[s]he hit me […] A danger to others. That's the criterion'.[508] In its chilling flatness, Keri's statement viscerally expresses how the prolonged implication in a worn-down system with rigid criteria and long waiting lists, in turn wears down the physical body; it conditions docility towards the system's model of functioning, while blunting any capacity to resist or challenge its formulaic terms of access. This underscores a fundamental catch-22 in the system and its breeding of dependence: one has to be sick enough to recover on institutional terms, but in self-fashioning according to institutional imperatives, participate in perpetuating one's own subject status as mentally ill, and by extension, create the conditions for sustained dependency.

Beyond its resistive potential, what is also blunted, possibly altogether preluded, are the conditions for engaging with distress on ethical and affective, and not just institutional, terms. It is difficult, unproductive even, to read Keri's behaviour critically as either benevolence, selfishness, or perversion; the asymmetries of the system, especially for bodies misaligned with institutional imperatives, foreclose any neat judgment of its ethical orientation. Legality and lived experience become fundamentally misaligned, and available discursive frames like 'consent' and 'coercion' give way under the pressure of this misalignment. Indeed, Keri views her daughter's mental illness as a 'protracted childhood'.[509] Within this confined view, perhaps the discourse of responsibility figures as the only temporal possibility for autonomy? But what is lost here is the possibility that responsibility or autonomy, and interdependence, are not mutually exclusive – and perhaps are themselves interrelated. In Keri's position as a caregiver, 'Trina's progress' becomes the condition for 'the resumption of her old life, *our* old life.'[510] The interrelatedness of wellbeing and the web of interdependency – between caregiver, institution, and the c/s/x – is an inalienable aspect of healing, an insight discursively disguised by the rhetoric of recovery as an individual orientation.

The impulse towards reimagining relationality in this thesis is largely motivated in agreement with Malabou's view on the failure of 'neuronal liberation'[511] to truly

[508] Ibid., p. 160.
[509] Ibid., p. 39.
[510] Ibid., p. 34.
[511] Malabou, *WSWDB*, p. 67.

enable and empower the self. By refracting the body from the limiting, disenabling vision of the biomedical and its associated ideological conditioning of selfhood, we might approach alternative potentialities of being, and indeed, *becoming*. As Malabou observes, when agentive, cerebral potential is rendered through a capitalist prism, it produces 'an extremely normalizing vision of democracy'.[512] To re-articulate this through the decolonial praxis here, this is a 'normalizing vision' of *Western* democracy, a vision produced from within a particular (n)Eurocentric vantage point that structures its conditions of access through not just a normalising, but a *normative* view of the healthy body. I am interested in probing next how alternative engagements with distress *explode* form, indeed, poise themselves in the interstices of *creation* and *annihilation*, to revisit Malabou's striking formulation; that is, how they might de-form and productively re-form versions and visions of selfhood beyond the mandated modelling of a neocolonial-neuroscientific-neoliberal matrix. This orientation necessarily dignifies and re-centres the varied indigenous logics of health and their particular ontological schemas, ones that are rendered subservient to a Western biomedical rationality in its enduring epistemic hegemony. Such an approach allows us to challenge the fixity of this 'normalizing vision', and radically refract it to accommodate alternative viewpoints. If the brain becomes 'broken' in mental illness, as Andreasen suggests, then the contention here is that the broken, or fragmented, can pose a necessary challenge to the ontological security of another foundational myth of Western rationality, and its normalising vision of vitality: the mind as necessarily 'whole'. Here I would like to turn to two texts that generatively dwell in such dis-order.

'Color this Brain'

In Nigerian writer and visual artist Eloghosa Osunde's work, we find a subversive appropriation of biopsychiatry's conceptual toolkit to process and re-embody experience in all its situated, sensory immediacy. In her six-part photography 'vision-board' on neurodivergence, 'Color this Brain', Osunde seeks to create a 'visual language' that can render 'the exact color and texture of my depression and my anxiety, my dissociation and my exhaustion', in all its 'flatness and madness and

[512] Ibid., p. 53.

sharpness'.[513] The body in this sequence moves through land and water, against the backdrop of various colours that reflect particular emotional states. If, as argued, the representational mediums of psychiatry may disembody and decontextualise the lived experience of distress, then Osunde's vision-board renders distress through the prism of highly-networked physical, physiological, and psychological landscapes. Osunde's vision-board is freely accessible through her website, with sixteen photographs grouped in six distinct parts, each unfolding as we scroll horizontally across the screen. This is a switch in our predisposed pattern for engaging with digital media, programmed as we are to consume information through a vertical plane as we scroll. Perhaps this disruption and reconfiguration of our own physical movement in the digital space, in the way we access Osunde's material, is in itself a means of re-embodying the encounter with digital material, accustomed as many of us, myself included, are to mindless scrolling. Perhaps it is a demand to bring awareness to our own situatedness in our embodied, relational encounter with Osunde's work, just as she re-situates her distress in somatically-salient ways.

The affective associations between mood and colour, or 'emotional coloring',[514] circulates both colloquially and clinically. The mood-colour analogy has itself been inducted psychiatrically by the various visual technologies of diagnosis and therapy, perhaps because of its utility for self-representing and clinically self-reporting distress. Interestingly, the colloquial conflation of depressed states with monochromatic, blue or silver hues has also been filtered through a biological interpretive schema: through the pattern electroretinogram (PERG) diagnostic technique, compromised visual perception, specifically lower retinal contrast grain, has been measured as a potential biological correlate for the presence and severity of depression.[515]

[513] Ibid.
[514] Andreasen uses the term 'emotional coloring' to suggest how mood disorders affect a person's perception of the world. (*BNB*, p. 222.)
[515] Emanuel Bubl et al., 'Seeing Gray When Feeling Blue? Depression Can Be Measured in the Eye of the Diseased', *Biological Psychiatry*, 68 (2010), 205-208.

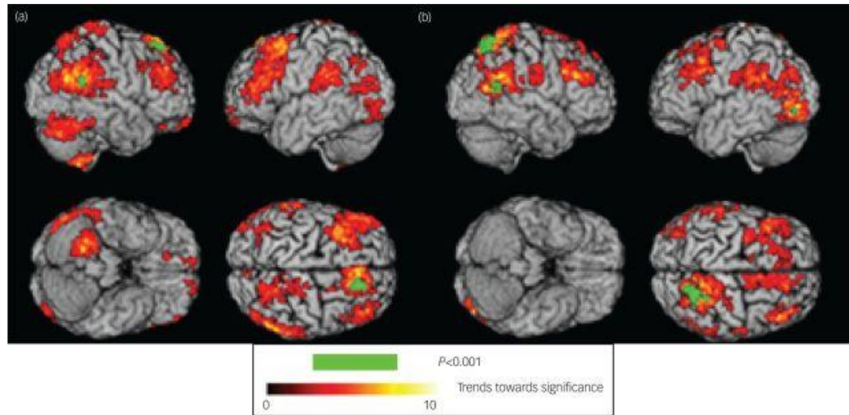

Figure 4: MRI scan measuring patterns of atrophy of (a) grey matter regions and (b) white matter regions in patients with depression relative to healthy controls[516]

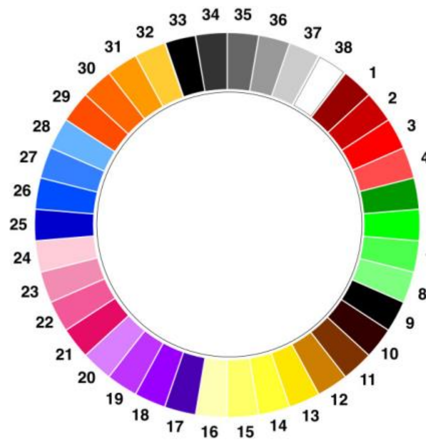

Figure 5: Manchester Color Wheel

[516] Anjali Sankar, et al. 'Diagnostic Potential of Structural Neuroimaging for Depression from a Multi-Ethnic Community Sample', *BJPsych Open*, 2 (2016), 247–254.

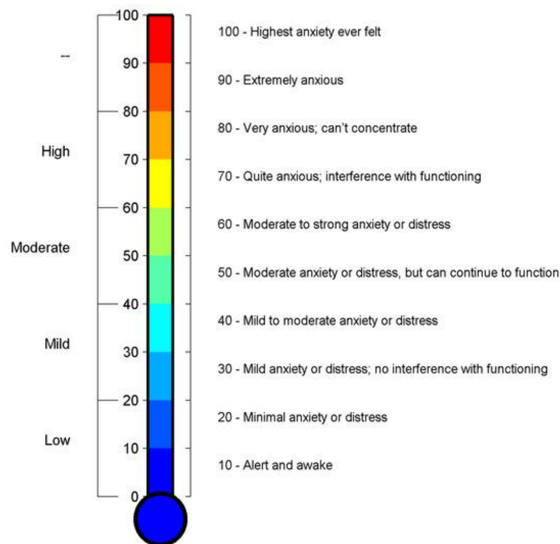

Figure 6: Subjective Units of Distress Scale

Meanwhile, colour-coded neuroimaging technologies like MR and PET scans use particular colour codes to map structural abnormalities such as blood flow, white/grey matter, and metabolic activity in the brain; distinct from symptom-based diagnostic metrics like the *DSM*, these biomarkers are used to aid the diagnosis of mental illnesses like schizophrenia and depression. The colour wheel and graded mood thermometer, Subjective Units of Distress Scale (SUDS), are also frequently used in psychotherapy as visual, non-verbal modes of communicating emotional variations and their degree of intensity. These are used both as a psychological 'screening tool'[517] and for self-reported mood monitoring.

[517] Helen R., et al., 'The Manchester Color Wheel: validation in secondary school pupils', *BMC Medical Research Methodology*, 12 (2012), 1-12.

Figure 7: ‘Exhausted Blue (Depressed Hue)’, Eloghosa Osunde, ‘Color this Brain’

Figure 8: ‘Frac-chsia’

Figure 9: ‘Catatonut’

Through her reconfigured ‘visual language’, Osunde creates an alternative narrative of distress, re-locating it beyond a psychiatric setting where the visual mode – as evinced by technologies like neuroimaging, colour wheels and mood

thermometers – might be limiting at best, and alienating at worst. There is a tendency with these technologies towards overly-reductive delineations based on the primary metaphorical association attached to a colour. Indeed, Frederick Goodwin and Kay Jamison note the limitations of verbal language in describing intense and subjective experience. However, they also observe certain common metaphorical associations amongst people diagnosed with depression: descriptions involving nature, weather, religion, or 'mystical' features, as well as metaphorical associations of life as being 'flat' or 'colourless' – indeed, these features are largely present in Osunde's series, albeit rendered through a visual rather than verbal medium.[518] It is also significant to note that Osunde self-identifies with the clinical terms 'depression', 'anxiety', and 'dissociation'. Curiously in this series, however, more conventional colour connotations (like blue and depression) are interspersed with unexpected amalgamations of clinical and colour terminology: 'dissociorange', 'howl-genta', 'frac-chsia', 'bronzxiety', and 'hallucilver', to name a few. There is also a subversive compounding of medical jargon and insult – 'catatonic' and 'nut' – with the photograph 'Catatonut' (Fig 9) in series four, aptly entitled 'The Fading'. The body in this photograph sits still, in stark contrast to prior images of the body in motion. In this embodied translation of affective states, 'Catatonut' is probably connotative of the immobilising, or paralysing, quality of not just distress, but the charged clinical and social weight attached to this distress.

There is also an element of dark humour in this naming, which on first encounter brings a levity to the often cold register of clinical taxonomy. In a way, the unexpected levity is also a necessary reminder of the shades and vagaries in emotional intensity; depression does not follow a flatly linear course, but is shaped by its own idiosyncratic trajectories. Underscoring this complex gradation, we see the body – and its coloured landscapes – cycling irregularly through different gradients in her series. This seems symptomatic of the cyclicality of mood, which might not always translate neatly into linear diagnostic colour gradients. Interestingly, Daley-Ward in *TT* also uses colour to represent mood states, without capitulating to the medical framing she consistently resists. The state of 'going under' makes Daley-Ward 'feel' and 'see' 'pitch gray', and she inexplicably 'feel[s] dark red things'[519] that she cannot articulate as a child. These

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[518] Fredrick Goodwin and Kay Jamison, *Manic-Depressive Illness Bipolar Disorders and Recurrent Depression*, 2nd edn (New York: Oxford University Press, 2007), p. 30.
[519] Daley-Ward, *TT*, pp. 81, 155, 35.

colour associations become a visceral way of expressing what evades containment within formal registers of distress.

Figure 10: ‘Claw B(l)ack’

Figure 11: ‘Hallucilver’

Following the ‘Catatonut’ state, we witness a transition into monochromatic hues of black, grey, and silver through a sequence of stills. But this does not quite reinforce the colloquial (and now, biological) association of depression with monochromatic preferences. Rather it almost thwarts such a reading in the regenerative potential it depicts. The penultimate section of this six-part board is entitled ‘Small Deaths’, and its three visuals move from ‘Numb Gold’ to ‘Dead Black’, then ‘Claw B(l)ack’ (Fig 10). The verb ‘claw’ destabilises the biological boundaries of what it means to be *human* itself, opening up temporalities of *becoming* that exceed biomedical possibilities. The series culminates in ‘The Hardening’, which comprises of the only standalone photograph of the series, titled ‘Hallucilver’ (Fig 11). The term ‘black’ here

might productively be read as embodying both an affective state and social identity; this particular black aesthetic, then, becomes a means of re-ordering the temporal trajectory of distress and recovery, a different dimension to the cyclicality discussed here. In stylistically splicing the words 'Back' and 'Black', we see blackness re-visualised as the landscape for centring or grounding – not immobilising as much as offering the physical and conceptual space, as it were, for the regenerative capacity depicted. We might even relocate the transition from 'Small Deaths' to 'Hardening' within a particular Nigerian cosmology of reincarnation, which we explored through Emezi's *Freshwater*. If we reframe the colour wheel in terms of a life cycle, Osunde's act of cycling through emotional landscapes can be productively depathologised; it is not symptomatic of psychiatric fragmentation or dis-order, but rather, naturalised as an endemic feature of lived, experiential realit(ies).

That 'Hallucilver' is the standalone feature of the final part is significant. In this amalgamation of land, sky, and sea (all isolated components of previous photographs) we see a re-integration of multiplicity – of selves, emotional states, and space. The impulse behind this work, in Osunde's words, is to allow people to 'interact with a neurodivergent brain personified' and avoid stereotypical binaries of normality and 'madness'.[520] Osunde's use of 'personification' is significant here; these stills foreground the fully-fleshed out individual who is inalienably embodied and environmentally-embedded, a holistic, contextualised view of experience often occluded in the highly-localised anatomisations of neuroimaging. In Osunde's depiction of 'what a mind can do from inside a smiling head or while sitting in a fully functioning body',[521] the representational limits of neuro-technologies are exposed. Osunde's statement also exposes the cultural scripts that regulate one's affective field; these are internalised and performed, inhabited as an exterior or second skin that forcefully conceals experiential states that threaten normative social functioning. Distress here also arises from the dissonance between the internal and the external. But what this visual medium offers is a third space through which to synthesise and accommodate multiplicity – in all its marginal, obscured forms – in a way that is not cognitively dissonant, precisely by rejecting polarities like the normal and pathological, neurobiological and sociocultural. There is a demand here to recognise

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[520] Eloghosa Osunde, interview in *Looking Glass Collective* (undated) <https://www.lookingglasscollective.com/eloghosaosunde> [accessed 10 Jan 2020].
[521] Ibid.

the self as a composite of its performed identities and psychosocial realities. The glistening silver hues on the body in 'Hallucilver' create the visual effect of sub-human, metallic skin. In this stage of 'hardening', the skin might be read as armour;[522] to recall Ada's flat chest and armour-like shine, this depiction of the skin envisions a resilience, but elasticises its conceptual scope. This is a form of resiliency solidified and edified, rather than compromised, by consolidating these layered selves.

Given that Osunde's is a self-identified series on neurodivergence, any engagement with work deploying this label also demands an address to issues of representation and the fraught identity politics that emerge in this field. This is particularly germane where variation from a 'norm' (neurological or narrative) or the explicit disavowal of normality-pathology binaries, is embraced as productive or generative, as it is in Osunde's work. The neurodiversity paradigm is worth pressing here for this reason. Neurodiversity theorist Nick Walker offers a useful rubric for defining the neurodiversity principle in its biological, philosophical, and now political dimensions. Walker defines neurodiversity as the 'infinite variation in neurocognitive functioning' within the human species.[523] The philosophical paradigm that arises is grounded on this 'biological fact', but extends into the social, affirming that neurodiversity is both natural and desirable, and a single 'normal' or 'healthy' model of functioning does not exist.[524] Countering the 'myth of the normal brain', it principally rejects the prevailing disability/illness/disease paradigm in favour of a diversity one.[525] As a social justice movement, the reframing of experience through a 'diversity' prism conceptually de-pathologises what may otherwise be read as clinically-disordered.[526]

The neurodiversity movement itself has not been immune to criticism. Some autism rights circles have mounted strong opposition to the exclusionary nature of this form of identity politics. A major contention here is representational privilege; this is where the internal asymmetries of neurodiverse representation need to be addressed, and intersectional analyses applied. This relative power may be held by those who

[522] Steven Connor, *The Book of Skin* (London: Reaktion Books, 2004), pp. 54-55.
[523] Nick Walker, *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities* (Texas: Autonomous Press, 2021), p. 31.
[524] Ibid., pp. 31-33.
[525] Thomas Armstrong, 'The Myth of the Normal Brain: Embracing Neurodiversity', *Medicine and Society*, 17 (2015), 348-352; Thomas Armstrong, *The Power of Neurodiversity: Unleashing the Advantages of Your Differently Wired Brain* (Boston, MA: Da Capo Press, 2011).
[526] While the movement originates in the field of autism rights, it has increasingly diffused into mental health advocacy.

occupy a more privileged socioeconomic, racial, and/or gender identity, whose experiences are centered as representative 'norm', at the exclusionary cost of voices occupying multiple intersecting marginalities.[527] Individuals with higher-functioning forms of neurodiverse experience might also be in positions to resist medical intervention and stage an ideological critique against medical diagnosis, which is a major point of division within the movement.[528] In advocating against a clinical 'norm' as a political expression of resisting a biological norm and ideological normativity, the movement runs the risk of pathologising an individual's potential need or desire to seek medical recourse. As seen in *72HH*, the severity of Trina's condition necessitates institutional intervention; psychiatric medication alongside participation in a community support group is what eventually becomes a sustainable model of care for both Trina and Keri. At its core, the argument against this particular expression of neurodiversity as a collective, and collectivising movement, is one of representational rights: how do we accommodate for internal heterogeneity? The point here is not to reproduce value-addled binaries between institutional and non-institutional or indigenous models, but rather, to be sensitive to positionality and the contextual realities of distress.

I see Osunde offering one way of navigating this tricky terrain here; by appropriating and adapting medical discourse, Osunde blurs the boundaries between the institutional and creative spaces, dwelling in the interstices – an in-between space of 'epistemic reconstitution', to revisit Mignolo's decolonial praxis – drawing on a variety of available cultural registers to express distress through a hybrid mode that is intelligible and meaningful to her own situated experience. This is a self-defined metric for diagnosing distress, beyond received colour connotations that circulate within psychiatric practice. The inextricability of body and narrative, or body as narrative medium, is demonstrated in this series: the photographs could be read as a performative appropriation of many of these clinical metrics for visualising mood. Yet in this performative gesture itself we find the subversive potential for reclaiming a psychiatric language that – in foregrounding the biological – potentially occludes from

[527] See Morénike Giwa Onaiwu, '"They Don't Know, Don't Show, or Don't Care": Autism's White Privilege Problem', *Autism in Adulthood*, 2 (2020), 270-272.
[528] See Jonathan Mitchell, 'The danger of 'neurodiversity'', *The Spectator* (19 January 2019) <https://www.spectator.co.uk/article/the-danger-of-neurodiversity-> [accessed 28 March 2022]; Ginny Russell et al., 'Selective patient and public involvement: The promise and perils of pharmaceutical intervention for autism', *Health Expect*, 21 (2018), 466-473.

its vision other embodied dimensions of distress. Fundamentally, this is a question of holding space for the diverse and plural ways in which subjectivity and healing are understood *by* people within the c/s/x.

What We Lose

The unifying undercurrent in these various re-scriptings of distress is an attempt to represent experience beyond a strictly pathological register. The narrative medium, rendered textually or somatically, offers the space to accommodate these diverse framings of experience. In its formal experimentation, Zinzi Clemmons's semi-autobiographical engagement with loss and trauma in her debut novel *What We Lose* offers another locus to explore how such experience might be represented. Clemmons herself is acutely attuned to the politics of inclusion and rights of representation that regulate these expressions. She notes that black literary aesthetics invoke the potential for appropriation and hybridisation, both hallmarks of experimental forms. Yet, black and minority writers have historically been excluded from the remit of the literary avant garde, a category almost exclusively occupied by European writers.[529] On these exclusionary politics, she posits

> [a]s a writer, do you really want to be categorized—as avant garde often is—as dense, indecipherable, elitist, and perpetually unappreciated? Maybe not. But if we take avant garde at its most basic definition—that is, innovative—it becomes a serious problem: to be denied status as an innovator based on race is terrifying.[530]

Thus far, this thesis has argued for the rights to represent c/s/x experience from *within*, using the idiosyncratic frames of reference that become most intelligible through a perspective shaped by first-hand experience. Central to this argument is the possibility of reading the body, as both medium and mediator of distress, and expressing said distress through its idiosyncratic logics that do not necessarily adhere to a psychiatric schema or scripting of distress. Fundamentally, what has been foregrounded is the merit of accommodating such multivalence – both on aesthetic and political terms – and the range of innovative modes constructed to do so.

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[529] Zinzi Clemmons, 'Where Is Our Black Avant Garde? On Creating a New Canon, and Responding to Old Denials' (29 January 2016) <https://lithub.com/where-is-our-black-avant-garde/> [accessed 26 January 2020].
[530] Ibid.

However, the right to represent can morph into a limiting imposition. The body-as-text association here becomes constrained when the body is instrumentalised to reproduce a certain racial essentialism. Literary typecasting transforms representative license into an obligation to represent a particular experience. Capitalism's contact with creative work constrains its capacities of expression within market demand. Black writers like Taiye Selasi and Aminatta Forna have been vocal about the limiting 'requirements of bookshop shelves'[531] and classificatory mechanisms that regulate the spaces that black art(ists) can meaningfully occupy. Selasi critiques the taxonomic trend of using 'African' writing as an umbrella marketing category, as it assumes a kind of limiting homogeneity. As Selasi argues, 'the most scathing critique of the African writer is not that she is insufficiently talented, but that she is insufficiently African.'[532] The obligation to represent becomes creatively stifling, in its appraisal of work on the basis of political or representational, rather than aesthetic, merit. Market forces can equally flatten creativity into homogeneity.

WWL, however, synthesises both the sociopolitical and the aesthetic, demonstrating that the two are inseparable dimensions of the text's representational poetics. Reflecting on new architectural developments in Johannnesburg being advertised in the media as an 'African aesthetic with a contemporary vision', protagonist Thandi questions why '"African" and "contemporary" have to be incommensurate?'[533] This challenge becomes a leitmotif of Clemmons's non-linear, collagic form. We find reproduced in the seeming incommensurability of the contemporary and African, the entrenched polarisation of the primitive or traditional and modernity, one drawn along spatial lines. In modernity/coloniality's development narrative – here under the guise of urbanisation – the non-West is figured as statically immune to the linear temporality of a Western progress narrative. *WWL* both formally and thematically reclaims the marginality and generative potential of being in-between, using this hybrid, third space to undermine the Eurocentric discursive binaries of tradition/modernity, non-West/West, and expose the attendant sociopolitical violence these dichotomies sustain. What this hybrid narrative space

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[531] Aminatta Forna, 'Aminatta Forna: don't judge a book by its author', *The Guardian* (13 February 2015) <https://www.theguardian.com/books/2015/feb/13/aminatta-forna-dont-judge-book-by-cover> [accessed 17 March 2020].

[532] Taiye Selasi, 'Taiye Selasi: stop pigeonholing african writers', *The Guardian* (4 July 2015) <https://www.theguardian.com/books/2015/jul/04/taiye-selasi-stop-pigeonholing-african-writers> [accessed 17 March 2020].

[533] Clemmons, *WWL*, p. 131.

accommodates are the plural expressions of selfhood emerging from cross-cultural contact across time. As a half-African American, half-South African woman in middle-class Pennsylvania, Thandi feels like a 'strange in-betweener'.[534] Much like her protagonist, Clemmons identifies as a hybrid writer on the margins; she shares her protagonist's racial identity, and has academic backgrounds in biology and pre-medicine alongside her literary career. Clemmons constructs a non-linear narrative form that registers these pluralities: it is a collage of Thandi's journal-style vignettes interspersed with idiosyncratic reflections on life, recollections of her mother's advice, blog posts with social commentary, local news, rap music, and statistics on the intersection of race and life expectancy. By disorienting form, Clemmons resists the representational limits of any single genre, and by extension, a reading experience that is exclusionary in nature. What this collagic narrative accommodates is the intersecting, often conflicting, experiences of embodied life across time and sociocultural space. Marginal experiences are here re-centred rather than relegated to the fringes of textual form; Clemmons foregrounds the intersecting experiences of race, sex, age, and class, exposing how the body occupying multiple marginalities circulates in an economy of (well)being.

This is as much a text about loss as it is about reconstituting new modes of *being* and means of *becoming* in the wake of loss. Clemmons's form itself comes to mirror and enact her own embodied, situated experience. Writing while caring for her cancer-stricken mother, Clemmons's collagic narrative is quite literally generated from loss, and the eventual form itself is symptomatic of these temporalities of loss. She was initially writing a more 'linear narrative' unrelated to the illness, but abandoned this in favour of more experientially and emotionally-resonant loose vignettes. The narrative became a composite of the short notes she was writing while being a full-time caregiver, the only form that she had the 'time and energy [to] muster'.[535] There is a mingling here of the compressed, almost claustrophobic confrontation with mortality in the vignette form, registering her mother's deterioration, and her own wearing down as witness and support. Yet there is also a curious interplay between death and creation here, which destabilises discrete temporal boundaries. Narrative

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[534] Ibid., p. 26.

[535] Zinzi Clemmons, interviewed by Alexandra Watson, 'The Freedom to Defy Expectations: An Interview with Zinzi Clemmons' (14 June 2017) <https://lithub.com/the-freedom-to-defy-expectations-an-interview-with-zinzi-clemmons/> [accessed 26 January 2020].

form comes to embody lived experience, becoming the technology through which death and birth, and old and new modes of being, are synthesised in the wake of loss. Interestingly, Clemmons notes her failed attempts to use digital technology as a medium for organising these fragments: Microsoft Word would glitch with all her structural experimentation. She eventually found narrative order by manually shifting around the printed pieces by hand on her floor.[536] If there is a somewhat uncanny gesture of narrative embodiment at work here, then it is nowhere more apparent than in how the body becomes a cipher, its own technology for making meaning out of ineffable loss – loss that exceeds the imaginative boundaries of available representational (and regulatory) schemas.

Taxonomic tensions are a multivalent motif here: 'What We Lose' is the title of a support guide Thandi receives from the hospice after her mother's death. The pamphlet Thandi receives offers a glossary of terms related to distress (like grief, mourning, bereavement), as well as prescriptive and prohibitive self-management tips (diet, exercise, alcohol).[537] The narrative – through its polygeneric form – comes to embody the multiple scripts Thandi navigates in her process of mourning. Like with Daley-Ward's taxonomic gestures in *The Terrible*, Thandi's grief itself proves to be unclassifiable; it exceeds formal representation, in many ways. In the pamphlet, grief is defined as a response, mourning as a mode of expression, and bereavement as the event of loss or change in status. The disjunction between technical and experiential realities of distress becomes a source of dissonance and alienation. Instead, Thandi attempts to construct new forms of expression that meaningfully resonate with her experience.

The affective and conceptual limits of available technologies for representation are sharply crystallised in the fraught term 'orphan'. Thandi reflects on how the pamphlet uses the term to describe bereavement as a change of status to widower or orphan. Thandi offers a textbook definition of an orphan: one who is 'without parents, without roots'.[538] In its technical mapping of loss and generalised guidelines for coping with grief, what the pamphlet fails to accommodate are the subjective intricacies of loss and trauma as it is experienced – like the alienation Thandi feels from her mother's culture, the death of Thandi's own now-exhausted identity as

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[536] Ibid.
[537] Clemmons, *WWL*, p. 99.
[538] Ibid.

caregiver, dissonance with her father's form of mourning, and her subsequent fractured relationship with her father. Thandi redefines the term 'orphan' beyond its colloquial, biological framing of a child who has lost parents: she designates both herself and her father as orphans, 'malnourished' both physically and emotionally with her mother's passing.[539] Thandi muses that 'the condition [of being an orphan] isn't mathematical. The loss is what creates the condition.'[540] There is a radical revision here of such neat temporalities of loss. Death is not so much an 'event' that activates a sense of loss and grief, as it is a process for Thandi, who, as her mother's caregiver, witnesses the unfolding of many deaths as her mother slowly loses parts of herself to cancer. But loss is dually-charged here: it represents her mother's physical passing as well as the loss of old identities or modes of being for the living (Thandi's role as daughter and caregiver).

Just as narrative form synthesises such temporalities of death and creation, it also simultaneously enmeshes the 'micro' experience of private loss and the 'macro' social perspectives on loss as a collective condition. Indeed, this unbounded, collagic narrative diffuses the boundaries between the personal and the collective. Thandi's meditations on what it means to be an orphan are interspersed with musings on mythological and political 'heroic' orphans in history.[541] This synthesis of the individual and collective is perhaps also a means of countering her own alienation – both the persistent alienation by virtue of her in-between-ness, and the heightened fragility of her South African identity following her mother's death. The movement between the micro and macro, personal and collective, becomes a means not just of reconstituting identity in the aftermath of loss, but of interrogating the identity determinants that condition premature loss.

Thandi's mother's death, coupled with the death of her friend's father from a third heart attack, make Thandi acutely aware of how health becomes asymmetrically-accessible and socially-determined, producing discrepancies in life expectancy and mortality rates. Lauren Berlant's concept of 'slow death' is a useful way of considering the persistent structural conditions that foreclose (well)being. Berlant defines slow death as the 'physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and

[539] Ibid., p. 109.
[540] Ibid., pp. 99-100.
[541] Ibid., p. 152.

historical existence', within a capitalist context.[542] Thandi becomes conscious of how her socioeconomic privilege as a middle-class woman leaves her comparatively immune to certain risks that arise at the intersection of race and class, such as gun violence and obesity – in other words, the complex ways in which the exclusionary parameters of 'slow death' are mapped. If, as Read argues, in a bio-bio-bio model, 'life events have been relegated to the role of 'triggers' of an underlying genetic timebomb',[543] then what is exposed here is how the genetic comes to be conditioned by the social; how structural violence seeps under the skin, transmitted transgenerationally as a persistent, rather than temporally-contained, condition. Indeed, Berlant suggests that as a permanent state of being, 'slow death occupies the temporalities of the endemic.'[544] In other words, the language of the epidemic or crisis, such as war, as a temporally-discrete state of exception is disqualified here; rather, it becomes 'a defining fact of life for a given population that lives it as a fact in ordinary time.'[545] The idea of slow death as an ordinary condition of living here also reconfigures the conception of trauma as a breaking point, particularly in an event-based model of trauma theory rooted in post-war combat trauma and Holocaust scholarship, which still dominates much of Euro-American thought. The *DSM* itself was first produced largely in response to male combat trauma (what was then termed 'combat neurosis') after World War II. The very vocabulary offered by dominant event-based trauma models proves inadequate to capture historically-rooted, persistent violence like slavery, and its more covert structural continuities like micro-aggressive racism. If our reading of distress must be contextualised psychopolitically as a situated, affective experience, then the dominance of a medicalised event-based model also raises questions about cross-cultural applicability. In Berlant's formulation, 'dying' and life itself are not so much discrete entities as they are 'coextensive'.[546] This reformulation demands that the trajectories for engaging with said distress are temporally reoriented.

[542] Berlant, 'Slow Death', p. 754.
[543] Read, 'The bio-bio-bio model of madness', p. 597.
[544] Berlant, 'Slow Death', p. 756.
[545] Ibid., p. 760.
[546] Ibid., p. 762.

Replotting Aetiology, Pathology, and Cure

WWL's polygeneric narrative form itself accommodates the various visual, sensory, and somatic modalities through which Thandi processes the experience of loss, enacting the vagaries of grief as it cycles through different expressive registers. When her mother's condition worsens, Thandi occludes the visceral register with a cerebral, biological one:

> I stared at the urinal, the tubing, not watching, not reacting. The room smelled acrid because she had a bacterial infection, which was forcing her into a coma. I let the smell overwhelm me until I couldn't smell it anymore. The stench was nothing more than molecules moving in and out of my nostrils, the scene nothing more than light reflected off objects alive and inanimate, some dying.[547]

The fixation on the molecular here animates the molecular mutation characteristic of cancer. But this distancing from the visceral, embodied quality of her mother's degeneration might have a therapeutic effect for Thandi – it imposes order on a loss that she elsewhere terms 'beyond comprehension'.[548] The reduction of the body to a purely biological entity and set of processes, filtering the sensory – smell and sight – through the frame of molecules and light, appears to be an attempt to disembody and dissociate herself from the harrowing visceral immediacy of witnessing this loss and inhabiting the same corporeal space as her degenerating mother. The order, and the ontological security offered by a particular biomedicalised rationality, then, cannot be denied – it can, for some, be therapeutic in the attempt to reconcile, or at least work through, the immediacy of loss. Elsewhere, Thandi turns to a mathematical medium to 'visualise [her] emotions'.[549]

[547] Clemmons, *WWL*, p. 93.
[548] Ibid., p.112.
[549] Ibid.

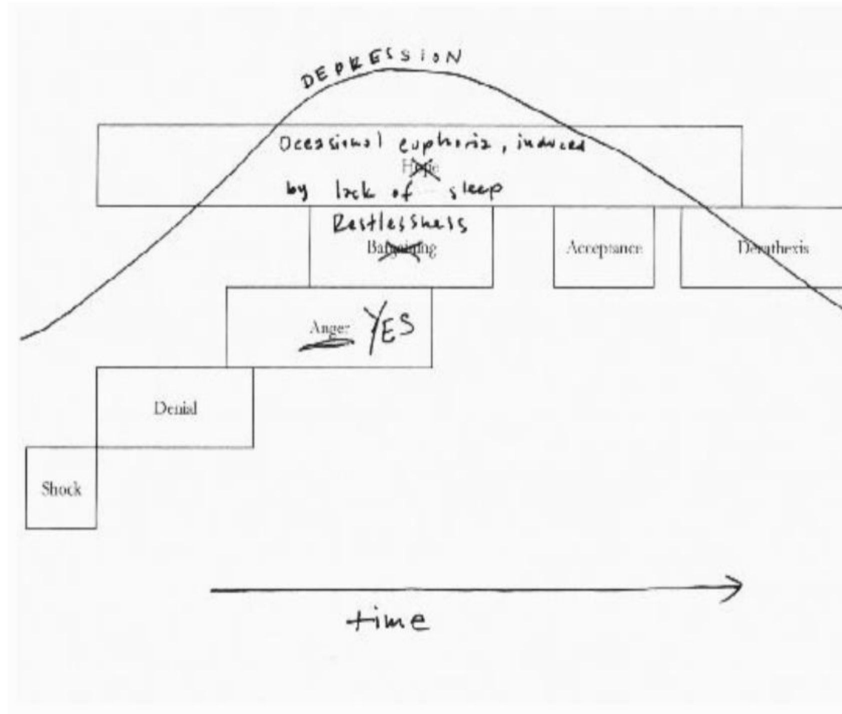

Figure 12: Zinzi Clemmons, *What We Lose*, p. 111

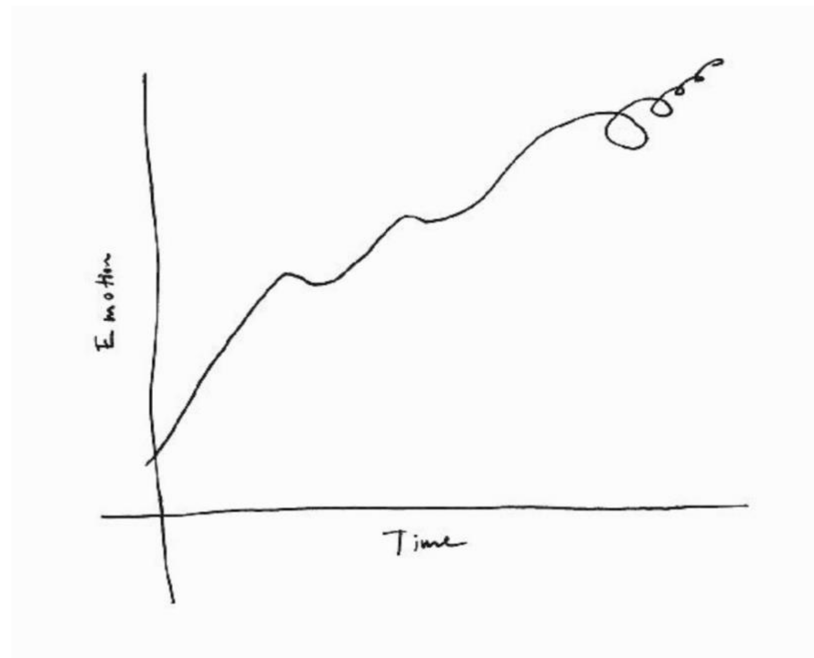

Figure 13: Zinzi Clemmons, *What We Lose*, p. 114

The graphical plotting of emotion through the textbook stages of grief has a therapeutic function for Thandi: 'it helped to see my feelings organized into a neat

line, a process that connoted order and straightforward representation.'[550] The peaks and troughs in the second graph (Fig 13) are symptomatic of various stages in her mother's treatment. The heightened shock and uncertainty engendered by diagnosis are tempered as she becomes accustomed to the clinical routines of caretaking, and eventually spike again as her mother's condition deteriorates to the point of death. The graph seems to function in the vein of instruments like mood thermometers, with the demands it makes on affective self-assessment. While for Thandi there is a therapeutic quality to imposing order on her seemingly dis-ordered emotions, the structural scope of graphical representation eventually exhausts itself, unable to accommodate the breadth and depth of untranslatable experience. This evocation of emotional excess strikingly echoes de Vos's account of the human surpluses that are muted not only in pervasive neuroimaging technologies, but the reductive discourse of *being* a brain; this ontological gap seems to be filled by Clemmons's expression of embodied experience exceeding the parameters of these representational technologies. Curiously, this graphical mapping – not linear but plotting an expected emotional trajectory according to what the *DSM-5* designates as 'waves' or 'pangs of grief'[551] – eventually spirals into infinity. In its spiralling, the graphical medium almost implodes into itself, becoming a visual expression of its own representational inadequacy in the face of distress that cannot be pinpointed because it is 'so beyond comprehension and feeling'.[552]

[550] Ibid., p. 112.
[551] *DSM-5*, p. 126.
[552] Clemmons, *WWL*, p. 112.

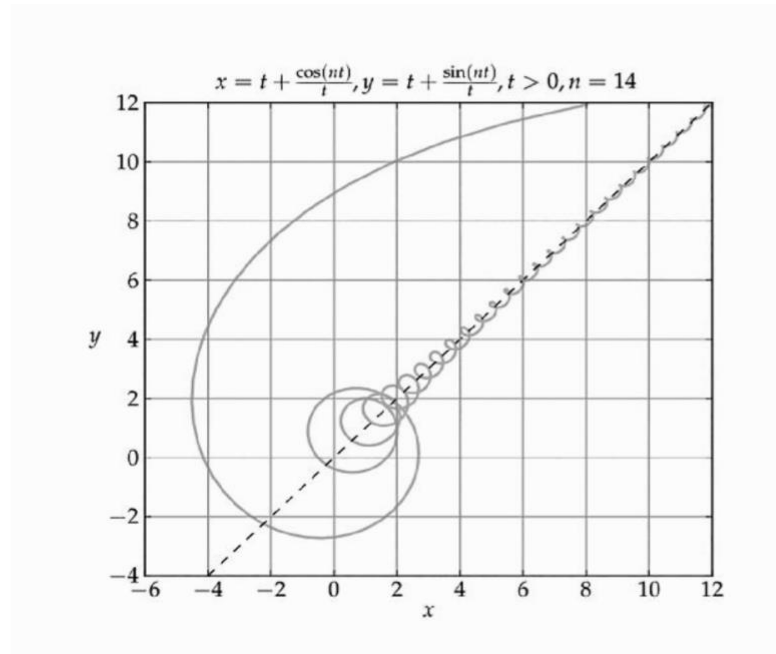

Figure 14: Zinzi Clemmons, *What We Lose*, p. 115

In Fig 14, Thandi uses the asymptote to represent this 'ineffability' of emotion.[553] The asymptote, in its persistent failure to approach a line, becomes emblematic of a mind failing, or perhaps resisting, to contain and re-order itself strictly within the linear trajectories – of identity categories (orphan, caregiver, etc.) and institutional recovery – that formalised accounts of loss demand. There is a counter-positioning here of cerebral and visceral modes in two consecutive vignettes: the section outlining the asymptote as 'an effort of pure reason' expressed to the 'mind, not to the senses', is immediately counteracted by a subsequent reflection on the sublime and the subordination of thinking to feeling.[554] In the conceptual opacity of these sections, there is an almost self-reflexive toying with the exclusive and exclusionary politics of such experimental theorisations, and indeed, experimental literary *form* itself in the Western avant garde canon, to recall Clemmons's earlier critique of its perceived 'dense, indecipherable, elitist' quality. Clemmons here interrogates whether these modes offer the best affective access. This also raises questions about the alienating quality of the available representational technologies for framing distress, and as a corollary, who wields the rights to script said frames. Almost as a synthesis, if not solution, to these seemingly polarised vignettes, Thandi draws on the metaphorical

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553 Ibid., p. 115.
554 Ibid., pp. 117-118.

mode only to reject its representational capacity: using the analogy of describing fruit to someone who has never tasted it, using only associative images and metaphors, she argues that only 'direct experience' can offer access into the 'reality' of eating the fruit.[555] In this ironic metafictional gesture, these different representational modes seem to internally cannibalise and break down because of their inadequacy. This perhaps makes a case for the primacy of Thandi's anecdotal accounts of grief, not losing sight of the personal voice and affective experience as the unifying thread of these collagic layers in Clemmons's experimental form. As Thandi reflects,

> a loss is beyond numbers, as well as sadness, and depression, and guilt, and ecstasy, and hope, and nostalgia – all those emotions that experts tell us come along with death. Minus one person equals all of these, in unpredictable combinations.[556]

Loss cannot be contained by a mathematical medium; as Clemmons demonstrates, its affective weight strains against any singular schema, leaking beyond interpretive boundaries. This is a particularly salient reformulation in a psychiatric moment of ongoing debate on the over-psychiatrisation of emotion, particularly the psychiatrisation of sadness.[557] How do we define the 'normal' range of affect, and what forms of expressions are excluded from this conceptual space? What are the prescriptive boundaries between a 'normal' affective range/response and a pathological one? Or to situate this within the context of death, how is the line between grief and psychiatrically-defined major depressive disorder drawn? This impulse to institutionally order emotional variation also resonates in Thandi's first exchange with her therapist while going through a divorce. Thandi is confronted with a deflating dissonance between lived experience and how distress is filtered through a psychiatric logic. Her therapist 'robotically' tells her within the first session that it is 'quite a common thing for people who have recently experienced loss to rush into relationships', a diagnosis for the marriage's breakdown.[558] By fitting Thandi's experiences within a seemingly generalised psychological pattern, there is an attempt here to impose a neat linear correlation between her emotional state and an isolated,

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[555] Ibid., p. 119.
[556] Ibid., pp. 112-113.
[557] On the over-diagnosis of depression, see Allan V. Horwitz and Jerome C. Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (Oxford: Oxford University Press, 2007).
[558] Clemmons, *WWL*, p. 195.

targetable ‘event’ (to recall the support guide’s definition of bereavement) – here, death and loss. What is flattened out in this nurse’s ‘robotic’ correlation, are the intricacies of a contextualised, subjective experience from within the linear therapeutic vision of trigger and cure. This therapeutic tendency is not entirely unlike the biopsychiatric impulse to isolate targetable organic factors, to recall Andreasen’s motif of ‘conquering’ illness. Where these rationalising, regulatory mechanisms fall short is in accommodating the conceptual and affective space for experiences that fall beyond its institutional scriptings of ‘normal’ response, in all the seeming irrationality and unpredictability stemming from loss.

The internal logic of a conventional mapping of loss and recovery, then, is deconstructed here just as Thandi’s graphs devolve into infinity, her emotional life evading representation; this logic is betrayed by the discrepancy between the theoretical and experiential. Such ordering schemas break down in the attempt to impose conceptual clarity or institutionally restructure what is naturally dis-ordered. What is avant-garde here, to recall Clemmons’s experimentation, is pressing the boundaries of how affect might be multiply represented, if not contained, within form. It is through the aesthetics of a hybrid, collagic narrative that itself follows no particular generic logic – or to borrow Thandi’s estimation of grief, ‘makes no sense’[559] – that we find a space to accommodate the emotional vagaries, or irrationalities of experience. To recall Carrie’s constrained affective and physical capacities in *Black Mirror*, the compression of female consciousness within a toy monkey becomes an almost sardonic reckoning with the stifling of the female voice and capacity for (self)-representation within particular normative parameters. This is expressed, for Carrie, in the regulatory mechanism of heteropatriarchal dictates; for Thandi, the psychiatric mediating into the framing of distress, and for Clemmons more broadly, racialised institutional gatekeeping within the publishing industry. By meaningfully accommodating seemingly contradictory modes of grief, these creative forms naturalise, and create a habitable, hospitable space for that which exceeds the regulated territories of lived and felt experience.

[559] Ibid., p. 113.

The Fat Lady Sings

By way of synthesising the various conceptual strands drawn out thus far, and signalling the concerns of the concluding chapter, lastly, I turn to Jacqueline Roy's *The Fat Lady Sings* (2000). Roy's text can be positioned as an experiment in polyvocal form. Toggling between Gloria and Merle's perspectives, it stages an incisive social critique of the racism, homophobia, and psychiatric paternalism that these two institutionalised women are subjected to within their families and the psychiatric facility. This is a text that has unfortunately been under-represented, but has recently received renewed interest and visibility through writer Bernardine Evaristo's 2020 'Black Britain, Writing Back' series with Penguin Random House. This is an initiative to republish texts by Black British authors (including Roy's *FLS*),[560] which have variously been described as 'lost',[561] 'forgotten',[562] and 'neglected'[563] in media coverage of the series. 'I believe that the novels I have chosen have withstood the test of time, even if they are of their time', Evaristo comments.[564] Notwithstanding the valuable homage to their enduring aesthetic and cultural value, this act of literary 'resurrect[ion]',[565] as Evaristo poignantly puts it, is all the more timely in its unfortunate, persistent sociopolitical resonance. As I demonstrate through Roy's work, and that of Bambara and Thompson in the forthcoming chapter, the institutional concerns and critiques raised in *FLS* are all too familiar in our contemporary moment. Perhaps these works have not so much been lost or forgotten, as obscured from public purview. Whether from a lack of care, commercial interest, or conscious exclusion, this erasure speaks to the dangerous way structural fault lines have been smoothed over, enfolded into the everyday through unquestioning, repeated habituation.

Evaristo, along with several other writers part of The Black Writers' Guild (BWG), have been vocal about the structural inequalities in publishing, calling for

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[560] Other texts in the initial release of this curated series (4 February 2020) include SI Martin's *Incomparable World*, CLR James's *Minty Alley*, Nicola Williams's *Without Prejudice*, Judith Bryan's *Bernard and the Cloth Monkey*, and Mike Phillips's *The Dancing Face*. The series has since expanded to include seven other texts (as of March 2022).

[561] Bernardine Evaristo, quoted in Dalya Alberge, 'Booker winner's mission to put UK's forgotten black writers back in print', *The Guardian* (9 January 2021) <https://www.theguardian.com/books/2021/jan/09/booker-winners-mission-to-put-uks-forgotten-black-writers-back-in-print> [accessed 17 Dec 2021].

[562] Evaristo, 'Bernardine Evaristo: the forgotten black British novels everyone should read'.

[563] Evaristo, 'Booker winner's mission'.

[564] Evaristo, 'Bernardine Evaristo: the forgotten black British novels everyone should read'.

[565] Ibid.

urgent redress of an industry that has participated in outward displays of solidarity in the wake of the Black Lives Matter Movement, while hypocritically leaving unaddressed its own internal racism. The BWG was born of a need for self-definition from within the Black British creative community. Evaristo notes a disparity in industry representation and receptivity, with greater interest in works by African American or African writers in comparison to their Black British counterparts – at least until the recent exposure of said issues mobilised by movements like BLM.[566] In an open letter to the 'Big 5' publishers in the UK, the BWG outline a proposal for industry reform that includes greater black representation at the level of leadership and a diversified network of agents and scouts outside the London literary circle to ensure a more representative expression of Black British experience.[567] The open letter, and Evaristo's series, can be read as acts of institutional redress; in trying to 'correct historic bias'[568] and represent voices stifled by cultural gatekeeping in mainstream media, there is a demand for visibility by Black British writers, on their own terms. I will revisit this notion of redress – particularly as it relates to individual and collective labour – through performance artist Selina Thompson's autobiographical live performance art, *salt.* in the subsequent chapter, a work that is both personally and politically mired in similar structural entanglements within the theatre industry.

Roy's *FLS* paints a portrait of two Black British women, Gloria and Merle, who create a life-sustaining dynamic of mutual care whilst institutionalised under isolating, disempowering conditions in a British psychiatric facility in the nineties. Gloria, a queer woman grappling with the grief of her partner Josie's death, has been institutionalised for loud public displays like singing – or rather, in its psychiatric framing, a perceived inability to emotionally-regulate according to normative social decorum. Though as Gloria muses, singing becomes a self-fashioned resource for survival: 'all the singing I do stops the sorrow eating up my heart'.[569] In a seeming juxtaposition, Merle is institutionalised for her *silence* – institutionally-framed as delusions, she hears a self-persecutory voice that 'swallow[s]' her thoughts, colonising

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[566] Evaristo identifies barriers to access literary festivals, racial disparities in pay, and a general misunderstanding of a Black British corpus of work by editors and marketing departments as factors blocking this creative output.
[567] Open letter, retrieved from Sian Cain, 'Black Writers' Guild calls for sweeping change in UK publishing', *The Guardian* (15 June 2020) <https://www.theguardian.com/books/2020/jun/15/black-writers-guild-calls-for-sweeping-change-in-uk-publishing> [accessed 17 Dec 2021].
[568] Evaristo, 'Booker winner's mission to put UK's forgotten black writers back in print'.
[569] *FLS*, p. 7.

both her mental and narrative space.[570] Like *72HH*, Roy's text registers the seeds of biopsychiatry, foreshadowing its imminent germination as an interpretive schema beyond the psychiatric institution: 'have you done physical tests? Examined her brain? Found some sort of chemical in her?' Merle's husband, Clyde, anxiously presses her psychiatrist.[571] Clyde's questioning adds conceptual weight to de Vos's provocation that we might be becoming 'mute' through current neurodiscourse, incapable of imagining *being* and *relating* beyond a neurological frame.[572] Yet what is strikingly synchronous between the two women is the embodied, almost parasitic sense of their distress 'eating' or 'swallowing' them, distress that quite literally drains their capacity for self-expression. However, as I seek to demonstrate, this pathological sense of mistrust of one's body, and a sense of alienation or disconnect that underpins self-censorship, is an orientation internalised through a particular heteropatriarchal logic that conditions the sociobiological expression of black womanhood.

Roy's text soberingly registers the forms of institutionalised violence enacted against those defined as mentally ill, only amplified when this is experienced from the position of multiple marginalities. If Campbell's text exposed the conditions that reify the sustained oppression of African Americans through various iterations of a carceral system, then Roy's text demonstrates that such endemic violence exceeds borders. Gloria and Merle's experiences in a punitive psychiatric institution draw attention to the particular sociopolitical climate of Roy's contemporary Britain that structures life – and the possibilities of being – along the intersecting axes of race, class, sex, and sexuality. On the surface, it would seem that the women express – or repress – their 'pathologies' in diametrically-opposed ways; their alternating vignettes effect a stark juxtaposition, tonally and formally, between Gloria's effusive, satirical commentary and Merle's fragmentary, confused attempts at ordering her thoughts. But the text contests a binary mode through sustained synchronicity between the two women, not just as a formal feature, but a way of demonstrating consonance in their experiential realities. As their personal stories unfold, we witness their respective oppressive encounters. Without effacing the distinctiveness of individual experience, however, the text foregrounds their convergence at the site of intersecting forms of structural victimisation. This is potently expressed through formal paralleling: many of these

[570] Ibid., p. 24.
[571] Ibid., p. 222.
[572] de Vos, *MB*, p. 2.

vignettes feature a common structuring motif. The fear of contamination is one such motif undergirded by racially and sexually-directed violence. An astute critical voice, Gloria reflects on her former work as a carer for a racist elderly white woman who persistently expresses fears about Gloria contaminating her with her 'touch',[573] and relates how the psychiatric staff also express fears that Merle might give them 'rabies'.[574] This parallels Merle's own self-persecutory fears of sexual impurity and transgression, largely internalised from her tyrannically religious and abusive father's views.

This expresses itself as a voice that interrupts and disrupts Merle's consciousness and her vignettes, its italicised stream of persecution forcefully overshadowing her perspective. The voice is an amalgamation of the various intersecting, and alarmingly punitive, heteropatriarchal discourses that Merle has internalised, the formative frames of reference for self-definition she has been exposed to as a black woman under the charge of various domineering patriarchal figures in her life: from her religiously zealous father, to her estranged husband, to an unsympathetic gynaecologist who 'looks at [her]' but 'doesn't seem to see',[575] and now, a paternalistic psychiatric care system led by the arrogant Dr Raines. Whatever form this takes – religious, romantic/sexual, or medical – it is underpinned by a particular moralising charge that regulates, and delimits, the possibilities for self-expression through its myopic modelling of black womanhood. It is also undergirded by an endeavour to censor and regulate Merle's embodied expression through a particular normative, and normalising, vision. The violence of these discourses is perhaps most strikingly registered in Merle's painful sense that her partner has left her because of her own '[i]insufficient caring. Not much warmth. She isn't good at warmth. Something missing in her. Hole where her heart should be. Not the right anatomy.'[576] Merle has distressingly internalised the guilt of her perceived inadequacy to perform this idealised model of black womanhood. She perceives her miscarriage as both biological and social dysfunction, a moral failing on her part; this kind of biologically-essentialist perception of her selfhood is inextricable from the gendered regulation of black female affect.

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[573] Roy, *FLS*, p. 72.
[574] Ibid., p. 126.
[575] Ibid., p. 33.
[576] Ibid., p. 67.

At its core, I would argue that Roy's text is an acknowledgement and affirmation of the remedial power of human connection and care; synchronicity becomes a formal commitment to this ontological, affective principle. Switching as it does between Gloria's and Merle's voices, the text formally disrupts the boundaries between the personal and the collective. Much of the creative work in this thesis thus far has incorporated an autobiographical element, navigating the line between visibility and exposure, of speaking and being spoken for; this is a vexing boundary that plays out in the publishing industry too, as seen with the BWG's work. In a conversation I was fortunate enough to have with Roy, the writer candidly shared about this tension between visibility and privacy. Having been institutionalised in a psychiatric facility herself, Roy tried to veer away from the autobiographical mode as much as possible in her characterisations of Gloria and Merle, save for the dynamic of care they develop – this was mined from Roy's own experience, witnessing as she did the necessary connections that developed between the institutionalised to bridge institutional gaps. The staff's views of the patients were largely shaped by the 'scientific model and the need to diagnose and pigeonhole'; the patients, however, saw each other as 'individuals' and 'I wanted to bring back that sense of community', Roy reflects.[577]

The risks of autobiographical exposure and surveillance are ever-present in the space Gloria and Merle share. Constantly scrutinised by staff, the institutionalised are exposed, often against their will, and their behaviours read through a pathologising clinical gaze that homogenises and filters individual experiences of distress through its preconceived narrative framing – this expresses itself in the form of diagnostic terminology and cultural stereotypes like the nurse's view that all their charges are 'lazy'.[578] The institutionalised are also made to keep a 'Life Book', a journal record of their emotional states. This autobiographical demand is structured through the limiting scope of the psychiatric register. For the reticent Merle who is diagnosed with 'delusions' and 'thought disorder', this is a way for the psychiatric team to 'piece together some kind of case history'.[579] Clyde and professionals try to formulate an aetiology of distress through a diagnostic frame, mining her personal history to draw out possible genetic inheritances and familial traumas that can give psychiatrically-intelligible order – a temporal shape and structure – to her distress narrative. Merle

[577] Jacqueline Roy, *Black Health and the Humanities Network*, online workshop (8 December 2021).
[578] Roy, *FLS*, p. 149.
[579] Ibid., p. 222.

initially holds her estranged husband up as her 'interpreter' who 'explains the world to me, gives it shape and definition.'[580] Against the persecutory voice she contends with, Merle finds safety in dependency, in outsourcing the power of expression to Clyde to create a protective barrier between herself and her harrowing reality. But in the deferral of this power – first to Clyde, then to the psychiatric institution – Merle's capacity for self-definition is effectively diminished. As a corollary, the imaginative possibilities for envisioning a future beyond her present condition are confined within a narrow heteropatriarchal, medico-industrial vision.

But there is a different kind of *seeing* and *knowing* that Roy models here, one that remedies the omissions and occlusions of the institutionalised gaze. When a disoriented, uncommunicative Merle arrives on the ward, Gloria bears witness to the abusive conditions she is subjected to, in particular the effects of a high dosage of medication and forced sedation. She observes that there is '[n]o one to speak for [Merle]',[581] and eventually transforms from observer to mouthpiece, standing up against the oppressive conditions Merle encounters, ones that are part of their collective experience as well. This form of speaking *for* is not disempowering or disenabling; rather, it signals a process of being enfolded into, and protected by, a community that bears witness to and dignifies, rather than obscures or pathologises, said distress. This practice is also reminiscent of Gail Babb's reflection on the dynamic of relationality performer Agyepong models; recalling my introductory reflections, Agyepong holds space for the black women whose testimonies she channels through her performance: she is 'speak[ing] through, with, from, next to' these women.[582] What is harnessed here is a space for collective expression that can give force to what is suppressed on an individual scale. Perhaps this is also the labour involved in initiatives like Evaristo's Penguin series. It is not an act of wielding representational monopoly, of speaking on behalf of 'lost' narratives and their authors; rather, it is a co-construction of a body of texts that can collectively participate in the shared labour of centralising effaced experiences. For Merle and Gloria, the reciprocal dynamic of care born from shared experience fills a fundamental affective gap in the treatment they experience, creating a space to testify to and dignify their experiences, and

[580] Ibid., p. 13.
[581] Ibid., p. 11.
[582] Gail Babb, *The Body Remembers* documentary.

pressingly, affirm each other's realities – realities that have been pathologised and invalidated.

A harrowing sexual assault incident Merle is implicated in sharply exposes the disjunction between institutionalised care and alternative forms of connection forged beyond its obligatory affordances. It also raises the critical urgency of having a collective to speak and hold space for what is foreclosed from the institution's affective purview. Merle is assaulted by a male resident on the ward at night, and we witness the episode through her self-persecutory, disoriented stream of consciousness. In this mental monologue, Merle's repeated 'no's are drowned out by the persecutory voice that insists that she is enjoying the non-consensual encounter; this is the same voice that 'swallow[s]' and threatens to overpower her own.[583] It is unclear whether Merle is actually able to physically vocalise this 'no', or if it remains stifled by this internal voice – and perhaps this ambiguity enacts Merle's own sense of disoriented disconnection from her embodied experience. It is Gloria who witnesses the scene and hauls the man off before the negligent staff eventually arrive; it is also Gloria's voice that brings the assault into sharp focus, bearing testimony to the reality of institutional neglect against the grain of Merle's internalised self-persecution.[584] When Gloria intervenes, 'repeat[ing] the flat rhythm' of Merle's name, we see Merle 'jump', reintegrating into embodied experience.[585] A crucial distinction can be made between the kind of *speaking for* enacted by Gloria, and that of the various paternalistic voices that are 'swallowing' Merle's, to borrow her own terms. Gloria is not so much speaking *for* Merle in a disenabling or disempowering way that diminishes the latter's agency. Rather, in *speaking out* for Merle while she grapples with these suffocating voices and speaking from a position of shared experience, Gloria offers an affirming counter-voice to Merle's internalised invalidation; she holds space for Merle to re-inhabit the body she has come to mistrust. Merle experiences Gloria 'holding me, rocking me, telling me that everything is going to be all right.'[586] The asyndeton here powerfully evokes her escalating emotional state as she begins to re-situate herself in the embodied experience of the violent encounter, having initially formed a protective barrier from its emotional and physical immediacy. This soothing somatic connection

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[583] Roy, *FLS*, p. 24.
[584] Ibid., p. 200.
[585] Ibid., p. 199.
[586] Ibid., p. 200.

seems to more safely ground her in her embodied space, allowing her to confront and work through the distressing episode with Gloria's support.

When Merle first arrives, medicated and foggy, Gloria is the one to

> take her hand. She is afraid, I see it in her eyes. I know her head aches and her limbs feel heavy from the dose of medication she got. Her mouth feels dry like parchment and her whole body shakes, from her tongue to her toes.[587]

The pair's life-sustaining somatic bond becomes a profound challenge to psychiatric knowledge construction – how we come to *know* the individual in distress. 'How do you learn the ins and outs of human beings from a book?'[588] Gloria questions of the institutional impositions on self-definition. As her remarks reveal, the form of understanding, or meaning-making, Gloria engages with is in contradistinction to the psychiatric mode, where the institutionalised are scrutinised, read for pathology, but not *seen*. This is strikingly reminiscent of Keri's fears about Trina's discharge in *72HH*. A medicated Trina performs the role of the docile 'model patient': she is treatment compliant, makes Keri bracelets during craft sessions, and attends therapy groups.[589] What becomes visibly expressed here are her 'beauty', 'obvious intellect', and 'well-modulated' articulation,[590] aligned with the prescribed institutional model of the *functioning* black female body. Distressingly for Keri, who knows the precarity of this perceived wellness, Trina's (unconscious) performance meets the conditions for release. What this exposes are the perceptual and affective gaps between distress as it is viscerally, corporeally experienced, and distress as it is clinically read: the gap between what Trina 'seem[s]' to be or what it 'obvious' to the institutional gaze, and what Keri as caregiver *sees* – knowledge that falls beyond the institutional remit of 'care'.

Gloria might see and feel the way Merle's body processes distress from shared experience, but this is a kind of affiliation that exceeds empathy. Through their remedial reciprocal dynamic of care, Gloria notices that Merle is 'more connected now', though she '[c]an't say how I know this, it's just a feeling I have.'[591] This connection poses not just an affective, but an ontological challenge to psychiatric

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[587] Ibid., p. 11.
[588] Ibid., p. 39.
[589] Campbell, *72HH*, p. 163.
[590] Ibid.
[591] Roy, *FLS*, p. 45.

hegemony as a structuring episteme and regulatory mechanism. This is knowledge intuited and accessed through a fundamental recognition of relationality and mutuality, an acknowledgement that the psychiatric staff, who maintain 'a wide, invisible line between them and us [the institutionalised]',[592] as Gloria observes, neglect by constructing a value-laden hierarchy of relations. Gloria comes to 'know' Merle's distress by opening herself up to the sensory, embodied dimension of this distress.

Interestingly enough, a striking reversal in the power dynamic is mobilised by the kind of knowledge Gloria can tap into, which remains foreclosed to the staff. Much to the disbelief and annoyance of the staff, Gloria is able to get Merle to participate in group activities and join them for meals, tasks the staff are unable to enforce. The staff start expecting Gloria to look out for Merle; it is critical to note how the labour of care, when it entails a more affective, and arguably more arduous, dimension in healing, is outsourced to the distressed, already worn down as they are by the institution. Gloria notes how 'tired' she is of 'taking care of things…The energy I have goes in all the wrong directions. Got none to spare.'[593] Yet, when she sees Merle lying 'still and sad', she 'know[s] [she] ha[s] to stay with her and watch and keep her company, because feeling alone in this bad world eats into your bones.'[594] There is a profound recognition here that the lack of care in itself makes the sick *sicker*, a sense of disenabling detachment that keeps them locked within a paternalistic care structure that fundamentally fosters dependency and diminishes their agency. What mutual care does, as seen through Gloria and Merle's dynamic, is reaffirm a sense of self depleted by the labour of performing to institutional demands.

Touch becomes indispensable in configuring this curative model of connection. This form of embodied connection transcends biological boundaries, bridging the perceived experiential gap between self and 'other' in visceral, affective ways; it mediates (dis)connect and (mis)communication via modes that exceed the verbally-expressible. Strikingly, this recalls how both Keri and Daley-Ward mediate fractured mother-daughter relationships. Keri performs energy work as a former masseuse, and eventually comes to recognise that '[m]y fingers on [Trina's] skin was our way of

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[592] Ibid., p. 86.
[593] Ibid., p. 31.
[594] Ibid.

communicating',[595] a way of mediating their fraught relationship. In *TT*, Daley-Ward too recalls how she 'feels'[596] the viscerality of her mother's illness through touch, attempting to bridge the embodied experiential gap without reverting to detached, disembodying clinical taxonomies. At various moments in the institution, Gloria and eventually, Merle, physically reach out for the other in supportive gestures; Gloria often takes Merle's hands, and leads her to join the others in communal acts like eating. Such embodied connection is particularly re-affirming for Merle, whose distress largely arises from a perceived sense of split between her body and mind, and an internalised pathologisation – often mistrust – of her body following the miscarriage.

What Gloria's care, and more specifically, her touch, does is help Merle reintegrate. This is not integration into a form of 'wholeness' constructed through the narrow scaffolding of a heteropatriarchal model of normative black womanhood, but one that derives a sense of self *in relation*. This is a reciprocal relationality established beyond heteronormative kinship formations, a means of consolidating formerly delegitimised or displaced selves that are validated and made visible again through a communal network. The power of this touch is also reaffirming for Gloria; if we recall how the elderly white woman she cares for resists her touch, an act indisputably laced with racism, then this connection becomes a potent assertion of the black female body's right to hold and take up space. Merle too begins to look out for Gloria. Gloria, who misses her partner's touch and connection,[597] appears to have an out-of-body experience when the unprocessed memories of her deceased partner flood in: her vision blurs, she imagines herself flying, and she 'forget[s] to keep an eye on the new patient.'[598] The uncharacteristically impersonal third person reference to Merle as 'the new patient' signals Gloria's deeper detachment from embodied reality and the life-sustaining relationality that is revived through care; this time, it is Merle who 'tugs on [her] hand', trying to 'bring [her] back to earth.'[599] In its affirmation of the power, rather than pathology, of embodiment, this act of reaching out is equally empowering

[595] Campbell, *72HH*, p. 305.
[596] Daley-Ward, *TT*, p. 137.
[597] Roy, *FLS*, pp. 207-208.
[598] Ibid., p. 114.
[599] Ibid.

for Merle, who if we recall, has ardently tried to remain 'out of reach' – through her silence and her scribbles.[600]

This reciprocity allows them to disentangle themselves from the asymmetrical dynamics of relation they have hitherto been mired in, and reform what connection – and indeed, 'healthy' selfhood – might mean on a more fundamental ontological level. As Gloria sombrely notes while witnessing the side effects of Merle's excessive medication dosing, it '[d]on't matter how [Merle] feels, so long as she don't give any trouble. That's the only thing they care about.'[601] This is not care that is conditional and conditioned upon the performance of particular identities that cohere with a constructed vision of healthy black womanhood, one that is fundamentally underpinned by silence and subservience – as the sedated and pliant psychiatric subject, or the subservient domestic figure. Such reciprocal care re-energises the personal resources depleted by the endemic wearing down of the black female body by institutional negation. This mutual connection, I would argue, is a form of homosocial intimacy that exceeds heteronormative networks, a means of mutually-affirming and making visible the embodied realities that have been violently denied or rejected for Gloria as a queer woman and Merle as a woman raised in a sexually-repressive environment. The curative connection that Gloria and Merle develop, then, becomes a means of resistance to the heteropatriarchal formation of healthy biological selfhood and kinship. It is also a challenge to the paternalistic dynamic of dependence fostered through the self-mistrust bred by persecutory patriarchal voices, which limits the potential of black female agency by shuttling the 'patient' from the charge of one heteropatriarchal institution to the next – for Merle, for example, from the psychiatric facility to an unfulfilling marriage. Against the oppressive structures of nuclear kinship formations – from the homophobia of Gloria's partner's family, who refuse to recognise their relationship, to the misogynistic, abusive behaviour of Merle's partner – the women reconfigure kinship and care in ways that exceed the stifling heteronormative conditioning of black female expression.

[600] Ibid., p. 165.
[601] Ibid., p. 88.

Future Orientations

If the journaling activity is a therapeutic 'experiment',[602] as the psychiatrist explains to Clyde, then I would argue that what we have come to identify as an experimental form in Roy's and Clemmons's texts – with features like polyvocality, non-linearity, and fragmentary vignettes – stages resistance to the institutionalised ordering of experience. The psychiatric register defines and imposes the narrative parameters of self-expression; we could consider this in terms of both *genre* and *tone*. It is a demand for distress to be rendered through a quasi-confessional mode, with one's institutionalisation (and by extension, freedom) conditional on conformity to this mode of storytelling. Merle resists this kind of exposure and tries to 'remain out of reach' through her 'scribbles' in the journal which decline such formal coherence; these are 'words they will be unable to decode'.[603] The jumbled, stream of consciousness rendering of her thoughts mirrors her own sense of bodily disintegration, and this embodied expression of distress confounds psychiatric scripting. Consciously or not for both Merle and Gloria, reticence and a rejection of endorsed forms of self-expression become potent agentive challenges to this bodily exposure, a way of safeguarding versions of themselves excluded from the parameters of the psychiatrically-intelligible 'healthy self'. Merle's musings are a rich site of inquiry into the traumatic disruption of body and mind connection; however, a more sustained engagement with the formal dimensions of Merle and Gloria's vignettes exceeds the scope of this present synthesis.

In this chapter, I have begun to explore how formal experimentation in the expressions of distress might create a mode of self-ethnography that can comfortably accommodate experiential realities, ones that exceed the limiting narrative scope of various heteropatriarchal interpretive schemas. Indeed, Gloria herself fears that by the time she is discharged, she will be 'nothing but a page from a psychiatric book'[604] – a fear of diminished agency for self-definition. For Gloria, what she experiences is not pathology but 'different ways of seeing [the world]', an assertion of reading against the grain of a normative, and normalising, vision that has been a structuring motif in many of the creative works explored thus far.[605] From Osunde's vision-board images

[602] Ibid., p. 222.
[603] Ibid., p. 165.
[604] Ibid., p. 49.
[605] Ibid., p. 139.

to Thandi's graphs, these alternative formulations stage a potent challenge to the psychiatric demand for coherence and in many ways, integration; crucially, they are a means of self-defining (well)being. Perhaps fittingly, then, to segue into future thematic concerns in my concluding chapter, I shift here from the visualisation of distress to the envisioning of healing. I wish to further reflect on how these expressions might spatialise and reorient temporalities of the future, in ways that are more habitable to the black female body. This is a particularly critical act of redress for both Gloria and Merle whose capacity to visualise a future has been blocked both in principle and practice by the structural impediments to black health: Merle has 'sever[ed] hope. Inside myself' and Gloria looks for an emotion that can 'carry me into a future I don't have'.[606]

In *The Promise of Happiness,* Sara Ahmed diagnoses the contemporary condition as being institutionally-directed towards happiness. Ahmed suggests that

> [h]appiness scripts could be thought of as straightening devices, ways of aligning bodies with what is already lined up [...] a point on a line can be a demand to stay in line. To deviate from the line is to be threatened with unhappiness.[607]

For Ahmed, this orientation is fundamentally ordered by a heteronormative imperative. Happiness involves the affirmation of a socially-endorsed path; for women in many contemporary Euro-American societies, this is indisputably a trajectory towards a particular model of wellbeing role-modelled through the nuclear family unit, oriented towards a telos of healthy (re)productivity. But such happiness is not the naturalised mode it has guised itself as through repeated, uncritical, habituation. Rather, it is constructed and maintained through the ritual performance of acts that align with its ideologically-spatialised 'path' of happiness. Ahmed identifies the 'happy housewife' figure as a manifestation of this orientation; the modelling of this figure engenders much strife for Merle and, in my forthcoming analysis, protagonist Velma in Bambara's *The Salt Eaters*. As Ahmed cautions, this is a 'fantasy figure that erases the sign of labour under the sign of happiness.'[608] With this caveat in mind, I turn to the particular embodied labour involved in this forced alignment.

[606] Ibid., p. 225.
[607] Sara Ahmed, *The Promise of Happiness* (Durham, NC: Duke University Press, 2010), p. 91. Hereafter *POH*.
[608] Ibid., p. 50.

The particular expressions of distress Gloria and Merle display create an affective discordance that threatens the maintenance of this ordered orientation, and so must be contained and re-ordered by the psychiatric institution. But what this distress also exposes is the fundamental dissonance, and misalignment, of happiness scripts with their lived realities. What Gloria and Merle's conditions expose is the pressure to remain in alignment with a pathway that is inaccessible, and indeed, harmful, for the black female body: a fantasy sustained by its asymmetrical affordances conditional on certain identity metrics. What then, is this labour of alignment, of forcibly re-moulding the body to fit within a path built to accommodate certain bodies, or structured to be exclusionary and exclusive? In *FLS*, (over)medication and the frequent forced sedation of the institutionalised are mechanisms of this affective regulation. Gloria is an incisive observer of how Merle responds, often with distressing physical side effects, to the over-prescription of medication: she becomes physically ill and disoriented, unsteady on her feet. Gloria, too, experiences herself becoming '[f]lat like blotting paper', 'still' and 'quiet' on lithium, perpetually sleepy.[609] In likening herself to blotting paper, Gloria animates how the medication she ingests almost parasitically absorbs her words, draining her of her capacity for expression – an effect that is all the more distressing given that her vignettes register the sustained, arduous labour to express herself against persistent institutional silencing.

Considering happiness as yet another narrative guise of the modernity/coloniality complex, as well as of heteropatriarchy, allows us to visualise how neocolonial ideology structures this alignment. The contemporary psychiatric institution in Roy's text becomes just another regulatory mechanism for maintaining and mobilising this narrative. Happiness then, becomes a means of glossing over, or to revisit a term that has resonated through this chapter, *flattening*: it is a flattening of affective expressions that are deemed to be out of sync with the momentum of a prescribed path towards happiness. *Flattening* seems to visually and ideologically capture the structural (neuro)regulation of affect in its various forms, from the lobotomies of colonial ethnopsychiatry to the way space and body interact in Osunde's mind-scapes. This is a form of happiness that is constructed and sustained through a narrow institutional vision of wellbeing, and inclusion into normative society becomes predicated on

[609] Roy, *FLS*, pp. 151, 202.

successful internalisation and self-regulation within these affective parameters – a reductive containment of expression within these imaginative bounds.

What this orientation does is also direct pathology inwards. As previously explored through *72HH* and *WWL*, therapeutic instruments like medication or manuals become technologies for zooming in on the individual, locating and targeting distress at the site of a homogenised biological body, while obscuring the macro, structural malaise that engenders said distress and the particularities of individual, situated experience. What Gloria's and Merle's distress exposes is the fundamentally constructed quality of happiness itself as 'fantasy', an asymmetrically-endowed one that is materially-accessible and ontologically-imaginable for *some* bodies, but forcibly foreclosed to others. Merle's self-persecutory voice is a potent reckoning with the pressures of such internalisation and alignment.

Interestingly, and ironically enough, it is through these very attempts to forcibly re-align with an institutionally-mandated mode of being that Gloria and Merle expose the obscured fault lines in this script, its illusory – and fragile – structural foundations. What the self-conscious, satirical mode of the women's musings does is expose not just the conditionality, but the constructedness of categories like 'wellness', and its purported flipside, 'madness'; these are undermined as definitionally-stable, dichotomous states of being. Gloria is made to share voice recordings of her thoughts with her psychiatrist, Dr Raines, in order to become 'well', and while she obliges, she is consciously selective in her rendering; '[i]f keeping some things to yourself is a form of madness', Gloria muses, 'then so be it. I will be madder than a hurricane.'[610] The striking invocation of naturalistic imagery here in the association with a 'hurricane' speaks to Gloria's sense of the artificiality, and artifice, involved in containing her range of affective experience within institutionally-constructed confines. Gloria alternates between resisting and performing the role imposed on her as a psychiatric patient, showing an uncanny awareness of the agency wielded in this selective toggling between the two states. She sometimes speaks in what she self-consciously terms her 'stupid-patient voice',[611] and sings and skips loudly in public, aware that it 'marks me out as a mental patient. It's not a bad label. It gives you room to do the things you were never brave enough to do before.'[612] The authoritative

[610] Ibid., p. 56.
[611] Ibid., p. 3.
[612] Ibid., p. 87.

weight of psychiatry as an episteme and practice is sharply undercut by Gloria's darkly satiric tone: in this performative engagement with the 'stupid-patient' role, Gloria questions the diagnostic designation of psychiatric disorder as an existential – or as we have explored – intrinsically biological – category. Her blasé, at times blatantly comedic, rendering of violent encounters works to sharply reinforce their harrowing mundanity. This jarring comedic delivery, where mode clashes tonally with subject matter, becomes an effective mechanism for reckoning with the shocking casualisation of violence.

The designation of 'mental patient', then, seems to offer her the conceptual space to imagine and actualise alternative forms and temporalities of futurity. This is perhaps an expression of the potential of *dwelling in irresolution* – a poetics of dis-order, or refusal to re-order the self through mandated forms, also modelled through works such as *Freshwater*, and as will be explored subsequently, Thompson's *salt.*. This seems to be a particularly critical act when the present, available modes of being for Gloria, and indeed, Merle, are limited to the stifling confines of identity enforced through regulatory heteropatriarchal mechanisms. Such an expectation of performative wellness is strikingly similar to the appraisal of Trina's beauty and adjustment to socially-endorsed 'feminine' behaviour, explored in *72HH*. Equally aware that physical freedom is contingent upon the performance of sanity – at least in its institutional iteration – Gloria 'decide[s] to make myself look so nice that everyone will see how fit and well I am and what a credit I will be to the community, if they decide to care.'[613] In a similar move, Merle wears her smart blue skirt and make-up to see Dr Raines at her review, as these are 'signs of recovery' that she has understood to be 'valued' by the institution.[614] It is worth remarking on how the labour of this performance is gendered, laced as it is with particular burdens on the female body, exemplified by the preoccupation with 'look[ing] so nice' and dressing in particular ways that signal an appropriate – or rather, *docile* – model of womanhood. Switching as she does between her performance of loud public singing and skipping to 'mark [herself] out as a mental patient' and institutionally-endorsed docility, to reinvoke Malabou's formulation, Gloria's seamless slippages expose the very fragility of this model of (well)being.

[613] Ibid., p. 136-137.
[614] Ibid., p. 270.

Both Gloria and Merle learn that their discharge is predicated on moulding themselves according to the institutional model of wellness, and performatively engage with these prescribed behaviours to access freedom. But in performing wellness as such, they are effectively de-forming its vision. If these foundations are fragile, then they are also malleable; therein lies the potential for these prescriptive scriptings of health and happiness to be deconstructed, and re-constructed. Ahmed suggests that deviation from said path renders one an 'affect alien' who 'converts good feelings to bad' by challenging the status quo.[615] The 'affect alien' is thus crucial to 'revolutionary consciousness' or social transformation;[616] 'freedom', in Ahmed's view, is fundamentally incompatible with the limited, and limiting, view of 'freedom' afforded by neoliberal regimes. She envisions instead a freedom to be *unhappy*, to dwell in and productively engage with dis-order and discomfort in order to tap into its liberatory, transformative potential. Building on Rosi Braidotti's insight that 'paradoxically, it is those who have already cracked up a bit, those who have suffered pain and injury, who are better placed to take the lead in the process of ethical transformation', Ahmed suggests that 'those who have been undone by suffering can be the agents of ethical transformation.'[617] This theoretical prism can be used to illuminate queer or migrant narratives, as Ahmed does, or as I suggest here, mental health narratives where social reintegration is conditioned on sanity and happiness – or at least the visible, repeated *performance* of such.

Gloria's earlier invocation of 'care' as a communal choice is significant; it begs the question of whether this ascription to institutionally-mandated behaviour is necessarily desirable, if the terms of inclusion are not just harmful, but inhospitable to certain bodies excluded from the purview of care. In a striking role reversal, Gloria appraises the staff and doctors as affectively 'flat', and pathologises the singularity of their clinical vision as a form of limiting flatness. Here I would like to dwell on the definitional remit of 'happiness' itself, and suggest how 'flatness' and 'happiness' as ontological modes are revised and re-envisioned in Gloria's deployment of the terms. Responding to the psychiatric staff and their institutional apparatuses that try to contain her affective expressions, Gloria rebukes that

[615] Ahmed, *POH*, p. 49.
[616] Ibid., p. 164.
[617] Ibid., p. 216.

> [i]t seems to me that happy is a useful feeling. So why you so determined to kick it out of me? Why you so determined to make me *flat* like the rest of you?[618] [my emphasis]

Gloria remarks that anger is not a 'useful' emotion for her; the 'energy' is a 'waste of time'; she would rather feel 'something useful, something that will carry me into this future I don't have.'[619] Resisting the demand to perform occupational therapy, or express her issues through the 'magic circle' (a mode of group-based talking therapy) or the journaling exercise, Gloria rejects 'sitting down and moaning about life instead of getting on and living it'.[620] Gloria's invocation of an association between happiness, futurity, and an ethos of 'moving on' would, on the surface, appear to be an internalisation of the linear trajectory of futurity Ahmed critiques; however, I would argue that the terms 'flatness' and 'happiness' themselves are radically reconfigured beyond the imaginative scope offered by a psychiatric scripting of wellbeing and its associated technologies of affective regulation like talk therapy and journaling. This is not so much 'moving on' in the sense of an effacement of discontent and unease to align with an institutionally-prescribed mode of being; Gloria's incisive observations of institutional oppression are potently suggestive of her actively witnessing and confronting it. Rather, this is momentum towards envisioning different futures, ones that are collectively mobilised. If Gloria seeks a feeling that can 'carry' her into a future she cannot as yet envision, then it is a relational dynamic that energises her in this pursuit. Flatness in Gloria's estimation designates a limited vision of futurity, one defined along the narrow prescriptive mode of wellbeing. Happiness, or more specifically Gloria's version of unbounded affective expression, is 'useful' insofar as it rejects both the flatness of a linear temporality of recovery and the flatness of affective regulation that effectively translates into political silencing. This is a different form of the 'affect alien', albeit mobilised by the same force and principle as that of Ahmed's vision. Such momentum reserves its 'energy' for agentive change, rechannelling shared experience into the potential for transformation.

If the nurses see the sedated patients being 'still' as a sign of 'getting better', then to Gloria it is a sign that they are, in fact, getting worse;[621] this stillness is in effect a

[618] Roy, *FLS*, p. 225.
[619] Ibid.
[620] Ibid., p. 226.
[621] Ibid., p. 100.

sedation of politically-charged affect, dampening as it does the potential for agentive action. Whether we subscribe to the wholesale eclipse of personhood by 'brainhood' and the reconstitution of the self as a 'cerebral subject', as Ortega and Vidal as well as de Vos posit, or remain autonomous 'corporeal selves' with the added dimension of agentive, cerebral self-optimisation in a new 'neuro-ontology', as Rose and Abi-Rached suggest, what fundamentally emerges is a demand for the responsible 'biological citizen'[622] to care for and conduct themselves through technologies of self-management that maintain individual health, framed as an ethical imperative for the healthy functioning of the social organism at large. This is bolstered by neoliberal discourses of self-management, and practices of neuroascesis that capitalise on the plasticity of the self. What is fostered is a limiting form of individualism, one that equates self-contained wholeness with wellness.

To revisit Malabou's argument, this vision offers little by way of true 'neuronal liberation'.[623] We can read this as a function of being gridlocked within an enduring colonial logic, whose model has simply morphed into one of the modern neoliberal, neuronal subject as eternally flexible, but to the particular demands conditioned by capitalism. Corporeal care, then, has an extremely limited remit in this vision of selfhood: it is a form of self-management oriented towards flexibility and productivity, but which, as Malabou suggests, just as easily slips into docility. The endlessly-flexible self is not so much autonomous as it is docile, conditioned to 'displace ourselves better, work better, feel better, or obey better'.[624]

In *FLS*, however, we see the labour – and burden – of (well)being radically redistributed and reconfigured. The terms of labour are here overhauled; there is a profound shift from the draining labour of self-regulation under oppressive conditions, towards the work of imagining and actualising new modes of living, the energy for which is sustained through mutual collective support and connection – as modelled in the way Gloria attends to Merle, in spite of the drain to her own energy she registers. What this care does, then, is reinvigorate Merle's sense of agency, and also agentive reciprocity; it is this reciprocal connection that sustains the labour of such a transformative vision. In taking up the labour of care that most of the hired staff at the institution neglect, such transformative labour is effectively disentangled from the

[622] Rose, *TPL*, pp. 6-8, 139-141; Rose and Abi-Rached, *Neuro*, p. 223.
[623] Malabou, *WSWDB*, p. 67.
[624] Ibid., p. 68.

conditional and coercive care presented within the confines of capitalism and its associated neoliberal modelling of individualism. It also powerfully discredits the charge of 'laziness'[625] waged against the institutionalised in *FLS*, fundamentally redefining what it means to be a (re)productive citizen – a figure I will revisit through Bambara and Thompson's work in Chapter Three.

FLS closes on an optimistic note, though arguably a moderated one: both Gloria and Merle are discharged, but acutely aware of the conditionality of this newfound physical freedom. They collect their medication from the pharmacy, and part ways – both returning alone to their respective homes, Merle without her husband, and Gloria to the house she used to share with her late partner. But this is not an insular sense of solitude: significantly, both Gloria and Merle share the same narrative space in the closing vignette, a departure from the established pattern of alternating perspectives. I would argue that this narrative shift is a parting reaffirmation of the synchronicity to which the text is committed. The reciprocal model of care established between the two women has empowered them not just to excavate *versions* of themselves previously subdued, but eke out *visions* of the future they might agentively script. Merle finally 'sees a future' for herself in spending Christmas on her own in a space that she can now make home – even if for just a 'fleeting moment'.[626] This visualisation is particularly poignant given that Merle had earlier 'sever[ed] hope[627] in the wake of her miscarriage, the internalised self-blame she holds violently stymying all potential.

In a strikingly empowered move during her final meeting with Dr Raines – a meeting she precariously navigates through its asymmetrical power play as she attempts to resist Raines' discharge plan, which involves returning to Clyde, while performing the adequate subservience to secure her discharge – Merle 'click[s]' the door shut, curtailing the rest of Raine's speech while he tries to express what 'excellent progress' she has made.[628] This move reverberates with newfound agency; Merle, who has thus far deferred to the interpretive schemas imposed on her by various embodiments of patriarchal paternalism, here resists being expressed through the psychiatric scripting of recovery as a temporally-linear progress narrative. That this assertion of her right to occupy both narrative and social space, on her own terms, is

[625] Roy, *FLS*, p. 149.
[626] Ibid., p. 276.
[627] Ibid., p. 35.
[628] Ibid., p. 276.

enacted non-verbally is particularly significant given that it is also her reticence – or her seeming inability to express herself – that has signified her psychiatric pathology within the institution. It is suggested that in leaving the institution, Merle might find the space to further develop agentive self-expression.

On a more sobering note, Gloria recites to herself the code of conduct that will sustain this freedom as she prepares to leave: 'don't talk too loud', 'never skip', 'act ladylike'.[629] As with Trina's 'obvious' beauty and intellect, biomedical and sociocultural scripts collude to construct the model of the healthy black woman here. Perhaps the tempered optimism expressed in Merle's 'fleeting' moment of hope or Gloria's ritualised self-regulation retains a sense of realism; it refuses to gloss over the ever-present realities of the body immutably shaped by and susceptible to the structures within which it dwells. The space for development, then, must be negotiated within particular confines and conditions.

There remains, though, something powerfully striking in the way the text ends with Gloria's unassailable spirit abandoning all affective restraint: 'I can't help myself; I open my mouth and I just sing and sing,' she says, after reciting her prescribed behaviour.[630] Gloria's spirited gesture offers hope that while these institutionalised behavioural codes must be externalised, they can be agentively and performatively toyed with – as she has done, and continues to do. There is acknowledgement that recognition and inclusion as a functioning – and functional – member of society involves a precarious affective balance: Gloria advises Merle that 'being happy' is necessary for discharge, to which Merle astutely responds, '[b]ut not too happy, Gloria. Happiness in moderation.'[631] This moderation involves a containment and self-regulation of expression – a containment of displays like Gloria's public singing and skipping, which she otherwise indulges in to self-consciously 'mark' herself out as a 'mental patient'.[632] But if the category of 'mental patient' is a performative one reified by particular ritual codes of conduct, then the disruption of this ritualised mode is a potent affirmation of agency. The behavioural codes are 'promises I made myself',[633] Gloria remarks, and this agency operates against the grain of the promissory institutionalised happiness Ahmed critiques,

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[629] Ibid., p. 283.
[630] Ibid.
[631] Ibid., p. 227.
[632] Ibid., p. 87.
[633] Ibid., p. 283.

reorienting a path that is more amenable to her: this is a freedom *to* exist and reimagine futurity on one's own terms. These are affective affordances negotiated within and through institutionally-entrenched parameters of *being*; but the agentive capacity to engage with them is inhered with the transformative potential of imagining alternative modes of *becoming*, of envisioning future possibilities. In attending to and dignifying each other's experiences – without being 'swallow[ed]' or being looked at but not *seen*, to borrow Merle's expressions – the women counter the neglect and negation they have thus far encountered. This form of agentive self-ethnography, made possible through the labour of shared, communal care, is not just a mode of survival; it is a way of mediating into alternative visions of futurity. Perhaps we might read Evaristo's revival of 'neglected' texts in a similar vein, mobilising a widely-recognised publishing house as a vehicle of visibility – a way of enfolding the margins into the mainstream and re-forming the conditions of this inclusion in a critical act of institutional redress.

There is much more to be said about the particular forms of structural violence Merle and Gloria are subjected to as immigrants in Britain, from Merle's childhood and marital experiences to Gloria's encounters with racism and homophobia. While my discussion cannot extend along these lines of inquiry, I hope to have established here a foundation for interrogating the particularities of intersectional experience. Drawing on Arline Geronimus's racial weathering hypothesis alongside Berlant's formulation of slow death, the final chapter will further press the endemic quality of violence. The forthcoming discussion marks a shift in focus from distress to healing, though as I seek to demonstrate, these are neither discrete, binary categories, nor configured within a linear trajectory. I organise this discussion around the terms *labour*, *stillness*, and *energy*, to consider how *flow* might be redirected away from historically-draining and extractive pressures on the black female body, into the generative potential for agentive transformation.

I am particularly interested in the notion of redress, initially raised in the context of the publishing industry, but which I will subsequently pursue in the theatre space. Through writer Toni Cade Bambara and performance artist Selina Thompson's work in the following analysis, I take up the role of the 'cultural worker' (to borrow Bambara's term of self-identification) to consider the particular embodied entanglements of said labour. Roy's autobiographical gesture demonstrates one possibility: how Gloria and Merle sustain healing energy through touch. Healing as it

is de-institutionalised here is divested not just from heteropatriarchal structuring principles, but Western epistemic and ontological ones as well. Gloria muses about the 'woman healers' in her partner's family, who operated 'long before the doctors came along with their big fancy books and know-it-all ways', and questions how one could possibly 'learn the ins and outs of human beings from a book'.[634] This is a challenge not just to Eurocentric psychiatric modes of knowing, but modes of *being* in itself; it is a necessary reclamation and re-centring of ancestral practices, epistemes that have also been suppressed by the cultural hegemony of Enlightenment rationality. Interestingly, Merle, whose distress derives largely from a sense of religious persecution, begins to view Gloria as 'my Orisha, African angel of light'.[635] Diasporic identity is a source of strife for Merle and her immigrant family, and it is significant that being enfolded into corporeal connection also becomes a means of inhabiting, and reconnecting, with another formerly-displaced part of herself: her culturally-derived beliefs. Like Evaristo's act of 'resurrect[ing]' and re-centring buried texts, what Gloria and Merle's relational dynamic revives are suppressed ontologies and cosmologies – ones that might afford the women the possibility of re-organising temporalities of (well)being that resonate with black female experience.

However, the invocation of a globalised, diasporic identity in the turn towards an 'Afrocentric' practice is not without its own vexing implications. This is a dynamic I will revisit more thoroughly in the final chapter, weighted as it is with its own set of structuring principles and structural exclusions. I next turn to the possibilities of an Afrocentric mode in formulating a more holistic approach to healing, considering how this takes shape in Bambara's communal healing in *TSE* and Thompson's ritual practice in her theatre space. Building on Ahmed's work, I consider further iterations of the promissory happiness narrative and its exclusionary premises, pursuing the potential inhered in the 'cultural worker' as 'affect alien'. To this end, I will theorise how forms of communal care and culturally-salient practices might reorganise the temporalities of wellbeing and re-spatialise group identity in ways that are more habitable and hospitable for the black female body.

[634] Ibid., pp. 38-39.
[635] Ibid., p. 200.

Care

'Can the planet be rescued from the psychopaths? Where are the evolved, poised-for-light adepts who will assume the task of administering power in a human interest, of redefining power as being not the privilege or class right to define, deform, and dominate, but as the human responsibility to define, transform, and develop?'

Toni Cade Bambara, 'What it is I Think I'm Doing Anyhow'[636]

Framework

Toni Cade Bambara's quote soberingly recalls Mutu's reflection set out at the start of the first chapter, which formed a landscape for navigating the core concerns of this thesis: 'this unhealthy planet is *us* being unhealthy. The planet didn't create this for us; we have made it.'[637] In this vision of planetary health, the female body becomes a barometer for social ill, and a channel for the interconnectivity necessary to envision the reform that both Bambara and Mutu urgently call for. Writing at the end of the twentieth century, against the backdrop of the Civil Rights political revolution, environmental crisis, and a pressing need for social change, Pan-Africanist Bambara sought to interrogate the transformative potential inherent in the new millennium. Bambara's line of questioning above from 1979 continues to strike an unfortunate and urgent chord in our contemporary moment; at the time of writing this thesis, we have been acutely confronted with the way race and place intersect to condition (well)being: from the health disparities of minority populations exacerbated by COVID-19, to the Black Lives Matter movement mobilised by an epidemic of racialised police brutality and carceral violence.

As a writer, Bambara suggestively positioned herself in the league of 'cultural worker[s]'[638] who channel their labour to serve the community; writing is her way of participating in 'struggle' and 'resistance', of 'practicing the commitment to explore bodies of knowledge for the usable wisdoms they yield.'[639] Diagnosing a disabling

[636] Toni Cade Bambara, 'What it is I Think I'm Doing Anyhow', *The Writer on her Work*, ed. by Janet Sternburg (New York: W.W. Norton, 1980), p. 153.
[637] Mutu, 'Between Disgust and Regeneration', p. 352.
[638] Bambara, 'What it is I Think I'm Doing Anyhow', p. 166.
[639] Ibid., p. 154.

split in society between the spiritual, psychic, and political forces,[640] the written form becomes a critical mode of healing through synthesis for Bambara. This is labour redefined: against the historically-extractive and exploitative demands placed on the black female body, such work critically addresses and redresses the body's relationship to production, (re)generating new possibilities of living. In this chapter, I read Bambara's *The Salt Eaters* (1980)[641] – a crystallisation of her syncretic vision – alongside Black British performance artist Selina Thompson's live performance art piece, *salt.* (2016-2020),[642] which stages Thompson's voyage retracing the Atlantic Triangle, from Britain to Ghana and Jamaica. At once a personal journey to recover Afro-diasporic connections and a collective act of memorialisation, Thompson's work interrogates the burden of responsibility shouldered by the artist – or to appropriate Bambara's apt term, 'cultural worker' – whose body is implicated in this act of reconstruction. Situating Bambara and Thompson's work together, we are confronted with the enduring, endemic conditions of oppression and exclusion to which the black female body is subjected. But these works also offer the imaginative space to visualise alternative temporalities and trajectories of black health, or, in Thompson's poignant formulation, to 'imagine new ways of living'.[643]

Having argued that mental health is an urgent, critical social justice issue, my final chapter is engaged with the politically-transformative potential of the 'cultural work' performed through these creative mediums: how might we reimagine a relationship between art, labour, and (well)being beyond the narrow vision articulated by the neocolonial-neuroscientific-neoliberal matrix interrogated thus far? In my estimation, this involves a fundamental re-formation of how we understand *being* and *relating* within the world. I suggest that this demands a necessary recognition of curative connections, a reorientation of the self within a wider network of relations – in an evolving process of *becoming* – which might mobilise this transformative vision, and redistribute the labour of enacting it.

As I continue to work across artistic mediums in this chapter, it is worth revisiting the term 'narrative' here, in light of earlier arguments concerning the capacity and limitations of the narrative mode. Within the critical medical humanities, narrative is

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[640] Ibid., p. 165.
[641] Toni Cade Bambara, *The Salt Eaters* (London: The Women's Press, 1982). Hereafter *TSE*.
[642] I am working with the published script in this chapter. Selina Thompson, *salt.* (London: Faber and Faber, 2018).
[643] Ibid., p. 23.

often regarded as a tool to 'humanise' the medical sciences, or remedy the affective, empathetic gaps in clinical encounters. In the introduction, I considered Galen Strawson's critique of the narrative medicine model, premised as it is on the view that human beings are, and normatively *should be*, 'Naturally narrative' (universally-inclined towards organising our experience in a diachronic narrative mode).[644] A critical element of this thesis has involved staging an ontological challenge about the way we organise experience – specifically experiences and expressions of distress – from an intersectional, decolonial perspective. I have pressed how narrative form might, concerningly, become *conforming* in both an affective and political sense, excluding and occluding marginalised, 'non-normative' realities. However, as I have sought to demonstrate, a significant gap in the current criticism levied against narrative medicine is how we define narrative to begin with. In the preceding two chapters, I have set out how black writers, artists, and other creative practitioners have developed a robust genre of work that engages with and productively depathologises 'pathology', situating distress in ways that are attuned to the embodied and environmentally-embedded quality of experience. The present chapter builds on this foundation by reflecting on works that invoke Afrocentric practices, or that disrupt Western temporalities of being. In *salt.*, the solo performer, 'The Woman' 'gets into a position for storytelling'[645] and punctuates anecdotal narration of her journey through the Atlantic Triangle with ritual; this toggling between both modes enfolds the audience into a process of deconstructing harmful mythologies, and collectively re-constructing habitable spaces for healing and accommodating alternative visions of futurity. The performance begins with 'The Woman' placing a salt rock before the audience and attempting to smash this 'burden': an act of destroying 'Europe',[646] symbolically deconstructing the weight of its inflicted trauma. This proves too heavy a task for the figure initially, both physically and affectively – though as this chapter unfolds, we see that the two are intimately and inextricably entwined. Like *salt.*'s commitment to collective participation in this crucial labour, *TSE's* polyphonic form enacts Bambara's syncretic vision of collective healing and communal responsibility.

At this juncture, I also revisit the question posed by Viney et al. that I raised at the start of this thesis:

[644] Strawson, 'Against Narrativity', p. 429.
[645] Thompson, *salt.*, p. 16.
[646] Ibid., p. 18.

> Can the medical humanities intervene more explicitly in ontological questions – in particular, of aetiology, pathogenesis, intervention and cure – rather than, as has commonly been the case, leaving such questions largely to the domains of the life sciences and biomedicine?[647]

Having explored the possibilities of reading distress in modes that exceed the linear biopsychiatric framing of aetiology and cure in the previous two chapters, I conclude here by reorienting the temporalities of 'cure', a move which involves a more fundamental reorientation of the body in distress and its position within a remedial network of relations. The network envisioned here extends the ontological and imaginative boundaries of the connectionist model in which the subject of contemporary neuroculture is implicated. I am particularly interested in disentangling the notion of (moral) responsibility from the discourse of healthy citizenship and the preservation of a functioning national body, exploring alternative affordances of care, connection, and collective identity formation.

Consistent with my preference for the term 'distress' over 'pathology', I use the term 'healing' instead of 'cure' here to first avoid the biomedicalised valence of the latter, and perhaps more crucially, to avoid reinforcing the self-contained, linear temporality it connotes. I am guided here by Thompson's potent assertion: 'I choose to not move on. I refuse to get over what is not yet over.'[648] Healing is necessarily structured through non-linear, open-ended temporalities and situated within communally-oriented spaces, particularly when distress is encountered in the temporal form of the 'endemic' for entire marginalised populations: a *slow death*, to revisit Berlant's useful formulation again. To contextualise the broader ecology of wellbeing and health these works circulate in, I will offer an overview of contemporary wellness culture, situating it within the neocolonial-neuroscientific-neoliberal matrix in health discourse as theorised. I draw on, and extend, Ahmed's formulation of promissory happiness to suggest how this version of wellbeing is structured through a linear telos of recovery, oriented towards the achievement of 'happiness' – though as I seek to demonstrate, this is not the universally-achievable, or indeed even desirable, social good it is positioned as. Taking the *circle* as a structuring motif and ontological principle, I consider how the healing circle, as a hybrid therapeutic modality in

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[647] Viney, Callard, and Woods, 'Critical medical humanities: embracing entanglement, taking risks', p. 3.
[648] Thompson, *salt.*, p. 22.

Bambara's text, performs a non-anthropocentric re-ordering of relations and kinship formations beyond biological boundaries. I then turn to Thompson's *salt.*, working with the script of her live performance. Thompson's ritual work, as a deeply personal but also communally-oriented act of reconstruction and memorialisation, exposes the critical need to re-form structures of relation, but also the oft-distressing conditions under which such labour is undertaken. I am interested in how Bambara and Thompson re-centre Afro-diasporic practices and ontologies in their work and I hope to demonstrate that this vision is fundamentally inalienable from a broader politics of racial justice and redress.

Healthcare: An Afrocentric Perspective?

How might we envision an approach to healthcare that is culturally and contextually-salient? Given the present focus, it seems germane to contextualise the term 'Afrocentric', and qualify how it is being deployed here. The term, which is weighted with much theoretical and ideological baggage, was elaborated by scholar Molefi Asante across his body of theoretical work from the 1980s to the present. Asante defines Afrocentrism as

> a frame of reference wherein phenomena are viewed from the perspective of the African person […] It centers on placing people of African origin in control of their lives and attitudes about the world […] As an intellectual theory, Afrocentricity is the study of the ideas and events from the standpoint of Africans as the key players rather than victims […] it is Africa asserting itself intellectually and psychologically, breaking the bonds of Western domination in the mind as an analogue for breaking those bonds in every other field.[649]

These 'fields' Asante invokes cut across various aspects of cultural production, from philosophy and psychology, to economics and religion. Asante is concerned with displacing the centrality of Eurocentric frames of reference. As I have explored, these ontological, epistemological, and cosmological frames have become naturalised as not just the central, but universal modes of thinking and being. Instead, Asante calls for a radical reorientation of worldview, one which places 'African ideals at the center' of

[649] Molefi Kete Asante, 'The Afrocentric idea in education', *Journal of Negro Education*, 60 (1991), 170-179 (p. 172).

any engagements with African culture and behaviour.[650] This is a politically liberatory move in Asante's estimation; a focalisation of African modes of thinking and a reorientation of African individuals in subject, rather than object, position, opens up possibilities for agentive self-definition and self-determination.[651] This paradigm shift is envisioned as the basis for freedom; Asante argues that it is this investment in 'agency and action' that distinguishes Afrocentrism as a practice from 'Africanity', which concerns itself with specific questions of identity such as beliefs, customs, and traditions.[652]

While this paradigmatic shift seems to hold much intellectual and political promise, Asante's formulation of Afrocentrism has been met with criticism, not least of which interrogates his definitional, and indeed, ontological, boundaries of the term 'African'. Asante qualifies African presence in the Caribbean, South America and India, and African American experience in the US as part of his representational remit. However, this broad view raises more issues than it resolves. A recurrent, and in my estimation, not unfounded, criticism waged against Afrocentrism is its tendency towards essentialism. In his critique of particularity as a principle intrinsic to Afrocentrism, Stephen Ferguson forcefully demonstrates how the philosophical pitfalls of Asante's particular elaboration of Afrocentricity extend into the political realm, rendering it incapable of fulfilling its vision. Ferguson argues that in its commitment to a centrist paradigm, Afrocentrism reproduces the ideological traps of Eurocentrism itself. The 'false universality' of Eurocentric frames of reference, which is what Afrocentrism seeks to redress, logically follows from ethnocentrism, and the paradigm of Afrocentrism itself risks becoming a 'species of ethnocentrism' by 'disvaluing that which is not African'.[653] Ferguson rightly points out the essentialising trap of assuming a common worldview on the basis of 'culture' and perceived characteristics. We might consider here how scholar Maulana Karenga has attempted to elaborate on Afrocentricity by defining an 'African personality' through certain shared orientations: these include the 'centrality of the community', a 'high level of spirituality and ethical concern', 'harmony with nature', and 'veneration of ancestors',

[650] Molefi Kete Asante, *The Afrocentric Idea* (Revised and Expanded edn) (Philadelphia: Temple University Press, 1998), p. 2. Hereafter *TAI*.
[651] Ibid., pp. 21-22.
[652] Ibid., p. 19.
[653] Stephen C. Ferguson, *Philosophy of African American Studies: Nothing Left of Blackness* (New York: Palgrave Macmillan, 2015), p. 60.

to draw out a few contextually-significant ones here.[654] The attempt to define identity through culture inevitably lends itself to generalisations, particularly when 'culture' is seemingly understood as transcending spatial, temporal, and structural realities. In its particularity, Afrocentrism capitulates to a form of cultural relativism, one that reinstates a reductive binary of African and European cultures as fundamentally 'incommensurate'; what Ferguson draws out as a further implication here is that it precludes the possibility of establishing a basis for universal human rights.[655]

I wish to elaborate on Ferguson's criticism of how an Afrocentric mode might gridlock identity as a state of fixed 'being' instead of 'becoming' – a distinction that Ferguson also draws out as an implication of this decontextualised sense of culture.[656] Asante himself writes that Africans 'cannot truly be ourselves' when inhabiting 'borrowed spaces';[657] in my view, the word 'truly' is underpinned by a problematic notion of authenticity, which reinforces the sense that there exists an essential, atemporal quality of being. Rather, as I have explored, selfhood might more meaningfully exist in unfolding multiplicity: *selves* in a constant process of *becoming*, shaped and inflected by contact with the spaces being dwelled in. Emezi's articulation of this plural selfhood through a rendering of *ogbanje* experience from their particular contemporary diasporic position is a telling case in point. This multiplicity can create discordance, as seen in Ada's experience, but this discordance is not necessarily pathological or disabling. Instead, 'wholeness' is formed through an active recognition and recuperation of this multiplicity, however vexed this process of uncovering and recovering these layers may be.

This trap of essentialism has broader sociopolitical implications, potentially stymying, if not foreclosing, the emancipatory vision Asante holds. How might such a worldview push material realities from our conceptual and political purview, and ironically, in search of a collectivising political force, ultimately dehistoricise and depoliticise struggle itself? In taking the identity category of 'African' as an existential given, Afrocentrism runs the risk of effacing the structural and material realities that create differential conditions for inhabiting this identity. Afrocentrism as a political practice seeks to recover an agentive selfhood by cultivating a form of collective

[654] Maulana Karenga, quoted in Ama Mazama, 'The Afrocentric Paradigm: Contours and Definitions', *Journal of Black Studies*, 31 (2001), 387-405 (p. 394).
[655] Ferguson, *Philosophy of African American Studies*, pp. 86, 88-89.
[656] Ibid., p. 72.
[657] Asante, *TAI*, p. 8.

consciousness that restores African knowledges, beliefs, and practices – an urgent and invaluable vision in and of itself. But in this broad-sweeping collective, and collectivising vision, it potentially occludes intra-group differentials and discriminations; these conditions produce asymmetrical, and sometimes violent, experiences of inhabiting said identity through different forms of marginality such as class, race, and sex. A pertinent case in point, and one I develop further through my engagement with Velma's disillusionment in *TSE*, is the political marginality of black women in relation to their male counterparts, and the occurrence of structural violence against the black female body from both within and beyond the African American community.

It is worth noting, however, that Asante has clarified his position on this 'particularity' in response to such criticism. Asante contends that the aim is not for Afrocentricity to 'impose its own particularity as a universal', as Eurocentric thought often does.[658] In some of his later elaborations, he explicitly acknowledges the 'varieties of oppressions in our contemporary society' and how material conditions have changed; however, he remains rooted to the stance that cultures 'do exist' with 'certain essential characteristics', such as an orientation towards harmony and justice in the African culture, remaining the same, not as innate or immutable qualities, but ones 'we preserve as characteristic' because of a shared foundations of 'myths, history, and memories'.[659] From this vantage point, he diagnoses the contemporary condition as a 'cultural crisis' born of having lost 'cultural centeredness' when inhabiting 'borrowed spaces', as is the experience of many who identify as being part of the African diaspora.[660]

I believe Asante's formulation is undergirded by an invaluable principle: to re-centre and recuperate modes of thinking and being that have been historically-marginalised and delegitimised. It is my contention here that Afrocentrism holds promise for decolonial practice and is not fundamentally irreconcilable with an intersectional orientation. But to tap into the liberatory potential Asante envisions, contextually-attentive elaborations are necessary. How might we consolidate the epistemological, ontological, and cosmological reorientations inhered in an Afrocentric vision, with the material realities of embodied experience?

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[658] Ibid., p. 23.
[659] Ibid., p. 13.
[660] Ibid., p. 8.

My deployment of the term 'Afrocentric' in this chapter is aligned with the underlying principle of re-centring these marginalised modes of meaning-making, mining them as a resource for communal healing and structural redress. But my contention is that an Afrocentric vision must be nuanced through an explicit engagement with positionality in its theoretical and political expressions. Ontologically and epistemically, this involves viewing the body and bodies of knowledge in a constant state of *becoming*, neither static nor existentially given. This vision crucially accommodates a process of *co-construction* of both knowledge and identity, one that necessarily draws on the particular needs, desires, contexts, and structural realities of these communal bodies. In my view, the notion of a 'centre' itself is at issue here, and the kind of politically-collectivising and mobilising potential of such a shared community need not be grounded on what is a largely imagined physical and ontological 'centre'; connection can be creatively re-imagined and co-constructed, both physically and figuratively. Visualised through this lens, the notion of identity itself becomes ontologically-endowed with the sense of *becoming*, and this process, I argue, holds agentive and emancipatory potential.

It might be useful to situate this notion of a constructed community in relation to another vexed, related conception of communal identity: 'diaspora'. If Asante views dislocation in spatial, geographical terms – and we might argue that this sense stems from people of the diaspora inhabiting oft-inhospitable spaces in the West – then it is worth interrogating the term 'diaspora' itself, and its conditions of access and participation. In line with my argument about the depoliticising and decontextualising effects of a designation like 'African', Michelle Wright advances a critique of what she terms a 'Middle Passage Epistemology'.[661] This is an epistemology that maps a collective Afro-diasporic identity through shared, traumatic historical experience, here the Middle Passage. But Wright argues that this epistemology is an essentialising and exclusionary cultural myth: it is grounded in the idea of 'a homogenous Black identity', one oriented towards 'Africa' as its origin point – a point that can, and should, be returned to.[662] Wright argues, however, that this is often an imaginary, idealised place and point in time that presents itself as untouched by material change.

[661] Michelle M. Wright, 'Middle Passage Blackness and its Diasporic Discontents: The Case for a Post-War Epistemology', in *Africa in Europe: Studies in Transnational Practice in the Long Twentieth Century*, ed. by Eve Rosenhaft and Robbie Aitken (Liverpool: Liverpool University Press, 2013), pp. 217-233. Hereafter *MPB*.
[662] Ibid., pp. 218, 220.

We could extend this argument to ask *whose* Africa this line is pointing towards. Who is included in the remit of this progress narrative, which visualises a trajectory from enslavement to freedom?

Indeed, Wright argues that a Middle Passage Epistemology, in identifying people of African descent as 'victims of slavery and racism', fails to acknowledge the asymmetries in said experience and pressingly, 'intra-group bigotries'.[663] This critique underscores my argument about the differential experiences engendered by identities produced at the intersection of multiple marginalities. What this epistemology cannot account for, then, is how black women, black queer people, or those of a lower socioeconomic class might encounter this identity in ways distinct from the heterosexual black male, who is often positioned as the representative, agentive figure in a progress narrative celebrating the triumphs of black masculinity in Civil Rights. Significantly, Wright visualises this mythological narrative as temporally 'linear' and spatially 'vertical' in its organisation of relationality; she argues that this verticality extends into a more profound ideological construction of kinship along heteropatriarchal lines, situating the heteronormative nuclear family as its central figure.[664] Instead, Wright argues for a 'lateral' understanding of diaspora, where identity is formed through 'affiliation' rather than 'inheritance'.[665] This offers the possibility of agency in constructing communal networks through 'social and intellectual affiliations',[666] instead of pre-determined, often imaginary and ideologically-charged, vectors of essential relation. Significantly, this is a possibility also expressed through Gloria and Merle's relationship in Roy's vision of deinstitutionalised healing.

Interestingly, in designating this schema as a mythology with an exclusive, imaginary 'progress narrative',[667] Wright's critique demonstrates how the Middle Passage Epistemology becomes yet another foundational arc in what I have previously elaborated through the modernity/coloniality complex. This complex is grounded in particular founding myths that are mobilised through a momentum towards progress – though, as I have unpacked through numerous cultural myths circulating within discourses of modernity and the psychiatric imaginary, this linear narrative obscures

[663] Ibid, pp. 291-220.
[664] Ibid., p. 228.
[665] Ibid.
[666] Ibid.
[667] Ibid., p. 218.

the epistemic and material violence undergirding such a trajectory. As I have sought to demonstrate, this trajectory is a narrow vision not just in its structural effacements and exclusions, but also in its delimiting vision of what future possibility might look like, mapped as it is through a fixed, imaginary origin and telos. As Wright points out, and I am inclined to agree, the notion of an origin 'can only be sustained through the endless reproduction of myths, mostly about discretely bounded categories.'[668]

Communal Bodies of Knowledge: The Role of Mythology

To press the fault lines in a homogenised, mythologised, idea of 'Africa', I explore the Flying African myth as a body of communally-constructed knowledge intimately associated with the Middle Passage, interrogating how this reference point might alternately reinforce and destabilise the notion of Africa as an imagined 'homeland'.

Bambara's title, *The Salt Eaters*, explicitly gestures towards this myth, which circulated during the Transatlantic slave trade and has been passed down generationally, in various iterations, through oral tradition and cultural production across the diaspora from the Caribbean to North America. The tropes of flight, sea, and salt have since become characteristic of folk stories and spirituals. Terri L. Snyder speculates that this folklore is rooted in the memory of the Igbo Landing, a site where a group of Igbo people who were captured and sold into slavery in 1803 drowned themselves collectively and, as argued by some scholars, in a deliberate act of revolt.[669] En route to St. Simon's Island, they are believed to have retaliated against their mistreatment on board the ship, an altercation that resulted in the crew being forced overboard as well. It is worth noting that there were multiple, competing views on self-inflicted death, and the possible impetus behind such acts amongst enslaved Africans; as Snyder comments, some viewed suicide as a religiously-prohibited act, others deemed it a 'revolutionary' act of resistance, and for some, invested in the cosmology of spiritual transmigration, death was favourable to enslavement as it was a gateway to returning 'home'– for this latter group, drowning was viewed as a medium of return, with water being a 'spiritual conduit back to Africa'.[670]

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[668] Ibid., p. 219.
[669] Terri L. Snyder, 'Suicide, Slavery, and Memory in North America', *The Journal of American History*, 97 (2010), 39-62 (p. 39).
[670] Ibid., p. 54.

This mythology, in its multiplicity, coalesces shared knowledge with personal memory: an understanding of flying Africans and the Igbo landing is synthesised with personal anecdotes of enslavement in various retellings of the myth by the formerly-enslaved in the Georgia Sea Islands. In its most basic form, the story envisions Africans possessing the gift of flight, which enables them to cross the Middle Passage and return to Africa, free. Samantha Hunsicker usefully notes that these myths are organic, living entities that have evolved in circulation through time across different African American communities; the Savannah Unit of the Georgia Writers' Project, funded by the Works Progress Administration (WPA) undertook the most robust compilation of these various iterations along the Georgia Coast between 1939 and 1940: *Drums and Shadows: Survival Studies: Among the Georgia Coastal Negroes*.[671] Since then, various forms of cultural production have engaged with and creatively adapted tropes of the tale, including Bambara's short story collection, *The Sea Birds are Still Alive* (1977), Toni Morrison's *Song of Solomon* (1977), and Paule Marshall's *Praisesong for the Widow* (1983). This process of active adaptation and revision is noteworthy in light of my argument against a homogenised understanding of 'African' identity; the intersection of identity with the structural realities across space and time has shaped the expression of this folklore in its present articulations. For example, Snyder notes that the WPA version of the Flying African published in the 1940s was 'built on a more patriarchal model that focuses on one central male figure that empowers other slaves to fly'. This stands in stark contrast to some retellings by the formerly-enslaved, where flight is mobilised not by a single heroic figure, but a married couple, or men and women collectively.[672] This creative co-construction of memory might thus become a productive site for reckoning with and redressing fraught structural entanglements, such as the instability of 'home', diasporic identity, and intra-group sexism.

Like the myth of the Flying African, salt is charged with multiple material and symbolic valences; it holds often conflicting, but co-existing, meanings, both harmful and healing. Salt was a precious resource often exchanged for gold in the pre-colonial West Coast of Africa, and was associated with strength. During the period of

[671] Samantha R. Hunsicker, 'Fly Away From Home: Tracing the Flying African Folktale from Oral Literature to Verse and Prose' (unpublished honors thesis, Ball State University, 2000), <https://cardinalscholar.bsu.edu/bitstream/handle/handle/190958/H86_2000HunsickerSamanthaR.pdf?sequence=1> [accessed 2 December 2021], p. 4.
[672] Snyder, 'Suicide, Slavery, and Memory in North America', p. 60.

enslavement, salt and water (both signifiers of the Middle Passage) were believed to block flight, and as a corollary, freedom, as salt bound enslaved Africans to the New World. Esther Jones notes that salt was used as a punishment against the enslaved: slaveholders would rub salt into enslaved people's bleeding wounds to exacerbate the distress, though equally, salt also has natural antiseptic properties and was sometimes used to heal wounds.[673] Lorna McDaniel explores how the exposure to foreign food culture, often dictated by British slave laws, introduced new forms of salty, brined food to places like the Caribbean, and paralleled foreign-imposed enslavement itself.[674] Salt has also acquired mythological import: it was commonly believed that avoiding salt could 'confer special powers like those of witches' or make one 'powerful enough to fly back to Africa'.[675] Salt figures as an antidote to malevolent forces in the Caribbean *soucouyant* myth. This figure usually takes the form of an elderly woman by day, who sheds her skin to fly around in the night and drain the blood of her victims. Rubbing salt in a soucouyant's discarded skin is believed to offer protection because the burning pain of salt on a raw wound will prevent them from re-inhabiting their shed skin; if the soucouyant does re-inhabit this skin, their screams of pain will alert the community to take action against them.[676]

The mythological *soucouyant* figure, however, is laced with gendered, racial, and nationalistic anxieties – anxieties poignantly registered in its various creative renderings. In a feminist reading of writer Nalo Hopkinson's engagement with this mythology, Giselle Anatol demonstrates how the soucouyant figure comes to embody patriarchal anxieties over female 'liberation and sensuality', with its shedding of skin and flight becoming a metaphor for what is deemed as women's threatening, independent mobility beyond the private domestic sphere.[677] Anatol elsewhere argues that in its capacity for free flight, this figure also comes to embody colonial anxieties over the fluidity of national and cultural boundaries, purity of bloodline, and fears of

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[673] Esther L. Jones, *Medicine and Ethics in Black Women's Speculative Fiction* (New York: Palgrave Macmillan, 2015), p. 3.
[674] Lorna McDaniel, 'The Flying Africans: Extent and Strength of the Myth in the Americas', *New West Indian Guide*, 64 (1990), 28-40 (p. 31).
[675] Monica Schüler, *Alas, alas, Kongo: A social history into Jamaica, 1841-1865* (Baltimore, London: John Hopkins University Press, 1980), p. 96.
[676] Giselle Liza Anatol, 'A Feminist Reading of Soucouyants in Nalo Hopkinson's "Brown Girl in the Ring" and "Skin Folk"', *Mosaic: An Interdisciplinary Critical Journal*, 37 (2004), 33-50 (p. 33).
[677] Ibid., p. 34.

miscegenation.[678] Contemporary reimaginings of the *soucouyant* in Tessa McWatt's *Out of My Skin* (1998) and Helen Oyeyemi's *White is for Witching* (2009) unsettle these nationalistic myths, reversing the racist script of foreign monstrosity and vampirism by ultimately exposing that it is the 'colonial or neocolonial nation that greedily sucks the lifeblood of foreign lands and foreign people' through its exploitative mechanisms.[679] If, as Asante suggests, culture and its associated shared characteristics are grounded on a bedrock of 'myths, history, and memories',[680] then what we are confronted with here is the active, agentive re-working of this corpus in ways that are contextually-meaningful, inflected with anxieties and desires particular to the community of production and circulation. Afrocentricity, then, is expressed here in the preservation of shared cultural memories, but this is not static or singular in its expression. To return to Wright's assertion that the idea of an 'origin' is preserved through an 'endless reproduction of myths, mostly about discretely bounded categories',[681] then these iterations are less a reproduction of an 'original', structuring myth as they are a communally-constructed body of knowledge: narrative acts that might also participate in reimagining forms of futurity and freedom in light of present realities.

When Minnie corresponds with her spirit guide Old Wife to discuss Velma's healing in *TSE*, she is told to 'thrash out into them waters, churn up all them bones we dropped from the old ships, churn up all that brine from the salty deep where our tears sank.'[682] The imagery of sea, water, and bones here strikingly evokes the Middle Passage, signalling the need to surface, rather than suppress, historically-rooted conditions of oppression against the grain of the institutional regulation of affect like happiness. The inquiry into Velma's sources of distress becomes a deeper excavation of collective historical traumas, signified by the invocation of Middle Passage memory and its associated mythologies. The image of 'churn[ing]' is evocative of domestic labour, specifically cooking, but the action here is reframed as the crucial cultural work that women perform in memorialisation and healing. This is a critical reinvestment in black female potential – potential that has been sapped by the strains

[678] Giselle Liza Anatol, *Things that Fly in the Night*: *Female Vampires in Literature of the Circum-Caribbean and African Diaspora* (New Brunswick: Rutgers University Press, 2015), p. 212.
[679] Ibid., p. 190.
[680] Asante, *TAI*, p. 13.
[681] Wright, 'Middle Passage Blackness and its Diasporic Discontents', p. 219.
[682] Bambara, *TSE*, p. 61.

of a highly patriarchal, exclusionary milieu of black political activism in the wake of the Civil Rights Movement, the space that Velma finds herself operating in. This momentum is energised and productively rechannelled through a supportive network of female healers, who share the burden of and responsibility for undertaking such labour. What Velma must acknowledge, to catalyse her healing, is that the community around her have 'eaten salt together'.[683] As Sophie, her godmother remarks, you cannot know a person until you have both eaten salt together; that is, have jointly experienced traumas, but survived through history, and can draw on these resources to continue to do so. Here is a vision of communal connection activated by channelling salt, in all its fragmentary and multiple valences, as a shared bedrock.

If an Afrocentric epistemic body of cultural memory is to fully accommodate the breadth and depth of collective experience, then the mythologies and associated memories in circulation must be read as a site where a commitment to multiplicity is enacted. The boundaries between individual and collective, or individual, embodied acts and collective action are dissolved here. This is a dynamic I will interrogate more intently in my analysis of Thompson's *salt.*, by considering the relationship between the performing body undertaking such labour and the spectator. In the absence of an identifiable 'home' or point of origin to return to, salt here is figured as a healing, collectivising force, one which enables the (communal) body to channel distress into something generative and curative. Crucially, this move redistributes healing as a communally-shared responsibility. I suggest that salt becomes a signifier of irresolution, but that dwelling in such irresolution, in all its plural possibilities, can be regenerative: it mobilises an ethos of *sitting with* and *working through*, an embodied and ideological orientation that challenges the resilience discourse of *moving on* and *getting over* in contemporary wellness culture.

Healing as Communal Practice: A Case Study

Before turning to my two texts, it would be helpful to visualise how the principles of redistributed care and connection suggested here might take shape in practice. Mental health professionals Carmen Williams, Marsha Frame, and Evelyn Green organised an African American Women's Spirituality Group, a network for African American women from diverse professional backgrounds, and sexual and religious orientations,

[683] Ibid., p. 147.

experiencing various forms of distress, to collectively hold space for and support each other. This healing space, which ran weekly over a span of eight weeks, was grounded in the ethos of 'develop[ing] networks of mutual emotional and spiritual support', which Williams identifies as foundational to group therapy.[684] Williams has elsewhere critiqued Afrocentric and cultural feminist models of psychology for their failure to acknowledge and accommodate, in practice, the 'interactive' nature of race and gender.[685] The former proposes that traditional African cultural practices can promote psychic healing from the effects of oppressive conditions. As raised through my analysis of Afrocentrism, this model is invested in drawing on perceived shared characteristics (a common spiritual orientation, harmony with nature, a belief in the fluidity of time). In doing so, however, it reproduces an irreconcilable and reductive binary of what it designates as 'European' and 'African'. Cultural feminist psychology argues that certain qualities like care, empathy, and moral inclinations are social constructs that women internalise, and that may become a source of internal strife; however, it frequently capitulates to white female experience as its representative model. As Williams rightly points out, and as I have interrogated, these models can inadvertently reproduce essentialising and decontextualised categories of identity like 'African' and 'woman'. Williams argues that these models fail to acknowledge internal diversity;[686] this engenders the problematic tendency to re-inscribe the very ideological values and narrow expressions of selfhood being critiqued, inadvertently becoming regulatory mechanisms reinforcing normative patterns of behaviour.

Instead, what Williams et al. propose is a Black feminist or womanist approach to therapeutic intervention, to avoid the dualistic traps of singularly Afrocentric and feminist models. These include 'strategies of moral and spiritual agency, community building, self-determination, and empowerment through interpersonal connection as key modes of resistance'.[687] The practices adopted in their healing group draw on historical modes of survival used by the enslaved, such as music and dance, call and response, the invocation of ancestors, oral practices, and the transmission of folktales and narratives of slavery to identify black female role models. While the modes of healing here were grounded in Afro-centred spiritual practices, this is not a form of

[684] Carmen Braun Williams, 'African American Women, Afrocentrism and Feminism: Implications for Therapy', *Women & Therapy*, 22 (2000), 1-16 (p. 12).
[685] Ibid., p. 9.
[686] Ibid., p. 3.
[687] Ibid., p. 10.

spirituality that is atemporal or rooted in an imagined geographic or cultural origin point. Rather, they draw on Mbiti's view of spirituality as a 'spirit of community, survival, and liberation'.[688] Defined as such, these practices are contextualised through and tailored to the women's present and particular expressions of distress, most commonly the experiences of 'internalized oppression', 'emotional isolation', and issues with 'racial identity'.[689] I would argue that the relationship to shared histories here is quite distinct from the more essentialising notion of shared trauma as a collectivising identity marker as seen produced through a Middle Passage Epistemology. These histories are not invoked to condition group membership or participation through a homogenised category of 'victim', as Wright critiques, but as a mobilising source of support. This turn to history becomes a tool for bearing witness and testifying to distress; it is not invested in the idea of a static past, but instead, deployed to create awareness by contextualising distressing present experiences in historical legacies of oppression. Indeed, Williams et al. note that this knowledge enables the women to 'externalize' their problems;[690] as I have previously suggested, this is a critical reorientation against an internally-directed psychiatric and patriarchal gaze. The exposure and relocation of the source of distress, from individual to institution, is a necessary paradigmatic shift if we are to address (mental) health as a social justice issue.

Strikingly, this mode of healing was put into action through ritual, touch, and narrative – features that profoundly resonate in Bambara and Thompson's practices. Each session was temporally and spatially-shaped through ritual: it would begin with the group of women singing a spiritual. The facilitator would then introduce particular strategies of survival through history, for example, an exercise involving a 'calling out' ritual, which is drawn from African American church practices.[691] In this ritual, a person in the group names their particular sources of distress, and the other participants hold space for this expression by responding to the call in affective and affirming ways. The women would visualise being a tree whose roots are entwined with other women, and they would then join hands. In the closing ritual, the women would hold

[688] John S. Mbiti, quoted in Carmen Braun Williams, Marsha Wiggins Frame, and Evelyn Green, 'Counselling groups for african american women: a focus on spirituality', *Journal for Specialists in Group Work*, 24 (1999), 260-273 (p. 262).
[689] Ibid., pp. 263-264.
[690] Ibid., p. 265.
[691] Ibid., p. 268.

hands to form a circle, calling out the names of their female role models and mentors – from family or acquaintances, to ones identified through the bibliotherapy conducted to offer positive exemplifications of relationships and behaviour through African literature.

This therapeutic space fosters what Esther Jones has usefully termed a 'womanist survival ethic':

> the spirit-based beliefs and actions devised and implemented by black women that enables not only their individual survival in hostile cultural environments but which also ensures that those survival capacities extend to broader vulnerable groups.[692]

I would extend this to suggest that such a re-formation of 'recovery' configures relationality in ways that de-form, and necessarily disrupt, the cycles of violence reproduced by the web of asymmetrical relations the black female body is mired in, and its exclusionary temporalities of (well)being. The dynamic between facilitator and participants in Williams et al.'s therapeutic space is instructive here, distinct as it is from the typical patient/client-practitioner dynamic in a Western clinical setting, both in terms of power differentials and affective investments; we might recall the 'wide, invisible line' between the psychiatric institution's staff and patients that Gloria critiques in Roy's *FLS*.[693] Instead, the facilitator functions as a 'participant-observer', one who observes and comments, and might initiate or lead certain rituals like the calling out, but is also personally involved, sharing their own 'spiritual journey' where appropriate.[694] This dynamic facilitates healing premised on the 'self-in-relation, or collectivist, perspective in which the optimal helper is viewed as not separated from the lives of clients but, rather, is an active, empathic partner in the healing process'.[695] This positioning of in-group identities is significant, and the terms 'helper' and 'partner' are particularly useful in reconfiguring the relationship of care within this setting. As a 'partner' in healing, the facilitator is tasked with co-constructing, along with participants, alternative ontologies and epistemologies of (well)being, ones that are culturally and contextually-meaningful to the group. To appropriate and adapt the discourse of biomedicine, this is 'personalised' or 'precision' healing, a practice

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[692] Jones, 'Africana Women's Science Fiction and Narrative Medicine', p. 195.
[693] Roy, *FLS*, p. 86.
[694] Williams, Frame, and Green, 'Counselling groups for african american women', p. 267.
[695] Ibid.

attentive to individual distress but unlike its institutionalised counterpart, one that necessarily situates individual distress, and by extension, healing, within a broader structure of co-constructed communities of care.

Bambara's healing circle in *TSE* envisions this reconfigured relational dynamic in a strikingly similar vein; she troubles any neat distinction between 'patient' and practitioner, illness and wellness. As conjure figure-healer Minnie's personal history unfolds through the course of Velma's healing, we confront how the self-assured healer was herself once regarded as 'batty, fixed, possessed, crossed, in deep trouble',[696] before she accessed and accepted her gift. Velma too belongs to a matriarchal lineage of clairvoyants, and her present distress is part of a transformative process; rather than a chronic unravelling, Bambara presents this as a coming-into-being on both ontological and visceral levels. Having once blocked out the visions of her ancestral mud mothers, Velma must work to reintegrate these disavowed connections and her plural selves. In Bambara's vision of a healing circle, energy is communally-distributed against the current of the draining pressures on the black female body belaboured by racism, sexism, and the biological threat of nuclear warfare in post-Civil Rights America. In this analysis, I return to another provocation articulated at the start of this work: the possibilities of engaging with the body as both medium and mediation, synthesising spatial, temporal, and affective boundaries between the living and dead, personal and collective.

[696] Bambara, *TSE*, p. 51.

The Salt Eaters

'Can you afford to be whole?',[697] fabled matriarch and healer Minnie Ransom asks her newest charge, Velma Henry, a suicidal, burnt-out, wife, mother, and activist in Bambara's text. We encounter Velma, an overworked and disillusioned computer programmer at a chemical plant, as she recovers from a recent suicide attempt at Southwest Community Infirmary. Minnie's framing of recovery as something one can 'afford' curiously appropriates the discursive strains of neoliberal capitalism, while flouting its very logic of wellbeing. Just as happiness is an 'unalienable right' in the American Declaration of Independence, so too does the Infirmary in *TSE* publicise in bold that 'HEALTH IS YOUR RIGHT'. Bambara's text, however, exposes how wellness, as is institutionally-articulated through a seemingly universalised vision and version of 'health' and 'happiness', is an asymmetrically-endowed privilege.

Set against the backdrop of post-Civil Rights disillusionment, the Black Power Movement, and the burgeoning threat of a nuclear power industry and illness fuelled by its rampant environmental racism, Bambara's text registers the urgency of remodelling what health might mean. In Bambara's vision of healing, there is a fundamental dissolution of boundaries between the self and other, formally echoed in the narrative's polyphonic operation. Though my analysis here is centred on Minnie and Velma, Bambara's text more broadly weaves the distinct, but not disparate, narratives of an ensemble of figures in Claybourne plagued by their living conditions – from Velma's godmother and members of the healing circle, the Master's Mind, to Fred Holt, a bus driver haunted by the death of his friend Porter, a victim of atomic test blasts. Velma, menopausal and in a state of quasi-paralysis, presents herself to Minnie with stiff joints and a frozen face: 'she could barely manage to hold onto herself' and has mentally withdrawn to a 'safe place'[698] where she is untouched by the draining pressures of the racist, patriarchal, and capitalist machinery she finds herself operating within. '[E]verything was off, out of whack, the relentless logic she'd lived by sprung'[699] – she is in chronic need of re-synchronisation. Here, recovery involves a formal disruption of historically-violent logics of institutional time and bodily conditioning, a rejection of a linear telos of recovery oriented towards happiness, or

[697] Ibid., p. 106.
[698] Ibid., p. 5.
[699] Ibid.

to recall Ahmed's formulation, happiness scripts that function as 'straightening devices'.[700] Against this conditioned straightening, circularity functions as an organising principle in Bambara's vision of communally-oriented and distributed healing. This expresses itself within and beyond the healing circle Velma participates in; the circle as form is both a structural motif and a means of structuring embodied practice. In the figure of the Afro-Caribbean conjure woman, we see a synchronisation and synthesis of the kind of polarities endemic to Enlightenment rationality. To recall Bambara's diagnosis of social malaise in this chapter's epigraph, conjure here heals the 'split' between the spiritual, psychic, and political forces.

In her seminal study of the conjuring tradition in African American literature, Kameelah L. Martin usefully designates the conjurer as one who practices the 'vocations of root worker, fortune-teller, midwife, herbalist, two-head doctor, spiritual medium, persons born with second sight, and others who are gifted with verbal and/or visual communication with the invisible world.'[701] Martin's study takes as its subject the under-studied figure of the conjure woman as a literary archetype and folk heroine. Tracing the cultural evolution of this figure, Martin notes that the conjurer served a critical role as 'spiritual advisor and doctor' during the period of chattel slavery in the Americas, and has come to occupy a heroic role as a 'biomythographical subject' in the cultural imaginary, one who 'resist[s] the subjugation and marginalization of black women and provides critical sociocultural commentary'.[702]

Theophus H. Smith suggests that 'conjure is a magical means of transforming reality'; Smith considers magic to be a viable and valuable means of organising reality (or perhaps more precisely, realities) through signs, as a 'primordial and enduring system of communication – as a form of "language"' not bound by speech or expression, but rather, 'ritual speech and action intended to perform what it expresses.'[703] Crucially, however, Smith acknowledges that beyond its function as an interpretive schema, African American conjure culture is distinct in its added dimension of 'folk pharmacy'; the conjure figure is not simply a magician, but also a doctor.[704] Smith asserts that this pharmacopoeic perspective on conjure culture

[700] Ahmed, *POH*, p. 91.
[701] Kameelah L. Martin, *Conjuring Moments in African American Literature: Women, Spirit Work & Other Such Hoodoo* (New York: Palgrave Macmillan, 2012), p. 2.
[702] Ibid., pp. 2, 5.
[703] Theophus H. Smith, *Conjuring Culture: Biblical Formations of Black America* (New York: Oxford University Press, 1994), p. 4.
[704] Ibid., p. 5.

usefully links the supernatural with the natural. I would extend this observation, however, to suggest that what is Other-ed as 'supernatural' is, in many respects, naturalised in expressions of the conjure figure in popular culture. Here, Bambara holds up the figure as a source of material, spiritual, and politically-transformative synthesis, to foreground realit(ies) that exceed the boundaries rooted in Western Enlightenment rationality. Perceived polarities such as supernatural/natural, spiritual/biological and material, or magical/medicinal become categorically destabilised – indeed, denaturalised – in the conjure figure's syncretic practices. For Velma, reintegration into her formerly-disavowed matrilineage is a step in consolidating her conflict between her Christian beliefs and Afro-Caribbean inheritances; it allows her to access her matrilineal healing ancestry, and tap into her own clairvoyant gifts. In this, the circle becomes a mode of spatialising transgenerational communal connections that transcend certain cosmological and biological confines. This act of relocating the body within a circle – and cycle – of relationality, becomes a potent means of remedying the debilitating, draining mode of inhabiting physical spaces structured by environmental racism and sexism, a means of replenishing life-sustaining energy.

The circle as form rejects conditioned wholeness and formalised modes of being, which I am here designating as both a bio- and socio-medical imperative for the autonomous, integrated self. This operates within both the corporeal-spatial and temporal dimensions – though as I demonstrate, these spheres are inextricably enmeshed. Compellingly, we are presented here with an alternative logic for rehabilitating the fractured relations between environment, body, and community. This organising image takes shape through the healing circle at the Infirmary, a hybrid healing institution that combines Western modalities of treatment with indigenous Afro-diasporic wisdom and practices. Skeptical psychiatrist Dr Meadows practices Western medicine alongside the Christio-Conjure of Minnie Ransom, who worships both a Christian God and West African deities.[705] Led by Minnie, a group of community leaders bears witness to pain, divines ancestral wisdom, and engages in

[705] Laura Haynes also makes a claim for the presence of Christio-Conjure in the novel as Old Wife and Minnie worship a Christian God as well as West African deities including Damballah, Oshun, Oye, and Ogun. According to Haynes, these women also solidify a network of communal knowledge transmission by healing fissures through their supernatural powers, while 'accultur[ating]' their potential heirs like Velma in these practices. Laura Haynes, 'Christio-Conjure in Voodoo Dreams, Baby of the Family, The Salt Eaters, Sassafrass, Cypress & Indigo, and Mama Day' (unpublished Doctor of Philosophy, English, 2002), pp. 81-82.

sensory-somatic practices and song to re-embody the disconnected, worn-out body. The ancestral voice of conjure figure Old Wife guides Minnie through the initially-resistant Velma's healing.[706] As Velma taps into benumbed past trauma and recovers disavowed ancestral connections, narrative cyclicality and ancestral cosmology work to disrupt a linear, future-oriented promissory telos of recovery, this being embodied, for Velma, in the 'happy housewife' figure of Ahmed's formulation.

Slow Death and Racial Weathering

To visualise the enmeshment of the temporal and spatial, or the private body and body politic at large, it is useful here to revisit Berlant's formulation of 'slow death': 'the physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence.'[707] Berlant's conceptualisation of slow death as occupying the 'temporalities of the endemic',[708] rather than exceptional, is particularly useful in confronting persistent, intersectional forms of structural trauma. Arline Geronimus et al.'s 'weathering' hypothesis instructively situates these violent temporalities within racial experience; this hypothesis posits the enduring physiological effects of racial and ethnic discrimination on mortality and morbidity. Racial weathering describes how 'Blacks experience early health deterioration as a consequence of the cumulative impact of repeated experience with social or economic adversity and political marginalization.'[709]

Geronimus et al.'s 2006 study analysed the mortality and morbidity of black and white populations by race, age, socioeconomic status, and gender, using an allostatic load algorithm. This refers to 'the cumulative wear and tear on the body's systems owing to repeated adaptation to stressors', indicated through two types of biomarkers: first, substances like cortisol and norepinephrine released by the body in response to stress, and second, the effects of these substances such as elevated blood pressure and cholesterol levels.[710] The study found that the allostatic load score of black people was higher than that of White populations in general, and evidences early health

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[706] Bambara, *TSE*, p. 3.
[707] Berlant, 'Slow Death', p. 754.
[708] Ibid., p. 756.
[709] Arline T. Geronimus et al., '"Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States', *American Journal of Public Health*, 96 (2006), 826-833 (p. 826).
[710] Ibid.

deterioration among them across all socioeconomic levels. In each age group, the mean score for black subjects was 'roughly comparable to that for Whites who were 10 years older'; it is significant to note that black women had consistently higher scores than their male counterparts in all age groups analysed (between 18-64).[711] Taking into consideration all three metrics of race, gender, and socioeconomic status in health disparities, Geronimus et al. posit that 'persistent racial differences in health may be influenced by the stress of living in a race-conscious society.'[712] They go further to suggest that black women face a form of 'double jeopardy' (by race and gender), bearing 'much of the responsibility for the social and economic survival of black families, kinship networks, and communities' which exposes them to stressors that require 'high-effort coping' and result in heightened subsequent incidence of biological wear-and-tear.[713] This is strikingly resonant in the burned out, blocked-off state in which we encounter computer programmer, activist, wife, and mother Velma.

Significantly, the study found that while a higher socioeconomic status amongst black populations may be more protective against early mortality, it is less so for early *morbidity* – and this is where the temporality of slow death, in its persistence, becomes a particularly instructive frame of reference. Slow death manifests itself in 'temporal environments' made up of certain spatial practices that produce compromised states of wellbeing; these are characterised by permanence and, insidiously, a 'presentness of ordinariness' rather than taking the form of temporally-discrete events like war or genocide.[714] In national regimes of capitalist governmentality, the degradation of a group's productivity becomes a biological threat to normative operation; this is remedied by conditioning the body along a linear, promissory happiness telos – an endemic feature of a wellness culture enmeshed in this neocolonial-neuroscientific-neoliberal matrix.

What Velma's attempt to take her life exposes is the very erosion of the 'happy housewife' promise, and the systemic oppression that makes the attainment of this ideal not just irreconcilable, but undesirable, for the black woman. Ahmed asserts that the 'happy housewife' is a 'fantasy figure that erases the sign of labour under the sign of happiness'.[715] Indeed, this crisis of erasure culminates in the ultimate act of self-

[711] Ibid., pp. 828-831.
[712] Ibid., p. 830.
[713] Ibid.
[714] Berlant, 'Slow Death', p. 759.
[715] Bambara, *TSE*, p. 50.

negation for Velma: self-inflicted death. Bambara's text registers the black feminist discontent with a masculinist Black Power movement and mainstream feminism, as well as the subsequent disillusionment with splintered post-Civil Rights political formations. Benita Roth suggests that second wave black feminists were 'critical of both white women's liberation and Black liberation': white feminist movements were challenged for racism and 'ignoring economic and survival issues common to the Black community', while black nationalism or liberationism of the mid-sixties was itself characterised by masculinist practices that seemed to reproduce gender politics 'along white middle class patriarchal lines.'[716] Velma herself is at the forefront of a new splinter group, Women for Action, working to find a space for the intersectional articulation of African American female identity, and feels fractured by the 'amnesia'[717] that has set in after the political activism of the sixties. Velma's husband, Obie, criticises her for 'keep[ing] the dead moments alive'.[718] Yet, Obie's forgive-and-forget rhetoric, in service of this future trajectory of happiness, excludes him from its very promise by gridlocking him into accepting his own present and persistent, hardly 'dead', racial oppression – this in itself becomes a form of self-limiting trap.

It is worth revisiting the term 'happiness' itself, to unpack its use in current mental health discourse and how Minnie's formulation might productively diverge and extend its conceptual scope. 'She's supposed to feel bad', Minnie chides, disapprovingly commenting on a woman who has climbed onto her lap seeking a pill to numb the pain of her mother's death, wanting to be 'smiling and feeling good all the time'.[719] Happiness – or a state alternately dubbed 'subjective well-being'[720] – has seemingly become the catch-all lexicon of a wider wellness movement and positive psychology, which have gained much momentum in the contemporary moment. The past decade or so has registered a distinct shift in therapeutic culture. Wellness practices have morphed to assume various guises, particularly in the turn towards 'alternative' or holistic healing models in therapy; indeed, the boundaries between institutionalised practice (or our conventional understanding of psychiatric treatment) and 'alternative'

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[716] Benita Roth, 'Second Wave Black Feminism in the African Diaspora: News from New Scholarship', *Agenda: Empowering Women for Gender Equity*, 58 (2003), 46-58 (p. 49).
[717] Bambara, *TSE*, p. 258.
[718] Ibid., p. 22.
[719] Ibid., p. 8.
[720] Ed Diener, Christie Napa Scollon, and Richard E. Lucas, 'The Evolving Concept of Subjective Well-Being: The Multifaceted Nature of Happiness', in *Assessing Well-Being: The Collected Works of Ed Diener*, ed. Ed Diener et al. (New York: Springer, 2009), pp. 67-100.

medicine have become increasingly indistinct. This is a notable shift from the kind of skepticism toward the exoticised non-Western 'alternative' at best, or cynicism at worst, toward the 'healing business'[721] that Bambara's hybrid Infirmary registers. The hybrid model of this Infirmary is celebrated in 'radical medical circles'[722] but regarded with suspicion in mainstream medicine. The 'old-timers' or 'workers of the old' – as the midwives, root men, conjure women, and obeah practitioners are dubbed – must here be defended against 'charges of quackery or charlatanism or backwardness'[723] raised by visiting medical professionals. With the discursive implications of being pre-modern or pre-colonial, these healing practices are designated to the realm of the alternative or non-normative. But what the suspicious visiting medical professionals regard as a 'blatant lack of discipline'[724] at the Infirmary is a conscious and active diversion from the institutional temporalities of Western medicine, a resistance to the disciplining dominant gaze and its particular mode of orienting – or to adopt Ahmed's phrase, 'straightening' of the body in alignment with its directives of health. Indeed, Minnie Ransom takes her time with those she is caring for, ignoring the 'sighs of impatience'[725] and watch-checking of the visitors, who have come to learn about this hybrid healing modality. Minnie's assurance to the resistant Velma that 'I can wait [to begin the healing]',[726] disregarding the impatience of the onlookers, then, becomes a potent counter to the demands of institutional time that structure the temporalities of recovery, instead attending to the ones she cares for on their own terms.

One might argue that the current 'wellness' landscape has evolved since Bambara's time, undergoing something of a de-institutionalisation in recent years – though as I explore here, the enmeshment of marketplace and moral directives in contemporary health discourse services a broader regime of self-regulation directed, at its core, by highly-institutionalised, prescriptive neoliberal principles.

Contemporary Wellness Culture

In some therapeutic circles, complementary and alternative medicine or an integrative 'green' model has gained momentum; these models purport to address wellbeing

[721] Bambara, *TSE*, p. 106.
[722] Ibid., p. 10.
[723] Ibid., p. 107.
[724] Ibid., 10.
[725] Ibid., p. 106.
[726] Ibid., p. 16.

holistically with a person-oriented focus, seemingly offering a more contextualised approach mindful of the sociocultural salience of its various interventions. It bears qualifying, however, that these practices are not exclusively targeted at the distressed, or prescribed in the event of distress; they have largely been enfolded into a ritualised mode of living in many Western societies. Non-Western healing practices have come to acquire a particular cultural capital; some of these include mindfulness practices, yoga,[727] acupuncture, massage therapies, ayurvedic practices, tai chi, and traditional Chinese medicine. These practices may concurrently engage with, but typically extend beyond, pharmacological treatment and psychotherapy. The performance of these practices signals and lends credence to something quite fundamental to social identity; it signals one's status as a responsible citizen invested in the maintenance of healthy personal functioning, which is intimately tied to notions of healthy citizenry and public good. Raka Shome considers this 'logic of interiority' as a largely gendered manifestation, noting how these practices have 'emerged as technologies for recrafting (usually the female) self through a turn toward the interior.'[728] In her analysis of the proliferation of 'alternative' healing practices from the Global South through Western celebrity culture, particularly in the UK, Shome identifies a kind of 'borderlessness of white femininity',[729] where the white upper/middle-class woman who draws on non-Western practices of wellness is modelled as the purveyor of the healthy national body, 'flexible'[730] enough to navigate a globalised, cosmopolitan world – terms which recall the neuro-neoliberal modelling of healthy selfhood.

My argument here is not so much a critique of 'alternative' healing practices in and of themselves, but a particular expression of self-help or self-care as it has been co-opted and corporatised as self-regulating mechanisms aligned with the neoliberal mandates of wellness movements. Such a critique becomes crucial for engaging with these practices beyond the extractive and reductive tendencies of modern therapeutic

[727] See Farah Godrej's critique of the appropriation of neoliberal principles to yogic practice in 'The Neoliberal Yogi and the Politics of Yoga', *Political Theory*, 45 (2017), 772-800; Raka Shome potently argues that '[y]oga, like many other practices of healing today, has also ended up as a modality through which privileged affluent white women express their seeming self-worth, self-care, and connectivity to life, while all around us racial, geopolitical, military, environmental, and economic violence increasingly function to destroy life or the ability to sustain life (especially economically) for the ordinary and the poor – and particularly in the Global South.' Raka Shome, *Diana and Beyond: White Femininity, National Identity, and Contemporary Media Culture* (Champaign: University of Illinois Press, 2014), p. 185.
[728] Shome, *Diana and Beyond*, p. 178.
[729] Ibid.
[730] Ibid., p. 199.

culture, in the way it translates these knowledge systems into practice, divorced from their wider contexts. Like a variety of mindfulness techniques uprooted from Buddhist philosophy and secularised, these practices have been not just depoliticised, but dehistoricised and decontextualised; some of these modes of healing have pre-colonial roots, or have manifested alongside, or against, Western medicine. Bambara's text registers a potent warning against the debilitating effects of such disconnection. Dr Meadows, a black physician grappling with his cultural identity, is somewhat mystified by Minnie's healing process; in the absence of, or perhaps more accurately, resistance to, an appropriate cultural frame of reference, Bambara depicts Dr Meadows assessing the process with an almost anthropological fascination. He notes that Minnie's hand rests on Velma's shoulder but the two of them seem to have gone off 'elsewhere'.[731] He first tries to filter this through a psychiatric schema of 'catatonics', and unsatisfied with this, lands on a somewhat exoticising impression of them wandering the hills, Minnie 'in full lotus under a blanket like the weathered photos his roommate brought back from India.'[732] These readings diminish the force of Minnie's practice, flattening out its particularities by drawing a kind of cultural homogeneity across non-Western forms of being and healing.

Even while discursively signalling counterhegemonic forms, then, these modes of healing – many of which are historically-rooted in various indigenous traditions – have, in their pervasive dissemination across the West, seemingly been co-opted into a logic of market rationality and treated as static, atemporal practices. While the term 'alternative' itself might connote that which is counter-institutional, or at least, deinstitutionalised, these practices run the risk of reproducing the normalising, and indeed, *flattened*, standard mandates of the neuroscientific-neoliberal logic raised in the previous chapter. The practice of mindfulness is an instructive case in point here. In his incisive critique of what he terms a 'capitalist spirituality'[733] in *McMindfulness: How Mindfulness Became the New Capitalist Spirituality*, Ronald Purser explores how mindfulness has been uprooted from Buddhist philosophy and commodified as a 'tool of self-discipline, disguised as self-help'[734] in the neoliberal marketplace. The current

[731] Bambara, *TSE*, p. 57.
[732] Ibid.
[733] Ronald E. Purser, *McMindfulness: How Mindfulness Became the New Capitalist Spirituality* (London: Watkins Media, 2019) , p. 17.
[734] Ibid., p. 8.

'mindfulness revolution'[735] identifies dysfunction or disorder at the site of individual resilience – an inability to effectively manage the stresses of modern life – and as a corollary, makes individual response its therapeutic target. Healing here is mapped through the pursuit of self-optimisation: by making particular behavioural changes, one is purportedly able to more effectively manage the demands of life. According to Rosalind Gill and Shani Orgad, it is predominantly middle-class (white) women who are held as models of the 'idealized bounce-backable resilient neoliberal subjects, an idealization that in turn renders "non-resilient" women redundant and disposable.'[736] This vision of the healthy self is underpinned by the values of elasticity and agility, symptomatic of the inward 'turn to character' which has gained traction in what Gill and Orgad suggest is the 'increasingly *psychological* turn within neoliberalism.'[737]

Indeed, Purser argues that the individualist focus of this therapeutic model fundamentally 'endorses neoliberal assumptions', aligned as it is with the broader ethos of privatisation: that we are 'free' to choose how we respond to, cope with, and 'flourish' in the face of stress.[738] But as Purser rightly warns, 'living in harmony with the world means accepting capitalism as a given'.[739] In Purser's view, which I am inclined to agree with, this privatisation of distress has a politically-pacifying effect.[740] Mindfulness, as it is prevalently circulated and practised in the Western world, cultivates a form of momentary, inward-looking affective self-regulation to manage the distress generated by living and being in contemporary life, rather than addressing, on a systemic level, the macro, historical contributors of said distress. Indeed, one can locate in this valorisation of resilience and self-optimisation the familiar strains of autonomy and individual responsibility that Rose identifies as being endemic to contemporary neuroculture, as explored in the previous chapter. According to Purser, what is fundamentally pernicious in this depiction of distress is that it forecloses any liberatory potential that may be generated from these practices; it forecloses the ethical considerations and action required to effect structural change, in its inward-gazing pursuit of 'resilience', 'happiness', and 'freedom', all of which are positioned as socially-endorsed, universal goods. I will subsequently attend to the question of

[735] Ibid., p. 11.
[736] Rosalind Gill and Shani Orgad, 'The Amazing Bounce Backable Woman: Resilience and the Psychological Turn in Neoliberalism', *Sociological Research Online* 23 (2018), 477–495 (p. 494).
[737] Ibid.
[738] Purser, *McMindfulness*, p. 11.
[739] Ibid., p. 26.
[740] Ibid., p. 42.

reframing wellness as a shared, ethical responsibility through Bambara's healing circle. At present, it would be instructive to consider how the various ideological discourses raised in this section merge to place particular demands on the black female body.

(Re)Productivity: Sociobiological Scripting of Wellness and Wholeness

As Carl Cederström and André Spicer point out, the drive for wellness is largely mobilised by the recognition that '[h]ealthy bodies are productive bodies',[741] where individual wellness becomes a metric of the healthy, productive nation and insurance for economic productivity. To resituate this within the black female experience, it becomes apparent that the condition for reintegration into normative society involves being mentally well and a (re)productive member of society. In a poignant flashback during Velma's healing, suppressed memories of her devalued activism resurface. When she begins menstruating at a male-dominated labour campaign meeting, she has to resort to using a 'wad of rally flyers' to staunch her flow.[742] With its lack of feminine hygiene provisions, the political space becomes asymmetrically-gendered in its exclusion of the female body, a biological and ideological displacement of the black feminist figure to the periphery of politics. The symbolism of rally flyers staunching menstrual blood, associated with reproductive potential and biological futurity, suggestively evokes the blockage of future potential or productivity beyond the confines of the biological sphere for black women exposed to the 'double jeopardy' of identity, to recall Geronimus et al.'s formulation.

A drained Velma yearns to occupy the hourglass-shaped egg timer in her kitchen, 'to be that unavailable at last, sealed in and the noise of the world, the garbage, locked out.'[743] Yet, the hourglass can be read as a paradoxically-imprisoning vessel, a feminised bodily ideal that only superficially effects a façade of balance. The egg timer expresses the double bind of (re)productivity in economic and sexual terms; the association with food signals an economic imperative of workplace productivity to supplement household income, though this does not free her from domestic demands. That an egg timer is visualised – and indeed, internalised – by Velma as something of a model form to inhabit, is also significant; the egg is associated with female fertility,

[741] Carl Cederström and André Spicer, *The Wellness Syndrome* (Cambridge: Polity Press, 2015), p. 4.
[742] Bambara, *TSE*, p. 26.
[743] Ibid., p. 19.

and an egg timer specifically recalls the cultural demands placed on a woman's body within the reproductive temporality of a finite biological clock. Velma's self-immolating act of thrusting her head into the oven becomes symptomatic of inwardly-directed structural violence, the perverse apotheosis of burnout from the pressures placed upon her. Indeed, Obie fears that Velma might, at any moment, 'catch fire […] and all he knew of her drain off […] burn away',[744] and it is perhaps this internal burnout, which becomes channelled into a self-immolating impulse, that makes Velma particularly resistant to Minnie's healing energy.

In Bambara's networked vision, connection is disentangled from biological conditions; kinship is established beyond nuclear family formations. This biological remodelling also becomes a means of envisioning a future beyond Claybourne's apocalyptic backdrop, overshadowed by the ecological and medical threats of nuclear power. But as Bambara forcefully demonstrates, the health of the private body and land at large are interconnected. Metaphors of Velma's physical stagnation and depletion tie individual burnout inextricably to the exploitative and extractive perversion of material relations between land and labour, further underscoring the networked operation of capitalism and colonialism.

Transchemical, the plant Velma works at, has been shipping 'contaminated sludge, right through town to some burial grounds for radioactive waste'.[745] Urban space is shown to be structured by the unequal valuation of life; environmental racism manifests in the shipment of radioactive waste and recruitment for 'dangerous dirty work' in neighbourhoods with marginalised, predominantly minority communities, as Jan, a fellow resident of Claybourne, points out. Roger Bezdek defines environmental racism as the

> institutional rules, regulations, and policies or government or corporate decisions that deliberately target certain communities for least desirable land uses, resulting in the disproportionate exposure of toxic and hazardous waste on communities based upon certain prescribed biological characteristics. Environmental racism is the unequal protection against toxic and hazardous

[744] Ibid., p. 100.
[745] Ibid., p. 207.

waste exposure and the systematic exclusion of people of colour from environmental decisions affecting their communities.[746]

According to the Environmental Protection Agency's toxic release inventory data, for example, the 'dirtiest' zip code in California is in the mostly African-American Hunter's Point neighbourhood in San Francisco and in two mostly Latino neighbourhoods.[747] Indeed, Jan further criticises the illegal uranium mines dug up on the Navajo Turf and the nuclear plant along the Harlem River. To situate the apocalyptic visions and fragmentary aesthetics of the text within the broader political ecology in which Bambara was writing, anti-nuclear sentiments had reached a peak in the 1970s and 1980s in the US, an outgrowth of the rising environmental movement. Kyle Harvey traces this heightened activism to the aftermath of the Vietnam War, when anti-war activists became conscious of the twin threats of nuclear power and weaponry. There was mounting fear of a nuclear arms race in the wake of renewed Cold War tensions. While grassroots opposition campaigns sought to address issues like pollution, overdevelopment, nuclear waste dumps and uranium mining sites, there was also an increasing awareness that local concerns were rooted in global, systemic issues. These include the general opposition to 'rampant capitalism' and US military intervention abroad. Harvey posits an intimate link between environmental or anti-nuclear activism, poverty, and gender politics, which were rooted in the 'oppositional social movement culture' developed during the Civil Rights and anti-war movements of the 1950s.[748]

By drawing out such continuities, then, Bambara forces a confrontation with the interconnected web of social relations and the underlying structural issues that threaten these relations. Characters like Jan and Fred Holt are particularly vocal about the threats of nuclear power. Jan fears the rampant spread of cancer[749] and Fred recalls his late friend Porter's complaint that the layperson is subject to the extraneous forces of unethical capitalism: '[a]s we sit here […] we are dying from overexposure to some kind of wasting shit – the radioactive crap, asbestos particles, noise, smog, lies.'[750]

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[746] Roger Bezdek, *Environmental Justice: Issues, Policies, and Solutions* (Washington: Island Press, 1995), p. 5.
[747] Ibid., p. 77.
[748] Kyle Harvey, *American Anti-Nuclear Activism, 1975-1990: The Challenge of Peace* (Hampshire: Palgrave Macmillan, 2014), pp. 1-5, 14-15.
[749] Bambara, *TSE*, p. 242.
[750] Ibid., p. 79.

The asyndeton here indicates Fred's harried frustration with these conditions, the stilted listing of stressors signalling an immediacy in their uncontrollable, cumulative assault on the black body. Disturbingly, this persistent exposure of the black body to environmental stressors underscores Geronimus' racial weathering hypothesis. What Bambara's text exposes is the infectious encroachment of corporate and institutional systems on private domestic spaces and bodies; that is, how the mutually-enforcing structures of capitalism, racism and sexism – or the toxic pollutants that metaphorically and materially animate them here – seep under the skin in tangible, insidious ways. It also exposes how the public rhetoric of health as (re)productivity is a racialised, asymmetrically-endowed commodity, rather than a universal 'right' as it is claimed – accessible to some bodies, foreclosed to others.

Remodelling Healing

How then might those dealing with distress occupy space in the world beyond capitalist conditioning and the decontextualised individualism Purser has critiqued? How might a space for healing be reclaimed, one that does not regulate its access along racialised, sexed, and class-based lines – more specifically, a space distinct from ones that contemporary wellness culture has colonised as the exclusive remit of the white middle-class woman, as Gill, Orgad, and Shome, have noted? Fundamentally, what does it mean to *care* for and relate to the other?

In Bambara's vision, this involves a non-anthropocentric remodelling of selfhood and relationality. Healing here calls for a disconnection from historically-extractive, indeed draining modes of operating, where bodies are weaponised against and through the non-human world. Against the current of nuclear power and mass consumption propelled by individualism, or the therapeutic directives towards a form of autonomous reintegration in contemporary self-care culture, energy in Bambara's engagement is drawn from and channelled through communal networks. The notion of *energy* itself is discursively recast here beyond the draining force of its contemporary capitalist definitions, instead being understood as a productive life-sustaining force. There is an acknowledgement of shared pain in the text, though this is productively rechannelled in Minnie's vision of a network mobilised to reform the disintegrating community; 'the [daughters] just don't know how to draw up the powers

from the deep like before',[751] Minnie bemoans to Old Wife. This is also a strikingly extractive image, but one where extraction is transformed from its historically-charged valence of the draining labour imposed on the black body, to an agentive process of drawing energy from communally-stored resources to perform restorative cultural work.

Where the mandate for wellness has come to be directed inward, it is re-spatialised in Bambara's holistic vision. When Ruby judges Velma's actions as being 'self-centered', Jan chides: '[s]elf-centered? But that's a good thing, Ruby. Velma's never been at the center of her own life before, not really.'[752] This orientation of the self is quite distinct from the kind of neoliberal individualism or sense of exceptionalism Minnie identifies as a pathology of the modern condition: she notes almost an addiction to being unwell in the belief people held that they were 'singled out for some special punishment'[753] and must accede to distress. What Velma must recuperate, then, is a mode of being that confronts, rather than smooths out, the weight of her historical, structural inheritance as a black woman in America, though this is a weight that is redistributed within the community in Bambara's specific politics and practice of communal healing. 'Let me share your pain', Minnie says, attending to a grief-stricken woman who climbs onto her lap.[754] But Minnie cautions against holding on to this distress without productively engaging with and rechannelling it. The healing circle holds space for confronting distress, but is also a space to accommodate and imagine alternative ways of (well)being; as members of the community bear witness to and work through distress, the individual redirects internalised harm away from stagnation, self-destruction, or suppression, and into rebuilding and reconstructing life-affirming connections.

Touch is central to Minnie's healing ritual, though this is not necessarily or exclusively physical, but often a 'mind on mind'[755] connection. Such connection draws on the body as a connective tissue to recover networked bonds, but treats embodied potential as something that extends beyond the cerebral and corporate, and certainly beyond biological functionality. Significantly, malaise is framed here as physiological dysfunction; Old Wife diagnoses a woman who has sought healing as

[751] Ibid., p. 44.
[752] Ibid., p. 240.
[753] Ibid., p. 108.
[754] Ibid., p. 110.
[755] Ibid., p. 48.

having a '[m]alignant ependyma attempting to take up residence in the base of the brain', and Minnie remedies this by 'zapp[ing] a little energy' near the pineal gland.[756] Distress may be framed physiologically by Minnie and Old Wife too, but this invocation of the organic has a different, more holistic valence to the disembodying tenor of the psychiatric register. It is also striking that this expression of distress engages with but productively departs from a biological order. A (largely artificial) value-based dichotomy between Western medicine and indigenous wisdom is being deconstructed here, and biological knowledge does not remain the exclusive preserve of a Eurocentric scientific rationality. These bodily sites acquire a charge and potential beyond the biological; the pineal gland, for example, is in some indigenous belief systems associated with the third eye, an activation of which is believed to lead to spiritual insight and awakening.

This re-embodiment of distress is particularly significant when considering how the somatisation of distress has been (largely) stigmatised as a tendency in 'developing' populations, as indicated in the *DSM-5*; such somatic expressions are largely read as 'idioms of distress' particular to certain 'culture-bound syndromes'. The danger of reading such cultural specificity or exclusivity in expressions of distress, however, is that it frames distress as a pathology from *within*, potentially obscuring the broader structural roots of said distress that bind on a macro, social scale. In *TSE*, knowing and knowledge in general acquire a different valence; here we might recall the forms of intuited interpersonal connection that Keri and Gloria tap into from the previous chapter. Minnie comes to 'know [her charges'] frequency as if her own',[757] and it is this sensory connection that becomes a diagnostic apparatus not just for individual distress, but a much deeper structural malaise; Minnie has learned to 'read the auras of trees and stones and plants and neighbours, far more colourful, far more complex.'[758] One could suggest this is in principle distinct from the medicalisation of affect in contemporary psychiatry, where the body is articulated almost exclusively in terms of biological (dys)function, and recovery is, by extension, atomistically gridlocked within the individual. The healing process here instead models a form of planetary connectivity that operates beyond the biological, one that

[756] Ibid., p. 45.
[757] Ibid., p. 48.
[758] Ibid.

regards embodiment as an intricate enmeshment with the environment and other beings, both human and non-human.

Velma's healing proves particularly challenging for Minnie. Velma presents as stubbornly blocked off, and Minnie finds herself unable to mediate on a fundamental sensory level: she 'can't seem to generate the energy to bring her back and restore her'.[759] Early in the process, the group tries to 'pry Velma Henry loose from the gripping power of the disease and free her totally into Minnie Ransom's hand.'[760] Minnie's process involves a redistribution of power within the healing group. Minnie places her left hand on the patient's spine and the right on their navel, guided by the voice of Old Wife who occasionally plays a diagnostic role in the process. It is not incidental that the hand is strategically placed over the womb, solidifying the pathway towards the matrilineal inheritance of healing powers. By envisioning the womb as a locus for recuperating ancestrally-channelled power, the text disburdens it from its typical associations with biological reproduction, opening up alternative modes of envisioning matrilineality and relationality. This also functions as resistance towards the reproductive trajectories endemic to models of the heteronormative nuclear family, so crucial in the maintenance of the happiness narrative, as Ahmed points out.

This contact with the ones she cares for enables Minnie to access 'a healing force no one had yet, to her satisfaction, captured in a name.'[761] We might recall here Smith's assertion that magic is a form of 'language' not bound by speech or expression, but rather, 'ritual speech and action intended to perform what it expresses.'[762] The body, specifically touch, becomes invested with the power for this ritual, or mode of communication. Healing here is not shackled to institutionalised Eurocentric modes of functioning in the world, rooted in colonial binaries of madness and reason/civility, pathology and wellness. Minnie's rejection of medicalised recovery discourse is fundamentally a rejection of its epistemic and ideological confines, beyond a pathologising psychiatric model that prescribes a narrow, normative model of wellness.

Velma's eventual healing is thus imagined as exoneration from psychic, biological, and epistemic captivity: she is 'rising on steady legs' as a 'burst cocoon',

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[759] Ibid., p. 59.
[760] Ibid., pp. 106-107.
[761] Ibid., p. 47.
[762] Smith, *Conjuring Culture*, p. 4.

the imagery of elevation and expansion suggesting a symbolic transcending of the limits of her previously-held worldview that resisted engagement with indigenous knowledge.[763] Significantly, too, the naturalistic imagery of rising through a burst cocoon orients healing as a realignment with nature. Her godmother Sophie notes that Velma, who had once rejected 'what could not be explained in terms of words, notes, numbers', would 'begin to see what she'd been blind to' through Minnie's healing.[764] This metaphor of blindness and reawakened sight is particularly significant when considering how Velma initially internalises – and pathologises – the ancestral visions she receives from her 'mud mothers'; these consist of images of the mud mothers painting pictures on cave walls, of yams and calabash, images weighted with West African cultural import. Velma is described to have 'hung an old velvet drape over' and 'smothered'[765] these images when they appear before her in her mirror, quite literally turning a blind eye to and disavowing them, foreclosing self-identification with these connections. In Velma's case, recovery involves confronting all parts of herself. Recovery thus involves *insight*, freedom from the prescribed, narrow vision of selfhood, which constitutes a kind of epistemic blindness to the past and alternative modes of occupying space in the world. This can be viewed through the prism of 'revolutionary consciousness', which Ahmed advances as an alternative to prescribed happiness.[766] Ahmed suggests the resistive and transformative potential inhered in being unhappy. To recall Purser's critique of neoliberal therapeutic culture, this can be seen as a form of *dis*-harmony, a potent challenge to 'living in harmony'[767] with a status quo that does not serve well; it is a conscious misalignment of the self, dis-ordering the prevailing order. In Velma's reorientation, we see a form of recovery that actively channels and transforms affect, against the grain of the recovery discourse of Western wellness culture. Wellness, in this vision, is a shared, communal orientation, a recovery of fissured connections, both inherited and constructed.

I first raised Braidotti's insight that 'paradoxically, it is those who have already cracked up a bit, those who have suffered pain and injury, who are better placed to take the lead in the process of ethical transformation', to suggest how in *FLS*, Gloria mines her own personal distress and channels it into a network of solidarity and care

[763] Bambara, *TSE*, p. 295.
[764] Ibid., p. 294.
[765] Ibid., p. 255.
[766] Ibid., p. 164.
[767] Purser, *McMindfulness*, p. 26.

with Merle, one underpinned by shared experience. Strikingly this metaphor of cracking is reminiscent of Obie's fear that Velma is spiralling 'in a stew, threatening to boil over and crack the pot'.[768] Such an appraisal of the distressed body – in terms of potential rather than pathology – requires a necessary reconfiguration of the way we generally perceive suffering, not as that which suppresses a future, but which redefines its potentialities. The distressed body in *TSE* becomes a locus for confronting and rehabilitating broader structural malaise that expresses itself through racialised and gendered violence.

Indeed, Minnie redefines the recovered state as a burdened one, asserting that 'wholeness is no trifling matter', and that one is encumbered with '[a] lot of weight when you're well.'[769] What Minnie signals as the 'weight' of being well instantiates what Ahmed sees in the disruptive potential of negative affect, or the rejection of prescriptive happiness. Happiness as a conditioned 'path', as Ahmed visualises it, is reoriented in the healing circle, opening up a space that is more habitable and hospitable to the black female body. The novel's rejection of a certain brand of happiness as the exclusive, privileged model of wellbeing or the idealised 'future' self is an ideologically-weighted challenge to the conditions of participation in both a national logic and a broader epistemic one. The text's appraisal of the 'whole' self as a complex, burdened one, and its preoccupation with the responsibility that comes with being 'whole' complicates Eurocentric ideas of subjectivity, which largely equate the whole self with the healthy self, where fragmentation becomes a pathological state that must be rejected. As Claire Stocks argues, Eurocentric conceptions of the self enforce moralistic binaries of a 'good', whole self and 'bad', fragmented Others.[770] Indeed, the underlying moral register of psychiatric binaries theoretically reproduces a problematic, racialised discourse of civility, one where pathology and wellness are singularly defined through a privileged, largely Eurocentric, experience. In Bambara's vision, fragmentation and fissure are not necessarily pathological; they are rechannelled to tap into the life-endowing force of plurality in communal networks. What is diagnosed as pathological here is rampant individualism and a myopic vision of selfhood and relationality, fuelled, as it were, by the collusion of neocolonial and neoliberal formations.

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[768] Bambara, *TSE*, p. 94.
[769] Ibid., pp. 10, 5.
[770] Stocks, 'Trauma Theory and the Singular Self', p. 77.

Bambara's text suggests that people are '[s]o used to being unwhole and unwell, one forgot what it was to walk upright and see clearly, breathe easily, think better than was taught'.[771] Here, the upright body is not one that has been subjected to the 'straightening devices' of prescriptive happiness, but one that actively challenges and works through endemic traumas, one that has straightened and 'ris[en] on steady legs' by deviating from the limiting 'point[s] on a line'[772] – biological, cultural, and epistemic – opening up the liberatory potential of non-normative ways of moving and relating in the world. This seems a generative point on which to launch into Thompson's *salt.*, and explore how the physical labour of this collective work bears particular implications for the performing body moving, and relating, within the live performance art medium. How is the body exposed to these structural conditions and the particular demands of the theatre space, implicated as it is in its own set of affective conditions? What forms of relationality might be established between the audience-spectator and performer to refuel the body performing the labour of 'cultural work' and transformatively channel this affect in more restorative and regenerative ways?

salt.

Thompson makes a powerful case for redefining the poetics and politics of healing in her autobiographical performance art, *salt*. This is a re-enactment of Thompson's personal journey retracing the Atlantic Triangle, in an attempt to engage with the ancestral experience of colonialism and slavery. It is structurally divided into the three main points of this diasporic route: Europe, Africa (Ghana), and Jamaica. At each juncture, Thompson viscerally and corporeally registers the enduring legacies of violence enacted against the black female body trying to occupy inhospitable spaces. While Thompson herself played the role of 'The Woman', the storyteller and central figure of this voyage, in its original run at the Edinburgh Fringe Festival in 2017, physical and mental health concerns led her to pass this role on to actor Rochelle Rose for its 2019 staging at Liverpool's Royal Court Theatre. In the piece, and in this 'passing on of the baton, a passing on of the ritual',[773] as Rose poignantly describes it, Thompson reflects on and reckons with both the beauty and burden of this labour of collective memorialisation. She interrogates the institutional structures that place

[771] Bambara, *TSE*, p. 107.
[772] Ahmed, *POH*, p. 91.
[773] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.

pressures on the black female body, specifically that of the artist, when personal memory is exposed to public spectatorship. This is all the more potent, I would argue, within a live performance art medium like Thompson's, where the audience is actively called upon to participate and in many ways, co-produce the body of knowledge and memory being engaged with. In *salt.*, this is profoundly expressed through the ritual mode that punctuates Thompson's storytelling.

At this intersection of art and activism, Thompson diffuses and re-inscribes the boundaries between the individual and the collective. The project is as much an act of collective memorialisation and historical reconstruction as it is one of personal healing – though as Thompson viscerally demonstrates, both on and off stage, the private and communal are intimately, and sometimes distressingly, enmeshed. This slippage is formally registered in the syntax, with a constant toggling between the personal and the general: Thompson refers to her body as 'this body' and she herself is designated in third person as 'The Woman' in the stage directions. It is almost as if the available lexis cannot quite capture or express – epistemically or affectively – the bridging of a communal diasporic body that occurs within this theatre space. I would argue that identifying simply as 'The Woman' is not so much an act of semantic depersonalisation that denies individual subjectivity, as it is one that reconfigures the boundaries of identity. 'The Woman' is also *everywoman*; this is an act of speaking from *within* rather than speaking *for* a group, situating Thompson as a strand of this collective consciousness – a mode of *holding space* and collectively working through distress that recalls Agyepong's Authentic Movement practice with trauma testimonies, and the deinstitutionalised relational care modelled through Gloria and Merle in *FLS*. This kind of rooting within the collective perhaps offers a way of re-homing the body trapped in inhospitable spaces; where these spaces threaten to erase and enclose, this engagement offers the necessary supportive solidarity to speak out. I propose here that Thompson undertakes critical cultural work through this performance, and in doing so, radically re-forms the black female body's historically extractive relationship to labour. The mode of healing expressed here echoes Bambara's syncretic vision in many ways, albeit situated within a contemporary Black British context and its particular structural entanglements. I seek to demonstrate how Thompson forcefully rejects the neoliberal ethos of letting go and moving on; instead, I argue that she taps into the (re)generative potential of *sitting with* and *holding space* for transgenerational trauma. This orientation critically undermines and reformulates

the conditions – and conditioning – of 'productivity' as it circulates in contemporary cultural consciousness, in ways that care for the black body historically neglected within the ideological and affective purview of a neoliberal ethos.

Thompson's mother fears that she will be isolated and unprotected as a woman travelling alone; if something untoward were to happen, she worries 'no one will care, no one will look after you.'[774] Crucial to Thompson's harrowing journey, then, is a re-definition of the parameters of care and curative connections, in ways that exceed geographical borders and the confines of national identity. This manifests profoundly through touch, an imagined laying on of hands that recalls Minnie's healing process or Williams et al.'s depiction of women holding hands in a circle during their group healing session, or Gloria and Merle taking each other's hands as gestures of the guidance and support their psychiatric institution fails to offer. In Thompson's case, touch bridges spatial and temporal distance; she visualises the black artists and activists she engages with, and later, her grandmother, holding her, and more crucially, holding space for her. This reconnects her with her purpose and reenergises her to persist with this work at the height of her disillusionment and displacement during the journey. Poignantly, this care is eventually rechannelled, circled back to the people participating in Thompson's performance space.

When she becomes profoundly disillusioned with her sea journey, Thompson craves the perceived insulation of invisibility: she wants to travel to the middle of the ocean to be 'alone, apart'.[775] To be alone and apart in this liminal zone is also to be unshackled from the trappings of citizenship, which Thompson experiences as a paradoxically-painful privilege. She holds a British passport, which affords her the mobility – at least in a physical sense – to access the desired historical sites, but citizenship for Thompson confers the uneasy status of spectator, seemingly removed from the experiential immediacy of historical trauma and those she bears witness to. We see her grapple intensely with the 'limits of solidarity'[776] and the associated guilt of her physical and temporal distance from ancestral experience as a 'child of the diaspora' and British citizen.[777] Thompson's guilt becomes particularly resounding at Elmina, a historic castle in Ghana which her ancestors would have passed through to

[774] Thompson, *salt.*, p. 23.
[775] Ibid., p. 23
[776] Ibid., p. 39.
[777] Ibid.

the Middle Passage. Thompson's transient status here makes her feel like a spectating tourist, and the testimonial quality of her project – the representational rights, or perhaps privilege, she wields – becomes a deep source of ethical unease.

But as Thompson's body acutely registers, this perceived experiential gulf does not, in fact, offer immunity or insulation. As the journey disturbingly reveals, the access seemingly afforded by citizenship is both conditioned and conditional; Thompson's body, marked as it is by racial and sexual difference, is not safely accommodated by the violently inhospitable spaces she tries to inhabit, and she is thus excluded from the purported, promissory privileges of national identity. The body bridges, and painfully collapses, a perceived distance from historic ancestral experience. In a profound way too, the body that endures this persistent violence exposes the fault lines in what I consider a further foundational myth of the modernity/coloniality complex: the progressive narrative of racial equality, multiculturalism, and contemporary articulations of the 'post-racial' state. By somatically testifying to the enduring legacies of violence, Thompson's work forcefully destabilises this myth in its linear temporality of progress, demonstrating how structural oppressions are still very much alive.

Civic Mythologies : Citizenship and the Healthy National Body

Citizenship and national identity, along with the perceived sense of belonging they offer, are equally exposed here. In her analysis of black performances of fugitivity in an American context, Stacie McCormick designates the contemporary black subject as a 'body without a nation', experiencing 'a kind of homelessness with an indefinite end' because fundamentally, emancipation is an 'unfinished process'.[778] McCormick reads the body as a site where postslavery subjectivity is contemplated; 'postslavery' is not used here in the sense of a progressive move *beyond* slavery, but rather a contemplation of identity beyond current articulations of citizenship and emancipation. Home becomes a fraught, indeterminate concept when it is exclusionary and harmful to the black body. Indeed, Salamishah Tillet contends that creative cultural engagements with slavery 'reconcile what has been one of the fundamental paradoxes of post-civil rights American politics: African Americans'

[778] Stacie Selmon McCormick, *Staging Black Fugitivity* (Columbus, Ohio: The Ohio State University Press, 2019), pp. 21, 25.

formal possession of full legal citizenship and their inherited burden of "civic estrangement".'[779] Tillet expounds on the tenuous relationship between citizenship and belonging through this notion of 'civic estrangement':

> [w]hile legal citizenship includes suffrage and the right to participate in government, civic membership predicates itself on abstract signs and symbols or the civic myths of the nation. In the case of African Americans, civic estrangement occurs because they have been marginalized or underrepresented in the civic myths, monuments, narratives, icons, creeds, and images of the past that constitute, reproduce, and promote an American national identity. Civic estrangement is both ascriptive and affective. As a form of an ongoing racial inequality, civic estrangement describes the paradox post–civil rights African Americans experience as simultaneous citizens and "non-citizens," who experience the feelings of disillusionment and melancholia of non-belonging and a yearning for civic membership.[780]

Tillet argues that civic membership is symbolic; the demands for civic membership, then, have taken shape in aesthetic and cultural realms, such as in performance. Lynette Goddard points out that histories of enslavement have largely been told from an African American perspective.[781] What Thompson does by focalising the Afro-Caribbean experience from her Black British positionality, is articulate the particular, but not isolated, tensions of inhabiting this diasporic standpoint. Her engagement with diasporic connections dismantles any notion of identity as being bound by national borders; along this alienating journey, Thompson imaginatively locates support structures through black artists and intellectuals from across the world, pressing the tension between borders and belonging.

If, as Tillet suggests, and I am inclined to agree, national identity is moored in particular 'civic myths'[782] that efface black experience, then another structuring myth that occupies a stronghold in the contemporary psyche, I would argue, lies in the neoliberal ethos of wellness. This is a myth of progress, or rather, resolution, that is mobilised through the motif of *moving on*; it maps wellness as an individually-bound,

[779] Salamishah Tillet, *Sites of Slavery: Citizenship and Racial Democracy in the Post-Civil Rights Imagination* (Durham, NC: Duke University Press, 2012), p. 3.
[780] Ibid.
[781] Lynette Goddard, *Black Health and the Humanities Network*, online workshop (9 September 2021).
[782] Tillet, *Sites of Slavery*, p. 3.

internalised journey with a specific momentum orienting the body of the healthy citizen towards a particular vision of self-contained 'wholeness'. By foregrounding black pain as endemic, rather than an event, Thompson's work disabuses us of this progress myth, and by extension, disrupts its mandated momentum towards moving on. If emancipation is an 'unfinished process', as McCormick rightly argues, then so too is the process of confronting and working through said distress.

Along her journey, Thompson 'grow[s] accustomed to a timeline, an endless feed of black pain, black rage and black people having to assert that black lives matter because black death is the norm, the aberration, the deviation from the norm is refusing that.'[783] To deviate from the norm, then – or to revisit Ahmed's visualisation, the points on a line that orient the body towards an institutionally-mandated, promissory telos of happiness – is to question its exclusionary premises. Thompson strikingly demonstrates how the linearity of moving on, or getting over, is fundamentally irreconcilable with the cyclicality of violence against the black female body: what she viscerally encounters as 'living in an ever-recurring apocalypse'.[784] This invocation of a cyclical apocalyptic vision, strikingly reminiscent of Bambara's racialised ecology in Claybourne and Mutu's defamiliarised, deformed black female body in *FFP*, registers the urgent need to reconfigure relations in order to extricate from this temporality, which in its looping reproduction of violence, blocks the potential to generate more habitable spatial and temporal formations, or new modes of living.

Thompson is accompanied by a filmmaker on her voyage, and they travel on a cargo ship helmed by an abusive shipmaster and crew whose racist and misogynistic behaviour unsettlingly offers a shadow of the conditions under which the enslaved were transported. The shipmaster takes their payment but persistently tries to stop them from filming and makes their living conditions on the ship as inhospitable as possible – behaviour that eventually results in Thompson's companion leaving the project mid-way. The shipmaster 'did everything he could to crush our work, and to crush us', Thompson muses;[785] the anaphora here syntactically and symbolically underscores how 'our work' and 'us' become inextricable, how the body necessarily holds on to, carries, the transformative labour. This labour is life-sustaining work. The task of mourning and memorialisation is being performed not for an individualist-

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[783] Thompson, *salt.*, p. 20.
[784] Ibid., p. 22.
[785] Ibid., p. 27.

driven capitalist output, but for excavating the regenerative potential of shared histories, an enduring part of Thompson's vision of 'imagin[ing] new ways of living.'[786] In obstructing their creative output, the shipmaster wages a profoundly disturbing blockage of the possibilities of life, of eking out hospitable spaces and envisioning a future beyond narrow hegemonic prescriptions that perpetuate violence. To structure the body in alignment with the mandate of moving on would be to reproduce the same kind of violence of erasure that has inhibited the racialised and gendered body. The notion of future happiness, as it is institutionally-defined, is shown here to be not just unimaginable, but a dangerous delusion.

Affective Affordances: The Trappings of Happiness

Here I wish to re-situate Ahmed's identification of happiness scripts within a broader logic of citizenship and national inclusion, and suggest how the mentally 'well', productive citizen-subject is produced at this nexus. For Ahmed, happiness as an instrument becomes 'a means to an end, as well as an end' in the trajectory of life.[787] As a promissory social good, 'happiness' sets an expectation for the future if a certain socially-mapped 'path' is followed. It plots a linear normative pathway for its acquisition as an end goal. This route, however, is morally-directed: happiness describes what we '*should* be inclined towards.'[788] Through Ahmed's phenomenological lens, '[e]ach body carries with it a history of agreements, not all of which are revealed, which incline it in a certain way, as the way of the will.'[789] The mandate of happiness orders bodies within heteronormative spaces, directing them towards promissory future happiness if aligned with the normative 'flow'. Ahmed borrows from the work of psychologist Mihaly Csikszentmihalyi to posit that 'flow describes the experience of an individual engaged with the world, or involved with the world, where the world is not encountered as alien, as an obstacle or resistance.'[790] Csikszentmihalyi states that the best moments in our lives are not the passive ones, but when 'a person's body or mind is stretched to its limits in a voluntary effort to accomplish something difficult and worthwhile.'[791] This engenders a sense of mastery

[786] Ibid., p. 23.
[787] Ahmed, *POH*, p. 10.
[788] Ibid., p. 199.
[789] Ibid., p. 212.
[790] Ibid., p. 11.
[791] Mihaly Csikszentmihalyi, quoted in Ahmed, ibid., p. 11.

and participation in one's life. When one is not 'in flow', one encounters blockage and resistance. Ahmed thus suggests that happiness is deeply implicated in the dynamics between individual body and social world. She suggests that the world 'houses' or accommodates some bodies more than others; some bodies face less resistance, cohering more seamlessly within normative social pathways and scripts.[792]

Through an analysis of films that depict a particular idealised, endorsed vision of multiculturalism, Ahmed suggests that the 'melancholic migrant's' 'fixation with injury is read as an obstacle' to his own happiness, that of the future generation, and national happiness itself.[793] If negative affect is visibly embodied in its expression, rather than obscured from view, then it signals the persistence of violence and demands attention in the present; this is a distinct threat to the temporality of happiness scripts, which fundamentally orient the subject to 'embrace futurity' and 'leave the past behind them'.[794] To extrapolate Ahmed's argument here and consider its implications in Thompson's context, the migrant or minority group bears the labour of repressing – and internalising – the collective, cumulative baggage of trauma, to align with this national happiness script and avoid the charges of violence, terrorism (or here, pathology) that might be levied to discipline the deviating body.

Indeed, Thompson contends that this 'baggage' she bears is 'invisible', and repeats that it 'needs to be excavated'.[795] The body bears the weight of histories and legacies of institutionalised discrimination and violence. Thompson is made acutely aware of her racialised body, hyper-visible in spaces that try to render her invisible, forcefully excluding her from their affective purview. On a ship dominated by non-black men, her body is marked by its difference, exposing her to the racist and misogynistic remarks of the shipmaster and crew. Attending the Edinburgh Festival, she listens to white men who stage their own pain while disregarding people of colour in the room, and a 'white supremacist' whose words she experiences as having 'torn off [her] skin'.[796] Thompson's body acutely registers the treacheries of the racism she encounters; she describes herself as a 'walking wound for a year, a raw nerve left exposed' as she relives these traumas inscribed on and through her skin.[797] The image

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792 Ibid., p. 12.
793 Ibid., pp. 137, 144.
794 Ibid., p. 137.
795 Thompson, *salt.*, p. 40.
796 Ibid., p. 20.
797 Ibid., p. 22.

of her skin being 'torn off', or the de-skinning evoked in the image of an exposed raw nerve, suggests how her skin signifies this difference and also registers the visceral way in which the violence is, in turn, internalised. In Hong Kong, she is screened for diseases without precedent; she is detained in rooms and removed from planes for drug checks. In the airport on her way to Jamaica, she evocatively feels her body 'carrying extra baggage', baggage she struggles to locate anatomically – in her hair, on her thighs, in her fat.[798] This striking image gestures to the paradoxically-imprisoning perceived 'privilege' of citizenship. Accessible to *some* bodies, and not others, it is provisional and conditional on how well Thompson can 'play [her] role/perform/the well-behaved/citizen'.[799] This recalls Tillet's formulation of 'civic estrangement' in its paradoxical quality; the sense of being both citizen and non-citizen, excluded from any security and the sense of belonging presumably conferred by citizenship. But as Thompson's journey harrowingly exposes, this citizen-subject status is yet another regulatory national myth – illusory, and hence unattainable regardless of such labour, perhaps even undesirable.

Ahmed's theoretical prism draws out the affective entanglements of queer or migrant narratives, but I would like to extend this to suggest how it can meaningfully illuminate mental health narratives where social reintegration is conditioned on sanity and happiness, or at least the visible, repeated *performance* of such affect. Consequently, state and social inclusion become predicated on conformity to this 'happiness' imperative, as the world 'houses' some bodies, notably bodies that are heterosexual or of the dominant race, more than others.[800] This metaphor of housing is particularly illuminating when read in light of Thompson's corporeal sense of *un*-housing: the sense of her skin being 'torn off' by racist words, and her body splitting under the pressure of duality or the weight of performing the labour of institutional alignment:

Two halves of who I am, a body that

works, educated in white institutions, and a body that

feels, nurtured in black homes, smash together like

[798] Ibid., p. 40.
[799] Ibid., p. 41.
[800] Ibid., p. 12.

tectonic plates and they do something in me –[801]

The imagery of tectonic plates smashing together is potent: it is almost as if the body records the forceful weight of rejection and regulation on national and global scales, from the artistic space at the Edinburgh Fringe to state borders at airport immigration. The geological imagery here comes to signify the insidious naturalisation of such structural violence, operating as it does in persistent, unquestionably routine ways. The airport is just one site where systemic racism seeps into and structures habitual practice. Happiness thus becomes conditional on erasure – the concealment of these vestiges and expressions of violence. In their persistent acts of screening and surveillance, these spaces exclude the black female body from their promissory mythologies of membership and belonging, and exclude her from their care.

The desire and demand for visibility, however, are not without significant risk to the body undertaking such reformative, transformative labour. Here I would like to revisit Emezi's work, placing their reflections on the burden and responsibility of embodiment in creative work in dialogue with Thompson's. Both Emezi and Thompson grapple with how identity acquires embodied expression: Thompson is invested in 'body politics, geopolitics, and how the various identities that we wear form us into groups that can be oppressed, or groups that can oppress, groups that are able to do both.'[802] Strikingly, the invocation of identities 'we wear' points to the kind of layered multiplicity we see animated through Ada in *Freshwater*, one that meets resistance from the various institutions against which this oft-distressing process of unfolding occurs. As explored in the first chapter, embodiment is the central conflict here: Ada's identity struggles are not necessarily grounded in structural conditions like racial or national status, but rather, the metaphysical identity and ontological condition of multiplicity Ada must recover. But, as Emezi observes in their struggle to find a suitable home for this work in the publishing industry, the narrative preoccupation with Igbo ontology and metaphysical questions of identity do not align with industry prerequisites and predilections. There are particular ideologically-weighted creative constraints imposed on marginalised writers seeking visibility and place in a

[801] Ibid., p. 20.
[802] Selina Thompson, interviewed by Sarah Gorman, '"You can say much more interesting things about a scar, than you can about a wound": Interview with Selina Thompson' (15 August 2017) <https://readingasawoman.wordpress.com/2017/08/15/you-can-say-much-more-interesting-things-about-a-scar-than-you-can-about-a-wound-interview-with-selina-thompson/> [accessed 1 December 2021].

Eurocentric space. Emezi's attempt to carve out a space through and against cultural gatekeeping is expressed in highly embodied terms. It is likened to 'humans' trying to 'cage'[803] and subdue alternative versions and visions of selfhood that cannot be contained within prescribed ontological confines: '[they] tell us that we're being violent for just trying to be whole, that our attempted wholeness was hurting them'.[804] The imagery of a 'cage' evokes the dehumanising, animalistic depictions of the black body that have persisted through time,[805] and also has disturbing resonances with psychiatric institutionalisation and the censoring of expressions of the self – or the self-in-distress, specifically – that diverge from prescribed behaviour. It is significant, therefore, that Emezi speaks of making 'unleashed work':[806] work that refuses to fit form, and by extension, *conform* to this limiting space. This is work that dwells in a productive zone of dis-order, where the depiction of selfhood and relationality as multiple and multivalent becomes an active defiance of the ontological and imaginative boundaries inhered in Eurocentric constructions of the 'healthy', 'whole' individual.

'I want visibility so it can stretch as far as it needs to, and this kind of visibility is not free',[807] Emezi muses in their memoir, *Dear Senthuran*. This assertion is strikingly mired in the capitalist terms that underpin the industry Emezi inhabits; visibility comes at the cost of exposure, particularly when the corpus becomes an embodiment of personal lived experience. Both Emezi and Thompson acknowledge the acute, often distressing labour involved in this form of exposure. For Thompson, such caging manifests in the autobiographical demands placed on performance art, which call for the body to be deployed in particular ways for the consuming, spectating gaze, without adequate care for the physical and psychological labour imposed on the artist. There are particular implications for the body within the live performance art medium, exposed to spectatorship. Reflecting on her deeply intimate engagement with, and exposure of, autobiographical material on eating disorders and 'fatness' in her 2014 solo performance, *Chewing the Fat*, Thompson muses that '[a]ll the risk lay

[803] Emezi, *DS*, p. 59.
[804] Ibid.
[805] See Wulf D. Hund's chapter on animalistic depictions of the enslaved in 'Dehumanization and Social Death as Fundamentals of Racism', in *The Routledge Handbook of Dehumanization*, ed. by Maria Kronfeldner (London: Routledge, 2021), pp. 231-244.
[806] Emezi, *DS*, p. 61.
[807] Ibid., p. 169.

in my body'.[808] Elsewhere, she notes that the job of an artist tends to be 'emotional labour-heavy'.[809] The act of unpacking history and memory, to rebuild and reconstitute the self, weighs on and wears down the body performing this labour.

Here we might turn to a potent visual expression of this labour in *salt.* In a ritual performed in two scenes, 'Breaking the Burden Open' and 'We Name the Burdens', The Woman wields a sledgehammer to break a salt rock signifying Europe.[810] This is a symbolic act of destroying the 'burden' inflicted by Europe.[811] In these scenes, ritual interrupts the storytelling mode, crystallising how the body is intimately implicated in a hazardous task of deconstruction.

Figure 15: Rochelle Rose performing in *salt.*, production photo by Johann Persson, Royal Court Theatre (2019)

'*The woman puts on her safety goggles, and safety*

gloves, and intimates that the audience members that

have them should do the same.

She breaks open the salt rock, she smashes at Europe.'[812]

Portrayed by Rose in the above performance still, The Woman's bent gait expresses a sense of the weight shouldered with this 'burden'. The goggles and gloves seem to be

[808] Selina Thompson, interviewed by Sarah Gorman.
[809] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.
[810] Thompson, *salt.*, pp. 18, 29.
[811] Ibid., p. 16.
[812] Ibid., p. 18.

almost superfluously cosmetic forms of physical protection given the symbolic weight of the salt rock, which in representing Europe, becomes charged with its historically-oppressive force. While there is power wielded in this agentive act of destruction, the body is exposed to this intimate physical contact, in all its hazardous immediacy. To deconstruct is also to painfully confront the suppressed, and repressed, traumas that the salt rock emblematises, every atomised aggression felt in its multitudinous splintered force, as evocatively depicted in this scene. The body is here weighed down by not just the physical toil of deconstruction, but also the affective weight of re-enactment, the repeated exposure to the source of the trigger. In a poignant monologue at 'The First Point: Europe', Thompson lists every racist encounter she has experienced in different parts of England chronologically, from Brighton to Birmingham and Bristol, ending each anecdote with the refrain 'Europe pushes against me, I push back.'[813] The spatial and somatic here become indistinguishable; the image of an individual body persistently pushing against the weight of historic, transnational violence, is an evocative reminder of the enduring burden of this labour.

Creative spaces are far from immune to the ideological weight of cultural and capitalist pressures. Here I would like to interrogate how Black British theatre becomes a space where the affective regulations of citizenship and its conditional access are poignantly staged. While Thompson duly notes that 'the personal is the political', she criticises the industry's demand on the individual performer in a performance art medium to enact an autobiographical mode, channelling the body as a 'vessel'.[814] This is not aligned with Thompson's own ethos[815] as a practitioner at the intersection of art and activism, particularly when performance is – and has historically been – commodified by the demands of capitalism. Capitalist mandates complicate the ethos of care, calling for a fundamental reckoning with the relationship between art and labour, especially in an environment that places particular pressures on the black female artist.

Goddard posits that the trajectory of theatrical production and participation is intimately aligned with the political backdrop of Britain. Black theatre experienced a boom during Labour's power, and a decline during Thatcher's Conservative term in

[813] Ibid., p. 21.
[814] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.
[815] In the above podcast, Thompson argues that this is at odds with the black feminist and womanist theory she is engaged with, which reinforces the importance of collective identity.

the 1980s and 1990s, a synchronicity that Goddard links to the corresponding ethos that shaped social conditions under each party.[816] Labour's socialist focus on collective and shared responsibility, particularly its recognition of inequality, created the conditions for engaging with artistic production from marginalised groups. The shift from this sensibility to a Thatcherite individualist focus compromised the push for specialist theatres that centre marginalised voices. By the end of Thatcher's term, there were few black theatre companies left, and this decline had a profound impact on the already-limited and exclusionary sphere of black women's theatre. The Conservative government's cuts in welfare benefits, arts subsidies, and funding aside, Goddard argues for a strong correlation between the values of individualism it promulgated and social attitudes to artistic production. The Thatcherite 'motifs and legacies' that Goddard notes, such as 'complementary ideas of freedom and choice, independence and individual worth, which inspire us to strive for higher achievement in competition against each other'[817] have enduring resonance in the current political climate, as the previous chapter has noted. It appears that contemporary black theatre bears the weight of this cyclical reproduction, or perhaps persistence, of such politicised values and orientations.

Optimistically, however, Thompson acknowledges that the *form* of live performance art lends the possibility of circumventing these traps of individualism: she notes that there is a 'touchy, feely quality' in performance art that distinguishes it from more hierarchical, commercial modes of production, citing musicals as a prime example of the latter.[818] I will explore the affordances of this form, and how it might, indeed, re-form the relationship between the individual and the collective, or the performing body and the audience, in ways that might allow us to formulate the terms for a more ethical relational encounter with expressions of distress. But in bridging this gap between spectator and the performing body as spectacle, what are the limits, and what might we be at risk of smoothing over? Does the intimate enmeshment of the individual and collective threaten to efface the fleshed, material realities of bearing this labour? Before envisioning this re-formed relationality, it seems pressing to

[816] Goddard, *Staging Black Feminisms,* pp. 28-30.
[817] Ibid., p. 28.
[818] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.

engage with these questions and consider how we might ethically attend to the body in distress, on and off stage.

Ethics of Witnessing and Spectatorship

Saidiya Hartman offers some useful provocations to consider in her engagement with the enslaved body in pain and its circulation in popular culture. 'Why is pain the conduit of identification?',[819] Hartman questions – a question I believe is critical to interrogate here as well. Hartman stages this line of inquiry in relation to scenes of terror and violence involving the enslaved, warning against the benumbing effects of repeatedly enacting the all-too-familiar sight of the ravaged, enslaved body. There is no spectacle of explicit physical violence in this sense in Thompson's work; instead, in line with Hartman's own aesthetics, what is dramatised here is the violence of the quotidian: the casual racism and sexism of the crew on board the ship or in Britain more generally. Exposing the body's internalisation – and externalisation – of this covert, but no less terror-driven, violence becomes a means of exposing the terror in the mundane forms of entrenched structural violence that have become so naturalised as to be effaced from common purview. But Hartman cautions against the 'precariousness of empathy'[820] in consuming such scenes of violence. If we are implicated as either testifying witnesses or voyeurs, are we not at risk of reproducing the same violence of objectifying the body in pain as a vessel for the projection of our own fears, desires, and (mis)identifications – even if this is done unconsciously, or without ill intent? Hartman questions whether such an exposure of the body in pain 'reproduce[s] the hyperembodiedness of the powerless?'[821] Are we reinforcing the 'thingly' quality of the body in pain by engaging with it as a vessel or conduit functioning to testify or authenticate trauma; does this not ultimately deny the black body any semblance of sentience and subjectivity?

It is worth noting that Thompson reads Hartman's work; she finds solace on the ship by connecting with black scholarship and creative productions, Hartman's work amongst others. It seems reasonable, therefore, to suggest that the tensions that Hartman invokes might weigh on Thompson and her creative practice. In either case,

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[819] Saidiya V. Hartman, *Scenes of Subjection*: *Terror, Slavery, and Self-Making in Nineteenth-Century America* (New York: Oxford University Press, 1997), p. 20. Hereafter *SOS*.
[820] Ibid., p. 4.
[821] Ibid., p. 19.

however, Hartman's line of questioning is an important, if irreconcilable, one to pursue in cultural productions like Thompson's, where the labour of invoking historical memory is admittedly distressing to both the performing and witnessing body. For Hartman, the risk here lies in the suggestive fungibility of the body, which is dangerously reminiscent of the commodification and dehumanisation of the enslaved. Hartman fundamentally questions the limits, and perhaps more vexingly, the productiveness, of bridging this affective gap between the spectacle and spectator.

But if such a spectacle is a necessary pre-condition for empathy, then it seems to me that empathy itself should not be the structuring principle of the kind of networked relationality forged in an attempt to decolonise the theatrical space. I would argue that in Thompson's work, and Agyepong's too, the audience is not insulated by the boundaries of spectatorship, but somewhat inhabits the experience. In the stage directions for the scene in The Atlantic, where The Woman drowns, the audience is told that '[w]e are underwater'; this collective general pronoun underscores the inextricability of the individual from the collective.[822] On reading the script, Rose, who later performs The Woman, was struck by how Thompson's personal journey was 'also my story, and the story of my mum, and my grandma'.[823] The audience here is not merely spectating, and neither is Rose reduced simply to a 'body, a vessel' – the phrase Thompson deploys cynically to critique the perniciously trendy expectation imposed on artists undertaking autobiographical work.[824] What is demanded is not empathy; empathy itself is inadequate, perhaps even unproductive, here. Instead, the audience and performers come to inhabit a common experience, and this relationality is re-inscribed through such mutuality; this is mutuality formed on a foundation of shared histories, however distressing. This is not to efface the distinctiveness of individual experience, or the material realities of the body implicated in this labour. Rather, it is to re-situate, or perhaps re-*home*, to visit Ahmed's metaphor of housing, the body within a broader collective body that can meaningfully and hospitably accommodate it. Indeed, Kimberly Benston charts a movement in African American performance from 'quasi naturalism and overt rage against Euro-American traditions', towards the construction of a participatory theatre rooted in Afrocentric and uniquely

[822] Selina Thompson, *salt.*, p. 49.
[823] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.
[824] Thompson is cynical about the trend in theatre that valourises 'the body, the vessel, the person, autobiography' because 'who I was in 2016 isn't who I am in 2018 anyway, so I was always performing a *version* of myself', she comments in the podcast.

African American mythologies; he designates this as a shift from 'mimesis' to 'methexis'.[825] Benston argues that black performers reject Euro-American theatrical conventions by reworking the relational boundaries of the stage which place the audience as an observer, shifting to the ritual mode to re-centre Afro-diasporic practices and co-opt the spectator. In this reconfiguration of theatrical space, 'the black beholder is theoretically transformed from a detached individual whose private consciousness the playwright sought to reform, to a participatory member of tribal or, in this case, national ceremony which affirms a shared vision'.[826]

For Thompson, when the physical and emotional labour of performance became too much – 'it was not healthy and safe for me to perform',[827] Thompson reflects – she decides to 'make this communal. I can't carry this anymore, but you can carry it.'[828] This is not so much a shift of responsibility, as it is a *spread* of its weight. While actress Rose describes it as a 'passing on of the baton', this symbolic act of passing takes place within a structure of communal care that ensures a distribution of the labour. The power of this collective 'holding' is one that Thompson actively imbues into her work as a producer and performer. Interestingly enough, she praises how director Dawn Walton has '*held* the project so well [own emphasis]',[829] amidst the weight of the subject matter and issues with casting when Thompson chose to stop performing it. In a conversation with Rose, reflecting on her decision to step away from performing, she muses:

> when I [perform], it's this like, not entirely healthy purging, whereas when you [Rose] do it, it feels much more ritualistic and controlled. And I guess like doing *salt.* for me had become quite a harmful act because theatre is literally like a trigger chamber, right? Everything. The light, the sound, it takes you back there. I don't want to go back there. I'm going to therapy so I don't have to go back there. So I have therapy as care on the project and we get so far, and I'd go on tour, and I'd spend like an hour reliving this thing again, in the most visceral,

[825] Kimberly W. Benston, 'The Aesthetic of Modern Black Drama: From *Mimesis* to *Methexis*', in *The Theatre of Black Americans: A Collection of Critical Essays*, ed. by Errol Hill (New York: Applause, 1987), p. 62.
[826] Ibid., p. 63.
[827] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.
[828] Ibid.
[829] Ibid.

> embodied way, and every… all the progress I'd made would fall apart […] incredibly stressful for everybody.[830]

Thompson is here referring to the ritual where The Woman wields a heavy sledgehammer to destroy the salt rock, symbolically smashing Europe (Fig 15). As discussed, this is a scene that forcefully, and disturbingly, gestures to how the body might be worn down by the labour of destruction and reconstitution. It is for this reason that Thompson has been a vocal advocate for the necessity of care structures in theatre, and herself serves as a wellbeing facilitator on other theatrical projects. This in itself is a significant move in redressing the affective gaps of artistic spaces which, as we have discussed, have historically been structured through their own set of exclusionary practices and politics.

Excavating Wounds

The risks of this labour are weighed against a distinct sense of artistic responsibility; this is a sentiment that echoes in both Emezi and Thompson's personal reflections as creative practitioners. Thompson remarks that she performs this profoundly vulnerable act of 'excavating the wounds' in the hope that 'seeing yourself in it or hearing the truth of it, opens space for you [the audience].'[831] This echoes her repeated assertion in *salt.* that the 'invisible' baggage 'needs excavating';[832] it must be exposed so that it may be reckoned with, and its destructive, draining affective force be rechannelled in more constructive ways. In a strikingly similar vein, Emezi viscerally depicts the process of exposing such deeply personal material – as they do in *Freshwater* and *Dear Senthuran*, amongst other work in their corpus – as one of 'excavating my own self', delving into Igbo ontology and their 'own archive'.[833]

I would like to pause here on this notion of excavation and space, and consider the geopolitical and ontological import it holds for works that actively transgress the parameters of what can be safely expressed in cultural and commercial spaces. The metaphor of excavation is poignant given the present discussion on the endemically extractive labour demands imposed on the black body. Here, an excavation is at once a painful mining and subsequent exposure of layers of the self and the past, but also

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[830] Ibid.
[831] Thompson, interviewed by Sarah Gorman.
[832] Thompson, *salt.*, p. 40.
[833] Emezi, *DS*, p. 52.

an active, agentive process of unfolding, one all the more poignant for historically-effaced bodies. Where then do personal investments end, and collective commitments begin? Or is this distinction in itself a false binary? In my interview with Thompson, she reflected that *salt.* was born of a need for

> a space I wanted to craft for myself, to reflect and mourn, and to feel a lot of things I didn't feel like there was space for me to feel. I acknowledge it was a privilege to be able to feel those things and experience those things, and I wanted to share that with people – and maybe there's a redress in that, right? In that, like, our time to grieve is taken from us. And art is one of the things that can give that back.[834]

salt. embodies this desire to create a reciprocal space for reflection and reckoning. Like Thompson, Emezi registers through their literary medium the enmeshment of the personal and the collective; the work is at once a personal act of recognition, and a collective act of representation and reckoning – it is 'a service to the people I'm writing for, and a flex that will attract shine and power to me', Emezi asserts.[835] Emezi began this process to work out their own struggles with existential and ontological questions, but soon found, from readers' reception, that their writing was a potent medium for change: readers began critically interrogating their medical diagnoses that were not personally meaningful, and saw themselves reflected in ways that had hitherto been effaced. For Emezi, the work is at once 'a reflection for those of us living in shifting realities, worlds framed as madness, bordered by unknowns', and a means of 'confront[ing]' struggles and 'wrangling a semblance of peace' for themselves.[836] By excavating '[my] own self', to borrow Emezi's formulation, this process is transformed, however vexed it may be, into an agentive one with both personal and communal import – a means of reconfiguring the body's relationship to labour in regenerative, rather than draining or degenerative ways. Thompson's reframing of such labour as an 'excavation' critically transforms its affective weight, and the directions in which such affect might be meaningfully and more productively rechannelled. Thompson chooses the term 'excavating' because to her, it connotes a

[834] Selina Thompson, interviewed by Arya Thampuran (18 November 2021). This interview was conducted via email correspondence with Thompson, whom I reached out to through the contact address on her website (https://selinathompson.co.uk). In her follow-up email, Thompson generously sent a recorded voice note responding to some of my reflections and questions. I informed Thompson that I was engaging with *salt.* in my PhD research, and she kindly consented to the contents of her voice note being directly quoted in the written thesis.
[835] Emezi, *DS*, p. 169.
[836] Ibid., p. 52.

'delicate process';[837] this evocation of labour as a 'delicate' thing suggests a quality of *care* invested in it, something that divests this critical cultural work from the affective implications of capitalist exploitation or the insular, individualist focus of a neoliberal mode of 'self-care'.

The possibility of the theatrical space transforming into a 'ceremony' which affirms a shared vision, an image earlier conjured up in Benston's work on black performance, has particular resonance if we consider the estranging aspect of diasporic displacement – an un-housing of the body that Thompson registers during her journey, and which remains irrefutably embodied long after. Quite strikingly, Thompson refers to the distribution of labour across what she terms a 'tribe of women' facilitating the production of *salt.*.[838] The act of decolonising the theatrical space, then, is also one of disentangling diasporic relationality, and more fundamentally, selfhood itself, from the limited – and limiting – axis of national citizenship and individualism. Beyond the essentialising construction of diaspora and identity critiqued earlier in this chapter, this intersectional, Afrocentric, collective orientation organises relationality through embodied, shared structural experiences. This story – dwelling as it does in its irresolution and leaving healing as an open-ended mode of *becoming*, rather than a designated point of *being* to progress towards in a linear fashion – firmly rejects narrative closure. If emancipation itself is an 'unfinished process',[839] as McCormick rightly signals, then so too are the trajectories and temporalities of its narrativisaton. In Thompson's theatrical space, the audience and performer are engaged in a process of co-creating meaning, of configuring their own relationships to the material, but ultimately, this is labour that is channelled into rebuilding a collective body of histories and visions for the future. Rather than an extractive mining of the individual body as a carrier or cipher, the labour of 'imagin[ing] new ways of living', to recall Thompson's formulation, is productively redistributed. I would also suggest that the act of *redress* is a key element of the co-construction of this communal body and in what follows, I explore the possibilities of redress, suggesting how the body is intimately implicated in this act.

[837] Thompson, interviewed by Sarah Gorman.
[838] 'Salt with Selina Thompson and Rochelle Rose', *Bechdel Theatre Podcast*.
[839] McCormick, *Staging Black Fugitivity*, p. 25

Redress

Interviewing Thompson, I asked about the possibilities of redress within her medium. Redress, for Thompson, cannot be actualised in the sense of redressing historical wrongs because it is not possible to speak for those who have passed, or imagine a suitable and sufficient form of redress. Yet, she also acknowledges that there is an act of redress in the work of representation itself; in relation to this, Thompson notes the Black British women whose labour is excluded and erased from the archive, and whose legacy she might dignify by reviving these occlusions through an embodied practice that demands visibility and acknowledgement, one that forcefully pushes the suppressed into public purview.

In Hartman's estimation, African American engagements with slavery perform the function of redress. By invoking a '*body* of memory' – the weight of shared historical trauma and the brutalisation of the black body – these performances are a way of 'redressing the pained body and restaging the event of rupture or breach.'[840] But as Hartman rightly points out, and we have demonstrated here, this rupture is not finite or self-contained in the sense of an isolated, discrete event, but a continuous, and to revisit Berlant's formulation, *endemic* quality of life. It is for this reason that Hartman suggests that

> the forms of redress enacted in performance are a necessarily incomplete working through of the event of breach because of the constancy of assault and the inability to transform social relations through such practices or generate an event that would result in the reversal of forces.[841]

However limited this act of redress may be because of the repeated re-enactment of violence, for Hartman, redressive action necessarily involves a reconfiguration of our relationship to the body. Rather than merely a spectacle of pain or an instrument testifying to historical horrors, the body in Hartman's vision of redress is transformatively *counter*-invested in as a 'site of pleasure, a vessel of communication, and a bridge between the living and the dead.'[842] The body is counter-invested with particular needs and desires; to recall Thompson's purpose, her journey, and the attendant physical and emotional labour she shoulders, is driven by the desire, and

[840] Hartman, *SOS*, p. 75.
[841] Ibid., p. 76.
[842] Ibid., p. 77.

need, to 'imagine new ways of living'. The needs and desires invested in the body – and the (im)possibilities of fulfilling them – are articulated in these practices of redress.

I see a more generative potential in this act of redress, which acquires multiple forms and valences in Thompson's work. Here I wish to turn to one in particular: the possibilities of communal care and the productiveness of *rest*, achieved through a radical restructuring of relationality beyond the narrow purview of neoliberal subjectivity. This is a further, and more fundamental, reconfiguration of contemporary neuroculture's vision of networked relationality. To revisit Malabou's critique of the present conceptualisation of the brain, the image of the brain has transformed from a centralised to a connectionist model in line with capitalism's ideological demand for redistributed centres and deregulated hierarchies. This has imposed new conditions on the individual to be endlessly-flexible and adaptable in an ever-changing environment.[843] But this flexibility is not so much expressed as creative dynamism as it is an implicit conditioning of docility. The individual, positioned as a node within a networked social system, is charged with the responsibility for maintaining and upgrading their neuronal health to safeguard the health of the social organism as a whole. As explored, the structuring neoliberal principles of this contemporary moment have co-opted such an ethos within a wellness culture with an individualist focus, in line with the demands of neuro (self)-management. If this, as Malabou points out, ultimately produces an 'extremely normalizing vision of democracy',[844] a flattened vision of life, then Thompson's creative practice, in de-localising distress and healing from the individual to the collective, offers the imaginative space to articulate the urgently necessary political vision for a reformed, collective mode of (well)being and living. It is a space that meaningfully accommodates the needs and desires of black women historically excluded from the affective and ideological remit of more limiting visions. This, I would argue, also constitutes a potent form of redress.

Atelic Stillness: Holding Space and 'Sitting With' as Political Practice

In this gesture, the body becomes a medium for mobilisation, a site where the collective is *held* apart from spaces that prove inhospitable, and in many ways,

[843] Malabou, *WSWDB*, p. 41.
[844] Ibid., p. 53.

uninhabitable. I would argue, then, that what is cultivated from personal need and desire, to mobilise a process of *working through*, for both Emezi and Thompson, evolves into a collective co-construction of memory and meaning, with the performing body indisputably implicated in this labour of 'cultural work'. The body becomes, more profoundly, a means of intervening into these possibilities of redress. But, as in Bambara's text, this mediating body is not suspended in insularity or isolation; instead, it circulates within a communal space – in Thompson's case, amongst a participating audience – through which the energy for this labour might be sustained and its weight productively redistributed. If the task of confronting and deconstructing histories of oppression wears down the individual body, exposing it in all its vulnerability, then the tasks of reconstruction and reorientation might meaningfully be shouldered by a communal network. Just as Emezi and Thompson strive to create and hold a hospitable space for multiple forms of reality and selfhood to dwell, so too is a space reciprocally created for them to be held. Emezi reiterates the healing potential of communal support, which, as we have seen poignantly displayed in Thompson and Bambara's ethos of healing, channels the oft-distressing load of representation and reckoning in productive, regenerative ways. Emezi strikingly reflects, 'I am a ragged imperfect entity, and yet there is a community that holds me when I am in pain. I didn't expect embodiment to come with grace like this.'[845]

Adrift and disconnected as she sails to the 'Third Side', the Atlantic, Thompson imagines herself opening her cabin door and plunging into the sea, drowning. She imagines going 'down to those that wait for me / down to be preserved in salt […] down to the only place where I can be'.[846] Salt acquires a transformative significance here: Thompson initially envisages the ocean anthropomorphically transforming her into chunks of salt, offering her 'freedom from the body at last'.[847] Notably, this act is not expressed through a conventional psychiatric framing of suicidality; the ideation of drowning in the Atlantic, bearing the symbolic weight of the Middle Passage, for Thompson is born of dispossession, but is also an attempt at seeking freedom from the shackling solitude of her experience on the ship, and as a black woman navigating an inhospitable world, more generally. This imaginative act re-forms her body by re-integrating it into a connective network of ancestral relations. Perhaps recalling the

[845] Emezi, *DS*, p. 165.
[846] Thompson, *salt.*, p. 50.
[847] Ibid.

Flying African myth, the connective salt endows her 'newly formed body' with 'buoyancy'.[848] This buoyancy I read as a kind of lightness born not through the erasure of historical pain, but a redistribution of weight facilitated by this newfound network of relations. A radical re-formation is thus catalysed through connection. 'The Woman' hears the voice of her grandmother 'calling, calling, calling my body back to form.'[849] It is significant that she hears nan's voice at this juncture, for the tension between the personal and communal, and the boundaries between individual labour and collective responsibility, reaches a height when her grandmother dies while she is on this journey, and Thompson cannot see or attend to her before her death. Even in this liminal moment of displacement and seemingly depersonalised detachment from her body, private and collective memory converge to recall to Thompson her place and purpose. She visualises herself in the company of her deceased grandmother, 'floating together […] I am holding [nan's] hand, and it is so soft.'[850] Private memory flows into the collective; this touch opens her up to a network of ancestral presences, who supportively lift her out of the sea. Evocatively, she envisions hands placed on her body,

> [h]ands in my hands, on the
>
> back of my neck, hands on the small of my back,
>
> surrounding me and lifting me up, reminding me of all it
>
> took to bring me here. Of the need to continue to live.[851]

These collective, indistinguishable hands create a networked form of relationality that is unbound by biological formations of kinship. This challenge to a biologised model of the self is a particularly potent decolonial act of redefinition, considering the way in which a scientific rationality has historically been used to edify oppressive social regimes, not least in its construction of the category of race.

Thompson also finds the fuel to persist with her labour through the words of black artists, activists, and scholars. Displaced in an inhospitable environment, she finds a way to resituate herself within a collective of thinkers who reaffirm her commitment to this work of memorialisation, constructing for herself an imagined space that

[848] Ibid., p. 51.
[849] Ibid., pp. 50-51.
[850] Ibid., p. 51.
[851] Ibid.

supplies a critical, restorative form of energy. On board the ship, she reads Saidiya Hartman, Audre Lorde, Marlon James, and bell hooks; she listens to rapper Drake's Hotline Bling. Beyond creative or intellectual energy, however, Thompson finds support and solace in this connection. In a striking scene, Thompson imagines herself being physically held by this company; she feels '[bell hooks'] hands in the small of [her] back.'[852] What had begun as a solo physical journey transforms into both a creative act and a deeply political project of expanding the imposed limits on black selfhood and relationality.

Reflecting on her own journey through Ghana to trace her lineage, Saidiya Hartman becomes acutely aware of her status as an outsider, an African American raised in Brooklyn. Recounting this autobiographical journey in *Lose Your Mother*, Hartman muses that '[t]he most universal definition of the slave is a stranger.' Hartman goes on to suggest that

> the vision of an African continental family or a sable race standing shoulder to shoulder was born by captives, exiles, and orphans and in the aftermath of the Atlantic slave trade. Racial solidarity was expressed in the language of kinship because it both evidenced the wound and attempted to heal it. The slave and the ex-slave wanted what had been severed: kin.[853]

This highlights the significance of Thompson's transformation occurring against the historical backdrop of the Middle Passage. For Thompson, who initially imagines herself a 'walking wound', adrift, it is within this reimagined relationality, a network of non-biological kinship, that healing can be meaningfully accessed and accommodated. Race here is redefined – and in some ways, redeemed – from its historical charge of alienating commodification and objectification, to one of healing connection.

Just as Thompson finds support in this connection, so too is such support rechannelled to the audience. She holds curative space for sitting with and testifying to trauma, for orienting the collective body – both corporeal and memorial – against institutional straightening along the temporalities of moving on. In her closing act, The

[852] Ibid., p. 28.
[853] Saidiya Hartman, *Lose Your Mother: A Journey Along the Atlantic Slave Route* (New York: Farrar, Straus, and Giroux: 2006), prologue.

Woman distributes pieces of salt as a memento, signifying the burden of historical trauma that she asks the audience to hold on to:

> Sit with it
>
> Sit with the pain
>
> It doesn't go away
>
> But we are sitting with you.[854]

If the black body and its historical baggage are erased through the neoliberal mandates of recovery and happiness, then this space, in rendering such trauma hyper-visible, is a potent force for both transmitting and transmuting this pain. As painful as this history is, it is 'the history that holds me',[855] Thompson asserts, finding rootedness and purpose amidst her dislocation – however fraught – in this collective memory. Before the performance begins, The Woman prepares the materials she needs for her storytelling, from a sledgehammer to salt and libations, and performs a ritual cleansing of the space: the space is now 'ready for the spirit work that is to take place'.[856] This invocation, through a staged ritual of communal storytelling and memorialisation as life-affirming 'spirit work', distinctly parallels the kind of spiritual orientation Williams' et al. draw on to structure their healing group, recognising its potency to bind communal identity. This form of boundedness is not so much premised on an limiting essentialist assumption of homogenous 'African' characteristics or a static set of beliefs, but rather, a way of drawing strength from a source, a way of keeping alive the historical memory of ancestral struggle. It is an invocation of the resources and resiliencies of the past that can be drawn on and adapted to serve the 'womanist survival ethic'[857] being mobilised here, to revisit Jones's designation of this form of labour.

In choosing not to move on, Thompson becomes an 'affect alien',[858] to revisit Ahmed's designation of the body that rejects such alignment, who embraces the

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[854] Thompson, *salt.*, p. 52.
[855] Ibid., p. 26.
[856] Ibid., p. 14.
[857] Jones, 'Africana Women's Science Fiction and Narrative Medicine', p. 195.
[858] Ahmed, *POH*, p. 49.

freedom to be unhappy, to dwell in and productively engage with dis-order and discomfort. Herein lies the liberatory, transformative potential of active mis-alignment: a rejection of the performative labour of forcibly orienting the body within inhospitable spaces at the cost of its own erasure. But this role of the 'affect alien' does not become another source of alienation; rather, in co-opting a community of witnesses and participants in this act, such transformative mis-alignment gains support from its collective momentum. The act of *sitting with* pain is not a form of stagnation either. Rather, stillness becomes radically restorative – indeed productive – against the neoliberal orientation towards, and privileging of, draining overwork. If distress is immutably transmittable in this space, so too is care. Thompson's task is described as 'too great for her, too brutal to hold. But hold it her body does.'[859] For the body that holds on to this weight, the collective act of holding space can becomes curatively transformative, a way of channelling a violent cyclicality into something (re)generative. Against the capitalist mandates of work, this act of 'sitting', of dwelling in a kind of atelic stillness, becomes productive; this is the 'spirit work'[860] that Thompson envisions within such a regenerative space, a form of (re)constructive labour to envision new modes of becoming, defined against and beyond the pressures of mindless conformity. In 'sitting with you', collectively, this 'burden' is shouldered but its weight also spread, so that this cultural work can continue to be meaningfully, and safely, performed.[861]

Making art that is communally-oriented, then, becomes a way of mitigating the individualism enforced by capitalist consumer demands. By creating a space for the audience to 'sit with'[862] this pain, Thompson's performance also gestures to the porosity of perceived boundaries between self and other, space and time. It is significant, therefore, that the performance closes with a ritual passing on of salt: the audience takes a piece of salt with them to safeguard before leaving the theatre, called by The Woman to 'sit with' the pain it emblematises.[863] Through this ritual, salt has acquired another charge beyond its hazardous and onerous import; it is now also a potent emblem of the potential for healing. If we recall the evocative image of Thompson's body transforming into chunks of salt in the ocean, then the salt is a

[859] Thompson, *salt*, p. 7.
[860] Ibid., p. 14.
[861] Ibid., p. 52.
[862] Ibid.
[863] Ibid.

powerful reminder of embodied agency and transformative potential, also expressed in the relation between women in *TSE*. The significance of salt here resonates with what Bambara views as its healing potential: noting that salt is used as an antidote for snakebite and as a poultice for wounds, Bambara suggests that '[t]o struggle, to develop, one needs to master ways to neutralize poisons.'[864] Salt, in Thompson's hands, and later, Rose's and a newly-formed lineage of audience members, is channelled as a collectivising force to neutralise the structuring forces that oppress the collective body. If, as Ahmed suggest, affect is a 'shared orientation', and '[w]e align ourselves with others by investing in the same objects as the cause of happiness',[865] then salt as a shared object here, in embodying multivalent affective forms from historically-seated anger and distress to hope, channels 'flow' from prior draining investments in historically-extractive social formations, into the kind of life-affirming and transformative investments made possible through the collective.

Thompson envisions the ritual of passing on salt as a 'commitment to live, a commitment to the radical space of not moving on, and all that it can open.'[866] This, to me, is also a potent act of redress and extension of care: it allows her to envision modes of healing beyond the narrowly-prescribed trajectories offered by global neoliberal regimes oriented towards the creation, and sustenance, of a particular vision of self-enclosed autonomous individuality – a kind of individualism that Thompson's journey reveals as not just isolating, but dangerous in its vulnerability to structural violence. This act potently rejects a bodily orientation towards healthy citizenship mired in the nationalist neoliberal imaginary, one that directs a kind of narrative momentum towards closure, a self-contained, individualistic form of wholeness, to sustain its own conditions of labour. There is thus a tense oscillation between movement and stillness, between the illusory privilege of mobility afforded by her British passport, and the potential to mobilise against the enduring racial violence through this journey. Structurally, Thompson taps into a journey motif but radically redefines its trajectories and telos: hers is a journey that rejects the narrative momentum towards closure or resolution, one that capitalises on movement to establish curative connections. This is movement for the purpose of mourning and memorialisation, but also for the creation of a new space; what Thompson creates –

[864] Bambara, 'What it is I Think I'm Doing Anyhow', p. 166.
[865] Ahmed, *POH*, p. 38.
[866] Thompson, *salt.*, p. 52.

both on and off stage – is a space that can safely accommodate an atelic stillness for her community to collectively 'sit with' pain. This atelic stillness is particularly poignant, and productive, in light of the violent, precarious temporalities that have come to define black life.

Concluding Thoughts

Such a transformation of pain, however, requires a profound reconfiguration of our relationship to distress and by extension, how we imagine forms of healing. In Thompson's assertion that 'I am not healed. But I do decide to keep living',[867] there is a radical defiance of what it means to live, and to live well. This is a form of living that acknowledges and embraces irresolution, actively confronting instead of working to numb it, or indeed working *to* the point of numbness, as we see in Velma's initial state of benumbed detachment in Bambara's text. What is pathologised here is the blocking or numbing out of pain through either avoidance or unquestioned, habitual labour, the mindless repetition of ideologically-naturalised practices that prove harmful to the black female body. This effort of reorientation, and its attendant pain, is one that is redistributed more productively – if not necessarily ameliorated – through the curative connections that live on, through Thompson's shared salt memento, well beyond the performance and theatre space. What is quite explicitly underscored in these works is the potential of *sitting with*; an orientation towards recognition and the possibilities of redress, rather than resolution.

Coming full circle, *skin* comes to signify again the commitment to multivalence and multiplicity that has been the structuring principle of the creative works considered here. Emezi visualises healing in organic terms; they relate this personal healing to their own experience of building a physical home as a safe space. Emezi shares an anecdote of their experience landscaping in their new home, and allowing the leaves of plants to brown off and regenerate on their own without pruning or active interference:

> 'It made me think about patience and what healing can look like – sitting with the browning parts, waiting for them to die, waiting for the old skin to slough off instead of ripping it apart.'[868]

[867] Ibid., p. 51.
[868] Emezi, *DS*, p. 225.

This decomposition is a 'necessary stage in regeneration',[869] Emezi reflects. Stillness and 'patience' here are not passive; what is charted instead is a process of healing that operates on its own spatial and temporal terms, beyond the mandated, pre-mapped temporalities of recovery that delimit the possibilities of selfhood. If we consider *salt.* as a living, co-constructed body of cultural memory, to recall an earlier formulation of mythology, it becomes significant to note that Thompson's performance itself has seen several iterations through its cross-continental staging from 2016 to 2020. It was first staged in Bristol, written, produced, and performed just one month after Thompson stepped off the ship. Thompson then took some time to change the script before its two subsequent performances in Leeds. Thompson's powerful assertion about this timescale, that 'you can say much more interesting things about a scar, than you can about a wound',[870] quite strikingly resonates with Emezi's practice of 'waiting for the old skin to slough off instead of ripping it apart', through which the generative temporalities of shedding and regrowth find expression through embodied practice.

I propose there is a radical reformation of the body's relationship to labour in this recognition that atelic stillness can be a space for (re)generation. Such atelic stillness becomes an antidote, an active challenge to the extractive and exploitative labour demanded of the black body, radical in its refusal to align with the 'straightening devices' of an institutionally-scripted mode of happiness. Here we might recall Thompson's experience at the Edinburgh Festival, where she encounters a 'white supremacist' whose racist words she experiences as having physically 'torn off [her] skin'; she later experiences her body as a 'walking wound'.[871] We might also recall how salt was rubbed on the bleeding wounds of the enslaved as a punitive measure to exacerbate their pain, and hence command obedience. Where institutionalised violence is both externalised and internalised in harmful ways, the process of reckoning and sitting with these painful encounters, and subsequently, collectively sharing their weight – a process mobilised through this art – offers the possibility for the raw wounds to scab over and create a canvas for new forms of the self that are fortified by both connection and multiplicity, against the structures that attempt to block the potential of the black body. Salt becomes a potent symbol, and crucial reminder, of the ability to create spaces that can accommodate the forms of

[869] Ibid., p. 226.
[870] Selina Thompson, interviewed by Sarah Gorman.
[871] Thompson, *salt.*, pp. 20, 22.

multiplicity needed to build communal connection and catalyse transformative change. This pause, an active 'sitting with' and attending to – whether in Thompson's act of holding space or Minnie seating those she cares for on her lap – offers fertile ground for creative and curative regeneration.

In the works examined here, the distress engendered by the process of excavating deep historical wounds, which manifest as conventionally-deemed negative affect – anger, unhappiness, violence – might be communally-distributed and rechannelled into energy that can sustain the work of transformative change. Significantly, both the delicate quality and distressing pain of this labour are meaningfully accommodated within the same space, allowed to co-exist without contradiction through this particular embodied logic that circumvents a bounded, binary mode. Thompson sees her work as being 'funny' and 'warm', but simultaneously 'very angry'[872] – this cumulative affect registers the plural experiences of being situated at the intersection of multiple marginalities and identities. The metaphor of excavation also recalls Audre Lorde's call for women to embrace anger and not allow the conditioned fear of anger to detract from the 'hard work of excavating honesty'.[873] The process of excavation becomes collectively mobilising; it is the effort to acknowledge each other's anger born from rampant racism and sexism experienced by black women. For Lorde, the object of anger is 'change'.[874] This draws us back Ahmed's conception of negative affect, and the politically-transformative potential of the 'affect alien', who resists regulatory affective mechanisms and attendant linear orientations towards an elusive and exclusionary telos of 'happiness'. By making visible what is and has been occluded and forcefully buried – expressions of distress and frames of reference for such distress – these works offer the imaginative scope and space for *working through*, if not completely working out, these struggles, and accommodating the co-existence of multiple realities.

[872] Thompson, interviewed by Sarah Gorman.
[873] Audre Lorde, 'The Uses of Anger', keynote address at The National Women's Studies Association Conference (Storrs, Connecticut), 1981, published in *Women's Studies Quarterly*, 9 (1981), 7-10 (p. 10).
[874] Ibid., p. 8.

Conclusion

'As you witness the mover, pay attention to what is happening in your body.'
(Heather Agyepong, *The Body Remembers*)

This epigraph to my conclusion flashes on the screen as an opening prompt, as I sit down to Agyepong's live performance in Brixton House in March 2022. I attend the performance in the thick of editing my final chapter, and am struck by how the spatial, relational dynamics I had been trying to think through in Thompson and Bambara's work gain full force and form in Agyepong's practice. The audience – the witnesses – sit in a semi-circle around Agyepong, who moves spontaneously and viscerally against the recorded soundscape of Black British women testifying to their embodied trauma. Movement here seems to become Agyepong's way of attending to and connecting with these women, many of whom express profound feelings of distress, fear, disembodiment, even. The voiced experiences in the soundscape are not simply a backdrop for the performance; they are foregrounded and fleshed out in visible, felt form as Agyepong moves through them, demanding that the witnesses encounter and engage with these articulations. The Authentic Movement piece becomes a way of re-embodying the voices, the moving body holding and channelling their collective experiences.

As the performance unfolds, it becomes clear that just as Agyepong holds space for these women's testimonies, so too is space held for the audience to be enfolded into this collective experience. 'What is your body telling you? Where are you holding tension?', we are prompted to consider. This space fosters more than just spectatorship; indeed, the act of witnessing, of sitting with the material, is necessarily a visceral, embodied encounter. As a non-black woman of colour in this space, I feel cautious of my own positionality in the audience; many of the questions of ethical witnessing that I have raised in my final chapter through Hartman's work surface as I approach this material. These are not questions that I necessarily have answers for yet, but perhaps, in taking a cue from these creative works, dwelling in spaces of discomfort and irresolution can be generative. Personally, it was invaluable to witness these theorisations of a decolonial and intersectional approach to (well)being fleshed out through Agyepong's practice.

When the performance ends, the audience is invited to engage with the eclectic

items Agyepong has curated on stage, ranging from soft toys, medication, and yoga mats, to Margaret Busby's 2019 anthology of black women's literature, *New Daughters of Africa*. This is part of a care practice that profoundly recalls Thompson's ethos on and off stage, perhaps most strikingly, her engagement with a collective of black artists and activists to tap into the solidarity and energy needed to perform this critical cultural labour. That Busby's collection features in Agyepong's vision of care is especially significant; it is a reminder of the (re)generative power of the creative space, how it accommodates the co-construction of bodies of knowledge, and urgently, care and connection through a communal body.

As my work has sought to demonstrate, creative engagements with distress often conceptualise alternative mediums of expression, within and beyond the scalar units and temporal metrics of psychiatric formulations. Whether this is by drawing on an existing biomedical toolkit, mixing mediums, or devising new visual technologies, these critical engagements with pathology re-signify what it means to inhabit the black female body, in all its structural entanglements. Through the diffusion of methodologies and modalities in this thesis – from literature, visual and performance art, to film and television – I hope to have enacted the attentiveness to plurality modelled by these creative practitioners, and to which my work is theoretically and politically committed. From the queer *Bildungsroman* and autobiographical features in Emezi, Daley-Ward, and Osunde's work, to the collagic, cut-and paste form in Mutu and Clemmons's, this corpus models the agentive potential to 'customize' the body (to borrow Emezi's striking description of their skin-based practices) – or here, a body of collective and collectivising knowledge – in ways that reflect the heterogeneity of experience, and accommodate multiple visions and versions of selfhood and relationality.

As black feminist writer and activist Lola Olufemi powerfully articulates,

> [r]evolutionary movements require a teleological pool from which to draw. The imagination is that teleological pool: it not only creates liberatory drives; it sustains, justifies and legitimises them. It undoes entire epistemes and clears a space for us to create something new.[875]

This enmeshment of the imaginative or aesthetic and the political has been at the pulse

[875] Lola Olufemi, *Experiments in Imagining Otherwise* (London: Hajar Press, 2021), p. 34.

of my thesis, which has argued for black distress to be treated as a critical social justice issue. I have explored how form in these creative expressions of distress can be productively deformed and re-formed in ways that are attentive to the black female body and situated experience. What has resonated throughout is a refusal to conform or be contained within the model of healthy selfhood produced through the neocolonial-neuroscientific-neoliberal matrix theorised here. Of significance within and beyond the critical medical humanities, my approach has also disentangled from this matrix the oft-occluded structural asymmetries that create the conditions of distress, and afford conditional access to particular institutional visions of (well)being. By surfacing how the skin and brain have been implicated in discourses of resilience and happiness, we find in creative re-scriptings of wholeness and wellness a space to theorise how affect might instead be channelled in more agentive, politically-liberatory ways.

In developing a new mode of reading and attending to distress, I have explored how the networked ontologies, epistemologies, and cosmologies that these creative works draw from destabilise some of the grounding and founding mythologies of Western (psychiatric) rationality – specifically, its modelling of the healthy citizen-subject. Fundamentally, this de-centres the monopoly of a Eurocentric logic of (well)being, necessarily exposing some of the fault lines in its conditional – and conditioning – promissory narratives of progress. Rather, what holds promissory potential in the act of dis-ordering certain institutionally-naturalised narratives, and dwelling in irresolution, is the capacity to transform what has been read as pathological into something productive and (re)generative. Productivity here has also been redefined beyond the black female body's historically-extractive relationship to labour.

The works I have engaged with have variously modelled the power of holding space for the collective, of sitting with and working through; this becomes a radical act of resistance against what I have argued is a flattening, politically-disenabling momentum towards moving on. The concept of care is here disarticulated from an individualist model of self-care, enfolding into its vision the interconnectedness of land, labour, and body. In reorienting this temporality, we might create the space to 'imagine new ways of living', as Thompson expresses, and the collective energy to undertake the labour of this critical 'cultural work' – as urgent as it was in Bambara's contemporary moment as it is now. This communal body might share the labour of

imagining curative spaces and trajectories for the future that are more meaningfully aligned with black women's needs and desires.

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