

# Psycho-colonialism: colonisation in mental health

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# ABSTRACT

This thesis develops and contributes to an emerging field of postcolonial critique in the mental health field. Colonisation has been described as an issue for the Global South through the activities of western disciplines alongside business interests like 'Big Pharma'. I argue that psychiatric practices are also colonising processes in the Global North: what I call *psycho-colonisation*. This thesis begins by outlining a rationale for interdisciplinary engagement with psycho-colonisation which includes drawing on postcolonial theory and activism, and examining colonisation processes through literature. I then review literature in two areas: Firstly, I assess the status and use of postcolonial thinking in the mental health arena. Secondly, I review (counter) canonical postcolonial thinkers selected on the basis of their engagement in resistance. In doing so, I establish a thematic scheme for assessing colonising processes. Humanities have a central role in both the colonisation process and resistance, and so I turn to a critical analysis of two writers' work and what they tell about madness and psycho-colonisation. First, I critique Sebastian Faulks' *Human Traces* (2005) as an exemplar of a traditional psychiatric discourse. I argue that Faulks' novels aim to present a literary, historically authentic picture that inducts the reader into psychiatric orthodoxy. Colonisation exists in his writing at the level of producing a cultural power/knowledge effect. Secondly, I examine the works of Toni Morrison, specifically *The Bluest Eye* (1970) and *God help the Child* (2015), as examples of how madness is written about without recourse to traditional psychiatry, but with reference to socio-psychological and political contexts. For the most part, Morrison avoids psycho-colonisation. I conclude that there is a rationale for the use of postcolonial scholarship as a critical discourse in the mental health field. In addition, I show how the processes of colonisation through novels can be evident in the literatures of the Global North, and argue that the effect is one of a subtle induction of readers to psychiatric thinking and practices.

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## CHAPTER 1: INTRODUCTION AND STRATEGY

### 1.1. Introduction to the project.

A number of critics in the mental health field and associated areas (whom I review below and in chapter 2) have raised concerns that psychiatry and affiliated disciplines engage in a form of colonisation in the global propagation of Western psychiatric thinking<sup>1</sup>, and within the global north towards the 'mad different' of home populations. This second area is less developed in the critical literature, and will be taken up in this study. While there are some references to psychiatric and disciplinary colonisation in the anti-psychiatry movement of the 1960s and 1970s - I will return to Foucault and Szasz in the next chapter – colonisation is undeveloped as an idea. Mills (2014a), Fernando (2008, 2011), Pilgrim (2005), Keller (2001), Ben-Moshe et al (2014), Ap-pignanesi (2008), Barker (2003), Chessler (1972:1997) and Fern (2005), all either describe psychiatric practice as either directly colonising or affiliated to imperialism. These sources and more are reviewed ahead in sections 2.3 and 2.4. As well as colonising madness, there is growing concern within the psychiatric field (Kutchens & Kirk, 1997; Rapley *et al* 2011; Frances, 2013) about the psychiatric colonisation of ordinary life such as the problems of diagnostic inflation including the explosion of autism and attention deficit disorders, and more generally, the medicalising of misery. I share such concerns and suggest that this is one of the vectors along which colonisation may occur – the steady slippage of psychiatric language (and thus psychiatric reasoning) into the everyday (Roberts, 2015), hence my critical engagement with novels which I describe below.

I share these same concerns and I expand upon these through my own reading of the critical discourse on psychiatry. I expand in the sense that, in my view, thus far, many accusations of psychiatric colonisation lack scholarly development. As such, this thesis is best understood as contributing to the field of work developing critical approaches to the field of mental health. Given the concerns I go on to develop, and the disciplinary mobility I value, this work sits at the junction of a number of prior critical accounts. It is likely to appeal mostly to critical thinkers and activists who engage with critical and radical psychiatry and

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<sup>1</sup> I return later in this chapter and in chapter 2 to the problematization of the World Health Organisational and other international perspectives on mental health

psychology, activist agendas including mad studies, and scholars in the critical medical humanities field.

However, there is, I believe a tension in a range of critical, anti-psychiatry and radical opposition to psychiatric science and practice. If as Mignolo & Walsh (2018) point out, that colonisation and modernism are closely interrelated (even to the extent that they require the other to exist), not only is psychiatry implicated as a major modernist discipline, but so are many of the discourses aiming to lever psychiatry into a more acceptable set of practices. For instance, criticising psychiatry with a view to improving the science of psychiatry is still working within science, which is still a modernist trope and so still affiliated to colonisation.

This opening chapter will present the main concerns and questions of my research, how it was undertaken and its place within contemporary mental health theory and practice. The methods employed here are more familiar to the areas of literary practice and cultural theory, although the field of medical humanities has already engaged with the possibilities presented by the humanities and literature. This is certainly so in the mad studies field and the area of disability discourse (as well as feminist/gender, queer and race discourse/activism) where scholarly and activist activity draws on a wide range of sources (for instance Fox, 1994, 1999; Goodley, 2001; Goodley & Rapley, 2001; Mills, 2014b). I use postcolonial theory as the lens through which I assess, what I will henceforth call, *psycho-colonisation*. I also adopt Szasz's term *psy-science* to refer to the broad range of psychiatric and psychological responses to madness and distress in both clinical and research areas, and also in the broad discourse on mental health.

Neo-Foucauldian Nikolas Rose is one of the key critical figures to reflect extensively on the meaning and function of the prefix 'psy'. His book *Inventing Ourselves: Psychology, Power, and Personhood* (1998) presents a genealogy of psychology as a discipline, and in doing so he describes the conditions by which psy disciplines generally emerge as a professional, expert discourse. Rose is inclusive of psychiatry, but I would take the view that while they have mutually compatible concerns around 'madness', 'criminality' and 'perversion', their emergence as disciplines is different. Where they have some similarity, by way of Rose's description, is in how they have a certain mutability that means

these disciplines seem to find their way into a range of stakes, how they mix conceptual vagueness with seemingly incisive clarity, and how rhetorical devices are mistaken for rigor. There are four points, however, that I would raise as problems in Rose's otherwise cogent account. Firstly, as mentioned above, his conflation at times of different psy sciences – I would argue psychology and psychiatry have some resemblance but equally, sufficient difference to warrant separate, though connected, genealogies (such as those written by Foucault). I am indeed using psy-science in a similar way, and so I have some sympathy for Rose's characterisation. But, I am also being clear here that my primary concern is their coherence around madness, and I also acknowledge the term psy-science as a less than satisfactory placeholder that allows my larger project on psycho-colonialism to be advanced. My second area of concern is how Rose claims that a theorisation of resistance as agency is not needed within accounts of oppression or subjectification – his account of this remains, for me, difficult to fathom. I disagree not least because discourses of resistance as theories of resistance are important to those who are subjectified. He appears to suggest a certain equivalence between different stakes which “occupy one more position within the field of contestation” (Rose, 1998), p.36) suggestive that a more ethical, humane and evidenced position is merely another element of the constellation. This leads to my third objection, that is, often his language of subjectification is blandly neutral (although he does refer to being colonized (eg. p.79)) – that people are inducted, drawn, induced “subjectified, educated, and solicited”(ibid), which may well describe governmentality for stress management for example, but fails to capture the violence, material and epistemic of some psy applications. In this respect, Rose is most acutely accurate when describing the subtle power effects and processes of psy. And finally, this leads to my fourth problem in Rose's work, that while he acknowledges the problem with identifying the rise of psy in ‘the West’, as a geographic location, he ignores empire and imperialism in his extensive coverage of the nineteenth century. This oversight leaves a gap in his account of psy — the usual preoccupations, or obsessions, of psy — madness, perversion and criminality are accounted for. The ‘primitive’, as the fourth pillar in human sciences theorising, remains absent. This is a telling and crucial oversight especially as, I will show, preoccupations



with the 'nature' of race and primitive life cut across all the other three areas as well as those salient but less described such as gender and class.

The term psycho-colonisation is a reference to Peter Sedgwick's text *Psycho Politics* (1982)<sup>2</sup> about which there has been a recent resurgence of interest given the socio-political and economic conditions that mental health services find themselves in, and the current context for understanding madness and distress. While I do not always agree with Sedgwick's positions (for instance, by the end of *Psycho Politics* he appears to unquestioningly use the term 'mental illness'), I do agree with his argument that political and intellectual engagement should be with reference to the actual practice of helping people in distress.

## 1.2 Aims.

In an effort to critically evaluate the contention that psy-science is a coloniser, my project looks through a postcolonial lens at psy-science and addresses the following questions:

1. What does comparing the knowledge, practices, structures and processes of the mental health field, to perspectives advanced by postcolonial scholars and activists contribute to critical mental health discourse?
2. What are the implications/possibilities of considering mental health disciplines and their activities as colonising?
3. How do the Humanities offer both methodological and epistemological insights into the mental health field? In answering this question the study will assess the value of postcolonial theory for the disability studies and mental health fields.

As already mentioned one of my concerns is that accusations of psychiatric colonisation in the critical literature have been most-often, poorly developed, but have been made within otherwise coherent critiques. I am thus taking the idea

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<sup>2</sup> Sedgwick seems to mock the concerns of sociologists who are variably side-lined in the psychiatric field by what he calls "Psychiatric Imperialism". He goes on to suggest that such concern is misplaced given they have "never actually lived in the territories that the psychiatric colonisers have now taken over" (Sedgwick, 1982, p.40). As I develop in the next chapter, whether or not this is metaphorical, or indeed a literal assessment of colonisation, is unclear, which again reflects my point that there is a lack of development around ideas of colonisation.

of psycho-colonisation seriously, even if there are limitations to how well developed ideas around it are, especially regarding colonisation in the global north. My thesis therefore accepts the premise and works backward from that to provide the 'working out' of psychocolonisation. In effect I am asking: "if I work towards the assumption that psychiatry is a coloniser what would I see, and where might it be seen?" While it might sound like I am undertaking a process of discovery, my thesis is actually concerned with argumentation. To answer my research questions above, I take the following steps (not the leaps that have, previously, undermined what I believe is an important critical contribution to the mental health field):

1. I establish an epistemological basis to beginning an investigation of psycho-colonisation. What I mean by this is, articulating the thinking and what assumptions that scaffold the next step: the assessment of psychiatric colonisation as so far written about, and how best to bridge the gap towards the coherent use of postcolonial theory? This opening chapter begins by setting out the broad concerns relating to psycho-colonisation and then summarises the key thinkers that underpin the kind of intellectual activity that can answer my research questions.
2. Having established an intellectual basis for examining psycho-colonisation, and having reviewed recent and current texts that engage with issues of medical and psychiatric colonisation (the first part of chapter 2), I go on to review some of the canonical thinkers of postcolonial activism and scholarship. My aim in this step is to arrive at a thematic schema for assessing the presence of colonisation. Without this, there is little basis to be able to assess, and explicate, the activities of psycho-colonisation. I would otherwise be arriving in the same place as the current critical literature without moving the argument on.
3. Having worked out a thematic schema for colonisation I apply the relevant parts to the problem of psycho-colonisation. By following the postcolonial thinkers in their evaluation of the important role of socio-cultural tactics in colonisation, I turn to literature as a vector within the colonising process and one which is likely to show some, but not all, of the themes arising out of my sche-

ma. Chapter 3 introduces Sebastian Faulks' novel *Human Traces* (2005) as a text that I argue presents such a psycho-colonising vector.

4. The next step is to take an opposing view; one that deals with the possibility that while psycho-colonisation is so endemic as to be ubiquitous, madness can be worked with literarily without deference to psychiatric thinking. The work of Toni Morrison (Chapter 4), specifically *The Bluest Eye* (1970:1999) and *God Help the Child* (2015) offer alternatives to psycho-colonising writing on madness. This allows for the possibility that psycho-colonisation is identifiable and separable, and open to resistance.

5. My conclusion is thus advancing psycho-colonisation as a concept and term that describes the phenomena of psychiatric colonisation and I argue that I have found a route to substantiating it. I have made explicit what, with some brief exceptions aside, has otherwise been a mostly untested accusation.

Returning to my research questions: question 1 is addressed initially in chapter 2, and the second part of chapter 2 looks at the themes that emerge out of some of the canonical texts of postcolonial movements, especially that of African writing and activism. Question 2 is also addressed in chapter 2, and returned to in my concluding chapter. My response to question 3 underpins the whole of this thesis which I outline in this introduction, and then show in application in chapters 3 and 4, when I look at my selected novels. In these chapters I undertake a close textual analysis of novels mentioned above, by Sebastian Faulks and Toni Morrison respectively, and apply postcolonial theory to examine psycho-colonisation in literature. Faulks' work is taken as an exemplar of the colonising of madness through his adoption of traditional, orthodox psychiatric historical accounts and models of explanation. Morrison's work, however, exemplifies how a writer might engage with issues of madness without resorting to psychiatric tropes, and, in doing so, provide an alternative to psycho-colonisation. In addition, the answer to question 3 is supported through the writing of the postcolonial activists and scholars reviewed in chapter 2 who regularly cite the importance of literature and the arts to both the processes of colonisation and resistance. I discuss in more detail below why I engage with novels and novelists as a route to assessing psycho-colonisation. Given the concerns of anti-colonial activists and scholars, and those of mental health and mad activ-

ists, I argue that the study of psycho-colonisation through literature is tied intimately to a material effect on people with mental health problems, the mad and the distressed. Such material effects have included deprivations of liberty and incarceration, abuses, forced sterilisation, experimentation, torture and, at points, eugenically driven genocide, as well as the more common, but nonetheless debilitating iatrogenic effects of service delivery (Tummey & Tummey, 2008). It is no surprise then that I conclude that there is considerable value in such interdisciplinary work. Where I lay out my strategy and rationale in sections 1.3 and 1.4, I expand on this point, and especially the worth of interdisciplinarity.

In chapter 2, I review the mental health literature on what I have termed psycho-colonisation. Almost all of this literature refers to colonisation, not neo-colonisation: a term most often used in relation to the continued colonial relationship, and processes that proceed from a period of direct political colonisation of one state towards another (often a form of occupation). Usually this involves intellectual, economic and cultural domination premised on the assumptions of rights (subsequently developed in international law) and superiority held in the preceding colonial period. I follow the lead of this literature and engage with ideas of colonisation. However, contemporary international mental health colonisation takes on the complexion of neo-colonialism. What Hardt & Negri (2000) describe as being a global, neo-liberal, capitalist network of domineering interests that scaffold neo-colonisation, applies equally to the global facilitation of diagnostic and treatment approaches (or as Stewart-Harawira (2005) suggests, the cross over between globalisation and international hegemonic practices evocative of neo-colonisation). This is evident in the WHO's outlook on equal global access to screening and treatment and the growing presence of Big Pharma in otherwise 'untreated populations' (Mills, 2014a; Grech, 2015; Watters, 2011). Given this, I return briefly to the idea of neo-colonisation in my conclusion in relation to how my research might extend. Critical views of contemporary psycho-colonisation could, at the level of service interactions, take Burstow's (2014) view that resistance to psychiatric domination looks more like a 'war of attrition', alongside how Scott (1990) describes small acts of resistance within near totalising systems of domination. Then, moving outwards towards a wider context would include Hardt & Negri's (2000) view of empire as

a global system, and Bauman's (2000:2012; 2007) contention that modernity is fluid (with few barriers to separate both domination or resistance). Along with Robert's (2015) concern about psychological bio-politics and Baudrillard's (2010) notion of a 'tyranny of good' (good must be done, even if it causes harm), these layers add up, in my mind, to a proposition that there will be no decolonisation as like those states from the 1950s onwards, but rather, mobile, small, almost guerrilla style, anti-psychiatric activism. This position would reflect the reality that many psychiatric practitioners have already contributed to resisting and 'civilising' psychiatric practice, whether that is Thomas Szasz stridently critiquing the whole basis of psychiatry; Newman's (1991) social therapy (driven by Marxist theory to situate distress historically and therefore re-contextualised); Bentall (2010) or Moncrieff (2011) arguing for psy-science to own-up to its impoverished scientificity which, for them, underpins a host of problematic 'therapeutic' practices; or Lewis' (2006) 'post-psychiatry' that takes the direction that a truly ethical psychiatric system will result in the redundancy of medical hegemony, to name but a few.

In my original research proposal there was a research aim about integrating thinking from disability activism/theory into the consideration of psychocolonisation as a conceptual framework for mental health, madness and distress. However, this became less central over the time of the project and was taken up in chapter titled 'Unsettling impairment: mental health and the social model of disability' (Penson, 2015) in the book *Distress or Disability? Mental Health and the Politics of Disablement* (Spandler *et al* 2015) (see appendix for a copy of this chapter). The chapter argues that the social model of disability, as preferred by disabled people, is one that is variably applied in mental health settings and relies on the notion of impairment. While debate suggests that impairment is still somewhat mutable in physical and sensory disability, it is mostly without evidence in mental health settings. As such, an unconsidered application of the social model of disability in mental health settings may well be conferring an underserved higher status on biological psychiatric thinking. I suggest an alternative approach which is a 'double social model' that understands that both impairment, and the social response to impairment, including the surrounding context, as being socially constituted. The impairment and the response/context are thus both subject to social negotiation. Impairment, there-

fore, is as constructed as the attitudes and environments in which it interacts (or is constituted). The social construction of madness is not such a new idea; however, the contribution I make is in recommending caution when considering the risks of a thoughtless admission of psychiatric impairment inadvertently through the adoption of a social model. References to disability in this thesis therefore acknowledge the growing cross-over with mental health, mad studies and disability discourses, especially given that the history of such things as incarceration on the basis of disability, are not unlike the same in mental illness/health and learning disability areas. While it is beyond the scope of this thesis to fully develop a synthesis with disability activism and scholarship, and its interaction with the mental health/mad/psy fields, I will speculate further on the worth of this in my conclusion.

### 1.3 The use of novels to assess psycho-colonisation.

Before I lay out the ground work for why a postcolonial/cultural studies orientation is the most suitable for answering my research questions and explain my strategy of engagement, I will briefly expand on why the focus of my thesis is novels. There are three main reasons for this and the first one is my own narrative competence. While I acknowledge that this thesis might well be achieved by looking at, for example, film and theatre, my previous training equips me best to work with novels. Secondly, I am looking at psycho-colonisation in terms of its cultural penetration which leads me to examine a medium that offers a vector for this. I cannot review here the question of what literature is, or indeed what it offers that is different to other forms of writing, I am, however, accepting the worth of literary writing. Finally, the choice of fiction rather than life writing, autobiography and survivor/service user accounts is partly due to point two. If, as I go on to suggest, fiction, especially in the case of a writer like Toni Morrison, is not simply 'making stuff up', then her emphasis on re-memorialising means she is in fact writing accounts of madness from the community experience.

One of the problems with making such selections is the way in which a novel comes to be known as one about mental health or madness. While I made the choice of working with Faulks and Morrison, there would be worth in

returning to the work I undertook in previous study looking at Rushdie's *The Satanic Verses* (1988), Lessing's *The Fifth Child* (1988) and *Ben in the World* (2001), as well as her novels *Briefing for a Descent into Hell* (). Also Le Guin's *The Lathe of Heaven* (1971), Rhys' *Wide Sargasso Sea* (1966), Woolf's *Mrs. Dalloway* (2004), Palahniuk's *Fight Club* (1996), Fagan's *The Panopticon* (2012), and Drabble's *Pure Gold Baby* (2013). All the those listed deal with madness, and variably its relationship to trauma, capitalism, the provision of services, the escape from psychiatry and its problems.

Above, I avoid the word "methodology" in favour of strategy, because it is out of character with the theoretical orientations I have selected. Chapter 2 provides a review of the theoretical and activist-based findings of the postcolonial and anti-colonial movements, which are the most pertinent in answering questions about colonisation and imperialism.

Postcolonial writers describe how force and direct violence were/are used in ensuring domination and subjugation in the process of colonisation. This makes a given population more malleable and accepting of domination. But, beyond violence the coloniser has relied on further methods. This is especially so in neo-colonial relationships that follows apparent decolonisation. Colonisation transformed into neo-colonisation, and this, arguably, remains very much the contemporary state-of-play. Less direct forms of invasion, such as; creating socio-economic dependency and the aggressive propagation of 'West is best', become more the mode of operation. Most often this has been enacted through what is referred to as 'epistemic violence'<sup>3</sup> (Spivak, 2001, 2006) and cultural erasure. The colonised are shaped in line with the demands of certain Euro-American forms towards an approximation of the Euro-American ideal through the means of such things as; re-education, worship, unequal trade arrangements, debt and aggressive marketing. While the shift to more indirect methods typifies neo-colonisation, epistemic violence is seen in both colonisation and neo-colonisation. From this follows the idea that "[w]hat could be called "cultural violence" is even more efficacious than physical violence [...]

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<sup>3</sup> In a footnote Spivak (2001) defines epistemic violence to mean "the forcible replacement of one structure of beliefs with another" (p. 2197) a term she draws from Foucault's work. This term is applied both at the socio-political level of analysis and at the level of the individual lived subjectivity. Epistemic violence could be evident in many processes where a person's sense of self or culture forcibly underwritten such as the misapplication of psychological approaches to distress and madness.

that sudden changes, however innocent and even useful they may seem, are devastating” (Lindqvist, 1998, p.143).

The effects of epistemic and cultural violence are explained in the post-colonial literature in terms reminiscent of theories of subject formation. This is not a surprise given the Marxist and psychoanalytic leanings of some of the writers. A number of the postcolonial accounts I look at in chapter 2 outline the effects of colonisation on self-alienation. While this thesis does not explore theories of subjectivity and subject formation, ideas of how we come to know ourselves, as an effect of our interaction with culture (Kelly,2013), are significant to how people come to know themselves as mentally ill or mad, as well as, inferior and black. The critics concerned about psycho-colonisation are concerned about the actual and implied violence of some psychiatric methods and aims, as well as the ways in which cultural shaping occurs around the experience of madness, difference and otherness. Further to that, I am concerned with the ways that psycho-colonisation in the Global South bears a resemblance to the colonisation of madness in the Global North. I will question the assumption that psychiatry is only colonising outside of Western contexts because it has a different historical timeline (sections 1.4, 1.5 and in chapter 2). It is possible that the very colonising processes that are objectionable in the Global South are also applied in the Global North, but camouflaged in cultural/historical naturalisation. That is not to say that psy-science is not problematized in the Global North, which is the case, but that it is not problematized on the grounds of colonisation. It is this that remains less developed in the critical literature. Certainly writers such as Foucault (2003; 2004) McClintock (1995) and Showalter (1987) see psychiatrization and cultural dominance as being at an intersection of madness, gender, class and sexuality. Non-normativity, psychological alterity, madness and deviance are ways of being and experiencing that are constituted within psy-science as illness to be treated and a disease burden to be calculated. This in turn provides the rationale for intervening - issuing an emotional *cordon sanitaire*, which in turn becomes the means by which poor mental health can be domesticated into psychiatry and also a way by which good mental health can be constituted as something again to be assessed, preserved and enhanced. Increasingly, disease burden, early detection and treatment and the application of stress-vulnerability models have enabled ‘mission creep’ and the inculcation



of the mostly not mad but rather ‘watch and wait’ cases into the psychiatric domain. Processes such as the ones outlined above, resemble the epistemic violence of colonisation, which I describe in detail in chapter 2. Psychiatrization and the medicalisation of madness can then be re-conceptualised as psycho-colonisation. While psychiatrization and medicalisation overlap somewhat, I include both because this is inclusive of the possibility of both working a little separately too, both across locations and historically. For instance, the medicalisation of epilepsy in some countries, for example Zambia, is also the psychiatrization of epilepsy. Elsewhere, it is seen as a neurological condition treated outside of psychiatry. Likewise, dementia is variably seen as a medical and psychiatric disease (the risk factors are socio-medico – smoking, obesity, alcohol use – not psychiatric). Treatments for epilepsy in neurology become treatments for mood disorders in psychiatry. Such interplay may well have begun with the social control of deviance but it is now diffused throughout the area of normality – a Foucauldian interpellation to self-care: stress reduction, coaching, resilience, mood monitoring, emotional intelligence and the clinical application of mindfulness.

It follows, then, that postcolonial theory and cultural studies provide a suitable disciplinary basis for interrogating the concerns of psycho-colonisation further. To assess cultural domination and epistemic violence, the method here involves examining cultural products that are implicated in the socio-cultural diffusion of psy-science, which in this case, are novels. But equally this could have been achieved through analysis of photography, film or popular media (in a way similar to the work of Bolaki, 2016). Indeed, intertextual studies draw connections not just within a medium or genre but between them, to see the rich building of relationships as a bricolage. In the same way that nineteenth century travelogues shaped the view of the colonies for literate Europeans back in Europe - a distinctly partial window - we might see a similar effect when authors choose to represent madness, alterity and psy-science for their readers in the twentieth and twenty-first centuries.

#### 1.4 Medical humanities and the psycho-colonial critique.

I want to briefly explore medical humanities before moving forward given that a project such as mine is most likely to be located (by others) in such a disciplinary niche. Medical humanities tend to be most associated with the crossover between such things as human sciences and literature. But the term itself communicates the order of importance (Crawford *et al* 2010). However, the relationship between the medical and humanities disciplines can be characterised in a number of different ways. In this range of possibilities for engaging with the arts, the more traditionally orientated medical humanities view supports the primacy of medicine within the relationship, and so, humanities become an adjunctive knowledge. Others however use humanities sources and thinking as a means to question and challenge medical patriarchy. Adjunctive relationships edge towards a more critical standpoint with scholars using terms like ‘additive’, ‘integrative’ (Crawford *et al*,2010), or as being a ‘service’ as opposed to ‘disruptive teenager’ (Viney *et al* 2015), towards the aim of a *critical* medical humanities (Atkinson *et al*, 2015). Critical medical humanities activism may intentionally be “even obstructive to, health and health care” (Pattison, 2003, p.33). To explore this further I will take Oyebode (2009) which typifies the former in this relationship and through which a power relationship emerges. On the one hand the value of literature to psychiatry is acknowledged, and on the other the firm maintenance of literature and arts as an adjunctive knowledge. Oyebode suggests that “the arts or humanities can facilitate the re-engagement of the practitioner with the subjective world of the patient” (ibid p.vii). The implication is that the practitioner has an objective, neutral position that looks upon the patient’s story as a tale to be variably doubted and reworked within a psychiatric frame. Oyebode goes on to suggest that:

[...] we as psychiatrists can deepen our own understanding of the nature of these conditions [mental illnesses] and acquire a more felicitous language both to engage patients with and to assimilate the subjective reality of their conditions. Like every other skill, our moral imagination, that is, our empathy, needs to be exercised and tested and literature provides a safe way of doing this. (Oyebode, 2009, p.viii).

Here is evidence that the direction of knowledge acquisition is towards the practitioner in a clearly defined clinician/patient power relationship. This is seen in

articles looking at humanities as training options to humanise medical pedagogy (Shapiro *et al*, 2009), or to find frameworks for assessing impact (Dennhardt *et al* 2016). As the next chapter will suggest, the notion of assimilation of the patient's experience speaks to the cultural strategies of some forms of colonisation. Woods (2012) explores how 'patient testimony' has been presented in the *Schizophrenia Bulletin* and finds that while there are some merits, the impact of such articles, as well as the tendency for clinical writers and ideas to shape the accounts, may suggest they are not entirely written on the patient's own terms. For Oyebode, the patient is typified as subjective in the sense that their story is too invested with their own partiality ("[w]hilst precise causal relationships between expressive therapies and clinical improvement are sometimes elusive, the subjective value ascribed to these initiative by users in considerable", Crawford *et al* 2010, p.7). The psychiatrist may use literary interpretation in the act of psychiatrizing; here to reform the 'patient's' material into the clinical world through a 'clinical gaze'. Masculinisation is evoked in the way empathy is to be *exercised* and *tested* and the idea that empathy is a form of moral imagination seems distant from its common understanding as a person-centred effort to understand a person (patient) within their own frame of reference. Finally, when one looks at the role literature has, and plays, in anti-colonial resistance, and what is covered in chapter 4 on the work of Toni Morrison; literature is anything but safe. Certainly, in chapter 3, when dealing with the work of Sebastian Faulks, the sense of Oyebode's wish to domesticate, contain and operationalize literature to increase medical prowess is writ large.

Oyebode goes on to reiterate the value of literature being one that has had a long association with medicine; that patients' stories might be viewed in light of the 'unreliable narrator', and that literary skills might be applied to mining patient narratives. Later in the text, Oyebode is more questioning of psychiatric thinking, but this is not sustained and the return to clinical orientations and literature as a safe adjunct is the role most often entertained. Literature that challenges the psychiatric status quo too much is side-lined. For instance, literature that gives an account of psychosis fails in Oyebode's eyes because a key feature of psychosis is 'un-understandability', and so where psychosis is presented as having meaning and relevance it "is because of the need for fictional narrative to be comprehensible and coherent" (Oyebode, 2009, p.46). Such a view is

at odds with progressive psychological thinking around psychosis, which, since the early 1990s, has been looking at how psychosis is a meaningful response to crazy circumstances<sup>4</sup>.

Rachman (1998) takes a more equivalent position with literary methods and thinking but still suffers to an extent from the adjunctive view of literature, that is “to locate literature in medicine”, towards “the function of literature in medicine” (p.123) and the “cultural recognition that literature has always resided *in* medicine” (p.124). Salinsky (2002) writes a field guide to doctors interested in literature which is based in the enjoyment of his own reading habits and so explicitly engages with ‘the classics’. Each chapter takes a classic from European/US canon and provides a synopsis followed by thoughts for the relevance of the novel to medical practice. The tone of Salinsky’s text though is often more along the lines of a set of learner notes that guide the busy but culturally engaged medical practitioner. Keen (2010) moves closer again to a more equal relationship between clinical studies and literature in evaluating the contribution that novels may make in the development and enhancement of empathic skills in clinicians.

Despite the engagement outlined above, this feels unsatisfactory given the critical stake that the possibility of psycho-colonisation raises. I situate my project among the more taxing works that employ cultural studies, philosophical and literary approaches to interrogating health practices. A few of the best examples of medical humanities works that engage more fully with the humanities side of the relationship as a more equal partner include the work of Fox (1994, 1999) who makes use of Deleuzian theory to interrogate the stories and discourse of health practice; Pichot (2009) who writes one of the rare thorough histories of medical science and eugenics; Livingston (2006) who takes on the task of working with the notion of autopoetics (a Deleuzian-informed exploration of

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<sup>4</sup> Cooke’s (2014) review of the research on psychosis bears this out. The review on behalf of the British Psychological Society: Clinical Psychology Division is clear about the extent to which psychosis can be understood and how often psychosis holds a ‘truth’ for the person within the context of their lives. There are a number of novels that show such mad experience and offer it as understandable. Or, as Rachel Perkins puts it: “Different models of madness derive from different constructions of the world and events within it, but none is ‘true’ in any absolute sense. There is nothing ‘truer’ about assorted neurotransmitters than there is about intrapsychic processes, inner child or various deities” (Perkins (1999, p23) cited in Repper & Perkins (2003). Birchwood & Tarrier (1992) and Kingdon & Turkington (1994), for instance, are two texts on psychological work with psychosis that follow what comes to be known as a normalising rationale – understanding psychosis within the context of a person’s life and experience..

science as a 'self-making system') and Lewis's (2006) text on post-psychiatry. What typifies these works is the way they retain a critical voice which is often challenging the power relations within the clinical encounter and disciplinary arenas. They are not necessarily anti-medicine but are less accepting of common notions of medical practice as a simplistic 'force for good'. So, while medical humanities offer an initial, broad location for researching psychocolonisation this is an uneasy placement. The area of medical humanities is as fraught with interests as the psy-science disciplines generally, and at their most traditional, they metonymically indicate a wider relationship between psy-science and madness that relegates other knowledges to the side-lines.

A recent welcome addition to the medical and health humanities field is Whitehead *et al* (2016) *The Edinburgh Companion to the Critical Medical Humanities*, which addresses at least in part, my concerns about the placement of humanities in relation to medicine. Fitzgerald & Callard, in the same volume offer some perspective on how to conceptualise this relationship by drawing on quantum theory – itself a work of interdisciplinarity. Much in keeping with polyvocal and intersectional thought outlined in chapter 1, quantum entanglement offers the possibility that there is no divide between humanities and medicine, rather they are mutually entangled. The purification between disciplines, suggested by Latour, is neither apparent nor achievable. Fitzgerald & Callard suggest that whether such purification is attempted, and whatever the various disciplinary stakes might claim, entanglement is the state of play. Where I continue to object is not so much in this theorisation, but in the acceptance of psychiatry and psy-science as medicine. Refusing to accept the premise of psy-science as medicine, I believe, reinvigorates the entanglement to support critical perspectives. This is echoed in Waugh's (2016) chapter in how *radically new epistemic objects* might be formed through, like Feyerabend's work, a flattening of epistemic hierarchies. Medical humanities engaged in this way become increasingly disruptive, contesting and contrary and the disciplinary areas increasingly 'fuzzy' and 'vague'. To manage this contestation and entanglement, and to avoid slippage into the aggregation of stories into well-established moulds (the domestication of narratives towards disciplinary ends), and to support to the vista of possible stories, mediums and relationships, remains a challenge for the medical humanities (Hurwitz & Bates, 2016).

Where I place my project has similar tensions to the ones I discuss above – that is, as long as the humanities approaches rely on psychiatry as an intermediary (whether that is in academic schools, curricula, the scholars themselves and clinicians), the ‘critical’ will play ‘second fiddle’ and not be emancipatory. That is a tension I will evidence in the decolonisation movements also in the next chapter. Rather, I wish to see opened up the possibility that a direct relationship between the humanities and madness can be fostered that is equivalent to that of psy-science without the need to invoke it. Whether or not this is possible remains to be seen.

### 1.5 Building a study of psycho-colonisation.

American critical studies theorist Julian Carter’s (2006) study of whiteness closely evokes what I wish to achieve with the investigation of psycho-colonisation. Carter’s study problematizes whiteness as culturally constructed normality which acts as a backdrop to race politics. A couple of short quotes from Carter’s text exemplify the strategy I employ. Firstly,

Other archives, if investigated with a similar eye to the elision of white racial specificity in the early twentieth century, no doubt would illuminate different discursive strategies and effects: precisely because normality acquired a tremendously broad cultural reach, it can be investigated in many forms and from many perspectives (Carter, 2006, p.17)

Instead of ‘whiteness’, read ‘sanity’, and, I suggest, the same is true of the way in which madness might be investigated. Carter suggests that socially constituted categories of normality/abnormality have conditions of existence which are amenable to various forms of investigation which are equally legitimate. Additionally, there is the idea that certain constructs (whiteness) become a naturalised and neutral backdrop against which otherness (in this case race/blackness) becomes constituted. The nature of the backdrop becomes one of an unobtrusive canvas for the otherness that follows. This echoes the reciprocity that both Fanon (on race) and Foucault (on sexuality, criminality and madness) note in their accounts of subjectivisation and alienation. Carter goes on to suggest that

Furthermore, the scholarly consensus seems to be that comparative, dialectical, or deconstructive studies are to be preferred to more univocal ones, because their emphasis on the relational character of identity classifications makes it harder to evade their political implications. Such approaches have the additional appeal of testifying to their authors' political consciousness, while less dialogical strategies risk appearing naïve at best, perniciously ideological at worst. (Carter, 2006, p.17-18).

In effect such critical studies legitimately follow flexible, discursive and argumentative trends, often informed by postmodern thinkers (I outline my own influences for my engagement below), that favours a Bhaktinian polyphony, and value plausibility over generalisability. What I mean by this is that such a study needs consideration on its own terms, and the conclusions or issues raised may be plausible without necessarily being replicable or subject to 'truth tests' beyond that which are immanent to the study. Such an outlook parallels the objections that mad, and other, activism makes against Universalist typologies and meta-theories of humanity. As Clarke (2016) puts it, interdisciplinary study can show and use a;

[...] spectrum of hearing-voices, plurality-of-identity phenomena and inner poly-culture together, beyond narratives of pathology in which they are situated by bio-psychiatric convention. Experiences and utterances of inner plurality – including those of voice hearers, plurals, in(ter) and transdisciplinary at the margins – though not the same do share some common ground. These experiences are rich in creative potential and need not be seen as symptoms to be treated nor relegated to social, academic, or artistic obscurity. What might happen if, instead, there were more spaces in which people and multiple voices could be witnessed in complexity? (Clarke, 2016, p.1)

Such an outlook remains invaluable in a study such as mine, where the psychosciences are brought under scrutiny, and with them their methods. As such, my conclusions should not be tested against a social scientific metric that does not apply and such tests may even be a constituent part of the problem of psychocolonisation. What Carter (2006) outlines in his study goes a step further again by making explicit his interests and stakes; they are plain to see and there is no sanitising of the methodology to be suggestive of a dispassionate distance. And, most crucially, Carter notes "Such mass-cultural publications [here novels] offer access to some of the most authoritative and least controversial forms of knowledge [...]" and that "These sources not only described normality, they perform it" (Carter, 2006, p.18). What Carter is suggesting is that texts are not pas-

sive objects, but rather, objects that are formed and shaped within active cultural contexts, which also form the basis of active interaction with the reader. I suggest that this applies both to the content of novels (how a novel presents madness and psy-science) and also to the ubiquity of the novel in Western life. Novels are perhaps so commonplace that, for some, it is hard to imagine that they might play a potent role in processes of cultural colonisation and epistemic violence. Furthermore, what Clarke (2016) argues for is the retention of plurality, both for the researcher and the researched.

Plurality, flexibility and multiplicity in thinking bring with them anxieties too, especially where they favour negotiation that bring into question authoritative positions. Given that (psycho-)colonisation is affiliated to neo-liberalism and capitalism, such anxiety is difficult to tolerate. Psy-science is trying to manage the implications of uncertainty that are undermining its disciplinary position. This perhaps exposes psy-science as a politically manoeuvring discipline rather than one which is apolitical and neutral in its knowledge production<sup>5</sup> – I go on to give a taste of this below. Feyerabend (1975:2010) accounts for politicking when he argues that disciplinary influence is the result of the pre-eminence of tradition in scholarly thought that favours what he calls *material effect*, that is, the force of the authority of an established position or argument, over the *logical force*, that being the *reasoning* of the argument which includes viable alternatives. The obedience demanded by material effect, or orthodoxy, is “nothing but a political manoeuvre” (Feyerabend, 1975;2010, p.9). For instance, Boyle (1990), Bentall (2003, 2010), the British Psychological Society (2013) and Cooke (2014, 2017) all provide scientifically cogent accounts of the problems with the validity of the schizophrenia illness construct. Likewise, Insel (2013) (the director of the US National Institute of Mental Health), blogged about how he thinks it is worth not using DSM5 due to validity problems. However, psychiatry, as a discipline does not seek to re-examine fundamentally this problematic construct (diagnosis broadly, and schizophrenia specifically) and thus the material effect becomes plainly evident.

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<sup>5</sup> Bhugra *et al* (2017) in the “Lancet Psychiatry Commission on the Future of Psychiatry” argue for a preeminent role in the drawing up of mental health legislation, amongst taking a rights advocacy role and political involvement: “To achieve these changes [various changes discussed], appropriate stewardship of mental health and psychiatric care in governments is required” (Bhugra, *et al*, 2017, p.786), which is argued as appropriate to the vision of modern.



Allen Frances's (2013) *Saving Normal* further exemplifies this. He offers some of the same rhetoric over the importance of psychiatry to which I return in chapter 3. He suggests that "Psychiatry is a noble and essential profession" (p.xix) and goes on to suggest that "saving normal" and "saving psychiatry" are really two sides of the same coin" (p.xx) without apparent concern that this sounds like the terms of a eugenic manifesto. That is, that negative eugenics is concerned with the preservation of a desirable norm from genetic and other dangers and positive eugenics are concerned with achieving the greatest breeding potentials. Frances' argument is that there is 'mission creep' in psychiatry and that diagnostic inflation, alongside vested Big Pharma interests in DSM5, has lost much of the progress (made under his own steerage) in the previous edition; DSMIV-R. He is suggesting that his version of the DSM has a balanced, fair picture of mental illness that avoid diagnostic inflation. In addition, Frances presents conflicting ideas about the relationship psychiatry has to medicine broadly, due to its existential duties towards people in distress, and also that psychiatry is a form of supra-medicine, given that it deals with the seat of our humanity in the brain. Furthermore, he is quite certain of the existence of mental illness - diagnosable and treatable - but is conversely cognisant of the complexity of the brain and the limits of our knowledge of it. Frances provides a historical and cultural account of psychiatry, and suggests that psychiatry has an enduring role in human lives by making the argument that shamanic culture (if assimilated culturally) was the earliest psychiatry. He suggests that the origins of psy-science can be found in Islamic culture. Unfortunately, his own sourcing for this section is a Wikipedia page on Islamic medicine. *Saving Normal* won a science writing prize in 2013, was on a top ten list of recommended science books and was recommended by a reviewer quoted on the book sleeve, as one of the ten books all social workers should read. Much of the revisionism and poor historical accounting in Frances' book constitutes what Pichot (2009) refers to as an 'anthropological fable' – that is, the ways in which stories are crafted to fill the gaps, make the links and evoke progress, that on scrutiny, lack rigour and evidence. Furthermore, examining anthropological fables can expose the contamination of contemporary thinking in the process of ordering an unsubstantiated past.

Among the problems presented by Frances' account are the suggestive references to rigorous scientificity around the demarcation of clinical thresholds, in which he favours his own version of DSM. However, little by way of evidence of this preferred predecessor is supplied beyond his own view that psychiatry is currently over-reaching and over-diagnosing. As a result, there is a sense of a 'rose-tinted' reflection on the days of psy-science that had better outcomes and was more ethical than that of the DSM5. He suggests equivalence, without any evidence, to the role of psychiatry as the modern equivalent of shamanic practices, but now a practice with the added advantage of modern science. This is a dubious historical manoeuvre that is suggestive of a long and illustrious past that is actually revisionist. In postcolonial terms this is, in effect, looking towards the 'primitive' practices of pre-industrial societies to see how we used to live in our undeveloped past – a Human Zoo approach to historical rigor. Clearly, the sourcing of Wikipedia for such an essential part of the revisionist history is problematic. The idea that saving normal is something that everyone would aspire to, neglects the strident objections that activists on the wrong side of normal, including disability activism, have lodged. Frances is not unusual, and the consistency within the field is variable. For instance, Metzl (2009) tracked changes in the use of the schizophrenia diagnosis from the 1950s to the 1970s, and found a demographic shift that indicates racist diagnostic practice. But, his conclusion is that psychiatry is at heart an unproblematic discipline and practice. In a similar way, Akyeampong (2015) boldly states that “[m]ental illness [not madness] is a phenomenon in all societies” (p. 24) in a review of the history of psychiatry in Africa, before going on to critique the ways in which Western ways of viewing madness are problematic.

One reading of the problem exemplified by Frances is that psy-science writing is woefully poor - and indeed there is some evidence that this is the case. However, the interpretation I take here, given that my concern is the *material effect* of disciplinary customs and knowledge, is that there may well be a strategic effect of such writing. Such an effect becomes clearer as I move on to describe the processes that may underpin psycho-colonisation in the next chapter. And such a *material effect* aims to remain authoritative yet mobile, convincing in its earnestness and apparently well-informed. At the very least there seems to be reluctance on the part of psychiatry to dwell on the implications

from the critiques about the psy discipline. There is a sense of heading off criticism and a move to redeem psy-science even before the problem is allowed to be articulated. In the historical accounts examined alongside Faulks' work in chapter 3, there is a strong motif of discounting elements of psy-history that are unpalatable or controversial. As such, the effect of such discourse is rhetorical as much as it is educational. I suggest that the following quotation makes Frances' lapses less of a one-off:

Schizophrenia is one of the terms used to describe a major psychiatric disorder (*or cluster of disorders*) that alters an individual's perception, thoughts, affect and behaviour. *Individuals who develop schizophrenia will each have their own unique combination of symptoms and experiences, the precise pattern of which will be influenced by their particular circumstances* (National Collaboration Centre for Mental Health, 2009, 'Schizophrenia Core interventions in the treatment and management of schizophrenia in primary and secondary care (update)', p17; my emphasis).

This definition of schizophrenia from the UK's National Collaboration Centre for Mental Health and National Institute for Clinical Excellence evokes a sense of authority and scientific knowledge but on closer inspection this is less certain. As it claims; schizophrenia is a major disorder or cluster that alters perception, cognition, affect and behaviour (as do alcohol and caffeine). And, although it is diagnosable, it presents in a highly idiosyncratic manner influenced by specific context. The stress-vulnerability model is often presented alongside such statements, that is, the idea that a genetic predisposition to schizophrenia interacts with environmental pressures to produce psychosis. But that is true of any part of our experience and there is no definitive evidence of a genetic basis of psychiatric 'disorders', nor a clear indication of what the mechanism of interaction is with the environment, or where thresholds or types of events might interact. This definition of schizophrenia has a material effect; it is authoritative, but over inclusive and vague while sounding specific and highly informed. Such statements work their ways into fiction as can be seen in some of Faulks' work discussed in chapter 3.

So, my research assumes that psycho-colonisation is evident through the stories that psy-science tells about itself, such as those that are found in the official documents of psy-disciplines. Given the parallels I draw between colonisation and psy-science practice, it becomes possible that these documents rely on

a material force of tradition and anthropological fables to maintain the meta-narrative of progress and scientificity. This is in the same way that a range of documents implicated in colonisation, including those that constructed 'race' as a scientific category (Wolfe 2016), have the appearances of science, and the authority, but without rigour. Hence, human science research becomes politically implicated at such points. One outcome (or even necessity) of the material effect is the subjugation of the stories of the mad, distressed and psychologically different for certain disciplinary ends (and indeed the experiences and identities that emerge from those stories). However, Carter, above, and the postcolonial writers covered in the next chapter, also note the ways in which colonisation uses canonical and popular forms such as educational material and entertainment. What this means for my study is the possibility that authors act on behalf of psy-science and their literature can supply a fictional, but authoritative proxy for the orthodox psychiatric models and texts within the psy-discipline.

It would not be so revealing to examine orthodox psychiatric texts in and of themselves when thinking about diffusion of psy-science and its pervasiveness, although elements of such writing reveals the ways in which psy-science would like, and hope, to involve itself in all aspects of modern life. Equally, perhaps as revealing, are the ways in which notions of madness, alterity and psy-science travel through popular mediums such as the novel. Clinical documents are most often thought of as the 'natural' territory of psy-science, but the novel, among other cultural mediums, is a medium by which psy-science is made culturally available. The doctors and clinicians involved in medical humanities discussed earlier, agree with the significance, albeit mostly adjunctive, of the relationship between medicine and literature. I consider the possibility, therefore, that in psycho-colonisation, the effect is one of promulgating psychiatric orthodoxy and perpetuating medical perspectives of madness. This is a process by which psy-science writes its own teleological discourse, which, in turn, is the cause and effect of psycho-colonialism.

## 1.6 Conceptualising madness in this project.

One of the tensions within this project is how to discuss madness when I simultaneously suggesting madness defies definition. To blandly define madness as

something 'every day' and almost banal undermines the experience of madness and the investment I suggest psi-science has in psycho-colonisation. Likewise, to reify madness in fixed diagnostic terms, even for the purpose of discussion, is to accept the terms of colonisation. Instead, I will adopt a suitably mobile approach to conceptualising madness that is neither fixed nor banal, but one open to redefinition, transaction and dialogue. Khair (2015) suggests that "[p]erhaps one needs to stand somewhere on the margins of power before one can begin to see the working of power as determinate, lopsided and oppressive (as well as constructive)" (p.79). By accepting this proposition, that is, by locating this project on the side of madness in this lopsided relationship with psy-science, the way in which power is exercised around the mad may be revealed further. The focus thus shifts from defining madness to demarcating those activities and people whose role it is to define madness. In some respects, where psycho-colonisation is concerned, what madness is, is less important than what invested professions and discourses say it is. Foucault's opus *History of Madness* (2006)<sup>6</sup> argues, that each age formulates its own idea of what madness is; then defining madness is perilous and is somewhat at odds with both the thinking and argumentation of this project. When the mobility of thought recommended by Carter above, is embraced, madness becomes a negotiation to be encountered within a polyphonic, poly-cultural space. Turning to one of the appendices of Foucault's *History of Madness* (2006), he suggests

Medical progress might one day cause mental illness to disappear [...] but one last thing will remain, which is the relationship between man and his fantasies, his impossible, his non-corporeal pain, his carcass of night; that once the pathological is nullified, the obscure belonging of man to madness will be the ageless memory of an ill whose form of sickness has been effaced, but which lives on obstinately as unhappiness (Foucault, 2006, p.542)

Foucault is suggesting that despite treatment and containment, the substance of madness – fantasy, emotional pain, darkness and unhappiness – remain. He may also be making the point, ironically, that in fact madness will never be cured, that removing mental illness will be a linguistic change, not one that really removes the substrates of madness.

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<sup>6</sup> This is the first full and unabridged English translation of the 1961 French *Folie et Dérison: Histoire de la folie à l'âge classique* which includes a range of previously uncollected appendices.

So, power can be exposed more readily when viewed from the margins of its exercise and as Ben-Moshe *et al* (2014) show there are few more marginal than the mad, disabled or the intersection between madness, disability and colour. As Littlewood & Lipsedge (1982) put it, “[t]wo types of ‘outsiders – the mentally ill and non-Europeans – have been referred to as *aliens* – people set aside by various theories as being basically different” (p.37, emphasis in original), and the difference is one of ‘deficiency’. Part of this process of marginality is the application of psy-science to sections of populations, to demarcate them as mad, and as Foucault suggests, this may be a power effect or strategy, but it is not grasping anything essential to the nature of madness. Curiously this is captured in a quotation from C.L.R. James<sup>7</sup> *The Black Jacobins* (1938:2001). James means to describe the experience of the San Domingo slaves who revolted against the French (and English) when he writes “[w]here imperialists do not find disorder they create it deliberately” (James, 1938:2001, p.232). However, it fits well within the context of this study on psycho-colonialism, and captures, perhaps, the sentiment of those people concerned about psy-science. Before Foucault conceptualised the productive use of power, James suggests that imperialists *create disorder*, and the imperialists (psycho-colonisers) are exercising a power, colonising madness and the mad, which are otherwise (or intentionally) kept to the margins. This is not to say that madness (indeed, intersections of gender, sexuality, disability and race) is not important, but, madness rarely gets to speak on its own terms, without the lens of psy-science to reform it, in particular ways, and to certain ends.

### 1.7 The scope of the project: starting to locate psycho-colonisation.

Before I provide an account of my strategy in section 1.8, I want to develop an initial scope for this project. The scope, an initial gathering of what psycho-colonisation might mean and to whom, will make sense of the strategy and the intellectual debt I have to certain thinkers. This section aims outlines

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<sup>7</sup> C.L.R. James, a black Marxist, wrote *The Black Jacobins* in 1938, which is credited as being the first text written from the point of view of the history of the enslaved and colonised and with their emancipation and victory clearly accounted for. In many respects this highlighted how orthodox, dominant British and French histories of the colony were partial and politically motivated.

who is included in my concerns of psycho-colonisation, especially when colonisation broadly has tended to be understood geographically and geopolitically.

The broader research area concerned with colonisation in psy-science tends to emphasise psycho-colonisation as something undertaken in the Global South by European and U.S. interests. This risks overlooking the possibility that colonisation is something that can be undertaken in the Global North with regard to mad/disabled people, indigenous people and those removed and displaced to the north. Assumptions that geopolitical concerns are static along the lines of established nation states, potentially obscures how the constitution of 'peoples' is imposed (Barnett, 1997).

There is an issue, therefore, around the geography of colonisation. Commonly colonisation is presented as a process occurring elsewhere, in another nation state, and is the outcome of imperialising tendencies. However, the geopolitical map of colonisation is also the *effect* of colonisation and not simply a description of a change in government in what was before, and then after, invasion. Barnett (1997) argues that the formation and practices of nation states is a European construction arising out of a range of social, political, military and economic contingencies from the fourteenth century onwards, forming most clearly in the sixteenth century. When European nations invaded other parts of the world with the intention of colonisation, this was not simply one nation state invading another, similarly organised, country. Barnett (1997) goes on to suggest that in Africa and Asia "the state first appeared [...] dressed in the garb of a civilising mission in the colonial period" (Barnett, 1997, p. 33). Prior to that, social organisation did not form along the lines of European style nationhood. Colonisation imposed a geographical fixing of otherwise disparate populations that had formerly interrelated on a different schema. As a result, such territorialisation pre-empts the decolonising period of the mid-twentieth century and sets the move towards self-governance along the often straight co-terminal lines of former European interests. The implication for my study is in the need to be cautious about the geographical necessity of colonisation being that of one state invading another. The coloniser instituted the model of a certain form of nation, and on behalf of an international 'community', the requirement of a certain kind of statehood, with which comes the designation of 'developing' or 'third world'. Prior to this point, at the moment of colonisation, national identity, in the

way it comes to be known latterly, does not necessarily apply. As such the modern nation state can be construed as a European, colonial, capitalist effect. Thus, the geography of colonisation can be an effect of colonisation itself rather than a 'natural' arrangement. That is why McClintock (1995) and Foucault (2003, 2008) find it noteworthy that colonial practices occur across boundary points such as class and madness within England and France respectively. Additionally, the imperialist arrangement of nations may also be replicated at a highly local level within populations<sup>8</sup>, an 'internal colony' (San Juan, 1998). This is consistent with Foucault's (2003) notion of a psy-science that operates its own form of racism, one which becomes predicated on eugenic ideologies and notions of biological inferiority (Foucault, 2004). Likewise, this is found in critiques of the emerging nineteenth century disciplines of population statistics and sociology (Snyder & Mitchell, 2006) as well as more recent public health population control on racist grounds (Bashford, 2014). There is recognition of the domination and subjugation of black (Alexander, 2011) and mad/disabled populations (Ben-Moshe *et al*, 2014) in the global north, even though this may not be previously discussed in terms of colonisation. Such subjugation is often seen through the imposition of incarceration, forced labour, and the industrial/therapeutic/prison complex which are features of colonisation or neo-colonisation.

It follows, therefore, that there is no inherent need for a psy/mad population to identify with any fixed geographical community other than the ones imposed upon them. The geography of colonisation is already dispersed with ideas of diaspora. Over two hundred years of institutional practices, and the link between socio-economics and mental ill-health (Wilkinson & Pickett, 2010) seem to at least offer a rudimentary geography to madness following the lines of poverty. In addition, the psycho-geography of madness includes large scale psychiatric incarceration, which referred to institutions as 'colonies' (Whitaker, 2002). Psycho-colonisation draws upon a mix of actual, material strategies (acting upon bodies, advising on populations, affiliations with Big Pharma), and metaphorically in the social meanings that psy-science shapes for madness. These two seemingly disparate modes of operation are not distinct but are me-

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<sup>8</sup> Certainly Foucault (1975:1991) argues that the way subjects are deployed geographically and spatially is with an intended power effect, that is, one of domination. McClintock (1995) describes the ways that the tropes of colonisation were put to use in describing forays between classes – usually upper class voyeurism of lower and working classes.



diated by such things as popular media and, in this case, novels. Hence the earlier point that texts 'perform'. This thesis is occupied with the zone wherein 'actual' madness, and 'real' treatment, is represented textually, and works to influence the social practices that surround madness. Likewise, worldly practices and conventions around madness shape the representation (construction) of madness in texts, not unlike the power/knowledge relationship that Foucault theorised. Such a zone is also where resistance to domination is to be found, as becomes evident in section 2.6 where I review postcolonial writing. Zelig (2016) notes that anti-imperialist writers and activists, including Fanon who I return to in chapter 2, suggest that the effect of colonisation is also felt in the colonising homeland. This is one of the reasons that some anti-imperialist movements have aspired to form alliances with working class and proletarian activists in European countries. While the presentation is different, the principle and practice of domination is discernible both in the colonised country and at home in the imperial centre. Here, psycho-colonisation is felt in the global south and the 'mad' population, and also in the global north and the 'normal' population.

The World Health Organisation, for instance, makes detection, diagnosis and the treatment of madness a cross border issue. Thornicroft & Votruba (2015) advocate:

A stronger emphasis on mental health, and integration of attention to mental health in all relevant development programs, will strengthen the general development effort as well as ensuring, for the first time, sustained attention to and investment in the major global contributor to GBD and lost productivity. As the burden of disease from infectious and maternal child health issues declines, the burden of non-communicable diseases and mental health is now rising in importance. The time is now for us to set a path for bringing needed attention to these common and disabling conditions. (Thornicroft & Votruba, 2015, p.1)

Kiev (1972) puts it more bluntly when making recommendations on psychiatric epidemiology; that psychiatry "must also determine ways in which to introduce programmes to overcome specific cultural resistance in particular societies" (p.185). While note needs to be taken of cross cultural concerns, often these are simplistically linked to geography which is explored more in chapter 2, especially when looking at the work of Edward Said and (his term) *orientalisation*. The quotation above outlines in strong terms the necessity and scope of the contemporary, psy-science mission, and the integration of madness into the

category of ‘noncommunicable disease’ – there is nowhere to be left without access to psy-science. What Baudrillard (2010) suggests is that “[w]e are not succumbing to oppression or exploitation, but to profusion and unconditional care – to the power of those who make sovereign decisions about our well-being [...] the Empire of Good” (p.88). The global reach of psy-science in the *Empire of Good* fails to account for the common practices that a United Nation report found on the treatment of disabled and psycho-socially disabled. That is, that the practices of non-consensual treatment, and loss of liberty for treatment purposes, notwithstanding therapeutic intent, meet international criteria for torture (Mendez, 2013).

For this project my scope is inclusive of psycho-colonisation broadly given that psy-science has global aspirations. Likewise, in the ways that anti-colonial resistance is seen to have affiliations across national boundaries on the basis of race and class, I see affiliations between the mad and mad activism across boundaries. This is about advancing mutuality rather than homogeneity. However, my primary concern, given its relative absence in the psycho-colonisation literature, is how psycho-colonisation operates through cultural vectors in the global north.

### 1.8 Intellectual positionality and a strategy of engagement.

In this section I present an account of the thinking that underpins my outlook in this thesis including a synopsis of thinkers and work important to my positionality. This section follows on, then, from the idea that a project such as this needs to engage with complexity rather than aiming to simplify matters, and that with complexity comes tension. Onwards, the effect of some of these thinkers is felt, noticeable rather than applied in strict methodological ways. Intellectual debt and tensions also occur in the activist margins, although I prefer to see this as a wish to avoid simplistic, subjugating accounts, rather than insurmountable fractures. For instance, it is recognised that the intersection of disability discourse, psy-science and postcolonial theory is fraught with tensions; for example, in the extent to which activist models of disability apply in mental health contexts (Penson, 2015). As such, it is unlikely that this, or other research, can arrive at a final evaluation of madness, psy-science and colonisation. In addi-

tion, this arena is dynamic, given that where colonisation may be present, there will also be resistance and subversion (Scott, 1990; Caygill, 2013). Noting (and mobilising) resistance and subversion are characteristics of a nomadic orientation broadly (Fox, 1999), as well as within postcolonial studies. By looking at intertextual relationships across the concerns of psycho-colonialism, affiliations and oppositions are understood, not only of the physical origin of the authors, but equally on what a given novel expresses or works upon.

This is consistent with postcolonial scholarship that suggests that cultural products such as novels and the arts become one way in which colonisers perpetrate epistemic violence (that is, the shattering of local, native ways of thinking, feeling, knowing and being), with the aim of subjugation through imposing the coloniser's own epistemic frame and cultural products (Cesaire, 1972:2000; Ngũgĩ, 1986). The writers I chose to review in section 2.6 are selected mostly on the basis of their proximity to decolonising activism. Others are included because of their attention to intersectional issues and madness. These writers are not the final word on postcolonial thinking, but my emphasis does address the concerns that Ahmad (1992) and Sardar (1998)<sup>9</sup> raise. They suggest that latterly, postcolonial thinking has been a product of the Academy more than activism, and so reflects a class structuring in danger of losing contact with the interests it purports to represent. Zelig (2016) shows how this is not entirely new and that the movement to free Algeria from French colonialism, for example, had to contend with a left-wing, intellectual reticence over the need for militant action. Unfortunately, while gaining access to thought with a closer proximity to decolonisation and activism, the sources I review often fail to represent other interests not evident in the literature of the time. Jayawardena (2016), for instance, reviews the essential role of women in a range of anti-colonial and women's rights movements in the Global South, which are otherwise left out of a male dominated canon. Feminist, queer and disabled constituents are not represented in this mostly male, heteronormative selection of writers. However, the themes that emerge do speak to a range of marginal(ised) interests and experiences that most likely reflects the late Victorian, early twentieth century European preoc-

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<sup>9</sup> Both writers are also fairly damning of postmodern/post-structural thought as a trend that leads to a politics of nothingness and despair. If all is socially constructed and purely discourse, then nothing is real. As a 'thought exercise', I understand their concern, however, this negates the ways in which such thinkers have contributed enormously to feminist, queer and disabled activism, as well as overlooking the personal involvement a number of said thinkers took in activism and political action groups.

cupation with taxonomy, and the 'mastering' of nature as well as broadly male heteronormative, white European agendas. While I am not offering a grand theory or meta-narrative of subjugation, there are striking resemblances between, say, the experience of the mad, disabled and the colonised. So, I take every opportunity to maintain this proximity to activism, while synthesising the thinking I present, within a wider and more inclusive literature.

In the context of this study, I see novels as providing the following functions:

- novels mediate, construct and express, within a cultural frame, the meaning(s) of madness, mental health and psy-science
- and, therefore, literary sources variably fulfil the needs of dominant and resistant discourses on madness
- that, in the absence of a recorded and widely valued history for subjugated groups, novels fulfil 'rememorialisation' (Morrison, 1970:1999): that is, the passing of personal histories into fictions that house cultural and social 'truths'
- novels are intertextual and so, while they may be taken singly, novels are also affiliated in a range of ways to other texts and forms (Orr, 2003). The meaning and effects of one text are therefore to be understood within a dense textual network, which at its most inclusive entertains almost anything as a text (the body, space, clinical documents, film, etc.) (Fox, 1999).

I suggest that this project is best considered as one that broadly fits into Deleuze and Guattari's (1988:2013) scheme of 'nomadic thought', which optimises mobility, plasticity and interconnectivity; that is, "to unfix and mobilize cultural dynamism [that] blurs boundaries, making transitions between categories, states and levels of experience" (Andermahr *et al* 2000, p.184). Nomadic thinking has underpinned, and been used to research and produce counter-narratives of health, illness, disability, within descriptions of domination and resistance (Fox, 1999). The intended effect here is to eschew a centre to theory and critique, or indeed, to some centralising force that locates and fixes meaning and implication in a single place. As a result, my thesis moves between discipline areas: psychology, psychiatry, cultural studies, postcolonial theory, poli-

tics, history, poststructuralism and literary theory. The advantage of this mobility is that it permits an engagement with subjectivities, various subject/object relations, the politics of domination, and also the very methods by which such concerns might be uncovered. As already suggested, to cast suspicion over the outcomes of psy-science, and its affiliates, is to cast doubt over its epistemological and ontological stance and its methodologies.

It follows that the method here is that of close reading with a frame of reference influenced by Derridean deconstruction and within a broader frame that contends that *knowledges*<sup>10</sup> are arranged along the lines of modernist disciplinary practices artificially separating science/nature from culture/society (Latour, 1993), and which in turn are arranged and hierarchized through disciplinary efforts (Foucault, 2004), that are reinforced through tradition and custom even at the cost of innovation (Feyerabend, 1975; 2010). This in turn reflects the deeply held Western preoccupation (and argued as problematic concern) with *logos*<sup>11</sup> (Derrida, 1967:1978). Accepting the collective positioning of these arguments, I share the view characterised in the quote below;

My own view is that events, relations, structures do have conditions of existence and real effects, outside of the sphere of the discursive; but it is only within the discursive, and subject to specific conditions, limits and modalities, do they have or can be constructed within meaning. Thus while not wanting to expand the territorial claims of the discursive infinitely, how things are represented and the 'machineries' and regimes of representation in a culture do play a *constitutive* part, and not merely a reflexive, after-the-event role. (Hall, 1989, p.443)

Stuart Hall was credited with being the father of cultural studies in his activism and scholarship in Birmingham UK. With Hall's position in mind I apply the following four orientations to my reading of the selected novels, and in developing my thought and assessment of psycho-colonialism. The purpose of this next section is to make explicit the influences that have shaped my epistemological stance.

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<sup>10</sup> Foucault and other postmodernists use this term to designate the presence of a plurality of knowledge which is not so much an argument for relativism as much as an acknowledgement of the conditions or possibilities for knowing that may arrive at a different knowledge, depending on a range of stakes and contingencies.

<sup>11</sup> Thiher (2004) suggests that *logos*, an Ancient Greek idea, has been linked to a variety of meanings, including that of "language, reason, harmony, proportion" (p.14). Such meanings become, Thiher argues, essential to Western thinking on the self, and, by extension, alterity, which influences all ontological concerns that follow. The closest possibilities of departure from *logos* in contemporary thinking are those presented outside of Western contexts and within the post-modern movements.

## 1.9 Positionality and intellectual debt

This section outlines in sequence the thinking that ‘permits’ arriving at my thesis and thus provides the intellectual underpinnings. Without this ‘debt’ being acknowledged, I argue, that I would be leaving a significant element of my project foundations absent. Each ‘thinker’s’ contribution to my thinking is prefaced by an italicised heading, beginning with Bruno Latour.

*Postmodern thought offers a response to concurrent modernism.*

Latour’s (1993) work challenges the periodization of modernism and postmodernism in a way that is destabilising for both. He does this by questioning whether or not modernism was actually achieved, which becomes significant to whether or not there is a *post*, and so there is the possibility that modernism is still in play. This addresses some objections to postmodernist thinking, such as that of Sardar (1998), who, I think, confuses the two by accepting the given periodization. That is not to say that postmodernism is unproblematic and certainly, there is a way that imperialist agendas have been able to use postmodernism cynically in what have been called recently, for example, ‘post-truth politics’. Sardar’s concerns overlook the ethical efforts that many postmodern scholars and activists made, especially in counteracting imperialism and monolithic Western meta-narratives. Latour suggests, therefore, that while modernist imperialistic intentions were to ‘purify’ disciplines and arrive at clear taxonomies of knowledge, in fact, all is hybrid.

Latour develops this proposition in *We have Never Been Modern* (1993), when he considers the poles of *Nature* and *Society* as symmetries that organise Modernist epistemology, which still very much influence intellectual organisation today. These poles represent and organise a form of essentialism (in that to have irreducible structures and qualities, Nature and Society are exclusive of each other) that orders the world either towards Nature (‘unique, external and universal’, Latour, 1993, p.96) or to Society (of human activity and interpretation), and they do so by crossing two further poles of Human and Non-Human. Latour argues, however, that the effect of arranging epistemologies in this way actually brings into being the *hybrid*, something that may occupy a position in-between these poles. Latour argues that whilst Modernist thought separates

knowledge out at these poles, it is this very act of *purification* that results in nothing but hybrids.

If the periodisation of modern/post-modern are disrupted then it is possible that imperialising and colonising modernist agendas are still in play, that postmodernism is a reaction to modernism and not the subsequent phase. With this comes the likelihood that knowledge production is inherently hybrid<sup>12</sup>, even though such disciplines as the social sciences sanitise this through how it reports knowledge. This is significant to my project in identifying psychocolonisation especially given that modernism/post-modernism, colonisation/neo-colonisation are no longer co-terminal but run, to greater and lesser extents, concurrently. Latour's argument also speaks to the regularity of trans/interdisciplinary study, in the sense that disciplinary purification is unachievable. A project such as mine becomes legitimate and valuable as one that is hybridised between disciplines.

#### *A shift to the text and deconstructive reading strategies.*

Derridean thinking allows for two strategies to be engaged. One is the placement of texts, and the other an approach to reading. Derrida (1967) challenges what he calls *logocentric* thinking that underpins western thought. Logocentrism relegates texts as being further from a spoken truth and so are secondary in their truth claims. Derrida reinstates the text as an equivalent source of knowledge. Having done so, he then mobilises reading strategies that permit the deconstruction of a text. Norris (1987) provides one account of such deconstructive practice:

[...] the dismantling of conceptual oppositions, the taking apart of hierarchical systems of thought which can then be reinscribed within a different order of textual significance [...] deconstruction is the vigilant seeking-out of those 'aporias', blindspots or moments of self-contradiction where a text involuntarily betrays the tension between rhetoric and logic, between what it manifestly means to say and what it is nonetheless constrained to mean. To 'deconstruct' a piece of writing is therefore to operate a kind of strategic reversal, seizing on precisely those unregarded details (casual metaphors, footnotes, incidental turns of argument) which are always, and necessarily, passed over by interpreters of a more or-

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<sup>12</sup> In the review of postcolonial works in chapter 2 the term hybrid is used extensively. The usage between authors appears broadly consistent in that hybridity arises out of a power differential that paradoxically, and often, attempts to avoid slippage and hybridity by stating and fixing 'truths'. Post-colonial writers often typify this as being an unavoidable, lopsided cultural output and effect, whereas Latour is focussing in 'knowledge production' more widely.

thodox persuasion. For it is here, in the margins of the text — the ‘margins’, that is, as defined by a powerful normative consensus — that deconstruction discovers those same unsettling forces at work. (Norris, 1987, p.19)

By purposefully reading beyond what is accepted as the intended meaning of a text, and by engaging the range of possibilities of interpretation, the unsettling of a given meaning becomes possible. This is true for how I approach both Faulks’ and Morrison’s work – with the former I bring into question the readings of his novels as representational of psychiatric orthodoxy, and reposition them as books facilitating psycho-colonisation. With Morrison, however, I extend the current critical readership of trauma in her work, to include madness as a way of being, and her novels as ways of writing about madness without recourse to psycho-colonisation.

In the quotation above Norris suggests that different readings of a text are located within hierarchical systems of thought, which locate the texts themselves, the methods of interpretation employed and so the interpretations themselves. This hierarchy includes the sites at which the interpretation is communicated, at varying degrees of advantage and privilege, hence the notions of canon, the authoritative interpretation of texts and the Academy. Norris also hints at the complex intertextual relationship of hierarchical relations because, for a text to be read in an orthodox way requires the orthodoxy to be available to the reader in some form; a specialised narrative competence.

In accepting Norris’ view, I make use of Derrida’s contribution in two areas. Firstly, I accept the proposition that novels have relationships to other texts and may be used to question canonical thinking. Initially, that a novel may be used to understand and challenge psy-science and views of madness, that is, the novel’s form is, in itself, counter-canonical in psy-science. In other words, the notion that novels might shed as good a light on madness as what psy-science does is challenging. Such a position also engages with literary content in that novels and cultural products are examples of Latour’s hybrids; something that informs us of the experience of madness, but resists the supposed necessity of being located at either the pole of culture or science, rather to sit between. The second use is in how deconstructive reading permits a shift from an initially faithful, canonical reading of a given text, to then read ‘between the lines’ in the way that Norris suggests. Such a reading strategy becomes an essential part of



anti-colonial resistance and thus may be considered so in the resistance to psycho-colonialism.

### *Discourse and the archaeology of madness*

Foucault's critical accounts of madness, and the disciplines that arise out of conceptions of madness, have become central to the field of studies that critique psy-science. His view is that the reciprocal role of power and knowledge construct the ways in which madness comes to be understood, which in turn bolster and authenticate the psy-discipline areas that are making authoritative statements about madness. Discourse becomes, therefore, key to the situating of texts in a broader relationship and flow. While Derrida offers a way to read a text 'against the grain', Foucault offers a means towards placing it within systems of thought. Additionally, Foucault, in a number of his texts and lectures refers to psychiatry as a coloniser even though this idea is not particularly developed – a complaint I follow up in the next chapter in relation to writers critical of psy-science.

Foucault's archaeological writing approaches periodization by looking at the episteme, epoch and discourse and the historical constitution of 'truth rules' (O'Farrel, 2005). The discourse on madness is one of a shift towards the medicalisation of madness, distress and deviance from the late eighteenth century onwards. Such a periodization might result in less of a break between contemporary psy-science and nineteenth century alienism, but rather sees common themes continuing across into the twentieth and twenty first centuries. A further implication of Foucault's archaeology of madness is that contemporary novels, even those that claim a historical focus, are actually novels of the present. I take such a position in chapter 3 when looking at *Human Traces*, which on the surface looks to be a novel that gives a fictional but historically sourced account of late nineteenth century psychiatry. I argue that the effect of such a novel is to write a history of the *then* in the *now*. For a reader, the effect of the novel is to orientate or induct them into a current and live, received history of psychiatry. Such induction influences the reader in the present day and constructs a certain kind of narrative of psy-science for them. For example, I present in chapter 3 how a number of writers offer a plausible but teleological account of psy-science progress, which is presented as scientifically developing, but 'unfortunately' in-

errupted by psychoanalysis. Such an account minimises or discounts the extent to which problematic eugenic practices and incarceration are evocative of the larger psy project. So, Foucault's work allows for the possibility of novels being located within discourse and is a way of relating to them as historical events, within an episteme, that are both symptomatic and constructive of that episteme. This follows with his own methodology of close, documentary examination and interpretation.

By locating texts within discourses and discourses within epistemes, using Latour's and Derrida's thinking, I arrive at a kind of *deconstructive non-modernity*. Thus, reading generates a multiplicity of hybrids, within even just one text which are also in relation to other texts. If Modernity itself can be brought into question, the authoritative positions that arose through a 'mythical Modernity', can now, also, be placed in question. *Non-modernity* places in doubt poles of Nature/Society, Human/Non-human and the efforts of purification that are made to assert them. Resultantly, fields of hybrids are arrayed across and between them, and what is to be classed as non-human/human, social and of nature can have a mobility and simultaneity. The effect of this line of argument is that the psy-sciences and mental health field no longer reflect a science discovering a disease, nor social causation leading to sadness, or an illness, or a life position. Nor does it reflect a human condition best described clinically or poetically. Rather it reflects all those things and more, mostly hybrids, which may, or may not, be closer to one pole or another, but arriving at neither. When traditional bio-medical psychiatric models are dominant, and the subsequent efforts are made towards stabilising purification at the science pole, such efforts reflect a *material force*.

*Thick description as a manner of dwelling on a text.*

Geertz's (1975) 'thick description' evokes a sense of dwelling on the object of study, in this case documents, theory and literary texts, and advancing increasing layers of complex and nuanced localised description. Alongside the strategies outlined above, and Foucault's warning about the dangers and problems of general theories, thick description focuses on the usefully parochial. Meaning, significance and relevance thus become something understood within the context of the treatment of the text. I, for instance, appropriate two of Toni

Morrison's novels in chapter 4 into the critical discourse on madness. While Morrison's work is most often located within post-colonial, anti-imperialist and anti-racist discourse, my reading towards a 'thick description' makes her novels relevant to how madness can be written, in her words, memorialised within discourse that might otherwise psychiatrize and psychologise the mad experience. Geertz's work was originally in anthropology and ethnology and thick description makes sense when it is applied and generated in a highly localised context. In taking heed of Foucault's caution on general theory, I honour the notion of a polyphonic/poly-cultural perspective on madness and in doing so, I engage with what is resultantly contested in psy-science. The danger of a general meta-theory is that it homogenises ideas about madness, and has real, material effects on the lives of people in the way Stuart Hall points out above.

Clearly, there is already an established critical literature within the mental health field. By following the rationale presented in this chapter, there is an unmasking (Hacking, 2000) which means that the field is not simply critiqued within its own rules and customs (such as questioning whether a mental illness is an illness), but is simultaneously critiqued within a broader frame. Thus, epistemologies can be unmoored from their usual affiliations (the resolution provided by a deconstructive non-modernity that questions a range of givens). In other words, a social science becomes amenable to criticism and appraisal through terms that are not in themselves derived by social science – along the lines that Feyerabend may have been thinking about truly interdisciplinary work, or Deleuze's invitation to nomadism. Mannheim (1952) coined the term unmasking in this context, a notion significant to this rationale and strategy, claiming that engaging with critical positions, such as those represented above, could lead to an orientation "[...] which does not seek to refute, negate, or call into doubt certain ideas, but rather to disintegrate them, in such a way that the whole world outlook of a social stratum becomes disintegrated at the same time" (Mannheim, 1952, p.140). And of most importance Mannheim goes on to explain that "in unmasking ideologies, we seek to bring to light an unconscious process, not in order to annihilate the moral existence of persons making certain statements, but in order to destroy the social efficacy of certain ideas by unmasking the

function they serve” (Mannheim, 1952, p.141)<sup>13</sup> . To be able to unmask the mental health field and psy-science without arriving at an established relativist position<sup>14</sup>, hinges on Derrida and Latour’s work and the movement they bring.

## 1.10 Chapter synopsis

Below I give a brief synopsis of each of the chapters to follow:

### Chapter 2: Review of the postcolonial account/theory of colonisation.

By reviewing canonical texts within the postcolonial field it becomes possible to begin to describe the conditions and typology of colonisation. This in turn provides a means of structuring a postcolonial critique of psy-science. I discuss the limits of such a schema, but within the context of the point made above, that is, that previous critics of psy-science as a coloniser have often neglected to substantiate their critiques. I initially review the ways in which the idea of colonisation has thus far been used in psy-science, before looking at the works, mainly African male activists and writers. The latter part of the chapter engages with Frantz Fanon and Michel Foucault’s work, which both refer to colonisation and madness. As mentioned above, I draw on a wider scholarship to question heteronormative, patriarchal tensions within this writing. I close the review by drawing themes from the writers reviewed that I present as regularities within the act of colonisation.

### Chapter 3: Sebastian Faulks and madness

Faulks is a critically acclaimed British author who has written extensively in his fiction about madness and psy-science. But this is most often from within a

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<sup>13</sup> Mannheim (1952) is discussing unmasking within an essay titled ‘The Problem of a Sociology of Knowledge’ wherein he established that a sociological account of epistemology requires an understanding of the temporal constellation, which he defines in such a way that it resembles early notions of discourse, and which in turn relies on a structural analysis of knowledge as concurrent and contingent. The irony is that Mannheim’s unmasking is here referred to as a product of early, post-enlightenment humanism reacting to theocratic and monarchic epistemologies, when later the same unmasking is applied to rational, positivist orientations.

<sup>14</sup> Within the context of this discussion, I believe that a relativist premise accepts the possibility of positions that are true and right in a fashion, even if these positions are multiple, and so ultimately relativism panders to the Modernist Constitution. Latour’s thesis allows for the possibility, in taking a comparative anthropological stance towards the Modern Occident, of a flattening, rather than a self-relativizing action, and he argues for the inclusion of the errors, mistakes, ‘blind alleys’, the prosaic and banal, to symmetrize such an anthropology. Otherwise, the account is one sanitized in favour of successes, dominance and truth(s), even if they are multiple.

dominant discourse that presents madness as an illness ameliorated by psychiatry. While I look at a number of novels within Faulk's oeuvre I dwell mostly on *Human Traces* (2006). Postcolonial perspectives from the review chapter offer a positionality to critique Faulks' work, and given the relatively sparse scholarship on his work generally, and on *Human Traces* specifically, I set the novel alongside traditional historical accounts of psychiatry, some of which he cites. I demonstrate that there is an uncritical assimilation of traditional, dominant perspectives on madness, and psychiatric accounts, into his novels. This, I suggest, is one of the means by which epistemic violence might be perpetrated against mad populations, and one vector within the acculturation (colonisation) towards a bio-medical model.

#### Chapter 4: Toni Morrison and madness

Morrison is a key contemporary figure in African-American and postcolonial literatures who writes often about the themes of subjugation, domination and trauma. However, little critical literature addresses madness *per se* in her work. In this chapter I work with *The Bluest Eye* (1970:1999), her first novel, and *God Help the Child* (2015), her most recent. While the former is much written about the latter is not and both deal with issues of madness arising out of racist, misogynistic society without recourse to psy-science as an explanatory outlook. Morrison's work is an example of how writing about madness might look that avoids psychiatrizing the mad experience and so acts as a counter to Faulks' work.

#### Chapter 5: Conclusion

In this final chapter I return to my research questions and suggest that the schema that I develop out of the review of postcolonial writing is useful for assessing psycho-colonisation. Given that mad and disabled activism values plurality over univocal thought about the mad/disabled experience, I argue that plurality and interdisciplinarity should be integrated into mental health practice. While it may be unfamiliar within the course of professional training and clinical discourse, humanities-based approaches and thought offer an equivalent knowledge of madness. However, I recommend this with caution because there is a history of activism in both the social model of disability and the recovery model being assimilated, and then domesticated, within mainstream practice. Examining psycho-colonisation also reveals the toxic or damaging processes of

psychiatric contact. I argue that the status of psy-science is directly related to the way in which it promulgates a wider view of its utility and worth. This is despite, and maybe because of, its implication in eugenic genocide, incarceration, and racism, and even today may well be a distracting influence in uncovering sources of distress and madness in socio-economic and epistemic conditions. It is the case that there are alternative ways of representing madness within literature, and in the ways in which cultural products, that are also ways of maintaining dominance (Boal, 1979:2000; Dorfman, 1983; Ngũgĩ, 1986), can be questioned and resisted. As a number of postcolonial activists point out, colonisation damages both the coloniser and the colonised, and so in this scenario, the extent of the possible worth or contribution that psy-science may make towards humanely comprehending madness is lost.

## CHAPTER 2: POSTCOLONIAL STUDIES IN THE HEALTH AND MENTAL HEALTH LITERATURE<sup>15</sup>.

### 2.1 Introduction

In this chapter I review a number of (counter<sup>16</sup>) canonical, postcolonial works as well as the state of postcolonial writing in medical and psy-science fields. The works of anti-imperial activists are considered canonical due to their timing – at the point of active resistance to colonisation – and the subsequent status afforded their work in the postcolonial field because of the ideas they express and the quality of their writing. As stated in section 1.8, they are by no means the final word, nor unproblematic, for reasons such as their treatment of gender. While most postcolonial writers I look at are from within the decolonisation movements on the African continent, I also include Ashis Nandy, from India, whose work has been cited in other postcolonial mental health writing (Mills, 2014b). I have not looked at Olive Mannoni's work in detail because of the way *Prospero and Caliban* (1950) has been implicated in proposing the problematic inferiority complex of black Africans. Later in the review, following Frantz Fanon's work, I turn to Michel Foucault, who I suggest is a good bridge between activism against French colonialism and the psy-science field, especially since he begins to develop ideas of psychiatric racism and colonisation in the European. The purpose of my review is to engage with, and develop, themes that emerge from the postcolonial works below. I do so with the intention of advancing a tentative typology of colonisation that may be used to assess the presence of psycho-colonisation. I suggest this is tentative, not because of uncertainty on my part, but rather with a sensitivity to the idea that colonisation is not singular or uniform. Themes may show themselves, therefore, to different degrees and intensities depending on such factors as context. My close reading of the selected texts draws upon Geertz's 'thick description', described in the last chapter.

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<sup>15</sup> Parts of this review was published as Penson, W.J. (2014) 'Psy-science and the colonial relationship in the mental health field'. *Mental Health Review Journal* . 19:3. pp.176-184. See appendix.

<sup>16</sup> *Counter-canon* is a term sometimes used to denote the resistive nature of writing in postcolonial and other fields, that separates anti-imperialist writing from the canon of the imperialist coloniser.

By this, I mean, that I return to themes and ideas, visiting and revisiting them, and, in doing so, I develop an increasingly nuanced account. Hence the 'thickness', as some themes will emerge with a density through their repetition and presence. In addition, I synthesize the emerging ideas and themes within a wider reading of the postcolonial field, and supplement this with a commentary on how this relates to psy-science and mental health. The final section of the chapter (2.7) condenses the emerging themes by way of summary. I take the themes forward into chapter 3, assessing Faulks' work and conversely note their absence in chapter 4 in Morrison's novels. Morrison is writing about themes of colonisation, racism and psycho-colonisation but she is not enacting them.

## 2.2 The concerns of colonisation

Before I undertake the review of the (counter) canonical texts, I give a discursive overview of the literature broadly relating to medicine, and psy-science specifically. This literature recognises that medicine and psychiatry were exported from Europe to the colonies, and often operated within the colonial and imperial ethos. Initially, I have two aims. Firstly, to outline the concerns arising from the extant literature that engages with medicine, psy-science, colonisation and imperialism. This provides a context for my study. Secondly, it is the variability of these accounts, and development of this literature, that is the gap within which my project sits, especially with regard to psy-science. Furthermore, as discussed in the introduction, the possibility of psycho-colonisation in the Global North, towards European populations, has had little attention. Before I look at this literature specifically, I draw together some concerns and observations.

I am not suggesting that some medical treatments were/are unhelpful as they entered the colonies, rather, I question the nature of the exchange, the privilege of certain socio-cultural positions over others, and so, the power relationship in the export of medicine. It is worth labouring the point that the psy-technologies described in historical work such as Foucault's *History of Madness* (2006), his lecture series (2003, 2008) and Porter's (2002) social history, were well established within Europe in the latter part of the colonial period of the nineteenth century, having grown steadily through the latter part of the eighteenth



century. There is, therefore, the rise of a psy/medical discipline, supportive discourses around psychopathology, tools and resources such as clinical judgement and the asylum, a growing interaction with legislation and the constitution of mental norms. When psy-science is taken to the colonies many of these practices go with it.

As Miller (1986) notes, psy-science has never been without its critics, including those people who have driven psychiatric practice towards more humane treatments and conditions for inmates (subsequently patients). Postcolonial theorists of *hybridity*, such as Homi Bhabha, argue that the point of colonial contact is the point of transformation for both coloniser and colonised. Psy-science, its resisters and critics, may likewise experience mutuality arising from their contacts. This contact may result in transformations, or hybrids, that emerge in unexpected ways, especially given that colonisation is argued by many of the authors reviewed below to be something that diminishes the coloniser, as much as it subjugates the colonised. The local application of psy-science in the colonies, and at home, is therefore anticipated to change both the psycho-colonised and the colonising psy-discipline. This is exemplified in the development of the sub-disciplines of cross-cultural psychiatry and ethnic psychologies. Hybridity occurs, at least in part, because in exercising disciplinary power, this exercise is rarely, if ever, total and without resistance. Also, at least in part, psy-science is assimilated into local cultures abroad, albeit an assimilation that transforms psy-science to varying degrees. How this looks will likely vary – resistance in a colony may be quite different to that in a European country, at least in part because of the way the latter is naturalised within psychiatric historical discourse. For instance, a number of postcolonial writers draw on psychoanalysis as a theoretical frame within which to interrogate domination and colonisation. As already pointed out, there is some literature that examines the activity of psychiatric disciplines as colonisers in the Global South. However, there is very little literature that then reconnects psychiatric colonisation to the Global North as a set of practices that originated here.

I want to draw further attention to how this last point is pertinent to this study. The literature about psy-science in the colonies, which draws attention to psychiatric colonisation, most often retains its focus in the (former) colonies. As such, colonisation is rarely, and not until recently, a term used to characterise

how psychiatric activity in the Global North treats citizens indigenous to the Global North. On the occasions that postcolonial theory is applied to health and human sciences in the Global North, this tends to be with a view to understanding health provision for diaspora, migrants and ethnic minorities. It is almost as if the exoticism of colonial psychiatry obscures its roots (and its persistence) in European psychiatric practices. What emerges is a sense that psy-practice is somewhat naturalised when considered in relation to the mad people of the Global North, and problematized when applied outside of its 'natural' context in the Global South. While in the Global North there is a presumption of its rightful place, even with pressure to increasingly civilise psychiatric practice, in the Global South the arrival of psy-science is questioned. This is consistent with notions of neo-colonisation wherein psy-science has been globally distributed, via organisations like the World Health Organisation (Watters, 2011). The North/South dichotomy of psycho-colonisation is evident in the way in which the language of colonisation is used to critique European interests elsewhere in the world, but not at home, even though the practices that become integral to the process of colonisation are developed and applied in the cultural West/North. As Zeilig (2016) puts it:

Black Americans had been living for hundreds of years under a form of colonial occupation, an 'occupation' by the state, the 'pigs' (police), who were an alien and unwelcome force in neighbourhoods. The profound discrimination against, arrests and murders of black Americans meant that this oppressed community constituted a nation (p.245-246)

Colonisation of the black "nation", one such internal colony, is argued as a reality of life in the USA. Could this not also be true of other marginalised, oppressed, populations even if the exact historical conditions, the processes and sites of colonisation, vary?

Paradoxically, categories and classifications invented in the Global North are objectionable and, simultaneously, the organising principle of resistance<sup>17</sup>. For instance, the invented category of *race* becomes the subjectivity around which colonisation is organised, and then becomes integral to the discourse of

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<sup>17</sup> Harrison (2003) discusses the problematic of anticolonial resistance articulated in the language of the oppressor, for example, the colonised activist writing in English or French. Likewise, Baldwin (1965), in his essay 'Princes and Powers', attending a conference of African writers in Paris in 1956, draws attention to the French context, language of writing and presentation and to the problem of African nationalism(s) that, in an attempt to find solidarity, may erode difference.

resistance. Likewise, for the mad, the presumed presence of psychopathology underwrites the lived subjectivity, in terms of a disease to be contained and treated. I return to this idea later when looking at Foucault's work, where he describes how the mad are compelled to 'come to know themselves' within a psychiatric discourse. Recent literature builds on former anti-psychiatry critiques to refresh and extend the critical body of work that calls traditional psychopathology into question. Movements like Mad Studies (Ingram, 2016), and notions of neurodiversity (Graby, 2015), question the way in which perceived psychological difference and 'abnormality' transform into psychiatric disease states. By engaging with such marginalised critiques there is the possibility of seeing that the interpellation of native people into colonialist discourse bears some resemblance to the interpellation of the mad into psychiatry. The technologies of psy-science are thus reconnected, in the Global North, via the colonisation of the Global South. In postcolonial studies this has been termed 'writing back' (Ashcroft *et al* 1989), which is the way in which indigenous, colonised writers, abrogate colonialist perspectives, assimilate ideas and languages, and thus resist and subvert the colonialist intention. In effect, resistant writers turn back the Imperial (clinical) gaze. As Anderson (1998), in his discussion of United States medicine in the Philippines, questions "One would almost imagine that medicine in North America has lost its colonial, and colonizing, character in 1788 (and that medicine in Europe never was colonial at home)" (Anderson, 1998, p. 524). By returning colonisation to the discourse on madness this review *writes back* into psy-science and so it is both an account of psycho-colonisation and an intervention.

The application of postcolonial studies in general health and medical critiques are more developed in the area of tropical medicine than other areas of the field. However, critical themes emerge in such writing that are pertinent to the mental health field. For instance, the ways in which those people who are colonised tend to be viewed as primitive and lacking. Similarly, critics in the psy and mental health fields tend to draw on three formulations of psy-science in relation to colonialism. The first is that psy-science is a variably racist Western practice within the Global North. Secondly, that psy-science is a product of European and North American thought and practices that are imposed upon other people, such as those of the Global South (see Mills (2014a) for an account of

such activity). Thirdly, psy-science is typified as a coloniser because it is a discourse that is enacted upon the mental health service user or patient *other*, who becomes subjugated, subjectivized, and thus a (psycho-) colonised person (and community). This last formulation includes notions of the ‘colonisation of minds’ (Ngũgĩ, 1986); Fanon, 1952:2008), and a particular kind of ‘racism’ (Foucault, 2003), not necessarily predicated on ethnicity. Such formulations draw upon the history of psychiatry and psychology as disciplines participating within European empires, and which have promulgated racist theories. Colonising processes would then include diagnosis, as the power to describe and designate in a relation of unequal power. Description and ‘naming’ are often cited as colonising processes within postcolonial literature<sup>18</sup>. As previously mentioned, this last formulation is relatively rarely written about in the application of postcolonial theory to madness and psy-science, and is the main concern of my thesis. That is, postcolonial perspectives may illuminate colonising processes in psy science *per se*.

Critiques of this kind are unlikely to find favour within mainstream, contemporary psychiatry. In fact, European Empires formed their own discourse around the civilising mission, that is, proclaiming the fundamental rightness of their ventures and the greater good they served, and Mills (2014a, 2014b) makes this argument about psychiatry. Such a civilising mission echoes in the quotation on the international mental health agenda (chapter 1, section 1.7) (Thornicroft & Votruba, 2015). Hobsbawm (2008) views humanitarian ventures in imperialism as, at best, ill-conceived, and, at worst, a thin attempt to conceal the true agendas of gaining control, international political advantage, land and natural resources, and labour. It is unlikely, therefore, that answers to questions of psy-science and psycho-colonialism will be forthcoming from the very disciplines that are implicated. While the next section is pre-occupied with psy-science and medicine as human sciences, their relationship to culture is something to which I will return later. Postcolonial activists, and writers such as Césaire (1972: 2000), Fanon (1967b), Memmi (1965) and Ngũgĩ (1986), would

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<sup>18</sup> See Davis (1990) for a discussion of such descriptive processes in the novels of Nobel Prize winner Toni Morrison. An evocative quote from Salman Rushdie typifies the theme “‘They [British institutions, physicians and border police] describe us’, the other [manticore] whispered solemnly. ‘That’s all. They have the power of description, and we succumb to the pictures they construct.’ (Rushdie, 1988/2000, p.168)

question the separation between the arts, and disciplines such as the human sciences, commerce, industry and bio-politics, in the colonial relationship.

### 2.3 Colonisation in health and medicine.

Having broadly mapped out some concerns about the area of colonisation, medicine and mental health, I will begin to examine the literature that deals with medical colonisation. Bivins (2012) is a good place to begin, because of how she outlines the contribution she thinks postcolonial perspectives make to understanding international medicine. Her article looks at post-war tropical medicine and, in doing so, raises some points of general interest for my review. Mental health and psychiatry are, however, absent from Bivins' article, which may indicate the way in which tropical medicine shows interest in the 'exotic' health issues of the colonised population and country. Psychiatric problems are perhaps seen less as a tropical issue, and more as a global phenomenon with, at most, small variations, across populations<sup>19</sup>. She suggests that "[a] post-colonial approach using such tools [here being the ideas of 'agent' and 'subaltern'] should allow biomedicine to be assessed in conjunction with other hegemonic forces that (arguably) transcend states societies and cultures." (p.2). Bivins goes on to note four points about the contribution postcolonial studies can make to such areas as medicine and health care:

1. "a 'postcolonial approach' that decentres European and North American perspectives, integrating these regions within a global whole constituted through processes such as colonialism and decolonisation."
2. A "postcolonial history [that] depends less on conventional periodization, emphasising instead the continuity of attitudes, relationships and entities through different regimes."

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<sup>19</sup> There is a common idea about incidence rates for schizophrenia which is that it is "equally frequent in all countries" (Read, 2004a, p.57) and such ideas are used in psychiatric educational material. Schizophrenia is often described as a global phenomenon that does not 'respect' such variations as class and location. As Read (2004b) goes on to point out, this makes schizophrenia a curious illness for lacking in variation, and when looking at both incidence and prevalence rates, they vary enormously. However, despite researchers like Fernando (2011) and Metzl (2009) demonstrating variations of schizophrenia diagnoses on the basis of race, Frances (2013) suggests that "[w]hen rates of diagnosis differ, it is because of bias or cultural blind spots in the raters, not real differences in the patients they are rating"(p.22). While Fernando and Metzl are questioning diagnostic validity, Frances is construing the mistake as being one of cultural-competence, not that diagnosis itself is culture bound.

3. That “Postcolonialism places power – its circulation and appropriation, its agents and objects, its forms and tools of expression, and its limits – at the heart of historical analysis” (ibid)
4. And that “postcolonial analysis militates against binarisms and dichotomies, and often rejects straightforward divisions between ‘subaltern’ and ‘agents’” (ibid)

Bivins has laid out a broad schema for applying postcolonial studies within tropical medicine, but there is nothing intrinsically necessary for retaining that demarcation. Her points have wider medical application (she goes on to specify implications for such things as blood disorders and ‘Asian’ rickets) and specifically suggests that:

Not only might medical practices developed for and deployed in colonial settings influence medicine in the metropolitan centres [...] but there might be something intrinsically colonising about western medicine’s rhetorical claims of modernity, and its universalist ambitions. (Bivins, 2012, p.3-4)<sup>20</sup>.

Bivins develops the notion that there is an intrinsic coloniality to medical practices, but she is unclear whether that is back in the West, which I am suggesting is the case. Likewise, Kelly (2015) takes the view that Western health practices bring with them ‘biopolitical imperialism’ – that is, an assessment of health at the population level, with population level interventions, and an incitement to certain forms of health orientated governmentality. Similarly, this is argued by Rentmeester (2012), who notes bioethical perspectives that pathologise race, and Bashford (2014), who provides extensive accounts of racist public health practices aimed at maintaining, and enhancing, the health of a desired population (in that case white Australians). What Bivins is proposing is that colonisation occurred within medical practice in the colonies, and travelled back to the metropolitan centres, a phenomenon which is relatively well written about. Tracing medical practices back into the Global North raises the possibility, again, that in mental health contexts, madness and mental health may well be a colo-

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<sup>20</sup> For instance, Schiebinger (2013) reviews the practice of experimentation with inoculation in colonised populations, and the advance of pathological medicine through the examination of black, native bodies. This is despite the paradoxical theorising of black people as being different and lesser than their white counterparts thus undermining generalizability. In Homi Bhabha’s work, reviewed later, there is the idea of the ‘same but different’ which describes a colonial motif that allows proximity between colonised and coloniser, without endangering the idea of an essential difference as the basis of the colonial relationship.

nised area within the Euro-American continents (which makes calling large psychiatric institutions *colonies* (Whitaker, 2002) less incidental).

Reimer-Kirkham & Anderson (2002) examine the critical possibilities that postcolonial thought offers the nursing discipline. While they review the field and juxtapose epistemological concerns – the positivist aspirations of nursing against the more fluid challenges of cultural and historical perspectives – they do not question nursing as a discipline in itself. Rather, they see nurses as key figures in an increasingly ethical and culturally engaged postcolonial praxis. This is expressed in the question they pose for nurses, of “how we either help sustain or question inequalities and injustices?” (Reimer-Kirkham & Anderson, 2002, p.8). The nurse, therefore, retains agency, and, as with neutrality and whiteness in Carter’s (2007) book, their own culture-bound perspective gets lost. While Reimer-Kirkham & Anderson offer ‘headlines’ for nurse researchers interested in postcolonial perspectives, these tend to become general recommendations of self-reflexivity. There is little in their recommendations that speak specifically to a postcolonial framework for research and practice.

I think this final point is worth dwelling on, especially in light of a remark, ironically, that Reimer-Kirkham & Anderson (2002) make: “[...] the more radical beginnings of postcolonialism are largely forgotten in contemporary conceptions of postcoloniality, especially as the field has typically been subsumed into academic settings such as English departments.” (Reimer-Kirkham & Anderson, 2002, p.8). Firstly, this sounds like the objections that Ahmed (1992) and Sardar (1995) raise about postmodern thinking, which I mentioned in section 1.8, about the way that radical thinking becomes domesticated within the academy. Secondly, this quotation gives a clue as to the problem of how health based disciplines relate to postcolonial activism and thought. Even though the authors raise the issue of where postcolonial scholarship has come to be accommodated (in English departments), they do little to advance the activism they mourn. It becomes evident, as my review develops, that health and mental health critics can see the worth of postcolonial perspectives, and do see what they believe to be either current, or historical, disciplinary colonisation. But then there is a break between that realisation and what to do with that finding. I think that there is perhaps a need to take a further step back into the ontological and epistemological assumptions of the field rather than accepting a proneness to bolt postcolo-

nial thinking into current disciplines. Fanon aside, Reimer-Kirkham & Anderson (2002) spend most of their discussion in the literature after Edward Said's work (late 1970s to mid-1990s), and have not explored the rich literature written at the time of decolonisation and anti-imperialist struggles. Given this, they are not likely to know that English departments have been the site of intellectual and practical resistance to colonialism<sup>21</sup>. The ferocity of the resistance and oppression seems dependent on where in the world the English department is located (for instance, Fanon (1965) gives an account of campus-based resistance and insurrection in French occupied Algiers in the 1950s). I would contest the idea that the radical roots have been forgotten (Hudis (2015) links the 'I can't breathe' race equality movement in the US in 2014/15 to a (mis)quotation of Fanon).

There is little to indicate, again beyond Fanon and his psychiatric practice, that postcolonial scholarship was to be found in health disciplines at the time of decolonisation, and so it cannot have been forgotten by such disciplines. It is almost as if health discipline scholars and practitioners struggle to place the literary, political and cultural roots of postcolonialism as an essential part of decolonisation. This struggle for health writers to accommodate the history of postcolonial activism is reminiscent of Latour's (1993) concern for the drive toward disciplinary purification. The urge to view the 'natural' and 'cultural' disciplines as distinct, is strong, despite the hybridity between them. Perhaps this is symptomatic of a postcolonial concern — both Hutcheon (1988), from a post-modern scholarship view, and Toni Morrison (as discussed in Davis, (1990) and Matus, (1998)), regard (re)memory as an essential part of the postcolonial/anti-imperialist movement. To remember what has been written out of history, or indeed obscured, is, for them, a powerful act of resistance and reparation. To write the early days of postcolonial scholarship and activism back into the health, medical and psy-science discourses, which I undertake to do in this thesis (even where this remembering is problematic), may indicate going beyond an historical exercise, and entering into the world of anti-colonial resistance.

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<sup>21</sup> See for instance Ngũgĩ (2012) for an account of his direct participation in such resistance. English departments have been part of the problem in the sense that they have relegated indigenous literatures, however, such departments are also the place where this has been vocalised and tackled.



## 2.4 Colonisation in the mental health literature.

Having taken a view of some of the writing in the field of postcolonial health and medicine, I will concentrate now on the mental health field. There are a number of examples from the mental health literature that confirm the observation that commentators and critics typify psy-science as colonial. Some writers refer directly to psy and medicine in colonial terms – as a coloniser, or in being imperialist – and others use the language of the area that connotes colonial concerns, such as notions of borders and dominion. My aim is to build a sense of the ways and extent to which, critical writers account for psy-science in colonial terms.

Suman Fernando is a key figure in this area, given he is credited with the development of cross-cultural psychiatry in the U.K., and has been a major contributor to research suggestive of racist psychiatric practice. He describes the colonial history of the psy-sciences, their material presence in terms of asylums, and also their current global, ‘imperialising’ presence (Fernando, 2008). In 2011, he reiterated his view of the imperial presence of psychiatry (Fernando, 2011), and argued for a mental health system in which psychiatry is ‘customized’ to local, non-Western contexts. He suggests that:

[...] this enlightenment of European thought happened during the heyday of slavery and colonialism when powerful myths of racism were being refined and integrated into European culture. It could be argued that racism is indeed a ‘European value’ permeating much of post-Enlightenment-European thinking, including that which underpins Western psychology and psychiatry (Fernando, 2011, p.48).

Pilgrim (2005) also picks up such thoughts when he describes how the colonial experience of a range of people historically thought to have psychopathologies (which were formerly attributed to racial difference and inferiority), were reflective of a colonial context. Pilgrim’s use of the term ‘ex-colonised groups’ (ibid p.186) recognises the significance of historical colonisation. More problematically, and unlike some of the other writers represented here, he appears to resolve the possibilities of neo-colonisation through his use of the prefix ‘ex’. Pilgrim is thus noting colonisation as an historical occurrence, implying that it is no longer the case. However, he does not define the point where the disjuncture between historical colonisation and current practice lies. With a simi-

lar historical focus, Keller (2001) describes the active role psychiatry took in British and French colonisation, in subjugating indigenous populations, and the punitive regimes of institutional settings in those colonies.

Rentmeester (2012) considers some of the same issues within medicine and bioethics, however, her discussion returns to the familiar point of cultural competence within medicine. She notes transgenerational issues that arise out of colonisation and suggests that “postcolonial thought [...] gives bioethicists a vocabulary in which to articulate how relationships between past trends in pathogenesis and disease susceptibility can be epidemiologically and clinically relevant to the care of present day individuals, families and children.” (Rentmeester, 2012, p.366). This is an unquestioning view of psy-science and the origins of psy-thinking. It favours a siding with ideas of the necessity of fair access to treatment, within a historically informed frame, as the main issue. Curiously, though, she goes on to list some of the psychological and psychiatric outcomes of colonisation, and how the “infiltration” of psy-perspectives adds to the stigma felt at the level of race. Rentmeester acknowledges how colonisation involves classifying subjugated populations, enforcing Eurocentric norms and ideas of deviancy, and taking white norms as a benchmark. She goes on to add that “colonial medicine stigmatized people of colour” (Rentmeester, 2012, p.368). But she arrives at a mixed conclusion; on the one hand “[A]n ethnographic approach to multiculturalism can be helpful in health care because every encounter between clinician and a patient is a cross-cultural one” (ibid p.372). Given her concerns for an approach sensitive to transgenerational issues, this seems to suggest the position of the clinician as one of ‘agent’, and probably white, and the patient as ‘other’, and likely black. Either that, or the mention of ethnography is an invitation towards self-reflexivity on the part of clinicians and a highly nuanced attention to contextual and social cues. On the other hand, Rentmeester suggests that “[p]ostcolonial thought challenges medicine to account for its colonial history [which it has not done] and for having wielded its authority in ways that stigmatized and pathologised psychic citizenship in communities of colour” (ibid). The mix of a contemporary caution to not re-enact colonial relationships of the past presently, which is presumably possible if not already the case, seems to be ill at ease with the resolution of a colonial history that has gone, thus far, unrecognised. Rentmeester seems reluctant to go as far as suggesting

that there was a historical relationship of colonisation, and that it is one that remains in contemporary practice, if somewhat transformed since the advent of decolonisation.

A number of psychiatric practices have been linked to colonisation, sometimes in a direct imperial action, by making a presumed 'subnormal' or 'inferior' population amenable, and available, to study and experimentation. Read & Masson (2004), Snyder & Mitchell (2006) and Pichot (2009) provide accounts of the participation of medicine and psychiatry in Western eugenic movements. These were established in the U.S and mainland Europe, before being operationalised, for example, within Nazi occupied areas, and through mass sterilisation programs in the USA. Nazi medical experimentation was based on an ethos linked to ethnic cleansing and population 'cleansing' in the production of genetic hygiene. Whitaker (2002), Finzen (2002) and Bentall (2010) also review human experimentation, which includes a number of practices, often in the form of 'treatment', such as psychosurgery and insulin therapy, which are now considered mostly unacceptable and inhumane. Although there are only around five cases of psychiatric psychosurgery in the UK each year (Brown, 2009), this rate varies considerably in other countries. Spandler & Calton (2009) argue that even the accepted current practice of forcible treatment, wherein patients are judged unable to consent, may contravene international conventions on human rights with regards to, amongst other things, torture. In fact Mendez's (2013) report for the United Nations finds aspects of the incarceration and forced treatment of those with psycho-social disabilities (which includes psychiatric disorders and cognitive impairments) meets international criteria for torture.

Mendez's findings raise further concerns that arrive at a convergence of ideas around madness, confinement and modern slavery. Szasz's book *Psychiatric Slavery* (1977:1998) outlines the ways in which modern psychiatric thinking and patient detention meet legal and historical criteria of enslavement in the U.S. He describes a legislative change in the U.S. that made psychiatric treatment a right, which was interpreted as one which was necessary to impose. The irony being, here, that someone who did not consent could have their right to treatment imposed upon them. His work begins to track a route that pre-empted the phenomena that the mad, disabled and people of colour are over-represented in U.S. prisons (Ben-Moshe *et al*, 2014) that has been argued as a

relationship between (neo)colonialism and health disciplinary discourse (Chapman *et al* 2014). Furthermore, the practice of forced labour within some U.S prisons meets international criteria for modern slavery<sup>22</sup>. This adds up to at least part of the mad population being enslaved currently.

Considering this connection to incarceration further, Foucault's (1975:1991) *Discipline and Punish*, considers the gamut of human sciences of the 'new penology', and notes that Judges:

assist as far as they can in the constitution of delinquency, that is to say, in the differentiation of illegalities, in the supervision, colonization and the use of these illegalities by the illegality of the dominant class (Foucault, 1975:1991, p.282).

Besides judges, and what they symbolise, in *Abnormal* he refers directly to psychiatry as a colonising presence, and, in the final lecture of that volume, refers to psychiatry as operating its own 'racism' (Foucault, 2003). Foucault also argues that psychiatry has its roots in the application of force, not therapeutics. Force works the will of the clinician onto the patient, primarily through physical means (Foucault, 2008) such as incarceration and physical deployment in occupational activities. From the fourth lecture of the *Psychiatric Power* (2008) series, Foucault refers regularly to disciplinary colonisation, and in particular to the similarity between how the 'mad' and 'savage' are classified as related, and then subjugated on the basis of their shared classification. Dealing with a slightly later period, Appignanesi (2008) describes nineteenth century diagnostics as 'imperializing' (Appignanesi, 2008, p.81). The case of Henriette Cornier, who, in a fit of madness, murdered her employer's child (which Foucault (2003) also discusses at length), "set the new alienists up as border guards patrolling the line between reason and madness" (Appignanesi, 2008, p.84). Later she refers to "the growing psychiatric and psychological imperium" (ibid p. 543). Likewise, Bowring (2015), in her discussion of the history of melancholy, notes "[s]cience's dominion over melancholy as an illness has long sought to clarify the symptoms of insanity" (Bowring, 2015, p.23).

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<sup>22</sup> "10% of those in forced labour are in state imposed forms of forced labour (prisons or work imposed by the state military or armed forces)" <http://endslaverynow.org/sites/default/files/ESNStatisticsUsedNov14.pdf> (accessed 29<sup>th</sup> February, 2016, 1600).

Barker (2003) argues that there are damaging activities within psychiatry and that “these coercive dimensions of contemporary psychiatric practice maintain a link, however, it is disguised, to the colonizing presence of 19th century psychiatry [...] which generated a more subtle, but no less powerful paradigm of social control” (Barker, 2003, p.98). Barker suggests that “the psychiatric colonization literature is, as yet, somewhat limited, focusing mainly on the after-effects of colonization” (ibid, p.98). Accepting such an argument involves idea of the mental health service user as ‘subordinate’. Lewis (2006), in discussing user involvement, writes that “[...] there is some risk that at first, like other colonized peoples, they [service users] would have so internalized the hierarchies of their previous masters [clinicians] that they would continue to privilege the priorities and values that went before (Lewis, 2006, p.159). Leader (2012) suggests that “[T]he clinician who attempts to graft his own value system and view of normality on to the patient becomes like the colonizer who seeks to educate the natives, no doubt for their own good” (Leader, 2012, p.6). Taking these sources together it appears that there is some concern that psy-science grew within the imperial and colonial frame, and has arguably not broken with that frame. Certainly, the moment of that break is not clearly identified, and in the eyes of such commentators, current practices fit with colonial practice. In addition, the ways in which psycho-colonisation is described seems to make use of the idea of colonisation metaphorically and analogously, while simultaneously referring to material, ‘real world’ effects of psycho-colonisation.

Fern (2005) identifies historical themes of colonisation, suggesting that “[d]eep in the psyche of Black people in this country [the UK] there is a vaguely remembered experience of slavery and colonialism” (Fern, 2005, pp.135-136). He goes on to typify colonial power as using tactics of “control”, “stereotyping”, assuming “intellectual superiority” to “undermine the autonomy of indigenous peoples”, to “divide and rule”, for “cultural suppression”, “punishment” and “demonization” (ibid, p.136). Earlier in this chapter, Fern summarises what is evidently a comparable list of how black people currently experience mental health services, thus linking past colonialism and current practice. It will become evident later in this chapter that Fern’s own list of colonial indicators reflects the writing of canonical post- and anti- colonial thinkers.

Besides Fern's brief consideration of what characterises colonialism in psy- science, there appears to be little development, in the mental health literature, of the notion that psychiatry operates a colonial presence, beyond stating it as such. Foucault (2008) provides some description of colonising processes, but they are variably expanded upon in his more well-known texts, and are only partially developed in his lecture series (Foucault is given more detailed consideration later in this chapter). Even Fernando (2008), who cites Fanon, in a critique of racist psychiatry, goes on to recommend an ethnically customised psychiatry. This is arguably at odds with Fanon, whose position was that a subjugated population ought not to lend legitimacy to its dominators through negotiation. In Fanon's view, repelling the coloniser was/is the only route to emancipation. Fernando's interpretation of this key postcolonial thinker is less faithful to the original than might be anticipated, but prudent for an area of resistance that may have to rely on attrition rather than revolution to achieve change (Burstow, 2014). In the related field of neuroscience, Sutton (2012) is concerned with the over-interpretation of brain imaging data, and "the colonisation of the entire human map by brain research" (Sutton, 2012, p.813). This appears to reflect Midgley's (2001) concern for the way human sciences operate within, what she terms, a "strange, imperialistic, isolating ideology" (Midgley, 2001, p.1).

China Mills (2014a; 2014b) is one of the few postcolonial scholars who demonstrate a rigorous engagement with postcolonial perspectives in relation to psy- science. She builds a picture of geopolitical neo-colonisation (Mills 2014a) wherein psy-sciences are partners with Big Pharma in the exportation of psy-epistemologies and pharmaceutical products to parts of the world where their reach has not yet been fully realised. Mills moves between this macro geopolitical level, and her research in rural India at the level of communities. Furthermore, she looks at the application of Homi Bhabha's work on "mimicry" to provide a reading of service user stories who aim to "pass" as "normal"(Mills, 2014b). "Passing" is a term with specific meaning in the area of race and colonisation, and I will also return to this in chapter 4 on Morrison. As such, Mills is one of the few critical writers that put specific, postcolonial theory to use in critiquing psy-science. Watters offers a similar picture in *Crazy Like Us* (2011), and his case studies describe a number of Western psy-concepts that have

been exported, with catastrophic effects, to the Global South (a concern also raised by Cox & Webb, 2015).

A number of researchers understand colonisation to be psychologically pathogenic, but neglect the role that psy-science may have in the process of colonisation and empire. It is as if psychiatry sits outside of the damaging activity of colonisation, perhaps assuming medical beneficence, without reference to the circumstances by which psy-science is present. Carothers' (1947) study of psychiatric epidemiology in Kenya is seen as a key document in the development of international psychiatry. Carothers writes about the "African's attitude to life, the relation of this attitude to insanity in the African, and some possible bearings of this on the aetiology of mental reaction types and of insanity in general" (Carothers, 1947, p. 548). In just a short excerpt, Carothers is making the Kenyan an index of the totalised African – that is generalising the Kenyan to African, and generalising within the Kenyan population. He is also invested in a certain subject/object relationship that negates observer effects, or context, and he is using the idea of the Kenyan/African as a means to speculate on insanity generally. He goes on to note that "the African is going through a period of cultural transition; his native institutions are decaying, and he is rapidly acquiring an attitude that approximates to that of the European" (ibid). Carothers is neglecting the British colonisation of Kenya and the subjugation of Kenyan culture. His sense of cultural transition is most likely the forced cultural acquisition of European ways. He goes on to look at diagnosis rates for different disorders and uses the "American Negro" as a comparison group for African diagnosis, that is, to look at the same *type* of person within a Western context. A flawed psychiatric typology is thus applied within a spurious typology of race.

Pols (2006) writes a history of psychiatry in Indonesia, explaining that psy-science arrived with Dutch imperialists holding orientalist views of Indonesian madness. But Pols neglects to speculate on how psy-science came to remain in Indonesia, post-independence, as a neo-colonial presence. Likewise, Heaton (2013) describes a recent history of "mentally ill" Nigerians in the UK, and elsewhere in Africa. Heaton places the word "lunatic" in quotation marks to denote his distance from the usage, but not the term "mental illness", which is naturalised within the text as unproblematic. Heaton suggests colonisation, migration and alienation are key factors in the development of psychopathology,

but psy-science is offered neutrally, as a source of care and treatment, with little coverage of the challenges of cross/trans-cultural psychiatry.

In an effort to bridge the gaps between Western models of mental illness and other cultural perspectives and experiences, Canadian psychiatrist Laurence Kirmayer has written extensively about the possibilities of intercultural and trans cultural psychiatry and psychotherapy. He is open to the limitations in the uni-vocal view that psychiatry is prone to take in its conceptions of distress. Kirmayer is trying to engender flexibility, through what appears to be an act of mediation in practices and world views. Despite these efforts, within the context of my thesis, I would argue that these attempts fall short and this is because of the incommensurability of the task rather than a fault on the part of Kirmayer: although the slippage and problematic of trans-cultural psychiatry become swiftly evident in his writing.

Kirmayer is very willing to reflect on the partiality of psychiatry and that it is located within culture, and one which shaped psychiatry's emergence and positioning. Although for Kirmayer (2006) "[c]ulture is a biological construct in that evolution has resulted in our biological preparedness to acquire through various forms of learning and [...] neural machinery" (p.130). Furthermore he suggests "psychopathological phenomena may emerge from recursive loops that link physiological and social processes"(ibid). Bio-medical speculation is again presented as plausible and near factual. While not directly suggesting this, there is a subtext that disciplines such as psychiatry might offer fundamental knowledge of both culture (given where it arises from) and madness (psychopathology).

It quickly becomes the case that transcultural psychiatry is concerned with a certain kind of *other*. Kirmayer *et al* (2003) describe a pilot project that is aiming to support clinicians in culturally aware and responsive interventions. Their case examples show how an Hindu Indian woman, a Caribbean man and a South Asian man are responded to initially poorly by clinicians, and then with culturally competent input, far better. These efforts are not to be dismissed as practical responses to a presenting set of problems. But not once does transcultural practice ask the same questions, or make the same demands of the practitioner faced with a white, Christian, right wing psychotic. Such a patient is assumed to more culturally available to the service area and clinicians. The unex-



**amined** assumption, right alongside the discussion of psychiatry in culture, is to obscure and assume whiteness to be ubiquitous within the discipline. At its worst Kirmayer (2007) tips into bland generalities about “his own” culture referring to “the ongoing epidemic of lawsuits in the US that seek to blame every unhappy event on some person or personified institution” (p.250); or “[a]s portrayed on TV talk shows and sitcoms, North Americans are more comfortable talking about emotions and relationships [...]” and how “[w]e measure our individual worth in terms of competitive achievements, material wealth, power, and control” (ibid). These generalities sit alongside other discussion of the growing multi-culturality of US and Canadian cultures which raises the questions of who the “we” is in the above, where they are and how is Kirmayer affiliated to them. In a more subtle way Kirmayer’s attempt at articulating the problem is revealing of the internal inconsistency. When he writes:

psychotherapy that ignores the internalized concept of the person runs the risk of leaving the patient with no way to continue either the coherent construction of the private experience of self or the social interaction that sustains the self in community (Kirmayer, 2007, p. 242-243).

This is fraught with problems; the separations between self and community, the concept of internal and of the self, and the slip that confirms the person as patient. Elsewhere, this problem is stated in the title of another paper “Cultural variations in the Clinical Presentation of Depression and Anxiety: Implications for Treatment and Diagnosis” (Kirmayer, 2001) in which he discusses some of the regular preoccupations of the field: culturally bound disorders, somatisation, uptake of treatment and even resolves to history colonisation (“during periods of colonization” (p.26) in the past tense).

I suggest this is an incommensurable problem to which I return in my conclusion when I discuss *decoloniality*. In brief; if, as Mignolo & Walsh (2018) argue, modernism and coloniality are utterly entangled and co-dependent with each other, and psychiatry is both a contributor and result of modernism, then nothing psychiatry can do will change its inherent problem of coloniality. Kirmayer is, in effect, attempting to customise a deeply problematic practice that is more globally a significant contributor towards causing the hurt and trauma it seeks to repair. Despite his plea for ‘cultural safety’ within mental health services for patients from a range of backgrounds (Kirmayer, 2012), I see less re-

vision of his earlier texts, their assumptions and conclusions than I can feel satisfied with.

Thus, there are a range of questions left unaddressed by these often partial accounts: if psy-science has its roots in colonialism, at what point did it break with this history? Exactly how is psy-science colonial in a contemporary context? What are the processes and activities of contemporary mental health practice that would lead us to either accept, or reject, psychiatric practice and associated disciplines as colonising? If the conclusion leans towards the proposition that psy-science is in fact colonising, then what should the response be, and from who? If psy-science is a coloniser, how would the decolonisation process look? Given that often the accusers of psychiatry, too, have shown variable engagement with scholarship that has arisen out of the colonial experience, perhaps this shows an all-round problem. That is, that both psychiatry and its detractors employ colonialism to their own ends, whether that be a pejorative characterisation of psy-science, or a neo-colonial maintenance of professional guild interests. Engaging with postcolonial scholarship may therefore move these questions forward.

## 2.5 (Counter) canonical writing in the post- and anti- colonisation literature.

As I have shown above, it is the case that a number of critics in the mental health field consider that psy-science and associated disciplines operate with psycho-colonising and neo-colonial practices. This assertion can be thought of as applying in two ways, as previously mentioned. Firstly, that psycho-colonisation is a material colonisation with reference to geopolitics and socio-economics, as seen in such things as the global pharmaceutical industry. Secondly, as cultural and epistemic colonialism, that underwrites and dominates local meanings of madness, distress and difference to inculcate deference to Western psychiatry. Metaphor and analogy are frequently drawn upon to both typify and critique psycho-colonisation. The second area also refers to the interpretation of cultural difference in psychiatrized ways, including acts of resistance to colonisation. Both areas remain a concern in former colonies and more recently, those subjected to neo-colonialism, including the on-going oppression of indigenous populations by longstanding settler colonisers (Ware et

al, 2014). Both Hall and Spivak are mentioned with regard to these areas in the introduction. Equally, some writers and researchers view colonisation broadly as problematic, but gloss over, or do not consider, that there is a role that psy-science may have in perpetrating it. For instance, this may be discerned in the idea that colonisation is a historical phenomenon which leaves contemporary traces, the effects of which can be ameliorated through sound cross-cultural awareness in disciplinary practice.

As noted above, a postcolonial perspective considers the metropolitan centres as a further site, with a particular history, that is amenable to critical appraisal. This is especially so since, alongside colonisation abroad, forms of subjugation are operated at home. The discussion below will deal mostly with the processes and indicators of colonisation in the Global South. As I set out earlier, my thinking is that the processes of colonisation will be most clearly evident in the writing from former colonies. By developing a 'thick description' of these, the processes and practices of psycho-colonisation becomes amenable to description.

Towards the end of this chapter I draw out themes that emerge from the literature. As stated earlier, this is not an effort to write a grand narrative of colonisation, but rather to enable greater clarity in exposing colonising processes in psy-science, and the cultural representation of psy-science. That is, to offer some conditions, a schema, by which the discourse and practices of psy-science can be assessed within a postcolonial frame of reference. This is with the intention of noting the ways in which psycho-colonisation is present through the literary vector in the case of this thesis, and allowing for other assessments to be made beyond this specific piece. In broad terms, these have already been noted as to include such things as the colonial use of education, 'map-making', importing religion, administration and bureaucracy, the imposition of language, travel, tourism and technology (Sreberny-Mohammed, 1997). All of these factors, and more, contribute to the epistemic violence of colonisation. It is evident that while themes do emerge, the activities of colonisation do vary. For instance, variation may be seen over time, in place, and by subject position. Some characteristics of colonisation may, therefore, apply variably – there is no single form of colonisation nor resistance to it (Harrison, 2003). Having noted

the broad colonisation schema, I go on to dwell specifically on how literature may contribute to colonisation and literature in subsequent chapters.

## 2.6 Texts from the Postcolonial (counter) Canon

The following review employs a ‘thick description’ approach that circles through the texts reviewed, noting themes and regularities that contribute to the scheme provided at the end of the chapter. The scheme emerges from themes in the texts below. I have taken the broader, activist writing in decolonisation first before moving on to those that specifically cite psychiatry and madness. The review demonstrates the careful consideration necessary, I believe, to key postcolonial literature, before accusations or assessments of psycho-colonisation can be rigorously made. The use of the scheme is important but partial here. I use the scheme to build a context which situates postcolonial and psycho-colonial critiques – literary sources are just one vector within the scheme by which psycho-colonisation might occur. But working without such a scheme, I argue, falls foul to the criticism I raise in sections 1.1 and 1.4, which is to leap conceptually without groundwork. As will be seen in chapter 3 on Faulks, the themes of colonisation emerge within texts even if they are not able to mobilise them physically in the world. Likewise, in chapter 4 on Morrison, those themes are remarkably absent unless they are being problematised.

Albert Memmi (1965) *The Colonizer and the Colonized* (CC).

The first text I review in this section is Memmi’s *The Colonizer and the Colonized* (1965). From the outset Memmi characterizes colonialism as a relationship of domination and subjugation, and suggests “[...] for if colonization destroys the colonized, it also rots the colonizer” (CC p.xvii). In this, and other ways, the colonial process is seen as one that is bi-directional, and in presenting it as such Memmi is also laying the possibilities for why colonisation should be resisted by the colonised and abandoned by the colonial<sup>23</sup>. At the macro level Memmi sees “[...] the pyramid which is the basis of all colonial societies” (CC p.xiv) and that this hierarchical arrangement is one where “[...] privilege is at the heart of the colonial relationship – and that privilege is undoubtedly eco-

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<sup>23</sup> Memmi refers to the coloniser as the ‘colonial’ although this does not indicate the specific standing of a person described as such. The colonial can therefore be a non-native labourer from the imperial country as well as a civil servant.

conomic” (CC p.xii). A pyramid of this kind is hierarchic and relies on a wide basis of subjugation before rising to the pinnacle of privilege. Memmi hints at how colonisation can be resolved, because a pyramid cannot retain its shape, or its stability, if the wide base dissolves. The hierarchy is reliant on, and successful when, people embrace their positioning and so “even the poorest [colonial] thought himself to be – and actually was – superior to the colonized” (CC p.xii). Memmi indicates that while economic domination is a component of the colonial outlook, there is also a subject position adopted by the colonised, which is one of inferiority towards others thought more superior. Likewise it is applied against others that are below (more inferior) in the pyramid. Such a positioning attitude is not merely a side effect of economic colonialism, but a strategy seen in English colonialism in India and French in Algiers. Here, a local middle or ruling class is either retained or is instituted as a local administrator of colonial business.

Memmi draws attention to why a pyramidal hierarchy might sustain itself. He identifies the *small coloniser* (CC p.10-11) who:

defends the colonial system so vigorously [and] it is because he benefits from it to some extent. His gullibility lies in the fact that to protect his very limited interests, he protects other infinitely more important ones, of which he is incidentally, the victim. But, though dupe and victim, he gets his share (CC p.11).

The hierarchy is perpetuated through a sense of merit, entitlement, superiority and sufficient anxiety at the prospect of losing what one has, even if that is meagre. While typifying the ‘small coloniser’ as a dupe or victim, Memmi is not absolving the colonial, but is clear that “a colonialist, is, after all, only a colonizer who agrees to be a colonizer” (CC. p.45). In this sense, even the ‘small colonizer’ shows agency, even if that is to choose self-abjection over resistance. Memmi is also underplaying how the ‘small colonial’ may also initiate small acts of resistance even if, as with Bhabha’s view of mimicry, such acts are also eroding of one’s sense of self. Althusser’s concept of interpellation suggests that the oppressed must recognise themselves, at least to an extent, in the ‘calls’ an oppressor makes on the stigmatised identity. The act of domination requires that the subaltern, or subjugated, recognise themselves, even if that recognition is internalised toxicity, and this is a paradox of resistance. Fanon recognised the way in which the black man might recognise himself in the language of white

racism, as did Foucault, in how the mad person is brought to recognise themselves through psychiatric discourse. Or, as Frosh (2013) puts it “colonial power is built on this capacity of the coloniser to remove the source of subjecthood from the colonised, and this power is reflected and institutionalised continuously by the gaze” (p.148). However, Memmi does suggest that the ideology of the dominant coloniser is “adapted by a large measure by the governed class [...] The colonized gives his troubled and partial, but undeniable, assent” (CC p.88). In Memmi’s eyes, the fact of a pyramid hierarchy, and also that resistance is variable, suggests that there remains an assent to the coloniser. As likely, at least in part, is that assent is granted to the coloniser through the success of other colonial strategies. These are discussed below and include tactics of cultural erasure resulting in self-alienation. There may well be the suppression of stories of resistance by the coloniser. Presumably, the notion of colonial superiority (that there is a naturalised state of superiority, with a subsequently naturalised state of dominance) runs with the belief in colonial legitimacy. Self-alienation through the experience of subjugation, predicated on theories of superiority, appears in all the writing that follows on colonisation.

Memmi concludes that “it is impossible for the colonial situation to last because it is impossible to arrange it properly” (CC p.146). In psychocolonisation such conflict is written into the diagnostic frame as a feature of madness – unpredictability, irrationality and non-compliance. Latour’s problematization of the polarisation of knowledge, a venture which is bound to fail in hybridity, does so because knowledge and suppression cannot be entirely ordered and sanitised. This is in part due to the impossibility of the reason underpinning the colony; “[...] the more the usurped is duntrodden, the more the usurper triumphs and thereafter confirms his guilt and establishes his self-condemnation” (CC p.53). This also applies to disability and madness, which despite efforts of reparation, correction, enforced docility by disciplines, resist, consciously or otherwise, the enforced normality (Penson, 2011). As the superiority and legitimacy begin to appear less coherent and sustainable, so too do the subject positions adopted, and dissonance ensues. Such observations are reworked by Bhabha (1994:2004) in his accounts of mimicry and ambivalence. These terms refer to the idea that, as the coloniser attempts to civilise the colonised, through requiring the adoption of, say, European dress codes, this in turn

undermines those dress codes. The colonised do not quite look the same, and so there is a persistent ambivalence (McLeod, 2000). This mimicry and ambivalence is used by Mills' (2014b) in her example of psychiatric passing and the mimicry of normality. The colonial effort is at least partly to do with the civilising mission: "[a] paternalist is one who wants to stretch racism and equality further - once admitted. It is, if you like, a charitable racism — which is thereby not less skilful or less profitable" (CC p.76). For those colonialists who have "adjusted his life to his ideology" (CC p.45), this may assuage guilt in the belief of a greater good, while continuing to press the economic and cultural advantage.

For Memmi, colonial superiority and legitimacy follow a number of problematically reasoned positions, as follows:

Colonial racism is built from three major ideological components: one, the gulf between the colonialist and the colonized; two, the exploitation of these differences for the benefit of the colonialist; the use of these supposed differences as standards of absolute fact (CC p.71).

Human sciences (including education, sociology, psychology and medicine) have supplied at least part of the rationale for the superiority operated by the colonialist. The dichotomised positions of advanced/primitive, civilised/savage and human/animal all rely on judgements of classification. These dichotomies state the distance necessary for attaining superiority, but also, constitute the coloniser as the charitable paternalist in the better of the two positions. The colonial holds the belief that, without colonisation, progress towards civilization would never have occurred because of the integral primitive/native deficit (CC p.112-113). There is a shift from the idea of invasion and exploitation in the colonial's mind to one that is about civilising the native, to the extent that they may be made civilised. But, given the dichotomies above, remediation cannot be fully achieved, otherwise, to do so would be to degrade the dichotomy and prove the primitive to be the equal of the coloniser. The civilising mission, therefore, renders the native always somewhat lesser, even when improved. The "absolute fact" of this is the circularity of thinking necessary to continue the colonial relationship, and which in a large part cannot be sustained due to the conditions of that reasoning. This highlights a substantial discourse in colonisation, that is, the premise of the civilising mission as a device which alters the truth of violence, in the minds of the colonisers, to something necessary and worthy. By

comparison, poorly evidenced genetic vulnerability or brain dysfunction in madness permits the assertion of an intrinsic fault that can be remediated but not cured. Recovery becomes a life-long project of 'less than normal', and the 'time bomb' of relapse is to be monitored for, and guarded against.

Memmi suggests that systems of classification in the colonial relationship are typified in a number of ways. In the first place there are:

[...] a series of negations. The colonized is not this, is not that. He is never considered in a positive light; or if he is, the quality which is conceded is the result of a psychological or ethical failing (CC p.84).

Memmi is suggesting that while the colonised are produced through the classification and 'the gaze' of the coloniser, this is perpetually pessimistic, never in terms of what "he" (the colonised) is. This strategy succeeds in maintaining the distance between colonisers and colonised through a sustained negative appraisal. Memmi is arguing that any positive appearances are discounted as an aberration and that even positive attributes on the part of the colonised are a failure on their part to sustain a consistent inferiority. Equally, such an aberrant, positive moment is a fault of the coloniser judging it so. This possibility echoes in France's (2014) suggestion that problematic diagnosis in psychiatry, where race is concerned, is an aberration of clinical judgement, not an effect of the nature of diagnosis (see footnote 19). Either way, part of the decolonisation process will involve the colonised ceasing to "define himself through the categories of the coloniser. The same holds true of what more subtly characterise him in a negative way" (CC p.152).

A second factor in sustaining the inferiority of the colonised is the summative ways in which they are described (with the coloniser having been self-appointed as the describer). Memmi argues that "...all oppression is directed at a human group as a whole, *a priori*, all individual members of that group are anonymously victimised by it" (CC p.73) and:

another sign of the colonized depersonalization is what one might call the mark of the plural. The colonized is never characterised in an individual manner; he is entitled only to draw in anonymous collectivity ("They are this". "They are all the same.")" (CC p.85).

Having been typified negatively, the stereotype is applied across a population, again reminiscent of diagnosis and psychiatric epidemiology. This may give



some insight into the assent that also forms the pyramid, as those that are typified in such a way respond to the invitations of paternalism for betterment (which can never be achieved) and identify with the oppressor/colonialist (“How could [the colonized] hate the colonizers and yet admire them so passionately” (CC p.x)); “The first ambition of the colonized is to become equal to that splendid model and to resemble him [the colonizer] to the point of disappearing in him” (CC p.120)). To arrive at the “mark of the plural” involves a number of other manoeuvres, not least of which is the erasure of variations that are the reality of any population, other than variations authorised by the coloniser, who holds a power to describe.

Such manoeuvres can be ones that remove the colonised from history, which Memmi considered “the most serious blow” (CC p.91), and a further erasure that underwrites the local culture, and erodes the “mother tongue” (CC p.107). So, “colonization kills the colonized. It must be added that it kills him spiritually. Colonization distorts relationships, destroys or petrifies institutions, and corrupts men, both colonizer and colonized” (CC p.151). The destruction of history adds to the self-alienation of the colonised as he is:

torn away from his past and out of his future, his traditions are dying and he loses the hope of acquiring a new culture. He neither has language, nor flag, nor technical knowledge, nor national or international existence, nor rights, nor duties (CC p.127-128).

Thus, one’s own knowledge of self and community are underwritten, if not entirely outlawed. The system of colonisation is a total system that accounts in all ways for the abjection of the colonised, and the erasure is complete with the removal of citizenship, civil participation and “finally, the colonizer denies the most precious right granted to most men: liberty” (CC p.86). In this sense the colonised exists only to the extent of the coloniser’s categories in modes of living, valued through the coloniser’s routines, and at the gift of the coloniser and the small coloniser. It is true, also, of the normativity demanded of mad people in rehabilitation and remediation services, whether that is a disciplinary act of instilling docility (Penson, 2011), or an enticement to passing (Mills, 2014b). Memmi, in referencing the death of the spirit, brings attention to the effect of colonisation, psycho-emotionally and socially, that is, the self-alienation that must come from living in a total system of subordination. “So goes the drama of

the man who is the product and victim of colonization. He almost never succeeds in corresponding with himself” (CC p.140). Later, in the psychiatric case studies appended to *The Wretched of the Earth* (1967b), Fanon reflects on the job of a humane psychiatry that re-connects patients with their environment, thus repairing the alienation.

In summary, while economic factors typify the rationale driving colonisation, rather than just conquest, success requires further strategies on the part of the coloniser. Superiority and legitimacy are established on the basis of some ‘presumed as fact’ whole, and on the view of the total inferiority, or pathology, on the part of the colonised. Legitimacy is seen as a self-evident fact towards the colony, and the colonial’s reasoning is imposed. Tactics are employed to erase resistance and to shore-up the superiority through systems of classification that are premised on the negative construction of the colonised, while setting unachievable standards for becoming ‘civilised’. Equally, the conditions whereby autonomy is achieved and progress occurs are never allowed. There is a seduction within the system which is one of minor gains in a hierarchy, and taking those meagre gains is again part of the spiritual and cultural death of the colonised. The result, ultimately, is that the colonised are set against themselves — culturally, socially and psychologically. In turn, this is a position that increases the malleability of a population deemed naturally subordinate, while at the same time engendering the anger and despair that further characterise infantile primitivism, thereby confirming the coloniser’s typology.

Memmi’s *Decolonization and the Decolonized* (DD) (2004) is, in many respects, the sequel to *The Colonizer and the Colonized*, although it takes quite a different approach and perspective. It is certainly a less hopeful book, maybe even embittered, and aims to review the progress, or lack of progress, made in decolonisation. He writes that by publishing DD “...I fear I have managed to annoy just about everyone.” (DD p.x) and makes a number of arguments that leaves few stakes unscathed. Curiously, though, he doubts that there is such a thing as neo-colonialism, instead, preferring to believe that former colonies have in fact allowed their gains in sovereignty to be squandered, and that formerly colonised people have settled for less than they ought. While a number of writers do point out the ‘gangster’ attitude of former revolutionaries, well placed to gain accelerated wealth in decolonisation movements (Zeilig, 2016), this alone

cannot account for the failures of decolonisation. Paradoxically, Memmi does understand the 'lethargy' that continued past decolonisation and does refer to the U.S., India and China as empires. Former colonisers are also blamed in that they too have not rehabilitated, and instead have continued to take advantage of former colonies, have operated policies that undermined self-determination, and have also have stood by as tragedy unfolded in former colonies. Memmi suggests that literature, as an element of the cultural decolonisation process, exemplifies aspects of this problem. Whereas theorists such as Bhabha may celebrate the use of the coloniser's language, as a route to resistance and appropriation through hybridity, Memmi suggests that this may be a relatively empty premise, with the coloniser's language being "the only tool he will have mastered and without it he would have been reduced to silence" (DD p.40). He goes on to lament that the "best tool for communication remains the language of the foreigner. This was already true during the period of colonization, and it is still true now. Was it worth so much effort to face the same dilemma again?" (DD p.40).

In Memmi's work there is the start of a typology wherein the qualities of the colonial process can be discerned. As the other key thinkers are reviewed below, many of these themes and ideas recur, adding to the thick description of colonisation. Before moving on to Aimé Césaire, I will summarise what is covered in Memmi's work connecting it to psy-science. This is with the intention of drawing attention to the themes above, as they arise, as well as the writers that follow. So, colonisers have economic gains to make in dominating others (the relationship between medicine, psy, Big Pharma, the Prison-Industrial Complex is enormously lucrative, as well as the disciplinary prestige gained). In part, this requires a pliable population that can be construed as inferior (such as unproven genetic fallibility, social drift, toxic families and insufficient resilience). Such inferiors are subject to study (the truth rules of empiricist human sciences) that generates knowledge to classify (diagnosis and formulation) and civilise (remediation, treatment, therapy, surveillance and containment). Such activity relies on a densely hierarchised system of disciplinary cooperation (medicine, nursing, policing) which are designated as legitimate (legislation, judgements of mental capacity, the need to act in advance of 'crime' to suppress dangerous behav-

ours). These themes, and their corresponding activity in psy-science, continue to show through the rest of the chapter.

Césaire, A. (1972:2000) *Discourse on Colonialism*. (DC) Trans. J.Pinkham. New York: Monthly Review Press.

Césaire offers another account of the colonial relationship, and again there is a view that colonisation debases the coloniser as well as the colonised, thereby undermining claims of civilisation by the former. Césaire notes that being civilised is not something that automatically follows Western technological advancement. Colonisation is characterised as a “rot” or “gangrene” (DC p.35) that sets in, and spoils all of the achievements of the coloniser. Césaire most powerfully articulates this in relation to Nazism, and suggests that in the case of the White European world:

[...] what he [the white European] cannot forgive Hitler for is not *the crime* in itself, *the crime against man*, it is not *the humiliation of man* as such, it is the crime against the white man, the humiliation of the white man, and the fact that he applied to Europe colonialist procedures which until then had been reserved exclusively for the Arabs of Algeria, the “coolies” of India and the “niggers” of Africa.” (DC, p.36, emphasis in the original)

He is pointing out the double standards present in colonialism, and the investment of colonialism in racism, and theories of the naturalised emplacement of the inferiority /superiority dichotomy. What Césaire overlooks is how Nazism prioritised the mad, disabled and socially stigmatised as the early recipients of its murderous eugenics programme due to their genetic inferiority and the tainting of the human genome that they were thought to bring. Late nineteenth century eugenicist thought included notions of finding a correspondence between madness, criminality and racial inferiority; an attempt at a unifying theory of naturalised dominance and race superiority. Such theorising has its roots as much in the human sciences in the colonies as it does in Nazism. Crucially, the European eugenics movement is a clear indicator of how colonial practices can operate in the Global North.

Césaire posits that there is a process that underlies this notion of essential inferiority, what he calls the equation “colonization = “thingification”” (DC, p.42). He is referring to two things in the term “thingification”. Firstly, Césaire refers to the commodification of all aspects of the colonised landscape and life,

and the undermining of any natural processes of development that may have occurred had colonisation not happened. Secondly, Césaire is also referring to “thingification” as constituting a certain object/subject dichotomy, that is, the colonised becomes a thing (the object) at the behest, and for the use, of the conscious, advanced coloniser (the subject). A feature of thingification, and the theory of inferiority it accompanies, is the psychologization of the colonial object. Césaire writes:

Following him step by step through the ins and outs of his little conjuring tricks, and he will prove to you as clear as day that colonization is based on psychology, that there are in this world groups of men who, for unknown reasons, suffer from what must be called a dependency complex, that these groups are psychologically made for dependence; that they need dependence, that they crave it, ask for it, demand it; that is the case with most colonized peoples (DC, p.59)

Dependence, therefore, becomes a natural, essential state of the colonised, and as with the paternalistic, civilising mission that Memmi described, the coloniser is in fact doing a favour for the colonised, is in service to the colonised, and so is responding to the call to come rule and civilise them. Psychology, and disciplines that advance pathological psychological accounts, are here, too, implicated directly. Bhabha (1994:2004) notes this as a ‘narcissistic authority’ that calls on the colonised to “*Tell us [the coloniser] why we are here*” (Bhabha, 1994:2004, p.142, original emphasis)<sup>24</sup>. The infantilisation of the colonised as more simple in every respect, reverses the colonisation process, from one imposed upon a colonised people, to one imposed upon the coloniser — as a duty, morally and ethically. Such is the tone of the WHO, mentioned earlier, regarding the ‘burden’ of disability and disease, and its fiscal metrics. Césaire goes on to suggest that psychologisation and infantilisation have a further function, which is to obscure material conditions and brutal acts. Epistemic acts of violence facilitate and enact a discourse which envelops and obscures the brutality of colonisation. Within this discourse acts of resistance on the part of the colonised, are seen to come from a neurosis attached to an “imaginary oppression” (DC p.61), and in terms of madness. Torture, murder, forced labour and

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<sup>24</sup> There is a passage in Italo Calvino’s novel *If On a Winter’s Night a Traveller* (1979:1998) that captures this dynamic perfectly: “To be sure, repression must also allow an occasional breathing space, must close and eye every now and then, alternate indulgence with abuse, with a certain unpredictability in its caprices; otherwise, if nothing more remains to be repressed, the whole system rusts and wears down” (p.236).

incarceration are naturalised, acquiring lawfulness, meeting a local necessity and providing proportion towards fulfilling the civilising mission by any means necessary.

Kelly's (2000) introduction to DC offers a perspective on my research question about the worth of the humanities in postcolonial activism, as he outlines how literature has an essential role in decolonisation. Kelly notes that Césaire is describing the revolutionary ways of poetry and poetics, and that it offers a response to the positivism that underpins the colonialist venture; "Poetic knowledge is born in the great silence of scientific knowledge" (Césaire quoted in Kelly (2000) p.17). Césaire goes on to suggest that poetry "...is the only way to achieve the kind of knowledge we need to move beyond the world's crises" (ibid). The essential role of literary and cultural production is a recurring motif in understanding what is targeted in the colonising process (whose language is spoken, whose literature is studied, what works become canonical, whose 'methods for knowing' prevail) and a key strand in models that offer a route to decolonisation (through reinstating national literatures, using theatre to raise consciousness, performing poetry to galvanize cultural identity).

Ngũgĩ Wa Thiong'o (1986) *Decolonising the Mind: The Politics of Language in African Literature*. Woodbridge: James Currey/Heinemann.

In section 1.8 I describe Geertz's thick description, and it is as I turn to Ngũgĩ's *Decolonising the Mind* (DM) which also dwells on culture and literature(s) as part of the colonising and decolonising process, that the thickness grows of my description grows. While Ngũgĩ, likewise, begins with the proposition that colonisation is aimed at controlling wealth, he soon broadens this view. Certainly, he looks to culture and language as the medium within which colonisation, after its physical force, sustains its presence and privilege. He notes that "to control a people's culture is to control their tools for self-definition in relationship to others" (DM p.16). With this rationale in mind, he begins to outline the strategies colonisers use to control self-definition, and, by extension, the relations between people. There is "the destruction or the deliberate undervaluing of a people's culture ... and the conscious elevation of the language [and culture] of the coloniser" (DM p.16). Ngũgĩ goes on to explain the significance of

this, that “the domination of a people’s language by the language of the colonising nations was crucial to the domination of the mental universe of the colonised” (DM p.16). Force only gets the coloniser so far, and if the coloniser is to have a pliable workforce, and also a population with which to reflect back the civilising mission onto the coloniser, then the coloniser needs to operate psychosocial control. As with Foucault’s ideas mentioned earlier, the first act of subordination in the psychiatric encounter is that of force, not one of therapeutics. Thereafter, in works like *Discipline and Punish* he develops notions of panopticism, wherein the scrutinising act is towards the perception of self, to instil self-censorship and obedience. Ngũgĩ describes, as others have, the route to that control through the subjugation, and the replacement, of the native culture and language. This is not through an exchange by equals engaged in cultural translation and syncretism (Burke, 2009), but rather through a systematic, and intentional, rewriting of local codes and practices, that privilege the coloniser’s culture, language and codes as superior. It becomes apparent that this is a *process*, as well as a *content* issue, in that it is not just about what is valued in cultural terms, but it is the ‘how’ of cultural and linguistic transmission that is co-opted. Hence, the requirement of certain conditions of education, training, employment, administration, etc., that colonisers demand. The result is that:

[...] native languages [and culture] were associated in his [a child’s] impressionable mind with low status, humiliation, corporal punishment, slow-footed intelligence and ability or downright stupidity, non-intelligibility and barbarism, this was reinforced by the world he met in the works of such geniuses of racism as Rider Haggard [...] (DM p.18)

Ngũgĩ is focused here on the child who learns, from its early years, to feel ashamed and at odds with its own culture, an effect that is, again, one of self-alienation. He is outlining the role that psychologisation takes in negatively typifying African people. Here, black people are assessed as lacking in cognitive aptitude, which both supports the notion of inferiority (an enduring preoccupation with racially driven cognitive psychology (Riecher, 2001)), and their fitness to be both ruled and a source of labour. Ngũgĩ draws an immediate link to European literature (Haggard) and the role it takes in perpetuating these psychological stereotypes (a role I suggest is important to psycho-colonisation with regard to Faulks in the next chapter). While primarily psychological, judgements of

cognitive ability are also a cornerstone of psychiatric assessment. Thus, literature and culture are tools of propaganda that have a place in disparaging local culture, a confirmation of inferiority and the coloniser's superiority. The "negative image becomes internalised and it affects their cultural and even political choices in ordinary living" (DM p.18). The gestalt of colonisation is achieved by physical and psychosocial training into inferiority, which is paradoxical and intensifying. It is paradoxical in the sense that the inherent savagery and degeneration proposed in the racist ethos, alongside the forces of rehabilitation and correction, are those that make the civilising venture always ambivalent and perpetually deferred. It is intensifying in the sense that there is a 'weight' of cultural, psychological and social judgement laid on each black body, and as in the eugenic hygiene movement, the single body becomes linked inextricably to the typology of a whole people.

Ngũgĩ hints at this ambivalence when he proposes that "Africa actually enriches Europe: but Africa is made to believe that it needs Europe to rescue it from poverty" (DM p.28). This quotation reverses the colonising relationship — it is Europe and the coloniser that needs Africa, not the other way around. Similarly, in a Foucauldian reversal, this might mean that it is the mad that provide the conditions for psychiatry emerge. Africa becomes the necessary 'patient' to the European 'medic', and one that is produced through a certain essentialist manoeuvre that constructs African inferiority as a fact of nature (like a germ or a break), thus naturalising this view and concealing an ideology that constructs race, degeneracy and civilisation even before conquest (Bhabha, 1994:2004). Native Africa (and other colonies) fleshes out a scale of evolutionary and cultural development partially written back in Europe, on the basis of class, criminality, madness and deviance.

Ngũgĩ offers an account of self-alienation reminiscent of Fanon's (who I come to shortly):

Colonial alienation takes two interlinked forms: an active (or passive) distancing of oneself from the reality around; and an active (or passive) identification with that which is most external to one's environment. It starts with a deliberate dissociation of the language of conceptualization, of thinking, of formal education, of mental development, from the language of daily interaction in the home and in the community. It is like separating the mind from the body so that they are occupying two unrelated linguistic spheres in the same person. On a larger



scale it is like producing a society of bodiless heads and headless bodies. (DM p.28)

Colonisation produces an effect that is a break with one's environment and with oneself. Ngũgĩ is perhaps referring to what Fanon develops as a psychopathology of colonisation, and adds how colonisation places a person, or a population, at odds with its own cultural reference points. This is not to romanticise native culture (McLeod, 2000) as being one of healing and wholeness, but to perceive in colonisation a regime of truth imposed through force and disparagement, one that is non-consensual, and has the effect of splitting, ("heads from bodies, bodies from heads"). This arises from the epistemic violence of colonisation, and the demand that the subjugated internalise their inferiority, and thus their dependence upon the coloniser's benevolence. As with Memmi, there is a further problem, which is that the belief in racial inferiority as an essential quality makes the civilising agenda a self-sustaining impossibility – the black native can never be white. The closest the colonised can get is 'mimicry' and 'nearly the same, but not quite' (Bhabha 1994:2004). Getting closer to the coloniser's vision of self, within the coloniser's own language, by definition, threatens colonial superiority and invokes a narcissistic violence aimed at reinstating tradition (Burke, 2009). Such non-consensual, imposed cultural disjunction is a cause of the kinds of splitting that result in 'psychopathological' distress for both the colonised and colonial. Such distress is one that the coloniser can further account for through inscribing it within psy-science, doubling it back into theories of psycho- and bio- degeneracy and conceal the harm linked to its wider economic and socio-political activity (Read, 2004a). Again, such discourse conceals the real psycho-emotional results of colonisation in favour of distress/madness as a naturalised phenomenon merely discovered, observed, described and treated by psy-science.

Ngũgĩ suggests that medicine, and science generally, are devices that, on the one hand, are enormously productive, but on the other, facets of capitalism. Here, imperialism is a mode for creating wealth through the impoverishment of others, and this impoverishment refers also to the health and psychological wellbeing of the colonised population. The importing of the imperial methods and epistemologies are "pretences to free the African from superstition, ignorance and awe of nature [but it] often resulted in deepening his igno-

rance, increasing his superstitions and multiplying his awe of the new whip-and-gun-wielding master” (DM p.67). Among the writers here, there is agreement that the conditions of colonisation, and the drive of the civilising mission, undo potential gains of sharing Western thought. The global agenda for access to psychiatric technologies may prove to be yet another civilising mission within an “Empire of Good”.

Ngũgĩ’s argument moves towards the humanities and culture as a dimension of the colonial experience, and in particular he begins to focus on the novel, which is a format imported by colonisers, on their terms. He suggests that the development of the African novel, here an example of cultural hybridity, is held back through two things. Firstly, the missionaries and colonials controlled the means to print. Secondly, from the early 1950s, the institution of universities (and the education of Africans in Europe and the U.S. that also instituted the English language canon) trained thinkers in the worth of certain literatures, and not in the development of local writing. Cultural hybridity, in one sense, is an unequal venture, and certainly, what occurs from this point is an unresolved thread of discourse in the postcolonial arena. That is, the extent to which using a European format such as the novel can be adopted, and written in English by the colonised, and still remain true to decolonisation. The relativity within arguments of hybridity and mimicry, as forms of resistance, become problematised not least because they fail to address the reinstatement of local languages and forms, post-decolonisation. The problem is one of understanding the constitutive role of language in identity, and squaring the oppressor’s language with the resistance it enables and the epistemic damage it necessitates for these activist writers. This at least drives Ngũgĩ in part to write, while imprisoned as a political prisoner, in his own language, and as he terms it, within the “neo-colony” and with “neo-slaves” (DM pp.77-80).

As already mentioned, literature is seen as a key strategy for resistance in the colony, and a route to rebuilding local cultural points of reference and identity. However, in the chapter *The Quest for Relevance*, Ngũgĩ outlines his own experience, which was that the neo-colony engages with the prospect of an African literature along a tension between two points; the first point arises from a group of intellectuals that disparage local thinking and native literatures in favour of the former coloniser. And the second position is one that favours contin-

ued resistance to colonising influences and the reshaping of the neo-colony. What Ngũgĩ seems to see, and this echoes Memmi's later text, is that neo-colonials are in power in the former colony. The shift towards embracing Western contact and agendas post-decolonisation often leaves foreign or colonial culture as most privileged.

Nandy, A. (1983:2007) *The Intimate Enemy: Loss and Recovery of Self under Colonialism*. New Delhi: Oxford University Press.

Nandy's *The Intimate Enemy* (TIE) (1983:2007) arises out of a Hindu view of the colonisation of India. Additionally, Nandy tends to write with a greater engagement with gender and sexuality. Many of the issues already noted are again evident; the coloniser is debased, for instance, as "the victors are ultimately shown to be camouflaged victims, at an advanced stage of psychosocial decay" (TIE p.xvi), and there is the misuse of sociological and psychological concepts to shape the 'subjecthood' of the colonised. He develops the idea that colonisation always has a civilising mission, at least in part to assuage the guilt and moral bankruptcy that would be otherwise evident to colonised and colonial alike. Nandy suggests also how the coloniser may operate at home in the Global North in this deception; the coloniser "came from complex societies with heterogeneous cultural and ethical traditions [...] it is by underplaying some aspects of their culture and overplaying others that they built the legitimacy for colonialism" (TIE p.12). As is seen later in Fanon's work, the civilising mission relies on a sense of charity that in turn:

[...] drew a new parallel between primitivism and childhood. Thus, the theory of social progress was telescoped not merely into the individual's life cycle in Europe but also into the area of cultural differences in the colonies (TIE p.15)

In a footnote, Nandy draws attention to the "equation between childhood and primitivism [which] received powerful support from psychoanalytic ethnography" (TIE p.55) which involved seeing primitive cultures as evoking the characteristics of childhood. Like Ngũgĩ, Nandy is drawing psychologising and psychiatrising thought into the colonising relationship.

Nandy discusses the interplay of the West's 'model' of India and the view that the colonised hold of themselves. He sees that while this is largely rejected,

like Said, he notes the potency of the Western image and how some Indians are also induced to use it. As with those authors discussed above, the invitation, if not seduction, into the colonial frames of reference, are both insidious in their reach, and powerful in their representation. This is even to the extent that the colonised self-image involves a reference to that of the colonial image – even where that image is rebuffed, it still holds a relationship. The seduction looks to be one wherein:

[...] the Indian is compromising; he has a fluid self-definition, and he is willing to learn the ways of his civilised brethren unconditionally, providing such learning is profitable. Some cultural traits can be used both as ethnopsychological categories and as protective stereotypes. (TIE p.104)

Nandy presents a view of self-alienation that seems less concerned with a pathological rupture, and more with the possibility that psychological assimilation can be seen as flexibility, even a healthy way of coping. This will be particularly pertinent to the later discussion of Morrison's work in chapter 4. Nandy presents dissociation as protective; it prevents internalisation of what should not be 'owned'. He writes:

This is a self from whom one is already somewhat abstracted and alienated. Such splitting of one's self, to protect one's sanity and ensure survival, makes the subject an object unto himself and disaffiliates the violence and humiliation he suffers from the 'essential constituent' of his self. It is an attempt to survive by inducing in oneself a psychosomatic state which would render one's immediate context partly dreamlike or unreal [...] the survivor must be in the world but not of it (TIE p109)

Even at the level of resistance, Nandy subverts the coloniser's attempts at hyper-masculinity – to engender resistance as a fight which would be to accept the coloniser's terms. This is quite different to writers such as Fanon, who depend on the metaphors and the reality of violent resistance. Nandy does, however, cite these activists as important sources for him to draw from. As already suggested, different forms of colonisation may well invite, and require, different forms of resistance. Nandy values the comic, the effeminate and the weak, as forms of resistance that are all the more potent for their refusal to accept terms of conflict. Likewise, if conditions of madness, such as dissociation, can be understood as healthy and adaptive responses to colonisation, madness, for some, may be a process of resistance, not pathology.

Finally, the postscript to the edition written in 2007 reveals that Nandy has arrived at a conclusion on what colonialism is: “it has become more obvious that colonialism is mostly a game of categories and politics of knowledge. That as long as the game and the politics survive, colonialism, too, will survive in some incarnation or other” (TIE 117). As already suggested, problematic categories, and the politics of knowledge, are as much a part of the critique of psy-science as they are colonisation, and will thus be an important dynamic of psycho-colonisation.

Fanon, F. (1952; 2008) *Black Skin, White Masks*. New York: Grove Press.

Having reviewed key postcolonial scholars and activists outside of psy-science, I turn now to Fanon who bridges the gap between postcolonial thought, madness and psy-science. Fanon takes a prominent role in postcolonial studies, and is of special significance to this thesis due to his credentials as a psychiatrist, which inform his perspectives on colonisation. His theorising of racism, the colonial relationship, and the necessities of decolonisation, have been immensely influential in postcolonial theory and activism, decolonial thought and cross cultural psychiatry activism such as in the work of Suman Fernando. *Black Skin, White Masks*. (1952;2008)(BW) will be considered here leaving his other major contribution, *The Wretched of the Earth* (1967)<sup>25</sup>, aside. The latter tends to be thought of as a manifesto for decolonisation, whereas at this point BW, offers an insight into the workings of colonisation and racism before decolonisation has been entirely mobilised.

Fanon offers an instruction to “[...] all those who undertake to describe colonization to remember one thing: it is utopian to try to differentiate one kind of inhuman behaviour from another” (WB p.67) and that “all forms of exploitation are identical, since they apply to the same “object”: man” (WB p.69). So, “colonial racism is no different from other racism” (WB p.69). Fanon’s position encourages the cross-fertilisation of understandings of colonisation and racisms (a

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<sup>25</sup> *The Wretched of the Earth* includes an appended set of case notes from Fanon’s psychiatric practice. In the preamble, he suggests that one of the dilemmas of psychiatric treatment in the colonial context is that it brings the colonised further into contact with the colonising culture. He then goes on to treat, what would be considered now, a number of trauma cases. While of some interest here, the case studies do not shed light on how the mad colonised might be understood in the global north. For instance, the case studies often related to how the colonial context ‘forced’ people to rape, torture and murder those actually, or perceived to be, on the opposing side.

term Foucault applies to the subordination of psychiatric patients), but also warns against hierarchical and differential modelling of oppressions.

In BW, Fanon suggests his analysis is psychological, but as the text moves on, it becomes clear that the psychological is often a reference to interiority, and the analysis is often psychosocial and political in nature. He uses the phrase 'sociodiagnostics' (BW p.xv) to describe the practice of assessing the state of a racist and colonial society (a number of the examples Fanon gives in the text draw on his experience of being in metropolitan France). His reference to the "worm eaten edifice" (BW p.xv), echoing Césaire's reference to rot and gangrene, of the foundations of society, draws attention to how colonialism permeates, and undermines, developed society. It references the empty promises of equality and advancement in the face of imperialism. In WB Fanon undertakes an interdisciplinary study, eschewing a fixed method in favour of blending psychological observation, psychoanalysis, polemic, political discourse and poetics (Zeilig, 2016). The opening chapter of BW examines language and its role in describing the black man, in the manner already considered, that is, one of *empowered description* (Penson, 2011). It locates the black man discursively, and, therefore, in relationship to discourse and materiality. Fanon views language, and the use of the coloniser's language, as a key process by which the black subordinate can become closer to white; "a true human being" (BW p.2). He suggests that "a man who possesses a language possesses as an indirect consequence the world expressed and implied by this language" (BW p.2). This is significant in a number of ways, such as those already discussed, for instance, the power to describe, "thingification", and the induction into a certain linguistic order that leads to pseudo-humanity on the part of the colonised, in the eyes of the coloniser. In addition, language becomes a route, paradoxically, to both neo-colonisation and resistance, where the coloniser's language is subverted and customised. Finally, the possession of language is significant to the understanding of madness in that one of the contentions of madness proposed by Foucault (2006) is that madness, or unreason, is a state of non-language, a slippage from language. Insofar as the black man has no language recognised by colonial power, he is not human, and, likewise, this is true of the mad.

Like those writers reviewed previously, Fanon takes the position that "All colonized people – in other words, people in whom an inferiority complex has

taken root, whose local cultural originality has been committed to the grave – position themselves in relation to the civilising language” (BW p.2). But this quotation implies a further pair of qualities; firstly, that there is something that pre-empts, or at least is early in, the adoption of the coloniser’s language, that is, the constitution of an ‘inferiority complex’<sup>26</sup>, maintained through the erasure of local culture. This inferiority complex is predicated on a range of colonising strategies which use language. Secondly, the colonised ‘position themselves’, and so, in the absence/repression of local language that of the coloniser is used (suggestive of Memmi’s idea of assent), facilitating cultural erasure through epistemic violence. The subtext remains one that understands that with language comes discourse, and the concepts of the coloniser. Finally, in this brief quotation, Fanon seems to be conflating the notion of a given people having an inferiority complex, within a certain power relationship, with that of being colonised. It may be that, more than any other characteristic, Fanon notes the importance of the internalisation of inferiority (be that psychological, genetic, spiritual, physical, social, cultural) as both a condition and effect of colonisation. In searching for the presence of a colonising process, it may be found in discourse or practices that infers, or explicitly constructs inferiority. That is, the discourse on non-normativity, susceptibility, genetic undesirability or deviancy, as index references to some presumed inferiority. It follows that what may be seen materially is that those designated as inferiors have a certain place in society. He is clear though - “*It is the racist who creates the inferiorized.*”<sup>27</sup> (WB p.73, emphasis in the original).

Inferiority is psychologised and *biologised*, as is shown in the following example:

Dr.H.L.Gordon, physician at the Mathari psychiatric hospital in Nairobi, writes in an article in the *East African Medical Journal*: “A highly technical skilled examination of a series of 100 brains of normal natives has found naked eye and mi-

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<sup>26</sup> The idea of ‘inferiority complex’ has been criticised, and Mannoni’s *Prospero & Caliban* (1990) is credited with the idea as applied here. In the absence of evidence, it hypothesises an unhelpful notion of predisposition, which is at the crux of a number of objections in this thesis. That is, the problematic idea that the black colonised person/population are prone to such complexes in certain circumstances.

<sup>27</sup> Paul Gilroy offers a useful qualification that “race is a political category” (Gilroy (1987:2002), p.35) and that “[r]ace has to be socially and politically constructed and elaborate ideological work is done to secure and maintain the different forms of racialization” (ibid). I would add that it is the notion of the ‘inferior’ that mutually sustains, at least in part, the possibility of the racial construction alongside feminised, disabled and mad inferiorities. Perhaps, this is more recently described in intersectional ways.

croscopic facts indicative of inherent new brain inferiority.” “Quantitatively,” he adds, “the inferiority amounts to 14.8 percent” (WB p.13)

It is not simply the stating of a ‘fact’, Gordon is also using what are termed ‘elevator words’ (Hacking, 2000), (words that suggest greater rigour than is actually the case), with the intention of stamping a certain medical authority in ‘technical skill’. It is thus both the message content, and the form, that is important to psychologising and medicalisation discourse. As Fanon suggests; “The problem of colonization, therefore, comprises not only the intersection of historical and objective conditions but man’s attitude to these conditions” (WB p.65) – not just the ‘facts’ therefore, but the conditions of the facts themselves. Furthermore, he discusses psychiatrization as a tool of colonisation in two ways. Firstly, in formulating the notion of psychological inferiority. Even in cases where the trauma of colonisation is acknowledged, it is done so within a framework of the ethnic psychopathology, that is to say, that terrible circumstances and experiences still have to interact with the ‘native’ psychological system to produce trauma. Secondly, given the prevalence of ‘depth psychology’ models in this area, it permits theoretical speculation of the seeds of trauma still being in inferiority, predating the colonial experience. The colonised are never permitted a ‘normal’ psychology (and if they were to be, it would be to set up a premise not unlike that of the nation state following colonisation; the notion of a native psychology brings that very thing into being).

In his essay *Medicine and Colonialism* (1965), Fanon outlines in greater detail his view of the role of medicine in the anti-colonial struggle. His frustration is evident when it comes to the suspicion that colonised people have for medicine by dint of its roots in the imperial centre. He notes that for Algerians, doctors were also colonisers as landowners and business people (Zeilig, 2016). Fanon makes a bold statement about the basis of this, which has consequences for how psy-science in the Global North might be viewed. He writes “At no time, in a non-colonial society, does the patient mistrust the doctor” (Fanon, 1965, p.123). He goes on to describe how the doctor perceived in this way will go to great pains to offer good care so as not to confirm the anxiety the colonised patient might have. If Fanon is correct, another indicator of colonialism is the extent of mistrust a population has towards helping professions. Fanon highlights that in some hospitals the French psychiatric services experimented



on Algerians and French soldiers from sub-Saharan Africa, doing such things as inducing epileptic seizures to look at “estimating the specific threshold of each of the different races” (Fanon, 1965, p.124), activity that is endemic in European psychiatry in the nineteenth and early twentieth century. Suspicion of medical intentions is endemic within psy-science to the extent that patients may have to be incarcerated and treated without their consent because medical good wishes are insufficiently persuasive for the patient. This phenomenon of mistrust, like the notion of inferiority/dependency complex and neuroses in the oppressed, become unhitched from medicine and located in the mad person. Fanon goes on to expand this point in that health professions come to view the colonised as needing veterinary work (not medicine) because of their “roughness” and the patient resists by offering partial truths; he “does not confess himself, in the presence of the colonizer” (ibid p.127). Furthermore, the colonised patient fails to take treatment as prescribed (“he cannot be depended upon to take medicine regularly”, ibid, p.128), in ways that bear a striking resemblance to contemporary delivery of mental health care:

[...] in spite of promises and pledges, an attitude of flight, of disengagement, persists. All the efforts exerted by the doctor, by his team of nurses, to modify this state of things encounter, not a systematic opposition, but a “vanishing” on the part of the patient. (ibid p.129)

While Fanon does advocate the adoption of Western medicine within the limits of a certain kind of relationship – neither dominating nor colonial – he understands the place of medicine in the colonial relationship, and its effects. He summarises this as follows:

Colonial domination [...] gives rise to and continues to dictate a whole complex of resentful behaviour and of a refusal on the part of the colonized. The colonized exerts a considerable effort to keep away from the colonial world [...] however the colonized and colonizers are constantly establishing bonds of economic, technical, and administrative dependence...The dominant group arrives with its values and imposes them with such violence that the very life of the colonized can manifest itself only defensively [...] Under these conditions, colonial domination distorts the very relations that the colonized maintains to his own culture” (Fanon, 1965, p.130).

Returning now to *White Masks, Black Faces*, Fanon notes the prevalence of infantilization, as white people ‘talk down’ to black people (WB p.14). This is an “attempt to reach down to them, to make them feel at ease, to make

oneself understood and reassure them” (WB p.15). The characteristics of colonisation described thus far, interrelate; the theory of inferiority sustains and is nurtured by the civilising mission in both grand and local, interpersonal terms. Attempts at a connection between white and black people (initiated perhaps by the former on certain terms), are on the basis of a presumed ontological hierarchy. Kindness is shown to the subordinate in such a way as to maintain relative positions, to absolve guilt, and finally to offer improvement.

One of the most extended chapters in the WB is “The Black Man and Psychopathology”, which makes a broadly psychiatrically and psychoanalytically informed, critical account of racism and colonisation. Fanon’s argument offers insight into the psychology of the colonial process and also, sadly, demonstrates it too. Frequently he *turns back* the ‘clinical gaze’ onto the white racists by suggesting their inadequacy in either their latent, or not-so-latent, homosexuality. He suggests that even the “children of bandits” could be taught civility, which most people can be, except “in cases of perversion or retardation” (WB p.121). Perhaps the ‘little colonial’ is a position to be taken in other power pyramids, regarding other forms of marginality. Fanon suggests that “[...] in the psychological field the abnormal is he who demands, appeals and begs” (WB, footnote, p.121) seemingly separating out the notion of a true abnormality (most likely “the pervert and the retard”). Foucault, in the *History of Madness* (2006) describes how the mad came to be an over-inclusive category of beggars, prostitutes, the destitute and the idle.

Eugenics are implicated in Fanon’s consideration of psychopathology. Early in the chapter he cites the family as being a building block of society — it “represents a piece of the nation” (WB p.121). Snyder & Mitchell (2006) explain that in eugenic thinking, the individual is seen as a building block, metonymically corresponding to the nation. So, the health of the nation is contingent on the gene hygiene of the individual and the family. Fanon is also citing the family as the site of psychodrama and the place where cultural parenting and psychopathology emerge. Description and classification have been discussed already as important elements of the colonial process, but this is seen also within the family. It goes as follows “[...] the family is at the base of human societies solely because it is dominated by the primacy of language: naming, he [Lacan] argued, enables a subject to acquire an identity.” (Roudinesco, 2014). This is in

keeping with Hall (1989), and the works reviewed here, that is, that naming, description and classification construct meaning, which bears a relation to materiality and conditions within the colonial experience. And thus, such units of measurement as the individual and family are political entities not scientific (Midgley, 2001).

Fanon suggests throughout this chapter that the black experience of psychopathology only makes sense in contact with a white, subjugating culture, that “the normal black child...will become abnormal at the slightest contact with the white world” (WB p.122). Higashida (2013) likewise sees his autistic alterity when in contact with neurotypicals. He writes: “[...] I didn’t even know I was a kid with special needs. How did I find out? By other people telling me that I was different from everyone else, and that this was a problem” (Higashida, 2013, p.15). To live so is to live in a colonised state of “negation, self-alienation and self-hatred produced by colonialist rule” (Boehmer, 2005, p.162) Like Dorfman (1983), Fanon sees that cultural contacts are mediated through, what may seem to be, innocuous cultural products, such as comics. But, white popular culture – adventure stories, films and comics, do two things. Firstly, they present whiteness as a neutral, natural benchmark for a host of positive qualities, and blackness for those of evil, savagery and regression<sup>28</sup>. “[A] host of information and series of propositions slowly and stealthily work their way into an individual through books, newspapers, school texts, advertisements, movies, and radio and shape his community’s vision of the world” (WB p.131). Secondly, the black child learns to desire whiteness, and to construe blackness as an undesirable other without being conscious of this operation (I return to this point in chapter 4 with Morrison’s novel *The Bluest Eye*). To be sure, “the black child subjectively adopts a white man’s attitude” (WB p.126). Those people who identify in affiliation, come to split with themselves, with others, and with their place in the world. Fanon calls these “salavinizations”, a reference to being “alienated [...] failing to find his niche in society” (WB, footnote, p.164). Beyond the trauma of colonisation, and the explicit models of inferiority that are forced upon the subjugated, the induction into cultural whiteness also affects the black child - “he is made to feel inferior” (WB p.127).

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<sup>28</sup> Joel Kovel’s *White Racism: A Psychohistory* (1970:1988) goes into considerable depth theorising the way in which blackness became associated with negative meanings over the course of the development of Western culture.

As the chapter progresses, Fanon advances his psychoanalytic account and construes white responses to the black man resulting from a process of 'phobogenesis', with the black man being the catalyst of phobic development in the white person. Fanon argues that the phobic response is based in the black man being a "biological danger" (WB p.143) understood as a reference to myths of physiognomy and the black phallus, fertility and sexual animalism, and 'miscegenation'. "[T]o have a phobia about black men is to be afraid of the biological, for the black man is nothing but biological. Black men are animals." (WB p.143) and as a result, "[...] the black man must be branded as an outsider down to his chromosomes" (WB p.152).

While Fanon notes that Freud, Jung and Adler did not take the black man into account in their theorising, he also begins to suggest that this is acceptable because European neurosis (perhaps psychopathology broadly) does not apply to the whole of humanity. For instance, he casts doubt on what might be found through studying "schizophrenia in the case of the black experience – provided this disorder exists over there" (WB p.132). Likewise, MetzI (2009) casts doubt on schizophrenia in black communities as he describes how, in the U.S in the 1930s through to the 1950s, schizophrenia was predominantly a diagnosis of white housewives passively withdrawing from their roles, until the black civil rights movement when it steadily became a diagnosis of angry black males and frequently associated with dangerousness. Other critics likewise question the universal use of psychiatric taxonomies (Grech, 2015; Mills 2014a; Watters, 2011).

Fanon suggests that "European culture has an imago of the black man that makes him responsible for every possible conflictual situation" (WB p.146). He also suggests through his psychoanalytic rendering of racism and colonisation that early psychosexual conflicts enable the very possibility of prejudices developing, which are further enacted through cultural forms. In the spirit of psychoanalysis being a subversive model (Roudinesco, 2014); Fanon places the genesis of colonial conflict back into the normal European family. The resultant fixation on black people comes later, through a process of Othering ( an example of reading/writing back to empire). Such an Othering, much like Foucault's formula of productive power, has the danger and threat of blackness

most in the foreground. In effect, there is a proliferation and intensification of discourse on dangerousness:

there is a quest for the black man. He is yearned for; white men can't get along without him. He is in demand, but they want him seasoned a certain way. Unfortunately, the black man demolishes the system and violates the agreements (WB p.153).

Active resistance on the part of black people and the colonised, and also the paradox inherent in the coloniser's models, in that they are unachievable due to their own internal conflicts (like the civilising attempt that becomes the same, but not quite), undo the full effect of domination.

Finally, in discussing his patients, mainly women, Fanon notes that such cases demonstrate "[...] that at an extreme the myth of the black man, the idea of the black man, can cause genuine insanity" (WB p.180). Initially, this looks to be a reference back to phobogenesis, and the black man being the imago of conflict. However, I also suggest that Fanon is referencing the notion that the myth of the black man was imposed upon him by white colonisers, and as such, the myth and idea also drove him mad, and set him at odds with himself. Furthermore, the absence of black women (noted by hooks, 1982), and their negation within the postcolonial (and feminist) activism of the time, was one that again would instil madness. Through Fanon's work the intimate relationship between madness, colonisation and psy-science, with all its tension, emerges clearly. Whether that is a psychoanalytically informed reversal of the colonising gaze, or the psychologising of inferiority along racial lines by white psychiatry, the connection is evident.

Foucault, M. (2008) *Psychiatric Power: Lectures at the Collège De France 1973-1974*. London: Palgrave McMillan.

Towards the close of *Discipline and Punish* (1975:1991), and in the last lecture in the series *Abnormal: Lectures at the Collège De France 1974-1975* (2003), Foucault refers to the judicial disciplines and psy-science, and in particular psychiatry, as colonisers. However, it is in the *Psychiatric Power* (PP) lectures that this idea is referenced further, and more developed. The order of publication confuses the development somewhat; of the three citations *Psychi-*

*atric Power* is the earliest delivered, but the last published in English. However, the notion of colonisation is most cited in this earlier lecture series, and only referenced in the latter two. I turn to PP now for two reasons. Firstly, Foucault's influence, as broadly identified with the post-structuralist and anti-foundationalist movements, was one felt in postcolonial scholarship, and theorists such as Bhabha cite him extensively. Secondly, his treatment of psy-science as a coloniser begins to further bridge the gap between the postcolonial field and the psy-science field. What follows is an extended quotation from PP that is summarising the "asylum machine" in its processes and arrangements. In this quotation there is evidence of the colonising processes and strategies that are outlined above. In particular, themes such as the power of description, the application of a privileged epistemology and pedagogy, a presumption of inferiority/superiority, the requirement to internalise the privileged epistemological and ontological demand, a discourse of reparation and advancement (those techniques and strategies that Foucault refers to as the 'supplement of power' (PP pp.161-166)), become evident:

We could say that at bottom the asylum machine owes its effectiveness to a number of things: uninterrupted disciplinary training; the dissymmetry of power inherent in this; the game of need, money, and work; statutory pinning to an administrative identity in which one must recognize oneself through a language of truth. However, you can see that this is not the truth of madness speaking its own name but the truth of madness agreeing to first person recognition of itself in a particular administrative and medical reality constituted by asylum power. The operation of truth is accomplished when the patient has recognized himself in this identity. Consequently, the operation of truth takes place in the form of charging discourse with the task of this institution of individual reality. The truth is never at issue between doctor and patient. What is given at the start, established once and for all, is the biographical reality with which the patient must identify if he wants to be cured. (PP p.161)

Foucauldian thinkers tend to think of Foucault's work in terms of writing a history that tells of the 'now' (Veyne, 2010). In considering his history of the discourse of psy-science at the turn of the eighteenth and nineteenth century, I entertain the prospect that it contains a contemporary message, that the postcolonial themes of the twentieth century can be perceived within it.

Foucault goes on to argue that "psychiatric power is therefore mastery, an endeavour to subjugate" (PP p.174). The psychiatric interview is about the patient enunciating what the psychiatrist already knows. The doctor reforms the

patient's narrative in psychiatric parlance and narrowly directs patient disclosure along the lines of clinical interest (not unlike the facilitative role of literature suggested by Oyeboade in the last chapter). This evokes the clinical role as one of deliberating reality, drawing reality out of madness and intensifying reality ("and to intensify power by asserting it as reality", PP p.190), within an asymmetrical relation of power. While the extended quotation above refers specifically to the institution of the asylum, and disciplinary powers within it, in a later lecture of the same series, Foucault begins to draw attention to the means by which psychiatric power diffuses outwards from the asylum. It does so through a growing preoccupation with childhood development and developmental problems characterised by "a colonization of idiocy by psychiatry" (PP p.211) which leads psychiatry into the domains of family, education and community provision.

Foucault's account of colonisation hinges on the asylum opening a psychiatric space with a physical location. It is also a metaphorical, psychosocial space, wherein such things as disciplinary knowledge, can be brought to bear. These two spaces interact in what Tremain (2006) calls "dividing practices" – division from normality broadly, and into subtypes of abnormality, specifically. The notion of insanity and that of idiocy, speak to some underlying, and fundamental, quality of inferiority. These are inscribed in the then, relatively new, measures of normality (applied generally in studying 'deviancy', race, madness, 'sub-normality' and criminality (Pick, 1989)). Idiocy is particularly pertinent in that it is a developmental disorder, or permanent condition, deviating from a 'normal state' which references Ngũgĩ's ideas of superiority on the basis of a presumed, racialised, cognitive aptitude. This sits alongside the historical equivalence made in psychiatry between leucotomised Europeans and the psychological capability of Africans (Meerai *et al* 2016) – a barbarism towards both.

As in much institutional care of the time, and into the twentieth century, inmates and patients are put to work. Foucault notes that:

in 1893, there were about two hundred children at Bicêtre [asylum] whom worked ... This all went well, since, even selling the product of their work at a very low, wholesale cost and not market, price, they succeeded in making "a profit of seven thousand francs" after wages for their masters (PP p.218).

This putting to work of the colonised is echoed throughout the book *Disability Incarcerated* (Ben-Moshe *et al*, 2014), which makes the point that the prison-industrial complex in the U.S. and Canada particularly, is highly lucrative for the

private providers of incarceration. The imprisoned have come to include high numbers of disabled, mad, the indigenous, and people of colour. Ben-Moshe *et al* (2014) argue, as do the chapter authors throughout their book, that this is exemplary of both historical colonisation, and contemporary neo-colonialism.

The place, and potency, of disciplinary description is also clearly important to both the treatment and containment of idiocy and the status of psychiatric power. Within the legislation of the time, in France, on-going care was predicated on presumed need, the ability of the family to pay for care, and also whether the 'patient to be' was thought to be dangerous. What follows is the common practice of doctors falsifying reports of dangerousness in an effort to gain care for the patient, and for the institution to be paid by the local authority. As Foucault puts it, "the notion of danger becomes necessary in order to transform an act of assistance into a phenomena of protection [...] danger is the third element enabling the procedure of confinement" (PP p.220). Whether well-intended or otherwise, the description of the person in terms of inferiority first, then the inscribing of their needs in terms of threat towards the family, become the means by which medicine and local authorities can remove people to 'care'. Later, this becomes an anthropological fable, transforming retrospectively, accounts that locate many kinds of social deviancy in a formerly un-described state of 'imbecility', thus allowing "the reconstitution of the broad category of all those who may represent a danger to society" (PP p.220). Prostitutes, drunks, robbers and rapists were presumed to be untreated, and free, idiots. In a later lecture, Foucault returns to this theme and argues that psychiatry and crime become closely affiliated because of the power that comes with being a profession involved in the treatment and containment of danger (PP p.250).<sup>29</sup> This revision of the notion of the deviant career, and the subsequent rationale it gives to intervention, is remarkably close to the ways in which colonisers described the broad state of inferiority of a colonised population. Deviancy and dangerousness in a population are ways of rethinking resistance, and encouraged local in-fighting, and aided in

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<sup>29</sup> In Foucault, M. (Ed.) (1978) *I, Pierre Rivière, having slaughtered my mother, my sister and my brother - : a case of parricide in the 19th century*. Foucault *et al* show the case of Pierre Rivière, who is convicted of murder, and whose case shows an early example of the growing relationship between law and medicine in such things as the development of what we would call the expert witness and the assessment of sanity (or not) as a component of being fit to stand trial.



bringing would be 'traitors' to justice (Fanon describes such circumstances in French occupied Algiers).

In the course notes that accompany the lecture series, Foucault summarises the power relation between psychiatry and madness. For me, the summary outline resembles the civilising mission in colonisation. Foucault writes that:

what these power relations involved first and foremost was the absolute right of nonmadness over madness. A right translated into terms of expertise being brought to bear on ignorance, of good sense [...] correcting errors [...] and of normality being imposed on disorder and deviation (PP p.345).

In addition, the in-country workings of psy-science and the colonising behaviour abroad have a parallel relationship, evident in the course context notes by Jacque Lagrange, in the same volume. It goes as follows:

The analysis of power of the psychiatric apparatus is structured around three axes: that of power, insofar as the psychiatrist is established as a subject acting on others [on behalf of the state as self-appointed civiliser]; the axis of truth, insofar as the insane individual is constituted as an object of knowledge [the mad person/colonised becomes something to be known and put to a purpose]; and the axis of subjectivation, since the subject has to make the norms imposed on him his own [epistemic violence; the systems of education, bureaucracy etc. that underwrite local knowledge and replace it within a hierarchical framework] (Lagrange, 2008, p.361).

## 2.7 Conclusion.

Through my review of some of the key thinkers of postcolonial scholarship, I have drawn out a number of qualities and characteristics that typify their thinking on the colonial process, which I consider as having rigour, and thus value, in supporting the use of a postcolonial lens. As I stated in my introduction, concerns of psycho-colonisation are best articulated within a postcolonial frame of reference, and the writers reviewed in this chapter are authorities on colonisation from the side of being colonised. This does not mean that colonisation becomes amenable to a straightforward assessment, but rather that the state of colonisation comes into view. Neither is it the case that all examples of marginality, power imbalance or prejudice become examples of colonisation. However, there may well be some connection if it is true that racism and patri-

archy are linked (Ward 1988), as are homophobia and misogyny (Sinfield, 1994).

Below, I offer nine themes that emerge from my reading of the texts in this chapter. I suggest that these themes have a simultaneity – that is, all of the characteristics or themes outlined below are present to a greater or lesser degree for most of the time during colonisation. Taken together, some assessment can be made of coloniality, and I suggest, by extension psycho-colonisation.

1. *The civilising mission.* Here, the coloniser believes that they offer (not impose upon) the colonised, improvement justified through a presumed superiority and ensured through a certain power differential.
2. *Superiority/inferiority dynamic.* The coloniser construes a degree of inferiority on the part of the colonised involving a dichotomy. This is often in all senses — psychological, moral, social, cultural, biological (including genetic), and so colonial interventions are made in these areas. The dichotomy is one of superior/inferior. Local thinking is underwritten, with the replacement being that of the imposed, superior thinking of the coloniser. This interacts with point 1 as a concurrent rationale for invasion.
3. *Empowered description.* The coloniser devises methods of classification and measurement that confirm the necessity of points 1 and 2 above. The totality of such assessment, naming and description, is also to progress the civilising mission. However, this is an issue of degree, because full civilisation is unobtainable through the inferiority/superiority dynamic. Empowered description mobilises ‘scientism’<sup>30</sup> to elevate what is otherwise a socio-political activity. As Foucault suggests, such totalising disciplinary activity results in subjectivization (“thingification”), with the purpose of achieving governmentality (perhaps through instilling rather than activating an inferiority complex), which in turn supports the achievement of points 4 through 7.
4. *Pyramidal structure.* The socio-political structure is one that retains the coloniser at the apex with gradations of proximity to the white, coloniser ideal as one descends the pyramid. Symbolically, this also represents

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<sup>30</sup> Karl Popper in his book *The Poverty of Historicism* (1957:2002) suggests that *scientism* is a device within social science discourses that aims to elevate the status of the science being undertaken while never actually managing to do so. Popper’s thesis is that a science akin to that of physical sciences is unobtainable to social sciences.

the flow of, and accrual of, wealth, upwards, but also shows how the wide base is dominated by the narrow top. Positioning in the pyramid suppresses dissent because few are prepared to sacrifice their position to help those below or alongside.

5. *Cultural subjugation*. The coloniser, having asserted superiority in all areas, undertakes to organise the colonised along the lines most amenable to local control, and also to reflect back their superiority. Local culture is targeted for erasure with the coloniser's culture taking its place. This, in effect, rewrites history with a 'zero point' being at the moment of mass re-education. There is thus, no true culture before the coloniser, and only what the coloniser deems relevant, enters the socio-cultural frame as culture.
6. *The advancement paradox*. Despite the best efforts of the coloniser to civilise and educate the native colonised, these efforts are thwarted. While this is a result of points 2, 3 and 4 (presumed superiority, diagnosis of inherent lack, reduced opportunity within a pyramid), it is couched in terms of points 2, 3 and 5, that is, the inherent poverty of potential in the colonised. No reference is made, therefore, to the lack of advancement, or partial adoption of the colonial form, being a form of resistance to colonisation, as this would begin to call into question the substantiality of the pyramid.
7. *Colonial concessions*. Following resistance and activism, some attempt is made to appease the colonised wish for recognition. Out of initial attempts to deny agency to the colonised, comes the possibility of negotiation, but only within the terms set by the coloniser, such as a certain form of representation. A number of things result; the formation of an intellectual class from the growing middle class of the colony that is educated in the metropolitan centre; the appearance of a move towards political representation without a commensurate move to suffrage; and the fetishization of the colonised for instance, culturally, intellectually and sexually. The illusion of concession means diaspora begins to look more like cultural exchange than the result of moving labour.
8. *The power of arrest*. The 'gift' of having a voice, and of beginning to take a greater role in self-determination, is not to be confused with any real

repositioning regarding all the points raised above. The colonised are expected to be thankful for concessions made, and the inferiority now includes infantilization by a benevolent guardian. Concessions are at the gift of the coloniser, and throughout the negotiation there remains a power of arrest. That is, that there is a fine line between acceptable forms of dissent and activism. Transgressing the rule of law (the law imposed from the metropolitan centre) permits aid to be withdrawn, sanctions to be imposed, freedom to be limited and the rule of law to be suspended in favour of suppression.

9. *Colonial Gain*. The coloniser can be seen to make material (wealth, resources, military advantage) and symbolic gains (improved social standing, philanthropy). Colonisers gather prestige and wealth, which travels up the pyramid. The 'little coloniser' makes gains also, as does the neo-colonial that remains affiliated to the former ruler, but more importantly they continue 'passing' and so remain safe, but alienated, within the colonial gaze.

In addition, Bhabha (1994:2004: 100-101) considers what he terms the "minimum conditions and specifications of such a [colonising] discourse". He suggests that there is a "recognition and disavowal of racial/cultural/historical differences" as a strategy to create 'subject peoples' through the use of such things as surveillance. "It seeks authorization for its strategies by the production of knowledges that are stereotypical but antithetically evaluated". That colonial discourse constructs the idea of a population of "degenerates" on the basis of "racial origin" that justifies "conquest" and "systems of administration and instruction". As such the colonised become "a social reality which is at once an 'other' and yet entirely knowable and visible". "It employs a system of representation, a regime of truth, that is structurally similar to realism" (ibid) and denies the various subject positions and intersectionalities of the colonised, rather dealing in broad generalities, similar to the process Said (1978:2003) calls 'orientalism'. Clearly, there is certainly an intertextual relationship within the postcolonial field, and there is a striking resemblance between texts about what characterises the colonial process.

A number of the thinkers reviewed here have understood first-hand the results of colonisation. The imposition of a system of thought and being, so totalis-

ing is traumatic, alongside the actual violence of the colonial process. As Hall (1989) suggests, the meanings advanced through language operate in concert with the material world towards a whole experience, and so in this regard colonisation has a material, epistemic and ontological impact. Should the psy-sciences be operating colonially, and I think that they do, there remains the possibility that a position of resistance is one that avoids and refuses the terms of psy-science. It may be posited that where colonisation is concerned, and despite the idea that psy-science can be remoulded to the decolonised usage, or that psychoanalysis offers a route to subversion, there is no black psy-science. It arrived with the coloniser, was imposed by the coloniser and variably was adopted by the colonised (see Pols, 2006 for how this happened in Indonesia). This will be a premise developed in later sections when considering how Morrison's novels can be seen as postcolonial cultural products, a historical reference to the colonial experience without recourse to white, colonial subject positions (like a Foucauldian history that tells the *past* as a telling of the conditions of the *now*), that writes into existence an alterity in experience of black women together, and of madness without psy-science. As such, this offers the possibility of a psychological alterity, or madness, again without recourse to what may be a colonising psy-science. Indeed, the mad did not ask for psy-science, but it has been imposed upon them.

The next two chapters examine literary sources that exemplify different positions in their treatment of madness that subsequently reveal their orientations in psycho-colonialism. In chapter 3 the work of Sebastian Faulks is analysed as an example of writing that is psycho-colonising. It is so in two ways. Firstly, his novels present an orthodox history of psychiatry within the imperial period, without problematising either. Rather, I go as far as suggesting that Faulks is celebrating the early days of modern psychiatry and 'blind' to the problems of the Imperial backdrop. Secondly, I locate his novels in a contemporary context, which refers to how his novels are understood to provide authoritative fictional accounts of psychiatry socio-culturally for modern readers. This is one way in which psychiatrizing accounts of madness find their ways, through cultural diffusion, into the world of readers. Such writing constitutes madness as mental illness, and psychiatry as the preferred, rational response to it. Clearly, this sits alongside other cultural messages about madness and medicine. In chapter 4

though, I turn to Toni Morrison who, assessed against my nine themes above, avoids psycho-colonisation specifically, while resisting colonisation broadly.

## CHAPTER 3: PSYCHO-COLONISATION AND FAULKS' *HUMAN TRACES* (2005)

### 3.1 Introduction

Chapter 4 shows how Toni Morrison writes about madness and distress without recourse to psycho-colonising psy-science perspectives, and the themes arising out of the postcolonial literatures reviewed in the last chapter are evident in her work. She writes about themes of colonisation and racism from within the discourse of resistance, and from within the experience of being colonised. Morrison exposes colonising tendencies, their effects, and the ways in which they are resisted or subverted. Her writing presents both a story of colonisation (through what happens to characters, the way the story progresses), and also a means in itself to resistance (the placement of her work socio-culturally within postcolonial literatures). In this chapter, I will show the work of Sebastian Faulks as being the near opposite where madness is concerned. Themes of colonisation are evident at the level of characterisation and the way in which his novels are placed within a popular discourse on madness. *Human Traces* (2005) draws heavily upon, and locates itself so closely to, orthodox histories of psy-science, and Faulks' is unquestioning of the imperial or patriarchal contexts. This is noteworthy within a literary context in which many contemporary, historical, novels aim to do the opposite. That is, contemporary historical novels often question the stability, centrality and neutrality of previous canonical texts and received histories through 're-visioning' and 'writing back' (Widdowson, 2006). *Human Traces* fails to do what Sanders (2016) suggests, of adaptations and 'appropriation studies': it does not engage in "an important act of questioning that moves us well beyond an act of simple imitation" (p. 207).

This chapter will take Faulks' *Human Traces* as an exemplar of psycho-colonisation, and one that is evidently located within traditional psy-science discourse on madness. The novel presents an orthodox history of psychiatry, and by extension, therefore, an orthodox view of madness. This is particularly evident when passages and themes from *Human Traces* are set alongside those of traditional psy-histories. The two texts I draw on for comparison are Shorter's

*A History of Psychiatry* (1997)<sup>31</sup> (which Faulks cites as a source), and Lieberman's *Shrinks: The Untold History of Psychiatry* (2015). By drawing on Lieberman (2015), a later text, I show how Faulks was not simply following Shorter's lead, but repeating themes well established in the psy-science domain.

Faulks is presenting a fictional, but extensively researched, history of psychiatry in the latter part of the nineteenth century, and the first few years of the twentieth. In his postscript for *Human Traces* he writes "I do not think novels should contain bibliographies, because making lists of books at the end of a work of fiction is usually an attempt to shore up a flimsy text" (HT p.789). He goes on to suggest that "in this instance, because I have had to draw on expert opinion to an unusual extent, I must make an exception" (ibid). Wessely's (2005) review in *The Lancet* is mostly sympathetic, suggesting that Faulks is "more than a little in love with the subject and its practitioners"(p.1765) . Wessely goes on to note that Faulks has thoroughly "done his homework", is erudite, and spares the reader little, not even the more uncomfortable truths of psy-history. In fact, Wessely's only criticisms are about whether Faulks has taken later ideas and moved them earlier, and, more significantly here, that his "non-fictional history of psychiatry" (Wessely, 2005, p.1766) is too non-fictional. Walden (2005) is similarly impressed, and describes the novel as "hyper-realist" (p.35). Clarke (2008), a mental health nurse and academic, suggests that Faulks:

lures you into a delusion of straightforwardness by means of the clarity of his prose. But it is a (worthwhile) effort because it interiorizes psychiatric ideas within history where they acquire a timbre not found in technical writing. Ironically, the importance of psychiatry to human encounters becomes an unassailable assertion in this impressive fiction (Clarke, 2008, p. 83)

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<sup>31</sup> Shorter positions himself in no uncertain terms: "It [his book] is a social history that identifies distinctive national contributions" which does not step outside of Europe and the US. He goes on to say that "Above all, I have tried to rescue the history of psychiatry from the sectarians who have made the subject a sandbox for their ideologies. To an extent unimaginable for other areas of the history of medicine, zealot-researchers have seized the history of psychiatry to illustrate how their pet bugaboos - be they capitalism, patriarchy, or psychiatry itself - converted protest into illness..." He adds that: "Although these trendy notions have attained great currency among intellectuals, they are incorrect, in that they do not correspond to what actually happened". In fact mental illness, "has a reality independent of conventions of gender and class, and this reality can be mapped, understood and treated" so that "[T]he story I want to tell you is straightforward" (p.viii). Furthermore, Shooter's work travels authoritatively: in Smith's (2016) modestly critical history of social psychiatry in the US he cites Shorter to suggest that "psychosurgery reached its zenith in this period, as did other heroic biomedical treatments, such as Electroconvulsive Therapy and insulin shock treatment" (p.3, my emphasis). The use of 'heroic' tropes will be returned to shortly.



As with Morrison, Faulks is laying claim to the notion that fiction can represent truths. However, he is drawing on the status of expert opinion, and histories conducive to psychiatry. Hers arise from memory, oral histories and scholarship that have been otherwise unwritten, or even placed under erasure, from the people who lived the experience of racism, colonisation, trauma and madness directly. *Human Traces* has a place, therefore, in how such a history emerges in contemporary discourse around madness and mental health, in that the history of European psy-science is one that is written to construct psy-science in a certain way. A Foucauldian view would note this as being the power/knowledge relation that forms an expert knowledge-base on the one hand, which becomes the basis of disciplinary power on the other. In reciprocity, the exercise of disciplinary power invokes disciplinary knowledge, and sustains the means by which such knowledge is formed and circulated. Both Elden (2016), with reference to Foucault's work, and McClintock (1995) in the postcolonial field, present how the close links between race, sexuality and madness, both in psychiatry (the former), and in domestic imperialism (the latter), were made. Anne McClintock, an Associate Professor at Columbia University, has worked at the intersection of feminist, post-colonial, socialist and psycho-analytic theory to provide nuanced histories, such *Imperial Leather*, the one I make use of here. Such links are on the basis of a presumed inferiority of women, the mad, children, the 'non-white', 'deviant', and criminal, in a way that connects each to normality hierarchically and to theories of degeneration (Pichot, 2009). This is consistent with the themes that emerged in the last chapter. Despite there being critical accounts available to Faulks as he was writing *Human Traces*, these are not engaged with, and not evident in the novel. He presents the mad as docile, intrinsically tragic, and in need of humane control. However, conversely, the doctors are pioneers, adventurers and heroes. The work of Morrison and Faulks can be considered alongside each other, therefore, because of the ways they engage with madness, both outside of, and within, the psycho-colonising frame. Each exemplifies something different about the colonising.

Despite some characters taking a trip to Africa to discover the 'origins of man' and madness<sup>32</sup>, little reference is made to the imperial context, and Faulks

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<sup>32</sup> I look in some detail later at the trips that characters take to East Africa and Pasadena. In a curious parallel Faulks and his wife made the same journey referred to with a sense of the un-

rarely problematizes the practices of medicine, and the emerging modern psych-science. He seems to be offering a history that notes inhumane practices, but introduces a separation between that and a psychiatry that is more properly practiced. Faulks, Shorter and Lieberman are prone to a strong teleological tendency, telling of a sometimes conflicted, but nonetheless, continual advancement of early psychiatry and alienism, into a fully-fledged medical science. MacDonald (1980) suggests otherwise, that: “[H]istorians of psychiatry depict the period [early modern English] in heroic terms, celebrating the achievements of a small band of physicians and scientists who led the people of Europe out of the darkness of superstition” (p.60). He goes on to suggest that this is not the case, and the passage to modern psychiatry was one of “mazy wanderings” (ibid).

For Shorter and Lieberman (and the male protagonists of *Human Traces*), psychiatry becomes the prime medical discipline. All three writers view psychiatric practice as one that had clear delineations between torture, quackery and genuine therapeutics. Psychiatry and psy-science are thought to reveal something about the very nature of being human – recalling tropes of essentialist and Universalist claims. In the novel, such outlooks build on the presentation of mad people as having little inherent worth, other than what their bodies can be made to show about madness. Almost all the themes arising out of my review of postcolonial scholars in the last chapter are evident in Faulks’ presentation of psychiatry, and by extension, in the orthodox histories alongside which it sits. While there is some doubt to be had in equating the author with the characters or indeed the narrator in a novel, in *Human Traces*, the author is omniscient, where present, and is always congruent with the character positions. Faulks does consult the authoritative psychiatric sources aligned with medicine, he does make his own trip to Africa to repeat the journey that Thomas Midwinter takes, and he does present himself as embedded in the British establishment<sup>33</sup>.

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known, when he writes about going on the “remotest, trackless parts of Masai country, where the Land Rover broke down in the dark” (HT p.792); his own heart of darkness in trying to find Echo Mountain.

<sup>33</sup> The author’s bio for a novel is usually penned by the author. For Faulks’ latest novel *Where My Heart Used to Beat* (2016) the bio says he “comes from a family of lawyers. His father was a judge and his brother, Edward, is a barrister who became a minister in the Ministry of Justice under the coalition” (no page number) – none of the women in the family are mentioned. He read English at “Emmanuel College, Cambridge”; he worked in journalism, “is a member of the Authors XI cricket team and the Boffins CC, and plays tennis in the West Middlesex league for his local club, Campden Hill”. Faulks has also been a member of the Government Advisory

These concerns need contextualising further within my study. I am arguing that novels (and other cultural products) say something about the nature and content of discourse in an area such as psy-science, and they also construct meanings socio-culturally. Furthermore, that in the process of colonisation, literatures are mobilised to propagate the coloniser's ways, while underwriting those that are considered inferior and subordinate; an epistemic violence. In this way, literature and cultural production are political and cultural strategies that support colonisation (and conversely, resistance too). For instance, Foucault's *History of Madness* (2006), does that by drawing on tropes of madness within Shakespeare's plays, the story of Don Quixote and the art of Brueghel and Goya, to illustrate his broadly anti-psychiatry argument. Despite what I would consider a somewhat Whiggish account of psy-science history, whenever Jeffery Lieberman wants to explain the social and cultural presence of psy and madness, he turns to films and novels. That said, both Morrison's and Faulks' novels do not just represent their respective histories, but they are part of the documentary building of those histories in the present. Texts do not just have a past; they have a future, which they have a role in forming (Morretti, 2005).

Both Morrison and Faulks are successful writers, and both are regarded as having something of worth to say on their respective themes (both within the popular fiction arena, and for Morrison the critical literature that responds to her novels). For *Human Traces*, the effect, therefore, is one of a popular novel that presents an unproblematic, and I argue, a psycho-colonising view of madness. Additionally, it is one that makes a claim to authenticity within the fiction, and so it is presenting a plausible history of psy-science to readers. *Human Traces* describes the conditions by which contemporary psy-science can be seen as a noble medical venture, evoking a sense of continuity of practice and thinking. While the periodization of the novel may be open to question, what emerges is a growing split between biomedical and psychological explanations of madness. The former are informed by the growing discipline of neurology and evolutionary theories, and the latter by the work of Freud, and the growing discipline of scientifically informed psychology. This is very much the time of the great male Eu-

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Group and read from his novel *Birdsong* in Westminster Abbey on the centenary of the outbreak of the war" (ibid). The significance of this is not so much what Faulks has done, or the facts of his life, but the choices he has made in presenting a pen-picture of himself to the reader. In Wessely's (2005) book review, the same class sensibility is evident: "I recently undertook a small study on literary depictions of psychiatry. In other words, in other words, I asked my friends at a dinner party to name the best novel about psychiatry." (p.1765).

ropean polymath, here the psychologist, medical doctor and anthropologist. As Shephard (2014) puts it “[i]n fact, race was science; in the biological sciences, the question of race defined the agenda – along with evolution” (p.45). Shephard (2014) also describes how ideas of race were applied to the “Irish Race” (p.19), an indication of psycho-colonialism in the Global North. McClintock (1995) extends this relation across sexuality, race (and likewise, popular images of Irish peasants and African slaves used exaggerated features to show their likeness), gender, class and madness. But also, it is a history that is presented now, and so its effect is a contemporary one. In this way, *Human Traces* does not just show a colonising tendency within the history of psy-science, it is a contemporary novel that perpetuates the colonising tendency. Faulks asserts the mission of psy-science as a civilising one, typified by self-sacrifice on the part of the great men who pioneer it, and it is a discipline that is imposed for the good of the mad. Faulks suggests that it extends into our knowledge of what it means to be human, and that the means of the curative, civilising mission, are therefore beyond reproach, and even to be admired.

### 3.2 Faulks, S. *Human Traces* (HT) (2005)

After giving a brief synopsis I will undertake a close reading of *Human Traces* alongside other relevant texts, noting intertextual relationships, key themes and exemplifying moments. In particular I am reading for indications of psycho-colonialism both in the narrative and in the authorial presence. As mentioned in chapter 1 (section 1.8.3), Foucault’s notion of discourse is useful in my reading of *Human Traces*. By extension, situating this realist novel as a history of psy-science in the present, and drawing on Derrida’s work, evokes my earlier phrase, *deconstructive non-modernity*. I will arrive at some of the key themes of colonisation in the novel, before looking at other areas, such as, the way in which women, and the mad, are presented. Women feature in the novel extensively as a mad population, which speaks to the history of psychology and psychiatry as not just colonising of madness, but of gender, too. Many of the things denied to the colonised were also denied to women (Donaldson, 1992), and women feature as having their own forms of madness, intimately tied to notions of gender. As McClintock (1995) argues, imperialism and colonisation cannot be considered on the basis of race alone. Colonisation intersects with gender, sex-

uality and class, as well as with the socially marginal, primitive, criminal and mad.

The novel opens with Jacques Rebière, a boy growing up in rural, coastal France. Although his family is humble in some respects, they own land and the farm property they live on. Jacques is being educated by a local Curé who sees his potential. Jacques has a mad brother, Olivier, who is kept in the barn, partly due to his unpredictable behaviour, and in part due to the shame his presence brings within the family. It is Jacques' concern for his brother that drives him to study medicine, and in particular, to seek a cure for insanity. In his madness, Olivier is preoccupied with astral rays from around the universe that control people. Jacques is presented with a conflict in his interest in the classification of madness, that is, his proximity to Olivier brings the human back into an otherwise dehumanising process. It follows that "Every time he saw him in the asylum, Jacques had the same feeling: this was a real person, a man with a name, not, like the others, a patient, a mere example of an illness" (HT p.321)<sup>34</sup>. The extent of Olivier's abjection is revealed in Jacques' wish; "I want to bring my brother back" (HT p.23), which signifies the incommensurability of madness to the real and knowable person that Olivier truly is. *Human Traces* jumps forward to Jacques' early twenties and his first meeting with Thomas Midwinter, and his sister Sonia. Thomas is also fascinated by madness and wishes to study medicine and psychiatry. Jacques and Thomas have a strong connection and this is suggested to be romantic. They go for a walk on the beach after they meet for the first time and "Thomas wondered what he would have to do to elicit another of those smiles" (HT p.69). Jacques runs off to return with a picnic, and on his return says "I sense for the first time in my life I have found someone who can understand it. I only met you this evening, of course, but I know it ... Here." (HT p.71). Later, when Thomas explains their connection to Sonia, he says "But Jacques – Jacques, I feel as though I've been waiting all my life to meet him" (HT p.79), and Sonia remarks "My dear Thomas, you sound as if you are in love" (HT p.80). Jacques, however, is becoming fond of Sonia, and says under

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<sup>34</sup> And it is Olivier that also seems to reference Pierre Rivierre, written about by Foucault *et al* (1978). In an incident with Tante Mathilde (Jacques' grandmother), Olivier wrecks Jacques' room and is sawing at his arm with a saw blade. Mathilde is convinced he means harm to her (HT p.28-35) and has him manacled. At the point of presumed danger, the mad were induced both into psychiatry, and into law, a relationship Foucault *et al* show is exemplified in the case of Rivierre. Thus, dangerousness and madness become inextricably linked.

his breath that he loves her (HT p.85), which Thomas hears, but there is an ambiguity in who that remark was intended for. Much later, Thomas “remembered holding Jacques in his arms on the Deauville shore” (HT p.105). This is not developed within the novel and I am left wondering the relevance; there appears no on-going tension other than that which presents itself professionally, later in the novel.

Both Thomas and Jacques complete their psychiatric training, and work in the field before securing finance to build their own asylum. Jacques marries Sonia, and Thomas becomes romantically involved with a female, ex-patient. Olivier comes to live at their mountain top asylum only to kill himself. Both male protagonists pursue their own theoretical orientations, with Thomas becoming increasingly bio-psychiatric and interested in evolutionary possibilities for explaining madness. Jacques develops as a proto-Freudian who considers dreams and trauma to be the root of psychiatric pathogenesis. This is sufficient synopsis to now begin considering some specific ways in which the novel demonstrates psycho-colonisation.

### 3.3 Psycho-colonisation in *Human Traces*

While psycho-colonisation can be discerned in *Human Traces* in the broad consideration given so far, it is in the close reading of the novel that this is most evident. The authoritative tone that presents male Europeans as leaders, captains and pioneers over inferior others and the privileges that this brings throughout are clearly evident. Whether it's the exploration of a colonised 'nation', or the dismemberment of a corpse, the tropes of Imperialism are invoked. It is striking that, almost without exception, the male psychiatrists are presented as entirely beneficent. The exception is Charcot, the prominent French psychiatrist, famous for teaching Freud, who later in his career had his theories discredited (although he can be forgiven because “all pioneers faced setbacks on uncharted roads”, HT p.454). Charcot is a key figure in psy-history, but his contribution is often viewed in mixed terms. Despite his work being a precursor to psychoanalysis, some psy-histories see him as a quack. For Shorter and Lieberman, psychoanalysis is seen as an interruption of bio-psychiatric advancement, in favour of analytic storytelling. Jacques' own mission emerges:

I have this idea that we somehow try to understand the meeting point between thought and flesh. That is what the next great aim and discovery of medical science will be [...] a medicine that would understand and cure those whose sickness is in the mind and which could determine its causes ...That is something I dream about (HT p.72).

There is an irony that the hope for biological cures for mental illness is found in dreams, and later psychological interpretations of dreams are discredited. In their conversation, Thomas and Jacques typify pre-psychiatric asylum practice as being akin to prisons, and in doing so, set the break that they, and their contemporaries, make with inhumane practice. In this spirit, they note: “a large oil painting of Pinel striking the chains from the lunatics of the Saltpêtrière” (HT p.251).

The connection between psy-science and colonisation is foreshadowed in Thomas’ home life. The family Dalmatians are called Elektra<sup>35</sup> and Gordon (HTp.189); the former, a reference to the Greek myth, which later gave name to a psychological complex. The latter is possibly a reference to Charles Gordon (1833-85) who suppressed the Taiping Rebellion in China, became Governor of Sudan, and was killed in Khartoum. Furthermore, Thomas and Jacques are born in 1859, the year that Darwin’s *The Origin of Species* was published.

After Thomas and Jacques begin to work together, both the sense of mission, and that of legacy, begins to emerge. They agree on their joint, life’s project, and anticipate success, that the “new diseases that could be named after them – Midwinter’s Disease, Rebière Syndrome; a great teaching hospital that would carry on their methods after their death” (HT p.74). In a way reminiscent of Said’s idea of the orientalisé, references begin to appear, in which their calling resembles a voyage and exploration in exotic places. As a colonisation within the Global North, McClintock (1995) sees imperialism in the way in which “social explorers [...] middle- and upper-middle-class men ventured into the terra incognita of Britain’s working-class areas, striking the pose of explorers embarking on voyages into unknown lands.” (p.120). Such exploration was

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<sup>35</sup> There is a further reference to the Thomas Midwinter’s education and background in Ancient Greek thinking. Sonia describes her upbringing: “The pattern of a candle shadows on the wall, the fiery little boy who needs your arm around him to make him sleep. Nothing happens to make you happy. There are no prizes or thunderbolts or adventures. Just the shadow of the candle on the wall” (HT p.88). This is a reference to Platonic thinking that Foucault argues influences early conceptions of madness, that is, the means by which the senses can fool reason, and subsequently lead a person to folly.

“[d]rawing on popular images of imperial travel, [and] these urban explorers returned from their urban jaunts with a primitive accumulation of “facts” and “statistics” about the “races” living in their midst.” (ibid). Thomas invokes a form of universality that connects him with Jacques, via the metaphor of (exotic) landscape and exploratory travel:

He [Jacques] is just like me, but completely different at the same time. He has had all the same thoughts yet they have come from a different life, a different world. It's like two men bumping into each other in the jungle when one started in Iceland and one in China – and finding they are reading the same book. He has a marvellous mind, he's so lucid [...] (HT p.79)

By universality, I mean that one of the early indicators of the worth of their work is in empiricism, suggested in how their ideas are arrived at from different lives, in different places, but at the same time. That is, to arrive at the same conclusions through separate observation. The backdrop of madness is distantly equated with navigation, a meeting, and then their mutual, narcissistic recognition within a jungle setting. Sonia humorously chides Thomas for noting Jacques' greatness, which narcissistically refers to his own (although it is Sonia who entreats him to become trilingual and “go where the new discoveries are being made” HT p.64).

A parallel emerges between Faulks and Thomas. Thomas had wanted to study literature for his degree, to which his father objected. Thomas' love of literature, and linguistic skill, is the basis upon which he starts to explore madness. Thomas thinks “We will need to find some better words for “mind”, and Jacques responds “Very well. You can be the master of words”. (HT p.75). It was noted in the last chapter how to be a master of words is significant to world view and conceptions – the postcolonial writers note dominance in language as key to colonisation. Like Thomas, Faulks is also a literary writer, and former English student, seeking out the ‘truth’ of madness through literature. Likewise, the character Hendricks in Faulks' *Where My Heart Used to Beat* (2016) is a psychiatrist who studied the classics; Mike Engleby, the protagonist and narrator in *Engleby* (2008), turns out to have a personality disorder and possibly autism, and is also studying English. And, like the more medical of the medical humanities scholars, doctors know the worth of the literary canon. Additionally, Engleby, when thinking about West Germany being occupied by the Allies, con-



siders that it “must have been humiliating because it wasn’t as though they were savages in far-off islands who knew no better” (Faulks, 2008,p.19). Faulks makes a plea for the importance of literature in understanding the nature of humanity and madness, before deferring to medicine.

Thomas, at age sixteen, was living in the family house near Lincoln, and is the youngest son in a family of grain merchants. At this point, Sonia Midwinter (18) is being married off to Richard Prendergast — a marriage that ends after a few years by divorce. Thomas is introduced as having a gaze that “remain[s] fixed on a single person as though he was making an examination, dispassionate and not necessarily kind” (HT p.48). His literary tastes include Shakespeare, who “tells you things that he’s discovered, like a great inventor” (HT p.49), suggestive of a long line of insightful, English figures, who can discern what it means to be human. Thomas’ interest in medical terminology is established later (HT p56), and his consideration of medicine is that of the polymath and interdisciplinary — to “become a doctor of medicine. Why not bring the labourer, science, to do the mule’s work in his greater project? Keats, after all, had been apprenticed to an apothecary and qualified as a surgeon.”(HT p.61). Thus, the necessary constituents of what makes Thomas a psychiatric explorer and innovator are laid out, in the manner associated with the natural constitutions of the ‘great men’ of the time.

Again, there is this parallel with Faulks himself, who is exploring the early psychiatrists through a literary medium. This is of significance to the process of colonisation, in the way that Said suggests in the following quotation:

I am not trying to say that the novel – or the culture in the broad sense – ‘caused’ imperialism, but that the novel, as a cultural artefact of a bourgeois society, and imperialism are unthinkable without each other. Of all the literary forms, the novel is the most recent, its emergence the most datable, its occurrence the most Western, its normative pattern of social authority the most structured: imperialism and the novel fortified each other to such a degree that it is impossible, I would argue, to read one without in some way dealing with the other. (Said, 1994, p.86)

Said is discussing Conrad’s *Heart of Darkness* as a key European text that constructs Africa in the minds of Europeans. I have argued above, that *Human Traces* constructs madness and psy-science in a similar way. The period of *Human Traces* is intertextually connected with the timing of Conrad’s own trav-

els that influence his novel, *Heart of Darkness* (1899). Conrad (born in 1857), and his novel, are real contemporaries of the fictional Jacques and Thomas. Indeed, later in the novel, Thomas goes on his own mission into Africa to discover the origins of madness in the origins of man, and in both novels they (Thomas and Marlow) find their respective source of madness, and, *en route*, a nameless native, in service to the white traveller, dies.

*Human Traces* jumps forward to when Thomas, having become Dr Midwinter, is taking a position at the “county lunatic asylum” as assistant medical officer and who is reading “*A Manual of Psychological Medicine* by Bucknill and Tuke” (HT p.91). It is from this point that the earlier foreshadowing of the mission is made explicit. Dr Faverill is the medical officer in charge of the asylum, and Matilda is his help. Thomas thinks that “If the porter was not a former lunatic, then this woman [Matilda] certainly exhibited florid symptoms of insanity, muttering to herself and grinding the fingers of one hand inside the palm of another” (HT p.93). This passage is just one of many wherein a character’s interiority, and the narrator’s position, is ambiguous. The reader has previously met Olivier as a figure of pity and mad danger, Matilda is simply pitiable.

As Thomas arrives at the asylum, he thinks that “psychiatry is a young discipline; that is part of its excitement” (HT p.94), repeating the break between psychiatry and the asylum he comes to practice in. Thomas writes to his sister, Sonia, speculating on the role of the asylum and the nature of madness. He suggests that “They [passers-by] could just make out this vast folly, if you will forgive the word, the million delusions of its inhabitants contained in utter darkness” (HT p.122). ‘Folly’ is referencing two things. The first being Victorian buildings that are mostly without use, other than to scare people seeking such titillation within the grounds of a park or mansion. Often this was phantasised as a haunted place. Folly is also a word related to Foucault’s notion of unreason – madness as a medieval character – that of folly as a worthless enterprise.

Faulks is drawing attention to what the orthodox histories of psychiatry note as a dark period of terrible incarceration (a folly in the care of the mad), which leads (and so is a necessary precursor) to institutional moral care, that of confinement as a useful practice. The asylum is looked upon from the outside as a liminal place of hauntings that connects the dead with the living, and symbolically confines what is unholy, beyond, and most often, the edges of a town

or city. While the practice of visiting the asylum and the mad as a spectacle<sup>36</sup> is mostly gone in the period that the novel is set, the dance (the ‘Lunatics ball’) described below, organised by Dr. Faverrill, perhaps harks back to that, but with the intention of evoking pity through a tragic dignity. Certainly, it offers a safe view into that liminal place for the select few of local civil society. Furthermore, the idea of “utter darkness”, a practical reference to the intermittent gas lighting of the asylum, is also signifying the status of madness as beyond the influence of Enlightenment and reason, and the role psychiatry will take in bringing reason to madness. In an illustration of this, McCleish, one of the senior asylum administrators, suggests the need for stewardship:

We have our successes, our cures, do we not [...]? [...] Some people do leave the asylum and return to their families. However, the weight of experience is the other way. More than ten years ago a state hospital in New York made a point of policy that no patient should be discharged. They gave themselves the honourable task of acting as custodians [...] our American cousins have the habit of always being a wee bit in advance of us” (p.113)

Despite these modest successes, McCleish remains doubtful of the possibilities of treatment, as he reminds Thomas that “asylum means. From the Latin *a* – without, *sylum* – cure. Get down Captain [even McCleish’s dog has rank]” (HT p.113). The different views held on the treatment of the mad retain, in both accounts, an “honourable task”. In a way that recalls the ‘white man’s burden’, the asylum staff take the mad, and manage them, without much hope for success, or progress.

While of dubious stylistic merit, Faulks uses exposition as characters give lectures, and expound, in their letters. This gives a sense of authority to both the character’s words, the text itself, and, so, to the ‘message’ for the reader. An early indication of this is in Faverrill’s welcome to Thomas:

Doubtless you are aware, Midwinter, that families once looked after their lunatics at home, but *the great men of our calling* [...] have demonstrated beyond contradiction that a well-run asylum can offer restorative benefits unavailable even to the most well-meaning family [...] Samuel Tuke, among others, has shown that with kindness, a firm hand and tasks to occupy the mind most peo-

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<sup>36</sup> In Arnold (2008) and Jones (1993) there are accounts of the prevention of medical practitioners entering asylums so care was not given, specifically in London’s Bedlam (for which documentary records exist), and the display of inmates for entertainment for a fee. Arnold goes on to describe the many ways that inmates were exploited by those running the asylums.

ple can be helped in their affliction. The word asylum, let us never forget denotes safety (HT p94 my emphasis)

Thomas agrees – he had visited the York Retreat and “It was almost a model society” (HT p.94). A first is noted here, which is that of the contribution that psychiatry might make to the whole of mankind, that is, in providing the basis of a model, ordered society. There is the paradoxical notion that a model society might be found in the antithesis of society, the asylum, but as worrying are the hints at the benefits of a custodial, patrician of society, that psy-science could become. This impression is built further in the notion of a curative European culture:

Esquirol had become master of the asylum at Charenton, a place of cultivated gardens, billiards, dancing parties, tender nursing and something approaching *douceur de vivre*, from which patients had been sent home cured. Here, just outside Paris, the rising arc of enlightenment had seemed most exuberant (HT p.134)

Later, the superficiality of this idyllic, psy-informed society is evident in an institutional ball, which is seen as an opportunity to give an impression of the mad *passing*<sup>37</sup> for near normal. Faverill suggests:

It is my intention that we should invite observers from outside, representatives of the Committee of Visitors, county councillors, the gentlemen of the press. They must be allowed to see how well our little society functions. I appreciate that this will entail considerable preparation and, on the night itself, some vigilance. (HT p.151)

Without close management, this “little society”, perhaps metonymically referring to broader society, will show itself to not function so well. Again, there is here the sense of the internal colony, and that of exclusion to the interior. The language in this passage is that of ownership and of the custodian. There is a “degree of selection” (HT p.152) of which inmates should attend, but also, of who might benefit, as a dance can be therapeutic. Excluding the infectious and bed-ridden inmates “gets rid of half” (HT p.153), but “any other odd cases” (ibid) can then be considered. Some will need “to be dosed first” (HT p.155), and so se-

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<sup>37</sup>As McClintock (1995) notes, *passing* is an important process of both race and gender politics and Mills (2014b) notes the same for madness. The importance of passing is both to a ‘getting on in the world’ and the subversive implications *passing* has for the grand narratives that make it necessary.

lected, segregated and sedated, becoming a parody of an orderly society, one which is constructed and shaped to give a certain impression.

Faverill, a respected figure for Thomas, expands on how he perceives his custodian role:

I mean, that sometimes *I find myself the captain* of a stricken vessel. I have the stars by which to navigate; I try never to take my eyes from the heavens, because I know the constellations. I know the direction of our landfall. But on bad days I feel that we are holed below the waterline.” (HT p.95, my emphasis)

Faverill speaks in such a way repeatedly, for instance, when he remarks that “I have occasionally, I believe, compared myself to the captain of a ship – a somewhat vainglorious comparison, it now occurs to me. But on a night such as this, I feel proud to think that this vessel sails onward.” (HT p.162). Faverill also says, “I am the emperor of this small realm” (HT p.220, and again on p.221). The captain becomes the emperor, and the text is pregnant with images of the history of madness. In this case, a reference to the Ship of Fools, thought to be an early example of the expulsion of the mad. Such a ship needs a captain, even where the expulsion is actually to the interiority, that is, to be excluded while remaining within the confines of society.

The asylum is the locus of a struggle between the old prison mentality, and the newer, psychiatric captains. The orderlies appear to be both subordinate to the doctors, but equally a law unto themselves. When Thomas meets the female patients, he is accompanied by Miss Whitman, an orderly, who wants the women classified, and allocated to a ward, swiftly. Thomas reflects that “The majority of the women he admitted would not be released and most of them would receive no medical consultation while they were in the asylum” (HT p.111). Thus, the proto-psychiatrists are being hindered by the inherited history of incarceration, which foregrounds the humanitarian nature of the profession, rather than their complicity in incarceration. Foucault’s *History of Madness* presents a different account of how incarceration made madness ‘visible’, and that this was necessary to how psychiatry formed. Foucault (2008) notes<sup>38</sup> the centrality of the asylum context which for *Human Traces* is crucial. Insofar that it is the ‘constitutive truth’, bound up within a socio-cultural regime that demands public self-recognition, and the resultant alienation.

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<sup>38</sup> Full quotation is in section 2.6,

### 3.4 Psychiatrists: Pioneers, adventurers and revolutionaries.

As well as stewards, custodians and captains, characters refer to the leading figures in nineteenth century psychiatry as pioneers and leaders (“It was not just scientific curiosity that drove them on, there was a deeper philanthropic motive [...]” HT p.235). The word *pioneer* colloquially refers to cutting edge thinking in such a context, but for the period in which *Human Traces* is set, the meaning is bound-up with actual pioneers, European polymaths entering ‘new lands’. Thomas notes that “[...] all the students he had met in Germany knew by heart Griesenger’s *battle cry* that psychiatry *must* emerge from its hermetic life as a kind of guild and become an integral part of medicine [...]” (HT p 134-135, my emphasis). He goes on to think about how psychiatry needs to develop; “These were his heroes [...] but psychiatry was in need of a new one” (HT p.135), leading to some further exposition on the problem of the new psychiatry:

there was a rapid increase in knowledge and a growing consensus of the wise, it had to be admitted that there was an insidious and growing counter-movement. The setting-up of public asylums in France and Britain had brought welcome seclusion to many and had ended the use of chains and irons; but before long the huge buildings had come to falter under the mounting weight of numbers – from the jabbering multitude for ever at the gates [the great confinement]. The trouble was that although the pioneering writers had humanely and beautifully described the problem, they had not found any cures [...] in the absence of cures, there can be only management (HT p.135)

The confusion continues as to the nature of the history of incarceration, which made, and indeed, throughout the novel, makes, a mad population available to study. The mad are a “jabbering multitude” and the doctors/pioneers are engaged in an art cum science. The evasive cure for madness is articulated by Maudsley:

The last volume he put away epitomised the urgent need for rapid advance. *The Physiology and Pathology of Mind* by Henry Maudsley argued that lunacy was passed on from generation to generation; that characteristics not only in-born but acquired by a parent could be transmitted to a child and that the mentally ill were therefore part of a process called ‘degeneration’. As such, they were to be viewed as a waste product of healthy evolution and were fit only for excretion. (HT p135)

The eugenic movement is evident here, and I return later to ideas of degeneration. As far as colonisation is concerned, there is an emerging picture of a discourse, where captains, pioneers and emperors are tasked with curing the biologically inferior, mad multitudes. The institution, in Maudsley's view, was of dubious worth, both in terms of medicines and confinement. He observed that the mad tended to do better at home, and recommended that psychiatry watch and learn, until better information was available. Within the context of the passage, it seems that this is less driven by a humanitarian wish for re-uniting the mad with their families, who presumably were often involved in their incarceration (Wise, 2013). Rather, it reads as a practical solution to the problematic realities of the limited curative properties of the asylum.

Such problems are part of the calling for Thomas:

When he had committed himself to this life, he had been thrilled by the possibilities it offered: the chance to solve intractable problems, to bring relief to those afflicted and enlightenment to all mankind. The zeal remained – it had increased – but to it had been added, by his fuller understanding of where the science stood, a sense of urgency (HT p.137)

Similarly, Jacques takes the view that the new psychiatry is something great and noble, when he considers how a prominent medic wants to take him on:

In the morning he had witnessed human beings on the *edge of greatness, men standing on the top of the mountain that only they, by virtue of their genius and determination, had known how to scale, and looking for the first time into a promised land the other side. These great explorers peering narrow-eyed into the mist [...]* when they became accustomed to the view and the mist began to clear, the vista that emerged was little less than *a complete landscape of what it meant to be human – body, mind and soul – the geography of being, revealed in all its beautiful simplicity by the pure light of science.* As if that exhilaration were not enough, *one of the expedition leaders had now singled him out by name to join them – to be an associate in that enterprise* (HT p.215 my emphasis)<sup>39</sup>

Notwithstanding the greatness he is already anticipating, Jacques writes to Sonia, making a bold claim that foreshadows the ways in which psychiatrization has spread in the eyes of its current critics: “We are on the edge of making great discoveries as will change the treatment of the sick, but more than this it

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<sup>39</sup> Read this alongside Jeffrey Lieberman's (2015) account: “Psychiatry is like no other medical speciality; it transcends a mere medicine of the body to touch upon fundamental questions about our identity, purpose and potential” (p.12).

will change what we understand it means to be a human being” (HT p.218)<sup>40</sup>. The heroic images and notion of pioneers continues, and is extended to a mission for understanding the mad, and also to tame the troubling mysteries of human nature. In addition, the tropes and motifs of heroic ventures and discovery are necessary to the diffusion and expansion of psy-science globally (Watters, 2011), and the over-inclusion of almost any human experience into a psychiatric concern (Frances, 2013).

Lieberman (2015)<sup>41</sup> echoes these thoughts in his “untold history” of psychiatry. He writes, “psychiatry does not merely have the capacity to raise itself from the shadows but the obligation to stand up and show the world its revivifying light” (p.10) and that after “each new wave of psychiatric sleuths unearthed new clues” (p.11). So, “despite its many false leads and dead ends, the detective story of psychiatry has a gratifying finale in which its impenetrable mysteries have begun to be elucidated” (ibid). This was due to:

a handful of renegades and visionaries who bravely challenged the prevailing convictions of their time in order to elevate their embattled profession. These heroes declared that psychiatrists were not doomed to be shrinks but destined to be a unique class of physicians [...] As a result of their pioneering triumphs, psychiatrists now understand the successful treatment of mental illness. (Lieberman 2015, p.11)

He goes on to describe psychiatrists as “pioneers” (p.33; p.196), who deal with the “daily grind of raving and catatonic inmates” (p.72) (see also footnote 10), who use the DSM, “the Bible of Psychiatry<sup>42</sup> [which] might just be the most influential book written in the past century” (p.87), and whose “contents directly affect how tens of millions of people work, learn, and live – and whether they go to jail” (ibid). It continues: “[n]ever before in the history of medicine had a single document [DSM] changed so much and affected so many” (p.148). The DSM was at the heart of “a tectonic battle for the very soul of psychiatry” (p.88). Rob-

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<sup>40</sup> Bhugra et al (2017), in the forecasting paper for psychiatry’s future also make the claim that the discipline is on the cusp of making great discoveries, while elsewhere in the paper the considerable limits to what can be claimed are also described. It seems psy-science is in a perpetual state of deferment for what is most significantly to be discovered.

<sup>41</sup> Lieberman was a former president of the American Psychiatric Association and the person who took the DSM5 into publication. Like Shorter, he makes his views of critics plain when describing the objections to DSM5, and how the APA leadership were subjected to “the complaints as the usual carping and hyperbole coming from rabid antipsychiatry critics and special interest groups” (Lieberman, 2015, p.274).

<sup>42</sup> See Bhabha’s (1994:2004) chapter ‘Signs Taken for Wonders’ on the significance of the Bible in the colonial relationship.



ert Spitzer (who led on the rewrite of the DSM) was “a psychiatric revolutionary” (p.117).

Looking back over the history of treatment, Lieberman notes that “[d]riven by compassion and desperation, asylum-era physicians devised a succession of audacious treatments that today elicit feelings of revulsion or even outrage”, although he suggests they “seemed worthwhile” when “weighed against lifelong institutionalization” (ibid). After the advent of psychopharmacology, and the “accidental discoveries of miracle medications” (p.185), Lieberman suggests that “[o]nly manic-depressive illness, the final mental scourge of humanity, remained bereft of treatment and hope” (ibid). When Aaron Beck is cited for developing cognitive therapies, it is considered “a moment akin to Martin Luther nailing his ninety-five theses to the Wittenberg church door” (p.224). Contemporary psychiatry treats “existential disease”, because, “only the brain can become ill from such incorporeal stimuli as loneliness, humiliation, or fear.” (p.289). Psychiatry finds the “true nature of their illnesses” (p.297) and enables people to “discover entirely new identities within themselves” (p.314). Like the lectures within *Human Traces*, Lieberman aims to educate the reader that “the truth is that we will only overcome the stigma of mental illness when the public is fully convinced that medical science understands mental illness and can provide effective treatment” (p.306), which hints at the extent of the civilising mission. The language is brimming with rhetoric and metaphor, all strategically aimed at convincing the reader of the scientificity and beneficence of the discipline, with only lip service to its critics (which is most evident in the coverage of how homosexuality was removed from the DSM). These quotations do not just echo the messages of *Human Traces*, there is also a striking stylistic similarity between the speech of Faulks’ characters, and Lieberman’s delivery.

Colonisation, through the images associated with pioneers, emperors and captains, soon becomes directly present in the lives of Thomas and Jacques. For Thomas, this is seen early in the novel as Edgar, his older brother, is sent to make his fortune in Canada. Likewise, a brief reference is made about Sonia’s then husband-to-be, Richard Prenderghast, who, moving out of the lace business “starting a venture with some chums in London. You can’t go wrong at the moment” acting as brokers for “sugar” (HT p.46). The ‘sugar business’ is an indirect reference to the colonies. There are two parts of the story which are

more clearly referencing the colonisation of the time, albeit not problematically for Faulks, or his characters. Firstly, Jacques visits the USA, and later Thomas visits German East Africa.

When Jacques visits Pasadena he writes to Sonia:

My heart melts when I think of the men and women and their children who had to cross this terrible landscape [...] what it was to be a rider for the Pony Express, going on and on through all weathers, attacks by Indians (HT p.461)

His view from Pasadena suggests that “Nothing lies beyond, except what Cortez saw from Mexico” (HT p.464). The (medical) gaze is clear and constitutes the land as being empty, and ready for European development, wherein lies the alignment between imperialist expansion and medical collusion. In San Francisco, Jacques visits a Chinese area (HT p.463). Professor James, his U.S. guide and contact, describes North America as “this paradise [that] was unexplored. It needed vision. It needed daring.” (HT p.467). The sense of America as an empty landscape awaiting Europeans is perpetuated, and indigenous peoples are reduced to sub-human savages, or simply erased from the picture. Faulks is making indirect reference to the ‘Frontier Thesis’ credited to Frederick Jackson Turner, an American historian of the time. Ideas of the free, open and empty space that forms the frontier spirit through hardship, a rejection of European class structures, and the push west, are presented as the root of the American spirit, and the bedrock of the nation (Hutton, 2002). However, like Faulks, Turner’s thesis “paid little attention to Indians. It stressed the individualism and self-reliance of the pioneer” (Limerick, 1995, p.699), and also like Faulks’ role with psy-science, the Frontier Thesis benefitted from being disseminated through the fiction of the period (Collins, 2009). Professor James and Jacques travel, stay in hotels and eat in restaurants – and remarkably there are neither black characters, nor indeed references to people of colour, other than the ones cited here. Their presence is noticeable by their remarkable absence. The references that are made are to the colonisers, their plight, and the wonder of their adventure. While later I will suggest that Faulks is willing to contaminate late nineteenth century psychiatry with some late twentieth century psychiatric theorising, he is not prepared to do the same for contemporary ethics, black politics or anti-colonial thought. In *Human Traces*, black people know their place – either invisible, or in Africa, which is where Thomas goes.

Thomas is invited to go to Africa on an expedition to examine the remains of human fossils, and with a broader mission of trade and cartography. The trip is revealed mainly through letters back to Kitty (a former patient and now his wife), and Sonia at the new asylum, and also through some narrated passages. By this point in the novel it becomes noticeable that the men write back to the women; their wives and sisters play the part of silent witness to the reflection, knowledge production and mastery of their male relations. When Regensberger, who is arranging the trip (HT p.546), is talking with Sonia, she asks “[...] what possible use an English mad-doctor could be to a cartographical expedition. Are you all expecting to go insane?” (HT p.547) Regensberger answers “It is a question of spirit...Africa is a large country and it calls for a large response. When one sits by the campfire at night, it is better to be in the company of a man who has risen to the occasion” (HT p.547). As it turns out, the expedition “consists of 38 porters, about 45 donkeys, four mules” (HT p.558), but the porters cannot be trusted to talk around the camp fire, or to rise to the occasion. Regensberger goes on; “there is a fine adventuring tradition among British doctors. They have always been mountaineers and explorers” (HT p.548), thus fulfilling the earlier indications of Thomas’s destiny. While the white Europeans have desirable types to which they conform, and into which they might expand, the natives remain homogenous, and, as is shown below, typified as childlike. Presumably, because of these qualities, the natives have respect for Regensburger “and he has no need of beating and bullying, which is what they expect from the white man” (HT p.568).

Around the time Thomas is thinking about going to Africa:

Regensberger told Thomas of his planned visit to German East Africa. ‘I expect you have heard of Oscar Baumann,’ he said. ‘He made two expeditions to the area for the German Anti-Slavery Committee, and a map of his journey was published in Berlin three years ago. It is a beautiful piece of work in its way, but it lacks detail... and in any event cartography was not his principle purpose’ (HT p.492)

There is no other reference to the violent excesses of colonisation in German colonial territory, or any other territory. Regensberger discards Bauman’s map due to its lack of cartographic worth, but no further mention is made of the anti-slavery sentiment. In the novel’s afterword, Faulks does confirm that there was a German Anti-Slavery Committee and Bauman was real. As the

passage goes on, the natives are presented as resentful, as if for no reason, thus confirming the disconnection in the European character's minds of the conditions of their servitude. Regensberger wants to look at "fossil remains" and explains "Baumann told me of a particular place known to the Masai, though I believe they have little interest in it themselves. They do not understand the significance of such things." (HT p.492). Consistent with their childlike state, the Masai do not comprehend the importance of the evolutionary/genealogical evidence, which is a marker for their inferiority, and underpins the scientific necessity of the civilising mission.

A concurrent racism, connecting Eastern European labourers (and as McClintock has pointed out, Irish peasants), and natives, in the evolutionary typology of the 'family of man', is evident back in Europe, with the building of the new asylum for Thomas and Jacques. Geissler is running the building project and suggests "as for the labour, I have found the best men are Slovenes, and they, poor fellows will work all day for a bed and a hot meal at night." (HT p.498) which remains unquestioned. Despite this, "Hans [who takes a supervisory role] watched over them fiercely, excited by his first position of authority and determined to make sure his employers were not cheated by the workforce" (HT p.515). Where it suits European, and here medical, interests there is a strata of inferiority that supplies manual labour both from the East of Europe, and from indigenous peoples in Africa. Geissler's view is exploitative, and his primary concern is preventing the Slovenes from getting away with anything which is not thought their modest due.

Back in Africa, Thomas is due to meet Crocker, who has "experience of the interior", is a "big white hunter", and has also visited Zanzibar, which Burton "called 'Stinkybar'" (HT p.556). In a way reminiscent of how the worth of the Black male slave had been calculated (3/5 of a white man in the US constitution (Kolchin, 1993)), "Crocker assured us we should need ten natives to each white man, which seemed excessive to me" (HT p.557) for the expedition into Masai country. It is in this leg of the journey that the infantilization, and sense of ownership, of the native porters becomes most evident. The natives are "boys" who need to "look lively", or "they would receive a good thrashing from a powerful Nubian the Germans keep for the purpose. There was much muttering and rolling eyes, but it seemed to work, as they set to with a will in the morning" (HT

p.558). Crocker claims to speak Swahili, “he certainly made himself understood over the thrashing business” (HT p.559). Later, “Thomas tried to make the bearers ration what they drank, but with little success, as they guzzled it like children” (HT p.591), putting themselves at risk of dehydration. Thomas observes that “When we pass a native, he stands aside deferentially, imagining, I suppose that we are his colonial masters [they were] – and at least we all do speak German” (HT p.558, underlining in the original). Additionally, “unlike the Indians we have met, the Africans are not a playful people. They are solemn and watchful” (HT p.562). Thomas writes:

I have noticed that he [Crocker] talks to them [natives] as though they were children and he a rather fierce schoolmaster; when he rebukes them they look at their feet like naughty boys – but they do not seem to mind, provided they are paid. We give them pieces of calico, to make clothes, meat from game we have killed with our rifles and in some cases rupees [...] It is not much, but the alternative for them is nothing but hunting with spears. (HT p.560)

Typical of the civilising mission is the idea that before Europeans arrived, the Africans had nothing, When thinking over the significance of the fossils, Thomas suggests that:

Even the natives, who have lived their lives hereabouts, seemed not to know quite what to say. They smiled a little and shifted foot to foot; they looked at us questioningly, as though we might explain it all to them. We looked back into their eyes, equally children, all of us, in the fading light, in the great mystery of our existence. (HT p.568)

They then head to a ‘government’ station, a boma, “a fine place, with three Germans in charge of about a hundred natives” (HT p.559). Thomas and the narrator take a tone of dispassionate observation, using the gaze attributed to him, from the earliest introduction to him, in the Midwinter household. This observational style paradoxically emphasises, even further, the ‘thingification’ of the native porters, and Thomas does this as a psychiatrist, with the authority of empowered description, and like Conrad’s Marlow, narrating a travelogue window onto Africa.

Thomas also describes the native way of life and the brief conversations with the only African named (albeit a European name) and spoken directly with in the whole of his account:

The villages we pass through are generally dirty; the natives have little idea of hygiene, and all the filth runs down the open gutter. George, the chief bearer, told Crocker that when the whole place becomes too disgusting they simply abandon it and move on. [...] George said they believe our skin colour is due to the fact that we come from the coast; they do not think of us as a different race, but as a sort of Coastal Negro. (HT p.561)

Whether it is hunting, drinking or living in a village, the Africans are characterised as primitive and insanitary<sup>43</sup>. It is worth bearing in mind that at this point, it is Thomas who is narrating from the position of directly viewing the native dwellings and their lives. These scenes would be an opportunity for Faulks, via this narration, to balance, or even disconfirm, the heroic tropes of imperial exploration, and expose the exploitation, which would still have been presenting a historically accurate picture. Not so; Faulks reiterates those tropes without problematizing them, and it is for the reader to decide the extent to which these accounts might be questionable. Furthermore, such omission is done alongside the intrusion of authorial knowledge during the expositional passages in the furthering of psychologising and psychiatrizing theory. Faulks is quite willing to use contemporary theory to correct the reader when it is in the interests of biopsychiatry, but not in the interests of anti-imperialism, anti-racist discourse, or addressing misogyny. It continues; the natives worship Gods, but “the spirits are quite easily propitiated, I have seen them offered nothing more than a tuft of grass” (HT p.562). They are excitable and cowardly, and when arriving at the crater where the fossils are located, the porters were “jabbering excitedly” (HT p.566). Crocker relates a story of hunting white Rhino, “Natives all ran away, shrieking, of course, leaving me on my own” and the carcasses of the expedition hunt “Leave it for the Masai. And the vultures. And all the rest of them.” (HT p.566).

This tone and characterisation continues, and the Africans are continually equated with children, logged alongside animals, and known through the ‘mark of the plural’ (Memmi, 1965, p.85). This reaches a pitch around the time the party arrives at the crater where the fossils are located. When Hannes, a cartographer with the expedition, wants to collect samples, Thomas reflects “I was surprised at the casual way he spoke, with no sense of desecration of the site, but I suppose that is how science progresses” (HT p.573). Desecration is a

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<sup>43</sup> Race, racism and ideas of dirt have a long history – I return to this briefly in the next chapter.

regular signifier of domination in *Human Traces* - the discarding of the bodies of mad women, tribesmen and the site where samples are taken. Curiously, while Thomas thinks in such terms as desecration with regards to Hannes and the site, he has no hesitation himself when he performs an impromptu post mortem on a porter, who Crocker accidentally shoots in the chest (HT p.594). The porter had been threatening to desert the party with six others. Crocker explains that he intended to fire over his head, and while there is some argument over this Crocker is unpunished. Crocker remains untroubled, and sleeps through the noisy mourning of the other bearers that night. A further porter is killed by a crocodile and a Masai bearer also dies – and Thomas suggests that the death of one of the bearers has upset him. With overtones of Conrad, Crocker replies:

When you have spent as long as I have in the dark continent, Doctor, you will learn that the loss of a native life is not a cause for great concern, even to the family. Look what they have done with the corpse – thrown it to the jackals. (HT p.600)

Given this, Thomas sees the opportunity to educate Crocker, and performs a post-mortem on the dead porter, which for him involves an “aesthetic pleasure” (HT p.600). This is performed without regard or permission of the porter’s fellow bearers, and is secretly done, away from the camp, by torchlight. Thomas removes the skull top which “is like pulling apart the two halves of a coconut” (HT p.602), a term which objectifies the man, and without awareness of the racist connotations. From that point on, the native is simply the brain – and while Thomas experiences wonder, the language is anatomical, distant, but horrifying as it is bold, as cerebrospinal fluid rolls down their arms as they speak. Afterwards, hyenas and vultures eat the exposed brain, as the dogs ate the scraps of the women following Jacques dissection described below.

The novel equates this trip with Thomas’ larger mission. He is still wondering about dementia praecox, a new diagnosis, and one which presents challenges like “the difficult country of madness” (HT p.613), a place to be conquered and explored like the Americas and Africa. Here are two significant discourses in one short sentence. Firstly, that the colonisation of land and subjectivity of madness are conjoined in the metaphor of the “difficult country” — a phrase hinting at struggle and resistance, as well as invasion. Secondly, the eugenicist metaphor of mental hygiene, that equates and binds the health (or

degeneracy) of the individual with that of the family, as a problem to be fathomed and resolved. Faverill offers some thought on this elsewhere in the novel when he writes that 'mental illnesses' are not diseases but remnants of "undevelopment" (HT p.624) that "arise during activity on the lower level of evolution remaining" (ibid), and "illusions etc., are not caused by disease but are the outcome of what activity is left him (of what disease has spared); his illusions are his mind." (HT p.625), that is, inferiority through regression. During the course of the quotation, it is unclear to what degree Faverill is thinking of madness in disease terms.

Earlier evolutionary forms offer the route to understanding the madness of white Europeans, and there is a reciprocated call-back in Olivier's madness. His hallucinations and delusions evoke the fetish when:

Two bridles dangled from a wooden post like effigies in the church of some obscure religion; and the function of such things seemed altered, thought Jacques, as though Olivier's experience has somehow reset the surroundings in light of its own integrity" (HT p.10) .

Outside of the African 'adventure' there is an almost complete absence of any engagement with race, even though, as suggested above by Shephard (2016), race and a preoccupation with so-called primitive or 'rude' (Rivers, 1924) life, is a defining feature of the science of the era. However, mad Olivier has a rather telling delusion when he states "My skin is black." (HT p.525). With an otherworldly prescience he goes on to say that "A great war is coming to the world", and "In his name ten million will die" (HT p.527), seemingly predicting the two world wars to follow. No mention is made of the wars of conquest within the colonies, or the ones that bring later decolonisation to fruition. Certainly, there is an erasure of what Césaire referred to in chapter 2 as, Hitler's mistake. That is, to do in Europe to whites, what Europeans had been doing to people of colour, for centuries. Thus, Olivier's insights, otherworldly as they seem in origin, refer only to the concerns of Europeans. Olivier's predictions jar somewhat with the otherwise scientific preoccupation of the novel. Prior to his suicide, he had visions of "Arabia, brown-skinned men playing music, girls dancing with clinking cymbals in their fingers" (HT p.530). Faulks seems to be orientalisng madness through a preoccupation with skin colour and identity, and a Delphic mysticism thus connecting the savage, the idiot and the savant. Taking a postcolonial



reading would also allow for the possibility that Olivier is abject through the madness and despair that leads to his suicide, and in such a way that writers like Fanon might consider as a colonial trauma. Such a reading would permit Olivier's abjection through psycho-colonialism to be voiced through commensurability with black skin – the various colonisations meet at that juncture of madness and blackness. Conversations between Jacques and the Curé, his patron, raise questions early on in the novel about madness and the mystical; "These illnesses are desperate things". And, the asylums are "where you feel the absence of God", "There are doctors, alienists, in charge of the attendants, but they are powerless" (HT p.24), and that between the street and the asylum, "It feels as though you've passed into a different existence" (HT p.25) — again a liminal, haunted space. Not only is madness unfathomable, staff are without any power to alter madness. Just like the savage, the mad are godless, and the places they occupy are likewise, godless places. That is, until the (proto) psychiatrist, a secular missionary, takes control of madness, in all the ways anticipated above, as great men of adventure.

### 3.5 Misogyny as psychiatric racism.

When Foucault (2003a) notes, in his *Abnormal* lectures in 1974-1975, that psychiatry operates its own racism, he does so in the context of a psychiatric preoccupation with the madness of women. It follows, that at least in part, such racism is tied also to misogyny, a further theme of colonisation in *Human Traces*, and the psychiatric practice of the time. The links between patriarchy and imperialism are made when psychiatry is described in terms of masculine greatness in psy-science: "Science will provide more powerful means. Young men will supply a keener gaze. For the moment they remain what we might call bridesmaid illness, one looking for a husband." (HT p.208). Madness is thus feminised, and is to be made whole when it is coupled in a heteronormative relation to the male doctor, and to the masculinised discourse of science. Unlike the passive and tragic women of *Human Traces*<sup>44</sup>, Foucault (2008) refers to the hysterics as "the front of resistance" (p.253) and "we salute the hysterics as the

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<sup>44</sup> As Khanna (2003) points out, sadly black women are also neglected, even erased, within the decolonising literatures reviewed in previous chapters and that misogyny is extended in the writing of figures like Fanon and Mannoni, who typify white women as more racist than white men.

true militants of antipsychiatry” (p.254). Likewise, McClintock (1995) sees imperialism and colonisation, and resistance to both, as occurring often at the intersection of gender, class, madness and race (and their crossings), what Foucault (2004) refers to as “multiple subjugations” (p.45). Finally, this intersection of feminised madness, sexual and criminal deviancy is shown in the examination Charcot makes of a male hysteric:

Paul B' [...] His family, as far as could be determined, was a Sodom of idiocy, drink and syphilis [...] He was sexually incontinent [...] Degeneration [...] has him in its grip [...] He is hysterical, usually a female illness and odd in a man not effeminate (HT p.252).

The women in *Human Traces* are most often, and most clearly, mad, with the novel populated by mad women in far greater numbers than mad men. The misogyny of the representation of gendered madness is as evident as the classism and racism. For instance, writing to Sonia, Thomas says of the staff helpers, “many of the type washerwoman, fishwife or what Mama would call ‘sulky shopgirl’ [and] it is not hard to see why such a poor class of person is all that can be employed” (HT p.121). McClintock (1995) draws attention to the ways in which women’s work becomes devalued within a patriarchal imperialist system, with particular reference to class differences. The mad women fair little better as they are described; “Madame Lafond obeyed with the docility of the chronic patient” (HT p.242), and Daisy, another patient, has a “look of bovine hopefulness” (HT p.119). When Thomas meets the mad women “some have no names at all” (HT p.100), Ruth (HT p.97) is libidinous and suggestive, and nearby is an otherwise silent “[...] fat girl, no more than fifteen, with mongoloid features” (HT p.98). Not only do the patients/inmates have no names, but also no story, as McLiesh says “They are not here to tell you the story of their lives, young man. In fact, it is because they cannot tell you the story of their lives that they have been sent here” (HT p.112).

The nameless women become a project for Thomas, who thinks about giving identity to the inmates, but in actuality he is giving identity to their madness/illness. That this role falls to him speaks of the drive to form typologies in this period, and the almost obsessive preoccupation with physiognomy as the route to identity, and subsequently identity given through the gaze and documentation:

The question of identity. He could make small pencil sketches of each patient in the ledger, but it was hardly scientific [...] He would have to write down brief, coded mnemonics to himself: red face, tremor, stench, scar; he could perhaps do it in Latin, in which language he would certainly escape detection by McLeish (HT p.114)

As McClintock (1995) notes, the advent of photography expanded the means for imperialism at home and abroad, to capture, study and visually classify curiosities and the exotic. She suggests that such things as photography, sketching and scene setting are *control frames*; attempts at delineation that suggests a greater control than may be felt, or achievable, when dealing with the object of the gaze. Thomas ponders the possibilities photography offers him instead of sketches:

Or photographs. Would Faverill permit photography? He had heard of an alienist in London who took pictures of the patients in his asylum because he was an amateur of physiognomy, who wished to demonstrate the importance of race, inter-breeding and cranial phenomena in the process of morbid degeneration (HT p.114)

Thomas is aware, therefore, of the links between race, madness, and eugenics. He also reveals at this point the command and ownership a psychiatrist takes of the asylum, in “his asylum”. Later, he explains to Sonia his wish to make a “reference library of the patients, so we know which one is which” (HT p.224), reminiscent of an ‘archive fever’, wherein the library/archive is the repository of law and knowledge, and embodied in the authority of the archon (Derrida, 1995). He reflects on how the photography shows the mad as “not broken”, but rather as individuals, different to the “undifferentiated mass” (HT p.225) on the wards. Such a mass is not dissimilar to the ‘mark of the plural’ applied to the “jabbering native” and their villages, nor is it far from Lieberman’s (2015) description of “an alienist in a country madhouse overseeing a horde of incurables” (p.71). Thomas sees that “each one is in fact a human with a story. In some ways the insanity is the least important thing about them” (ibid)<sup>45</sup>. That

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<sup>45</sup> Contrast this with what is known about the asylum building which is “remarkable [...] a feat of engineering. It contains more than ten million bricks and was built in less than two years. And what generous intentions it bespeaks towards the unfortunate” (HT p.101). More is known about the building than some patients and it stands as a monument to the patron/builder/state (but not the labourers).

this has not occurred to Thomas until he produced facsimiles of each patient, that fixed them in that static moment, is startling. His memory of them appears insufficient to render their individuality clear. The control frame enables him to tolerate the abjection of the mad, to be able to see their individual humanity. The asylum reduces the patients, on the one side, to an undifferentiated mass, and the other an individual only recognised through a clinical gaze, that pauses briefly, giving the sense of the extent to which these asylum doctors commanded even the idea that inmates were human. It falls to the doctors, like Thomas, to craft a suitable story for the inmates, that otherwise have no story, or identity, on their own terms. The potency of naming (and the primary naming is a diagnosis and ward allocation), is played out in what appears, in the first instance, to be an act of compassion, the patrician's gift. What follows are Thomas' musings that foreshadow his interest in what later becomes Freudian psychoanalysis; a psychological theory that again subjugates and rewrites the stories of women within a male gaze and frame, rather than an emancipatory recognition of a shared humanity (Showalter, 1997).

These descriptions might be opposed to his way of referring to a male, who, unlike the women asylum workers, is named as a colleague and peer:

My colleagues here are good men, I think. Dr Faverill, the superintendent, is a man of science and learning, rather grandiloquent, filled with optimism of our time. He is a believer in our ability to cure, to enlighten, to discover how the mind works (HT p.121)

When Jacques is in France training as a doctor, he is first introduced as being "up to his elbows in the abdominal cavity of an old woman", and that "behind him, a skeleton was suspended from a hook attached by a chain to a ceiling; an hour earlier it had been a fleshy young woman who had died in childbirth. Her uterus was on the cast iron table next to Jacques". The charnel house imagery continues as "The dozen bodies in the room were of different vintages" (HT p.129), and the bodies are "carcasses" of which bits are eaten by caged dogs, awaiting their own vivisection (HT p.130). Likewise:

Here were people twisted into bodily contortions which, however outlandish they appeared, remained *regrettably human*, so that they could not be dismissed as an irrelevance. Only Charcot had seen that, far from being *God's joke* at the expense of mankind's *pathetic hope of dignity*, the women represented a resource of medical study with no equal in the world, because no-

where else was it possible to scrutinise a disease throughout its length and then, marry it to its precipitating lesion [...] the women represented a resource of medical study with no equal in the world [...] *So useless in their lives, the women were at last able, in the cross sections of their brain and spinal cord, to donate something of interest to the existence that failed them* (HT p.204, my emphasis)<sup>46</sup>

Later, such treatment is referred to as an indignity (HT p.537) when a post mortem is to be carried out on Olivier following his suicide. The high regard given to the white male body and brain, contrasts with the treatment of the bodies of Africans and women<sup>47</sup>. The woman's uterus is exposed as the traditional seat of madness in women, the chains and hooks signifiers of enslavement, and the dogs feeding on the bodily scraps is their reduction to animal feed. The eugenic ethos is central in noting the otherwise uselessness of the women's lives until dissection. It may well be that, as Walden's (2005) review suggests, that Faulks is having "no truck with emotional correctness" (Walden, 2005, p.34), and that he is simply showing historical accuracy. However, historical accuracy, and the horror of the way in which these women are treated, need not be dichotomised. This point is made with reference to Morrison's work in the next chapter. Her work offers historical accuracy, while questioning orthodox historicising, but without the sense of distance and voyeurism of the scenes above. Given the different treatment of male and female colleagues, and of the bodies of the dead mad outlined above, Faulks might offer some indication of his own positioning. He does choose to intrude in some of the expositional passages, even to the extent of allegedly misattributing theoretical developments in psy-

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<sup>46</sup> A further passage constructing the mad as tragic is as follows: "In the clangorous wards around them the epileptics frothed and screamed, thrashing their heads on the soiled floor; the hysterics mounted their bizarre performances, bending their bodies into rigid hoops while torrents of verbal filth poured from their mouth; but there in the quiet of the amphitheatre, the footprints of the wretched beings, abandoned by life and the world, left traces of their passage – a claim in ink that they had been something more than transients – and with it some fragile plea that those who followed after them were bound to try to understand their compromised existence." (HT p.207)

<sup>47</sup> Žižek (2016) reports on a sexually violent murder trial and notes that the "[...] most disturbing aspect is that, acceding to the demands of the defence, the judge allowed Gladue's [the victim, an indigenous woman sex worker] preserved pelvis to be admitted as evidence: brought into court, the lower part of her torso was displayed for the jurors [...] Why would photographs of the wound not be enough? Does such a display not rely on the long tradition of treating indigenous peoples' bodies as specimens? Could we ever imagine the opposite case, an upper-class white woman's torso displayed when the accused is a black or indigenous man". (p.34). Thus, Žižek demonstrates that such problems are not passed, and connect misogyny, race and deviance.

chiatry on the nature of auditory hallucinations (Clarke, 2008)<sup>48</sup>. During the various autopsies, the brains of mad Olivier, the nameless tribesman guide, and the various women, are exposed, violated and discarded in the name of science. As well as the depiction of the visceral reality of pathological science, the scene is opening the women to the reader's gaze, making them entirely visible. As McClintock (1995) suggests, this is a point of connection between the mad, women, and the 'primitive'; all are available for inspection at the same level of examination. Her notion of 'anachronistic time' (that is, the idea that certain people and places allow a step back in time while being in the present) explains how the 'throwback', 'subnormal' or 'inferior' are thought to reveal something for the imperial, white male in the present. The process of pathology is inherently normative, as shown in Foucault's (1963:2010) chapter 'Open Up a Few Corpses' which describes how pathological anatomy became common practice. He suggests that "the only pathological fact is a comparative fact" (p.165) and how "alterations observed on all bodies define, if not the cause, at least the seat of the disease and perhaps its nature" (ibid).

In the same way that the sexual connection between Thomas and Jacques remained unexplored, so too does the revelation that Thomas hears voices. When the young Thomas leaves to read in his room at the family home, he starts to hear a voice – "Often at such moments he heard his voice. It was that of a narcoleptic man who had spoken to him regularly since childhood. It was not like hearing his own thoughts, which invariably came in fully formed sentences as though uttered to himself..." (HT p.53). What it means to hear the voice of a narcoleptic man is not explored, although it:

soothed him [...] offered comments of an indifferent, sometimes inconsequential nature on what he was doing or proposing. It did not try to interfere with his life and he was not frightened of it [...] it was outside of him, not produced by the workings of his own brain but by some other being (HTp.53)

The sense of the voice is further muddled by an uncertainty over whether or not this is the reflection of a sixteen year old Thomas, or that of Faulks, with access

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<sup>48</sup>In the *Human Traces* postscript, there is a strategically worded passage. Faulks writes "Professor Crow *considers* that the concept of the genetic predisposition to schizophrenia as a component of variation generated in the speciation event was first introduced in his papers" (HT p.789, my emphasis) which are then dated as published in 1995, about 85 years after the date Faulks places it in the novel. Crow and Faulks corresponded on this, and Crow notes "We agreed on the significance of the concept but to differ on its origin" (Crow, 2006, p.727).

to Thomas's interior world. If it is the latter then there is a further complication. Faulks evokes Thomas's voice hearing as one that is an external experience typical of voice hearing generally. But an author with this insight also has direct access to the voice, and to what is presumed to be generating the voice, which is something Faulks chooses not to present. As mentioned above the purpose of including Thomas as a voice hearer is unclear. The other characters never find out, there are few references to it in the novel, and the voice hearing is never connected to any of the events of the novel. It is possible that Faulks is entertaining the possibility of stigma – that Thomas is aware of the negative social meaning of voice hearing. Or it may be that Faulks is showing how psychotic phenomenon can be experienced outside of a pathological discourse, even to the extent that some psychotic phenomena can be almost banal. He may even be playing, ironically, with the proposition 'physician heal thyself'. The sympathetic account of Thomas though, is not extended to the mad of the novel, and a further interpretation includes the possibility that for European males, educated and middle class, voice hearing is not madness, but a connection to brilliance and innovation. Thomas' voice hearing might, in one instance, be a means to connect him and who he is, to the other mad of the novel. It seems equally the case that the effect is exactly the opposite, that is, separation in madness is at the juncture of gender, class and race. Perhaps unintentionally so, Faulks, in under-developing both the homoeroticism of Thomas and Jacques' relationship, and of Thomas' own madness, is hinting at the hybridity/instability of masculine, able, Eurocentric, heteronormative imperialism, while at the same time avoiding an actual feminising and unsettling of such ontological demands. Certainly, Charcot's depiction of the male hysteric quoted above leaves no room for doubt about the status of the feminised male.

### 3.6 The causes and treatment of madness

Throughout the novel, Faulks uses exposition to show the thinking of psychiatrists with psychological, hereditary, personal vulnerability and interactionist models in evidence. One psychiatrist, Faverill, who is the head of the English asylum in which Thomas works, suggests that what makes people mad is closely related to what makes them human, thus proffering an idea of 'good functions gone awry' (HT p.222). This is a nod to why it is that psychiatry might

illuminate the nature of what it means to be human. Also, the boundaries of psychoscience remain mobile – when Jacques and Thomas aim to advertise their clinic, they are conflicted over what to say, and arrive at “something that was definite and vague, specific and inclusive” (HT p.306)<sup>49</sup>. The discussion above notes the ways in which the novel might metaphorically allude to colonisation and how it often does so through omission, which erases the Imperial context of the story, and shapes the idea of ‘progress’ for psychiatry. However, it is the exposition of orthodox psychiatric theory and explanation that may well have the most colonising impact on the reader. This is not a new notion, and is considered in critical accounts of Victorian literature such as that of Showalter (1987), Gilbert & Gubar (2000), and, to an extent, Clarke (2009).

Faulks’ exposition addresses the reader directly, and educates and informs them on the status of ‘mental illness’, but with a contamination of contemporary thinking. It gives the impression, therefore, that the early psychiatrists resonate in ways, perhaps far greater than they did, with modern scientific approaches. This is not a device purely applied in fiction. For instance, Shorter (1997) suggests that “[D]uring the nineteenth century several major components of “madness were on the rise, in particular neurosyphilis, alcoholic psychosis, and apparently, though this is less certain, schizophrenia” (p.49). The problem here is twofold. Firstly, it is not the uncertainty about incidence, but rather the use of the term *schizophrenia* to account for something that was not thought of in such terms then, which is highly suggestive of a scientific bridging that becomes self-explanatory. In effect, Shorter is suggesting that it is only a matter of time before this ‘illness’ is identified as such, and so the word schizophrenia may be retrospectively applied. Secondly, and I believe more problematically, schizophrenia, which still has no biological marker, or clearly identified pathological process, is strategically placed among pathologies with a clear causality. This communicates by association, but in subtle ways, a similar status between

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<sup>49</sup> Read Thomas and Jacques’s description of what they share with potential clients alongside the definition promoted by NICE and the National Collaborating Centre for Mental Health (2009) description of schizophrenia section 1.6 of the introduction and it is striking that like Thomas’ and Jacques, the definition is definite (authoritative), but vague, it gives the sense of specificity without achieving it and is somewhat over-inclusive of what might lead to a diagnosis.



the three diagnoses, and confers on schizophrenia the status of biological illness in the absence of evidence<sup>50</sup>.

This, then, has the function of educating the reader to a great period of early psychiatry. Thomas is narrated as he thinks on the history of madness:

The history of the subject was shameful and brief. There had been the dark ages, when wandering idiots were mocked or pilloried; there had been the superstitious centuries when people spoke of 'possession' and other devilish nonsense; then there was the era of cruelty, of imprisonment and taunting, when the idle sane paid to make faces at the lunatics. This had turned into the era of 'restraint', earlier in the century, when the gathering of many mentally afflicted people in one place for the first time had necessitated the use of manacles, irons and straitwaistcoats. Even before such practices had become obsolete under the influence of enlightened thinkers, some medical men and some, like the famous Tuke of the York Retreat, laymen of humane and philanthropic vision. This was, in Thomas's view, the true beginning of his medical discipline. (HT p131-132)

The account above provides the broad brushstrokes of the received history of psychiatry. The reader is invited to view the way psychiatry 'truly' began, at a certain point, after inhumane treatment had been dispensed with. The easy sequential nature of the story adds rationality to the growth of psy-science, within (and constituting) a discourse of progress. This delineation is questionable with mass sterilisations, genocide and mass incarceration within which psychiatry participated, into the twentieth century. Curiously, that part of the mid-twentieth century is typified, by both Shorter (1997) and Lieberman (2015), as a psychiatry stagnating under the influence of psychoanalysis. Such histories also fail to account for such things as the seventeenth century witch trials, which increased at the same time as did the rise of secular thinking and enlightenment reason (Midgley, 2001). Thus, spurts in rationality can co-exist with mysticism and superstition; the former does not erode the latter.

The scientificity of traditional, historical discourses on psychiatry lend themselves to the plausibility of bio-psychiatry and psychoanalysis. The hereditary explanation would seem to suggest that madness would be extinguished

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<sup>50</sup> Shorter is scathing of any of the critical sources linked to the antipsychiatry movement which produces some flaws in his work. He mocks Foucault's notion of the grand confinement as having never happened, then goes on to describe the not-so-much-later explosion in asylum populations well into the twentieth century. By doing so, he neglects that Foucault is often doing two things; writing a 'history of the present' and outlining the 'conditions of possibility'. In effect Foucault, in *History of Madness*, sets out the conditions of thinking that then permit the possibility of an asylum population explosion.

because those with dementia praecox “[...] die young. They frequently kill themselves. Sexual selection works against them because they are an unattractive mating proposition. They have fewer children than ordinary people. Yet, relatively speaking, they have flourished.” (HT p.502). However, in evolutionary terms, psychosis confers an early advantage, and “[...] must have been endemic in the first humans who came out of Africa. It would suggest that it was related to whatever transmutations took place in Africa that first turned pre-humans into *Homo sapiens*” (HT p.504). Despite the trend in dementia praecox being at odds with hereditary theory, this paradoxically seems to strengthen the rationale for it. Certainly, this is likely to be a contributing element to ideas of degeneration, circulated throughout the discourses on race, madness, sexuality, ‘imbecility’ and criminality. In fact, Africa becomes not just the originary birth-place of Homo-sapiens, such reasoning suggests that psychosis also came out of Africa. Thus, human evolutionary refinement is something that happened away from the originary moment, elsewhere in the new world.

Degeneration is covered in Shorter’s (1997) history, which suggests that “[t]here is some truth to the concept of degeneration, although the term rings infamously on late-twentieth-century ears tutored to its misuse in the Holocaust: Some diseases with psychiatric and neurological presentation do become worse as they are passed on.” (p.94). Shorter objects more to the political cooption of the degeneration, than the idea itself. While he explicitly refers to the treatment of the Jews as a ‘degenerate people’ in the eyes of Nazi’s, he does not extend that to the hundreds of thousands of others, across Europe and the US, murdered and sterilised, with the same concern for mental and genetic hygiene. But then his section on early psychosurgery, held by many to be a shameful part of psychiatric history, is titled ‘The Lobotomy Adventure’ (p.225)<sup>51</sup>.

Traditional psychiatric explanation is not unique to *Human Traces*. In Faulks’ *A Week in December* (2010) a young male character, Finn, develops an

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<sup>51</sup> Likewise Lieberman (2015) strikes a light tone with the title ‘Nothing an Ice Pick to the Eye Can’t Fix’, referring to the quick lobotomy method developed in the US, and how Moniz, who developed the original lobotomy procedure, was given a Nobel Prize. He humorously speculates how messy wards must have been in the days when patients were spun in chairs and were constantly having their bowels evacuated with mercury based laxatives (p.63) - activities which would with little doubt constitute a torture if applied now. In the novel Jacques and Thomas seem proud of their “showers as powerful as fire brigade hoses” (HT p.302)

acute psychosis that is discussed in expositional and traditional psychiatric terms. His sister, Jenni, has a conversation with a friend, Gabriel, who is under the misapprehension that schizophrenia is a split personality. She explains:

[H]e has schizophrenia [...] They're trying to rechristen it, I believe. DPI. Delusional Psychotic Illness or something like that. What it means is that he's seriously deluded. He hears voices which give him instructions. And these voices are real and loud. (Faulks, 2010, p.302)

Finn's "system of beliefs became very fierce and very structured" (p.303), and when asked if he can be cured, she replies:

I don't think so. Not now. But the drugs take away some of the worst of it. The trouble is they seem to take away something of him as well. Part of him, the person he was, seems to have died (Faulks, 2010, p.304).

It goes on, "That's the trouble with psychosis. It picks on ordinary people. One in a hundred. No other animal has it, so far as we know" (p.325) and it is equated with tragic disability: "it's as though one in a hundred eagles was blind from birth. Or one in a hundred kangaroos had no hop" (p.326). In discussing hereditary causal explanations of psychosis, it seems to be Gabriel who is now explaining to Jenni, who asks him: "So it's passed on, this problem? Schizophrenia. It's, like, hereditary?" and he answers "Yes. Well, mostly. If one of your parents has it, you're much more likely to. It runs in families. But it's not completely hereditary [...] So they figure there is something else too, what they call an "environmental factor"." In fact "When your brain circuits finish growing and the last connection's made, that's it. You're psychotic. Others are delicately balanced. The circuitry is complete but it still needs a push" (p.327). This is confirmed in a further scene when Finn's mother meets with the supervising psychiatrist:

We know that schizophrenia has a strong genetic component, but we also know that other factors can be involved. A very large number of schizophrenics are heavy cannabis users in their teens, but the profession is divided as to whether there is a causal link. It may well be that people with a schizophrenic make-up are just more likely to indulge in alcohol and drugs. They already feel less attached to reality, they're naturally careless of their health. In fact, that's a majority medical belief at the moment (Faulks, 2010, p.336).

Using cannabis in the teen years is “definitely very dangerous because their neuro-development is undergoing its final, infinitely subtle changes. It’s like plunging a large spanner into those delicate works” (p.337). Even at the time, much of this ‘factual’ information was robustly challenged, which again, is information Faulks has access to. The link between substance use and psychosis is made with a moralising undertone, which alludes to mental hygiene and deviancy, which runs through the discourse on drugs and madness for over a century (Hill *et al* 2015). Psychosis is confirmed, through somewhat stilted speech, as explicable through the stress-vulnerability model. Faulks links drug use to danger and a tragic ontology, like that of traditional views of disability. That is, like the women of Jacques’ dissection, a kangaroo without a hop and a blind eagle are missing their defining feature; an absence that undermines and disintegrates their presumed essence (but is also what Bhahba (1994:2004, p.170), refers to as “less than one and double”), the moment of hybridity that both exemplified colonial authority and undid it). So, as Bhahba (1994:2004) notes, the moments of authority become “signs of the discontinuous history [...] They mark the disturbance of its authoritative representation by the uncanny forces of race, sexuality, violence, cultural and even climatic differences” (p.161).

Returning to *Human Traces*, Thomas pre-empts the incidence of schizophrenia that is stated by Gabriel, over a hundred years later: “And suppose that the incidence of this illness was roughly the same in all populations, despite differences in climate, conditions of life, diet and so on” (HT p.501). Faulks also foreshadows what he writes in *A Week in December* by noting that “the so-called moral treatment is certainly the best palliative that exists – until such time as we can establish the aetiology of the different diseases” (HT p.95)<sup>52</sup>.

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<sup>52</sup> There is almost a repetition of this dialogue from *Human Traces*: Thomas suggests “Until someone could fill in the details of how heredity worked, then it seemed to him that there was little chance that they could understand, let alone cure, the forms of madness that had an hereditary taint”. Thomas believed “that the illness had entered into mankind at the moment he evolved into *Homo sapiens*” (HT p.489). Furthermore; “And I have always thought that whatever the change was, it involved a connected vulnerability. Psychosis is a human condition, as human as the straight toe or the arched foot we saw in the volcanic dust. No other species has it. Dogs do not hear voices. Cows do not imagine themselves pursued.” (HT p.578). And “Henry Sedgewick a few years ago found that nearly eight per cent of people today hear voices. My belief is that the true figure is much higher than that because people today are ashamed to admit it” (HT p.580). I consider dogs and cows to be poor examples in this case, since, in fact, both regularly behave like someone is chasing them and seem to perceive noises not otherwise heard.

In *Human Traces* such orthodox, psy-science exposition is often present, for instance as Thomas reviews a bookshelf with the major psychiatric works to date (HT p.131-137). Likewise, this occurs when Jacques attends Charcot's lectures, and hears that "[A] predisposition to hysteria is inherited" (HT p.210) and that "[T]hese women appear to relive a traumatic event from their past" (ibid), which "may in fact be a precipitating factor in the unlocking of the hereditary neural disposition" (ibid). Charcot claims that:

hysteria [is] not a static but a dynamic lesion, caused by an alteration in the tissue of the brain brought on by metabolic or chemical change. Such process is quite consonant with our understanding of hereditary disease (HT p.213)

The effect of such exposition, whether intended or otherwise, again, appears to be the implication of linearity and rigour in psychiatric thinking and research. Causality, and the location of racist psychiatry, in Foucault's sense, are seen later in a conversation between Jacques and Sonia. He explains that mental illness is "Inherited, though we do not yet know quite how that works. Also influenced by the patient's womb or ovaries... [that] Patients undergoing hysterical attacks appear to be reliving horrible things". Sonia exclaims "Horrible things"? Hardly a scientific term." To which Jacques explains that "It seems that such horri – traumatic events may actually set off the illness. They unlock the door to it" (HT p.249). A further biological claim within modern, psychiatric science is the notion of psychotic toxicity, that is, the idea that dementia praecox and schizophrenia are themselves toxic states which cause brain damage. Lieberman waxes on the benefits of neuroimaging and other cutting edge methods in a way that Faulks pre-empts. Such is referred to when it is reported that:

In *Observations on Insanity*, Haslam reported how he carried out post-mortem inspections of twenty-nine Bethlem inmates and found that the lateral ventricles of the brain were noticeably larger than normal [...] what might more advanced techniques not show? (HT p.133 – 134)

This pre-emption is consonant with Lieberman's sense of millennial success, when Faulks writes "in the absence of molecular proof – something that will take a hundred years or maybe more – the best I can do is shore up my theories by quoting good authorities who have thought in similar ways" (HT p.621). In one sense, Faulks' own referencing between his novels gives the impression of continuity of thought in psy-science, almost to the extent of suggesting a degree of

focus and industry throughout. The alternative effect is actually to highlight the lack of progress in key areas of activity, such as the identification of a schizophrenia gene, as well as his own lack of engagement with a critical literature from the 1960s onwards. Such a determined, pro-psychiatry discourse resonates strongly with the ways in which both Shorter and Lieberman, more explicitly, have no truck with critical or anti-psychiatry movements, even though these are credited with many of the changes towards a more humane treatment of the mad (Rose, 1986).

The psycho-education of the reader continues as Jacques gives a public lecture over sixteen pages of exposition (HT p.332-348), in which he is able to “deduce something that may be of universal relevance to mankind” (HT p.333). While Charcot is “the Napoleon of the medical sciences”, Jacques is described in turn as the “Napoleon of the neuroses” (HT p348). Through this lecture he covers early hereditary theory, the rise and fall of various key figures in psychiatric history, and the possibilities of dream analysis. He says:

I do not believe you will ever cure severe psychiatric illness by the application of psychological theory and what at the Salpêtrière they now call “psychotherapy” – talking to the patient – however complete your model and whatever your gifts of understanding (HT p.361)

When Jacques presents the case of his patient Fräulein Katherina (Kitty) Von A (HT p.379-398), this introduces the split between psychological and neurological psy-science. This foreshadows the years under Freudian influence, which the traditional psychiatric histories view as a period of non-scientific stagnation. The status of psychoanalysis is likewise foreshadowed when it turns out that Jacques’ psychological explanation of his patient’s illness is a misdiagnosis, a psychologising view which is put right by Thomas (heralding the split in their relationship), in a new write up of the case (HT p.428-434) based on his diagnosis of a physical problem. In this case, a bio-medical explanation wins out as true, hinting at the clash to come, and outcome, between bio-psychiatry and psychoanalysis.

### 3.7 Conclusion.

Whether Faulks presents an authentic historical picture or not, the mad remain tragic figures who continue to “pay a price for the rest of us to be hu-

man” (HT p.265). *Human Traces* is a contemporary novel that, I argue, promulgates certain notions of madness and psy-science, trading on the very epistemic imperialism that is also its form. Colonisation and imperialism are written out of the period in a way that is often more uneasy for a contemporary writer. To ignore the imperial/colonial period of the novel is to write without recourse to the lessons learned from the postcolonial field about the necessity to challenge the otherwise, neutral, political backdrop. Neither are feminist discourses, nor the experience of women in psychiatry, presented in *Human Traces*. Women are dehumanised in such a way that suggests this is not just an historical ‘fact’, but a necessary one. Certainly, Lieberman, and, specifically, Shorter, want no part in what they view as marginal interests. Likewise, Faulks presents himself broadly as very much part of the English establishment, and literary establishment, specifically.

Within the context of my study, though, two significant findings should be drawn out. Firstly, that such popular literary novels as *Human Traces* offer an uncritical and authoritative history of psy-science – it is not simply fiction. Without an engagement with the growing, critical literature in the mental health field, the reader might be forgiven for trusting Faulks’ delivery. This is especially so given a cultural belief in medical beneficence. Secondly, given this, novels such as *Human Traces* and *A Week in December*, show a remarkable similarity to the ways in which cultural colonisation is identified in the previous chapter. Such exposure is the way that readers might come to know their own forms of madness, distance themselves from that of others, and comprehend madness primarily as a sickness, with its roots in degenerate, hereditary lines and social deviance.

I am arguing that there is a *materiality of metaphor* (Mitchell & Snyder, 2000), that is, a real world effect of literary texts and the ideas that they purvey. Here, it is between what Faulks’ (and comparable literature) offers as a legitimate, orthodox account of psy-science, and the material ‘facts’ of contemporary psychiatry. Works of fiction, of the kind discussed in this study, therefore, have a presence in the world beyond their literariness. The metaphoric construction of the proto-psychiatrists in *Human Traces* is linked to the civilising mission (the need to remediate the mad, despite themselves). The psychiatric research of the time is literally ‘cleaving nature at the joints’ in the way that I noted Said

wrote about Conrad. Psychiatry is sustained as the much maligned, but admirable venture with little relationship to its worst excesses. This psy-science is shown to be a break with the imprisonment of institutional care (even though institutional populations exploded in the late nineteenth, and early twentieth, centuries), distant from the quackery of mesmerism, good humouredly apologetic (though, understanding of the need) for spinning people into submission, for conducting psychosurgery in hotel rooms, leaving all this at the advent of neuroimaging. If such practices and occurrences are not the mainstay of psychiatric practice historically, they are the disjuncture that illustrates the conditions of possibility.

Faulks follows a realist tradition in English literature that often presents a linearity in its storytelling, and so produces an imposed sense of order. His psychiatric history sanitises the route to psychiatric progress, while showing enough horror to avoid the accusation of sentimentality. But as noted above, the horror is never considered in anything other than the partial terms of the necessity of the drive to greatness. Thomas and Jacques participate directly in imperialistic travel. Their aim for the mad is curative and their terms – a civilising mission of the mind.

Besides the civilising mission, there is the presumption of inherent madness (inferiority) to which male doctors respond with adventurous concern. Part of the concern is to arrive at a typology for the quantification of madness on the terms of the clinician (empowered description). Class, gender, education and medical prestige structure the psy-pyramid with a clear differential of who is looking down on who. And the story is told from that positioning also. The mad women and native bearers have no story, or circumstance to tell, other than that which is required of them for the plot, or indeed, within the story (cultural subjugation). None of the male doctors hold much hope for the cessation of madness despite pouring their energies into finding a lesion and cure, and thus, whatever the mad do, they will always, even at the level of their genes and potentialities, be mad (the advancement paradox). They hope for greatness, and the great men of this period make enormous gains through their material colonisation, the pillaging of people and natural resources. Even to the extent that the doctors in the novel use bodies as they see fit. The power of psychiatry to 'arrest' is embedded in law, then and now, albeit with some checks and balances. This may



be on the presumption of dangerousness, or even just the likelihood of non-compliance on the part of the mad. Most of the themes of psycho-colonisation are thus present in the story, and current status, of *Human Traces*. Faulks' *Human Traces*, I suggest, presents both a history of psycho-colonisation, and is an act of perpetuating that history in the contemporary reader's consciousness.

## CHAPTER 4: MADNESS IN MORRISON: THE REPRESENTATION OF MADNESS IN *THE BLUEST EYE* (1970) AND *GOD HELP THE CHILD* (2015).

### 4.1 Introduction.

In the first two chapters I established a rationale for engaging with psychoscience as a coloniser, and the possibilities presented by critically engaging with postcolonial and cultural studies. Morrison represents an otherwise hidden Black American history on its own terms, with racism most present. While great tragedy occurs, narratives of self-respect and dignity are striven for. This is not mawkish, but rather her stories are fraught with terrible choices and costs. While certain mad ways of being in the world are often at odds with the social world, there is a reading of *The Bluest Eye* and *God Help the Child* that equally permit a character's turn to madness to be an act of personal liberation, as well as trauma, that deeply affects the story's narrator. This affective dimension of the intellectual world has been arguably erased, and the work of Black women recedes in favour of Black male and White theorisations (Cooper, 2017). Morrison, and by extension, her female characters (especially the protagonists discussed in this chapter) put the lived, affective, subjective experience 'center-stage'. This is in keeping with the poly-vocal view of madness that I argue in chapter 1 (section 1.6). So, where madness is concerned, in its relationship to traditional epistemologies, and for mad people of colour, an affective dimension is crucial to mad knowledge and resisting psycho-colonisation.

*The Bluest Eye* is set within the period of U.S. segregation, when Jim Crow laws made segregation the social norm; structurally embedded and institutionalised. *God Help the Child* has a contemporary setting and could, in many respects, be a sequel to *The Bluest Eye*. Certainly there is reference to the 'New Jim Crow' laws operating through the criminalising of young black males (Alexander 2011). Given that *The Bluest Eye* is mainly a reminiscence from around the late 1960s, looking back to 1941, it is fair to assume that such 'rememorialising' is connecting the period of Jim Crow to the latter years of the civil rights movement(s). *God Help the Child* in turn, connects the success of the civil rights movement for a growing black middle class to those left behind, what Michelle Alexander describes as a splitting of black communities on the basis of the rhetoric of a (mythical) meritocracy, based in the ethos of social 'uplift' (Cooper, 2017). One intention, and effect of colonisation, is to turn a people

against themselves – a tactic having great success in the first half of the twentieth century, when solidarity between poor white and black threatened the advancement of a racist ethos (Alexander, 2011)<sup>53</sup> and was subsequently undermined.

While segregation works at the level of race in both novels, it also operates in terms of class (segregation within the black community) and psychological alterity. Pecola and Sweetness in turn become estranged, perform their difference, and contend with madness. This is reminiscent of the earliest use of the word 'idiot', two millennia before it became a term within psy-science (alongside moron and imbecile to describe gradations of 'retardation'). That is, the idiot is one who lives outside of social convention (Siedentop, 2015), even where that social convention is restrictive of a range of subjectivities, or is, indeed, toxic. So potent is the notion of the 'idiot', and its affiliates, that it not only connects to social exclusion, but also, in the nineteenth and twentieth centuries, to eugenics. In the white world, madness, disease and race were (are) inextricably linked, leading to policies and actions of segregation, incarceration, control, sterilisation, and extermination, both purposefully and through inaction (e.g. accepting the high death tolls on indigenous populations of 'imported' diseases, and the acceptance at a policy and social of this as a resolution of the 'indigenous problem')<sup>54</sup>. Furthermore, such strategies are most effective when a given subordinate population can be recruited into self-governance along the lines of those imposed by the coloniser, what Foucault refers to as governmentality (at the level of the individual) and biopower (at the level of populations). Derrida's (1992) reading of Foucault's thoughts on literature expands on the idea that one of the functions (or effects) of literature is to express and/or relate to 'otherness' in such a way as to resist both the '*othering*' process (achieved by defamiliarising normative or dominating positions), and resist the location of otherness in a presumed exteriority, but without domesticating otherness within the category of

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<sup>53</sup> Not every activist thinks so, which may reflect the specifics of a given struggle. Fanon writes; "In a colonial country, it used to be said, there is a community of interests between the colonized people and the working class of the colonialist country. The history of the wars of liberation waged by the colonized peoples is the history of the non-verification of this thesis" (Fanon, 1967a, p.82)

<sup>54</sup> Alison Bashford in *Imperial Hygiene* (2014) outlines a case study *par excellence* of this in the public health policy and practice of Australia both in relation to aboriginal peoples and to various others, often Chinese migrants.

the 'same'.<sup>55</sup> This means difference is not a pejorative, and so does not require alterity to become *likened to*. *The Bluest Eye* achieves a balance of tension between *othering* and domesticating tendencies at the level of the author's discourse, the novel with a subject/object and narrative, and at the level of characterisation. The shame and humiliation felt by the community surrounding Pecola, and her family, can be read as directly proportional to the extent that their community embraced the American discourse on merit and advancement, and the norms that permeate such discourse. The requirement for self-governance in advancement (the variably problematised idea of 'respectability' (Cooper, 2017) in early twentieth century Black political activism) splits people from their community, and leads them towards a white metric, one which admires and desires (internalise and operate) the white, patriarchal, heteronormative, able, capitalist lead (but which is forever in slippage, unobtainable by the very action of placing a dubious ideal in a dubious norm's clothing), at the cost of a sense of community.

#### 4.2 A return to 'defining' madness

In this chapter I argue that madness is a recurring theme in Toni Morrison's writing that is rarely written about on its own terms in the critical scholarship about her work. Where this is the case it tends to be on the basis of trauma, and with a psychoanalytic frame of reference. Unlike Morrison herself, who avoids reducing the madness of her characters to psychiatric tropes, it is the case that critics and scholars are drawn into the mental health, psychological and psychiatric world for her, to varying degrees, and thus return the experience that Morrison articulates back into a dominant discourse. It is not insignificant here that "[p]ower for Morrison is largely the power to name, to define reality and perception" (Davis, 1990, p.8), power felt most readily in psy-science. It is

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<sup>55</sup> This point is made in full awareness that critiques such as those of Sardar (1998) problematize postmodern perspectives as on the one hand attempting to destabilise the totalising effects of modernist imperialism while potentially not understanding its own Euro-American roots and interests. Donaldson (1992) suggests colonialism needs to be understood as occurring also within nation states in relation to certain subject positions (as do McClintock (1995) and San Juan (1998)) in her case, gender. Both these points are important to my study of the colonisation of madness within the Global North and elsewhere using postmodern theory. I think a slightly different point is what Baudrillard (2010) is raising when he writes "[...] this new hegemonic configuration (which is no longer the configuration of capitalism at all) has itself absorbed the negative and used it for a leap forward through the meanders of cynical reasoning or tricks of history." (p.60) - that is, that postmodern critique has an intellectual mobility employed as much by hegemony as it is by critics.

a curious phenomenon that although African-American writing is part of the postcolonial field (Madsen, 1999)<sup>56</sup>, a field that refuses and resists dominant white, heteronormative, able-bodied patriarchy; post-colonial writing is often accepting, without question, of such patriarchy in psy-science. And so we might accept that Morrison's "representation of trauma is an attempt to bring to consciousness what has been repressed and sealed off, both in literary and fictive representation and in historical narrative. Literature, then, becomes an important means to resurrecting the witness, and important form of cultural memory" (hooks, 1990, p.30). As previously argued, psychoanalytic concepts may be variably accepted into post-colonial work on the basis that they can be used to mobilise subversive and resistant accounts.

There is a tension in conflating the terms 'madness' and 'trauma' as these may refer to different experiences, and conversely, by separating these terms entirely I would fail to see their overlap in favour of artificially discrete categories (a problem for diagnosticians). For the purpose of this chapter, therefore, and within the context of Morrison's works, I will treat 'trauma' as referring to the catastrophes, insults and injuries, great and small, singly or aggregate, be they physical, psychological, emotional, social and cultural, that may be perpetrated upon someone with or without a turn to madness. Such trauma, however, does transform the person (and in keeping with Césaire, Memmi and Fanon's views, both the perpetrator and the victim) and leaves its mark. This is sufficiently accounting for the range and scope of traumas inflicted within the colonial space without recourse to madness in every case.

This problem of definition, and the slippage of what madness can come to mean, is qualified usefully by Megill's (1992) reading of Foucault's work on madness (and echoed by During, 1992), particularly *Histoire de la Folie*. Megill suggests that:

[...] Foucault's concern with 'structural study' can be read, not as a denial of the search for 'madness itself', but as a move from a substantive definition of madness to a structural definition (and thus to a definition that is necessarily plural, since different situations will generate [...] different experiences of madness. (Megill, 1992, p.97)

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<sup>56</sup> Madsen (1999) argues that post-colonial literature has tended to privilege the writing in English from former British colonies at the exclusion of native and indigenous populations. In the same volume Rice (1999) contributes to the setting of Morrison's work within the postcolonial field, and Hutcheon (1988) locates Morrison's novels within a postmodern arena.

Furthermore, Foucault writes that “madness forged a relationship with moral and social guilt that it is still perhaps not ready to break” (Foucault, 1954:2011, p.115). In sum, these positions suggest is that madness defies definition outside of the mores of a given time, which does not simply reflect a teleology of madness, that is, an understanding that moves from lesser to more sophisticated, but rather, just a different understanding at different times. But the institutional roots of societal responses to madness continue to identify whatever becomes known as mad with those people who are most undesirable and most peripheral – by definition. Here, madness will be treated as a state, or subjectivity, that is overdetermined<sup>57</sup>. Given this, in my reading of Morrison, madness, even more so than previous readings of trauma, offers a frame for understanding Pecola and Bride, their alterity, and their abjection.

This chapter will take up the theme of madness in Morrison’s novels and will deal particularly with *The Bluest Eye* (1970), her first novel, and *God Help the Child* (2015), her most recent. Within the context of my project, these novels will be analysed with the intention of addressing whether post-colonial literature can contribute to an understanding of madness, and furthermore to assess how methods and thinking within the humanities field may contribute to the study of madness. As such, I show that if the problems reviewed in the critical psy-science literature in chapter 2 do hold, then literary works, as described in the post-colonial field, can be considered as both a means to regulate disciplinary dominance (as in Faulks’ work), and to resist it. Morrison’s work is viewed here as resistant literature because of the way in which she forgoes dominant psychiatric narratives when presenting madness. She presents madness as an understandable contingency within certain circumstances. Morrison does not fix madness as polarised, she does not construe madness as romantically desirable, nor pathological, but she gives ‘voice’ to madness. This is significant because *logos*<sup>58</sup>, a persistent and underpinning characteristic of Western thought,

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<sup>57</sup> *Overdetermined* is understood as referring to the circumstances of an event “if there exist more than one antecedent events, any of which would be a sufficient condition for the event [madness, in this case] occurring” (Blackburn, 2008, p.263) and is a term used in such areas as Foucauldian discourse, Fanon’s notions of the roots and effects of racism (Hudis, 2015) and psychoanalysis.

<sup>58</sup> Thiher (2004) suggests that *logos*, an Ancient Greek idea, have been linked to a variety of meanings including that of “language, reason, harmony, proportion” (p.14). Such meanings become, Thiher argues, essential to Western thinking on the self and by extension alterity which influences all ontological concerns that follow. The closest possibilities of departure from *logos* in contemporary thinking as those presented outside of Western contexts and those of the post-modern movement.

is considered to be also the means by which madness has been formulated (Thiher, 2004). This usually refers to an understanding of madness that is a 'fall from language', which places the mad experience beyond articulation. Such thinking, as is seen in that of traditional bio-psychiatry, has within it an unresolved paradox. That is, that anything that can therefore be 'inside' language cannot, by definition, be madness and true madness is without the means of articulation<sup>59</sup>. Taking the critique one step further into the *logos* which Derrida unsettles, that is the privilege of speech over writing, I suggest Morrison's accounts provide four destabilisations of the dominant discourse on madness. Firstly, she accounts for madness without recourse to a dominant psy-science. Secondly, she gives madness a voice in such a way as to place it within language, but still recalling it in its alterity. Thirdly, Morrison presents madness in the written form, but moves between narrated positions, and so, in effect, madness 'speaks' directly to the reader, only from the page. By doing so she offers a process of *dealienation*, a term used by Fanon (Hudis, 2015), to describe the redress of racist and misogynistic alienation, which I argue here, Morrison achieves, and which I argued in chapter 2, undergirds the mad experience. Finally, Morrison makes the connection between racism and madness thus destabilising biomedical explanations that decontextualize madness.

Davis (1990) takes the view that Morrison's novels "[...] have attracted both popular and critical attention for their inventive blend of realism and fantasy, unsparing social analysis, and passionate philosophical concerns" (p.7). While on the whole this statement can be accepted, the idea of realism and fantasy become problematic. Madness, in a literary context, may well be prone to being transformed into a literary trope of fantasy and magical realism. This is problematic because this transformation could be the means by which the authenticity of the mad experience is questioned, meaning that a character such as Pecola in *The Bluest Eye* becomes considered as an example of 'if madness could speak it would say', rather than a character that has a 'real' voice. Also,

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<sup>59</sup> There is an explicit reprise of *logos* in contemporary psychological therapies such as cognitive behavioural therapy (CBT) which often paraphrase Epictetus along the lines that 'man is not disturbed by things but by his view of things'. Where madness, as psychosis, is concerned this has taken a curious turn since the late 1990s as CBT was developed for psychosis (CBTp) on the basis that psychosis is an experience that does make sense within the context of a person's life, the psychotic has access to their thinking with training and it is amenable to reason. Furthermore, psychosis is increasingly seen, certainly within such areas as Mad Studies, a normal experience within the total range of human experience.

as Linton (1999) suggests, the reading and critical practices of a dominant culture reduce cultural difference in 'ethnic' literatures to metaphor and analogy. So, lived experience in one culture of hauntings, traditional healing, and simultaneity (rather than standard measures of time), become understood as *not* the thing they are literally in the text, but are representative of something else through metaphorical signification. However, Davis does acknowledge that Morrison's concern with blackness centrally, most often to the exclusion of white characters and geography, allows for a full consideration of material and 'psychic violence' (Davis, 1990, p.7), placing madness back into the realm of 'real' possibilities. In one of Miner's (1990) footnotes there is reference to the possibility of a further intersection that complicates the centrality of blackness. Reason/madness, speech/silence, men/women, are paired in corresponding dichotomies, and so "[...] masculine reason thus constitutes a scheme to capture and master, indeed, metaphorically RAPE the woman" (Miner, 1990, p.98). By giving 'voice' at, and to, the intersection of race, gender and madness, Morrison is unfixing masculine reason, and returning the possibility of knowing beyond that of white, uni-gendered reason. Matus (1998) offers a perspective that places Morrison's evocation of madness even further outside of psy-science's dominance. Matus suggests that Morrison, to a large degree, draws on autobiographical and biographical sources within her own life. This comes, in part, from Morrison's own view that recorded history has little account of the black experience from within the black community. This suggests that certainly, within Morrison's life, and that of her family and community, that psy-science was peripheral, if present at all, in the "reconstruction, revisioning and revisiting of the past" (Matus, 1998, p.2)<sup>60</sup>. Towards the end of this chapter I will turn to Morrison's own afterword to *The Bluest Eye*, added in 1993, which adds some further qualification to the critique here.

Before considering the novels, I will discuss Morrison's non-fiction text, *Playing in the Dark* (1992), because it sheds some light on where madness might be positioned in her work. Taking Morrison's account is important, given the status of marginalised fictions in the literary canon. Peach (2000) notes that much recent critical, literary work has been influenced by the postmodern

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<sup>60</sup> Morrison's contemporary, Alice Walker, seems to draw attention to the distance and irrelevance, of psy-science to the black community, certainly in the 1960s. Truman, a Black male is talking to his white ex-girlfriend; "You always needed a shrink," he said. "It's symptomatic of your race." (Walker, 1976, p.148).



'schools', and her concern is that at the point at which women, and people of colour, have or are building a body literature, that identity and authorship are destabilised as reference points. Peach, quite rightly, is concerned that the erasure of any originary point, such as the author, could further obscure those people who have not been permitted a literature, or one worthy of regard<sup>61</sup>.

Morrison's *Playing in the Dark* questions the omission of blackness from the American literary canon and also notes the terms under which it is admitted, albeit sparingly. She makes a close reading of a number of authors such as Poe, Twain and Hemingway, to illustrate the ways in which blackness becomes a tool within novels, much along the lines of Snyder and Mitchell's (2006) notion of 'materiality of metaphor' in disability. Morrison argues that blackness does not exist in novels of the American canon in and of itself, but is a trope, metaphor or device with which to relate to whiteness. So, even where ideas of race or whiteness are problematised, blackness is the route to that – colour becomes the benchmark of otherness. This is in keeping with how Carter (2007) describes the neutrality of whiteness in US society, discussed earlier. In my view, madness often has a similar 'materiality of metaphor' for forms of psychological and emotional normativity. Furthermore, Morrison's own journey into exploring this relationship of race in literature begins with madness. Morrison discusses Marie Cardinal's *The Words To Say It* and writes:

I was persuaded by the title: five words taken from Bolieau that spoke the full agenda and unequivocal goal of a novelist. Cardinal's project was not fictional, however; it was to document her madness, her therapy, and the complicated process of healing in language as exact and as evocative as possible in order to make both her experience and her understanding of it accessible to a stranger. (Morrison, 1992, p.VII)

For Morrison, her start is an account of madness made accessible, and while initially 'skeptical' of its status as autobiography, she subsequently agrees to place it in the autobiographical genre, as 'accurate'. Morrison is trying to locate an originary moment for Cardinal's madness and ("when precisely did the author know she was in trouble? What was the narrative moment, the specular even spectacular scene that convinced her that she was in danger of collapse?"

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<sup>61</sup> Morrison puts it like this "Criticism as a form of knowledge is capable of robbing literature not only of its own implicit and explicit ideology but of its ideas as well; it can dismiss the difficult, arduous work writers do to make an art that becomes and remains part of and significant within a human landscape" (Morrison, 1992, p.9).

(Morrison, 1992, p.VIII)) is doing so while finding an originary moment for her own experience of the problem of race in literature. The initial doubt about where and how to place Cardinal's account is reminiscent of Oyebode, who, in the medical humanities field, distrusts the accounts of the mad; and reminiscent of the orthodox psy-historians, that relegate such accounts to the margins. Morrison relays how Cardinal describes the intense anxiety experienced in seeing Louis Armstrong's live performance, which drives her further into a moment of madness. Morrison reworks this as being an exemplar of the way blackness, and what blackness signifies in white literature, is articulated. It is linked to sexuality, madness, and criminality (and equally innocence, desirability and benevolence); in fact, in the ways white literature regards and constructs the Other (and the ways Kovel (1970) suggests underpins psychosocial and cultural substrates of racism).

In *Black Matters*, the first of the three essays in the volume, Morrison builds a sense of blackness as being inherent to the creation of a Western, white, literary canon. In canon formation, blackness is simultaneously written out of the canon, or written in only partially, and then, at the edges. She refers to American literature as "knowledge" that grows with an essentialism, tapping a sense of "Americanness", which again is not a quality clearly defined, other than it seems to evoke a set of characteristics arising out of white, male authorship. Such authorship is typified by "individualism, masculinity, social engagement versus historical isolation; acute and ambiguous moral problematics; the thematics of innocence coupled with an obsession with figurations of death and hell" (Morrison, 1992, p.5). The "Africanists", as Morrison terms them, are an "unsettled and unsettling population" (Morrison, 1992, p.6), which, I argue, applies equally to the mad.

#### 4.3 Madness in *The Bluest Eye* (BE)

Looking back from the late 1960s, *The Bluest Eye* (BE) is the narrated story of Pecola Breedlove, an eleven year old black girl that tells of how she is driven mad in a racist America of 1941. The story recounts her abuse and rejection by children and adults alike, in her own community, and more broadly within the domination of white cultural expectations, including her rape by her father (Miner, 1990). As the review of postcolonial writing in chapter 2 has shown, col-

onisation leads to cultural and self-alienation, which puts the colonised at odds with both themselves and their community.

Pecola's madness has been variably addressed in the critical literature on *The Bluest Eye*. For some, her madness, like I argue, is a result of alienation and a splitting from her family, community and ultimately herself. But this splitting requires cautious handling because if, as I argue in my introduction, a polyvocal and intersectional perspective permits certain subjectivities to have a voice they would not otherwise have, then assumptions that there is a fully integrated, continuous, cohesive, bounded self that is the result or effect of a healthy psyche, might be questioned. For others, Pecola's madness is psychopathology in the medicalised/psychiatric sense, albeit understood within the context of trauma and poverty. Here I give a brief review of how critics and scholars have engaged with Pecola's madness and in a broad sense I offer a less and more 'forgiving' reading of their perspectives. Less forgiving in the sense that madness is still articulated in a pejorative sense as a fall or disintegration to be entirely avoided, and that Pecola's madness is a terminal point from which there appears to be no return. More forgiving in that well before the social and psychological correlates of madness are accepted in the psy-science writings, Morrison and her critics engage with the ways in which trauma, exclusion and poverty drive distress and madness, and how this is an intergenerational phenomena (again before the field of epigenetics staked claims in this phenomena).

Willis's (1982) widely cited paper on 'funk' explores *The Bluest Eye* both generically, and with a specific eye on funk. Funk is understood as "really nothing more than the intrusion of the past in the present" (Willis, 1982, p.41) with a power for "estranging fetishized relationships" (ibid) with funk emerging as a mythical form as well as a social opposition. Beyond this, there begins some indications of problems in how difference – physically and psycho-emotionally – is presented. When discussing the *Song of Solomon* (Morrison, 1977) in the same article, she reflects that "bodily deformity is another metaphor for the experience of social difference" (Willis, 1982, p.39). The possibility that deformity (disability) is not a metaphor at all but in fact a *bona fide* social difference, is overlooked. So, while funk is extended as a means to conceptualise and articulate gender, racism and poverty, both mythically and socially, madness and dis-

ability are relegated to the symbolic. Ramírez (2013) goes further still, but from a different angle, to diagnose Pecola with schizophrenia. As does Roye (2012) when she writes about Pecola and Sorrow, from *A Mercy*, that they are “two evident cases of schizophrenia” (p.221) (although in a footnote Roye does acknowledge that the word schizophrenia is to an extent unsatisfactory). For her, Pecola is suffering a mental illness that exists in the world and it is a result of trauma inflicted in her ‘tender years’ when their subjectivity is still emerging (although when this is complete is unclear – without recourse to psychological theory where would the milestone of protective maturation be?) and again “Pecola [...] symbolize[s] the difficulties that being a woman and racially marked entail” (Ramírez, 2013, p.77). Most of her article is underpinned by loose psychologising of Pecola and other Morrison characters. Initially, the problems for Willis and Ramírez look to be different, but they are in fact remarkably consonant. Both emphasize and show a comfort with subjectivities primarily orientated to gender and race: neither race nor gender are metaphors to be unpacked. Where other embodied subjectivity is encountered there is a shift to either metaphor or a concretization of the subjectivity into a psychologized diagnosis. Neither writer can suspend, and place in discourse, madness and disability in the way they do for gender and racism. My reading in this chapter is accommodating of the possibility of a symbolic and metaphorical reasoning, but equally of a situated account of actual madness. In a way I am suggesting that if a critic claimed that Morrisons’s *Beloved* (1987) was a metaphorical story about slavery, it would be seen as an absurd way of engaging with the novel – it is about slavery. Likewise, *The Bluest Eye* is about madness as much as it is about anything else.

It is the neat resolution of the reading of Pecola’s madness with which I struggle. Sadehi & Nia’s (2011) account suffers similarly when they state that “if a child does not enter the symbolic realm, s/he will not have a unified subjectivity” (Sadehi & Nia 2011, p. 15) (again that singular, unified self) and that “[o]ne can consider Toni Morrison as the melancholic writer who suffers from the pain of racial discrimination and now intends to cure herself through writing the novels” (ibid). *The Bluest Eye* is also a means, following this point through, for Morrison herself to gain coherence and unity. This is not the same as Morrison’s own account that is “the urge to find a “person”, a “black” like herself in literature

that sculpted Toni Morrison into a writer” (Roye, 2012, p.212). For Pecola “when her wish is fulfilled, she loses her mind and talks to herself” (Sadehi & Nia, 2011, p.17). Rosenberg (1987) suggests that Pecola’s madness results from her “surrender to Western values” (p.440) and not for Claudia, the narrator, whose “ability to survive intact and to consolidate an identity derives from her vigorous opposition to the colorist attitudes of her community” (ibid). Madness, in such an account, remains an absence and submission, and psychosis as a variably culturally appraised altered state. Likewise, Ishimoto’s (2005) account, pre-occupied with absence, and with violent metaphors, suggests: “Soaphead Church ignites the bomb of racial self-loathing that are embedded within the body of Pecola and helps it explode *leaving only* her madness” (p.77, my emphasis). But, as I read it, Pecola experiences no absence, even though it is a troubling presence, and Morrison is not negating Pecola but providing an account of psychosis as a presence, and maybe even a route to a special sight.

The above account is curious because while there are the limitations I suggest in the extant literature, many of the sources reflect on the psycho-social correlates of madness and invoke a causality that takes, by implication, intervention into the political realm. By that I mean that the remedy for driving little girls to psychosis lies in the discarding of racism and misogyny, and the collapse of commodity capitalism and how these things come to structure social relationships, as well as the interaction between all these areas (Kuenz, 1993). Likewise noting the deleterious effects of traumatic shame which “takes on the intense form of racial humiliation or the numbing form of pervasive daily racism, resulting in trauma or chronic discrimination” (Woodward, 2000, p.213), madness is (re-)contextualised.

While I cite and develop my reading of *The Bluest Eye* and *God Help the Child* as alternatives to the psycho-colonising accounts of Faulks, some commentators on her work are drawn into psycho-colonising analyses wherein psychosis and madness reflect, what I would consider, the somewhat troubled psychiatric knowledge that comes to domesticate psychic crisis and altered states. As such, I find the cited works above to be insightful as to Morrison’s work for intersectional issues of gender, race and poverty, and the value of historicising these subjectivities. However, the failure to engage with madness as a further subjectivity, not simply an absence that emerges to disrupt and erase the co-

herent subject, speaks to how critics fail to engage in interdisciplinary thought. It is Bryant (1990) who gets closest to what I argue here in her own Foucauldian informed analysis of Morrison's novel *Sula*; an account that keeps the problematics of madness close by in the textual analysis. To articulate the horror of marginality and alienation, but then to turn to the very psy-discourses that have enacted and enabled it, is a substantial oversight. It speaks to the way that psy-science can and does become the naturalised, 'neutral' lexicon by which madness is clinically enunciated.

In *The Bluest Eye*, alienation is taken to the extent that social scapegoats, such as Pecola, are expected to be invisible while serving their scapegoated function. The novel's structure tells Pecola's story in a non-linear manner, and with multiple voices. There are at least three narrators; one unidentified, briefly Pauline Breedlove (Pecola's mother) and Claudia, a local black girl around Pecola's age who knows her at the time that the story takes place. Towards the end of the novel the reader has access to Pecola's interior world and there is an unattributed recital of an extract from a children's book, which exemplifies a white cultural mythology. Claudia, the main narrator, is an adult looking back, and it is not clear why she recalls Pecola, or her story. Thus, it is in knowing the problems of memory, and how meaning changes over time, that we engage with the story. Indeed, Claudia notes the problems of memory when she is recalling the conversations of adults in her own childhood; "the edge, the curl, the thrust of their emotions is always clear to Frieda and me. We do not, cannot, know the meanings of all their words, for we are nine and ten years old ... so we listen for truth in their timbre" (BE p. 9-10). Morrison's writing during the late 1960s is significant to Claudia, because it is the time of the 'black is beautiful' movement, and Pecola would be memorable as the child that is thought to be ugly by most of the novel's characters.

Pecola is given no narrative agency, although towards the close of the novel we have access to her thoughts, and the dialogue she has with an hallucinated voice. Mostly though, Pecola is narrated, and this suggests a further possibility beyond Pecola's madness, which is that Claudia, and the unknown narrator, identify and project their own anticipation of madness onto Pecola. This is most true for Claudia, who can have no reasonable access to Pecola's interiority, and who does not talk directly to Pecola about her madness, but only

sees the surface markers in her behaviour. By writing the novel around Pecola, and through the eyes of a narrator and Claudia, Morrison does two things. Firstly, she parallels the trope of the gaze throughout the novel, both in Pecola's drive to acquire blue eyes, and the recurrence of eyes, sight, witnessing, and the observation others make of Pecola's life. Secondly, Morrison entertains the possibility that while not all black girls and women go mad in a patriarchal, deeply racist society, the identification and projection of the narrator (possibly Morrison herself) and Claudia, suggests that those that do not go mad, can still know of its possibility, and its significance. These possibilities become more likely with the frequent references to madness throughout the novel, but without recourse to a psychiatric frame of reference, even though segregated asylums did exist in 1941. Watters (2011), in his account of the ways in which western psy-science is imposed on other cultures, applies the idea of a 'symptom pool', which accounts for changes in the expressions of distress over time, and geographically. He suggests that symptom pools are unconsciously tapped as a means to express distress in ways that are both culturally relevant, and unsettling. For a girl in Pecola's position, the symptom pool may be limited, and psychosis (diagnosed as schizophrenia), was thought to be a white woman's disease, with symptoms of passivity, and a listless refusal to undertake one's gendered, social role (Metzl, 2009). Pecola's madness transgresses the racialised norms of the symptom pool and foreshadows what will become a 'disease' attached to black activism from the 1960s onwards.

While Pecola is denied a voice inside the story, Morrison's writing of her interiority is significant in two ways. The first is that it sufficiently 'captures'<sup>62</sup> madness without transforming it, and so makes it accessible. Secondly, it calls into question the nature of madness as being something that is a 'fall from language', and so something that is beyond comprehension (Thigher, 2004). Claudia cannot narrate the *why*, but she can narrate the *how*, of the events in the novel (BE p.3) because otherness can be known if it is engaged with at the level of description, rather than explained and marginalised. Rigny (1991) entertains these points at least in part:

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<sup>62</sup> Capturing madness is critical term associated with Foucauldian critiques of the disciplinary gaze which results in madness being domesticated. I am suggesting here that Morrison captures madness to the extent that it becomes possible to articulate it, but the capture falls short of domestication.

Pecola's silence, broken only in her insane discourse with an imaginary friend who reassures her that in fact her eyes are blue and therefore beautiful, surely is intended to represent the muted condition of all women as well as the powerlessness of children in the face of cruelty and neglect, and to indict a dominant culture that values speech over silence and presence over absence. (Rigny, 1991, p.21)

I disagree that Pecola's madness is merely metaphorical within the novel. Crucially, Claudia, and the narrator, do offer a voice to madness (and Pecola), even articulating Pecola's story as some kind shared socio-cultural experience (racism, misogyny, madness). In the final clause of the quotation above, there are hints of Derridean perspectives on the way voice is privileged, and how this is associated with a proximity to truth, and rational thought. Noting Pecola's silence is to note the broad relationship of a black girl's voice within a cultural frame that constructs it as of less consequence than any other voice (a concern that Cooper (2017) aims to rectify by charting the intellectual contributions of early U.S. black women activists and intellectuals). To then give 'voice', through textuality, questions the potency of presence. Even Pecola's madness, which is a silence in the world, and absence from the world, is given a presence in her dialogue with her hallucinated voice. The switches between silence and voice, absence and presence, interior and exterior, prevent the ease and settling of a singular, dominant discourse. While avoiding a romantic view of madness, there is the possibility that "One who accepts the external definition of the self gives up spontaneous feeling and choice [and] this ontological problem is vastly complicated in the context of a society based on coercive power relation" (Davis, 1990, p.9). Madness becomes a means towards resolving alienation through 'transcendence' (ibid) (not dissimilar to Nandy's view, in chapter 2, that post-colonial resistance might be engaged through feminised and passive means). Davis suggests that Morrison would be cautious about the idea that scapegoats are cultural catalysts, but does entertain the possibility that freedoms, even distorted ones, can arise out of traumatic circumstances (Davis, 1990, p.15). In Pecola's case, her freedom is a madness that allows her to 'attain' blue eyes (Miner, 1990). While not necessarily desirable, Pecola's madness, allows her to transcend the social scapegoating, to attain the blue eyes she desires, a simulacra of self-definition, and to form a relationship with a hallucinated voice that fully knows of her circumstances. Pecola is both a victim of white cultural norms, and an escapee from black community scapegoating. For women, mad-



ness thus becomes a means to subvert and resist rational male dominance (Thiher, 2004), and is not just the outcome of adverse and traumatic circumstances<sup>63</sup>. In this sense, madness is never merely tragic, nor is it entirely emancipatory, but rather an excess that both subverts and confirms dominant discourse (Penson, 2011).

Matus (1998) offers a view which takes this treatment of trauma and madness a step further in its subversion of masculine *logos*; “post-structuralist discourse marks a turn to the acknowledgement of the unresolved, the discontinuous and the disruptive, which may call into question the emphasis in trauma theory and treatment on the continuous, sequential and integrated narrative as a sign of health” (ibid p.26). Not only does madness offer a voice for girls and women in Morrison’s work, and a subversion of male rationality, it calls into question the way in which *logos* undergirds constructions of self, and even the practices that remediate the traumatised back into wholeness, certainly into the surface markers of wholeness<sup>64</sup>. As Mills (2014b) suggests, ‘passing’ for normal, is both a survival strategy and an act of subversion. Morrison’s structure parallels this ‘mobility of self’, by recounting the same events or people, from different narrating positions – and so *The Bluest Eye* is not one story, but is polyphonic.

It follows that one possible reading of *The Bluest Eye* would be that Pecola has a descent into madness, and so loses herself in a tragic way, and that her character is written with little agency, thus making her the scapegoat and victim of her family, her community and the broader social context (Davis, 1990). This is true in one sense, that there is an ‘uplift’ position in Pecola’s community along the lines of “a quasi-religious belief in the power of the individual to overcome their own problems [that] is embedded deeply in Anglo-American culture [and] has long been used by the powerful as a justification for disciplining the poor” (The Midlands Psychology Group, 2014, p.234). So by not

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<sup>63</sup> This is reminiscent of Foucault (2008) crediting female hysterics as the original anti-psychiatrists: “The hysteric has magnificent symptoms, but at the same time she sidesteps the reality of her illness; she goes against the current asylum game and, to that extent, we salute the hysterics as the true militants of antipsychiatry” (ibid p.254). The hysteric manages anti-psychiatric militancy by both being simultaneously within the clinical gaze and slipping aside from it in the performativity of her madness.

<sup>64</sup> Cooper (2017) describes the life of Pauli Murray for whom madness, homosociality, lesbianism gender and race passing were all significant points of shift and destabilisation for both identity and social connection in her activism. Murray, like Pecola, navigates a troublesome route through socially and psychologically regulated identities and experiences.

taking herself 'in hand', Pecola becomes undeserving. I take a different position, which is that Pecola, or rather the two narrators and Pecola, have agency in their gaze. Pecola may be a victim, but this does not prevent her from being much more also. Pecola sees clearly that to be white is to be at an advantage, and certainly it appears to her that to not be black, and barely human in the eyes of white people in dominant positions, is preferable. She has not the facility at this point to consciously know that to be 'whitened', or whiter, and gaining blue eyes, is a further step towards self-alienation, not emancipation. To be black but whiter, to be 'mixed', is to court suspicion from both black and white communities (Caplan, 2001; Heinze, 1993); the problematic side of 'passing'. Pecola sees most clearly what is happening in the racist and misogynist dynamic, but at a cost. This is familiar to Morrison's novels where "to be other [...] is to have privileged insights, access to "special knowledge"" (Rigney, 1991, p.2). Taking this position holds two possibilities. Firstly, that Pecola (and Claudia) do what Morrison says is an essential part of healing from slavery and racism, that is, to bear witness and commit suffering and restitution to memory. Pecola does this by taking cultural injunctions and living them out to their logical conclusion (i.e. value whiteness even if it requires delusion). The worst of racist society, and the subjugation of women and girls, is witnessed by Pecola, and by extension, Claudia. The content of Pecola's dialogue with her hallucinated voice suggests that she is fully in possession of her memory. Morrison writes at the intersection of race and gender as forms of otherness for sure (Rigny, 1991), and I, therefore, argue a further intersection for a subject position of madness. Secondly, in entertaining the potency of Pecola's gaze, and indeed the presence of the novel itself as a cultural product, the gaze (in the way Foucault formulates it) is turned back onto the oppressor (in the way that post-colonial scholars have suggested that 'writing back' is a strategy for resistance (Ashcroft *et al* (1989)). The usual distant appraisal of the object is reversed, allowing an assessment in turn of the circumstances of Pecola's life and that of her community — what Claudia narrates is often what Pecola, a silent observer, witnesses.

#### 4.4 Madness, racism, poverty and trauma through the narrative of *The Bluest Eye*

The novel opens with what turns out to be an idealised white family setting such as would be found in a children's story or educational book. The sentences are simple, direct and descriptive: "Here is a house. It is green and white. It has a red door" (BE p.1). The tone is one of happiness in simplicity; mother, father, Dick and Jane live in the house and have a dog with which the children play. The 'Dick and Jane' books, in the period of the 1930s to 1960s, were a cultural vector within education that presents white, domesticated working middle class normality. Such books induct child readers into white norms and culture (Klotman, 1979) – here evoking a sense of both what the wider context of cultural and racial subordination and situating the Pecola's madness to come within her schooling. Jane is much like the white girl on Mary Janes referred to later in the novel, which has a certain iconic whiteness for Pecola. The passage is repeated without punctuation and again without spacing or punctuation. As the structure disintegrates, the passage gains speed and insistence, but loses coherence. It looks to be a foreshadowing of Pecola's madness, and her fascination with white living and family. Although the reader does not know this at the first reading, there is a sense of this ideal family image being one that is linked to something frenetic and insistent.

From this point onwards the novel is organised in seasons starting with autumn, which take the story through the year preceding Pecola's madness. "Autumn" opens with a brief passage, attributed to the adult Claudia, that contextualises the story as being in 1941 and Claudia reveals the outcome of the story. Pecola is "having her father's baby" (BE p.4), and so the reader knows that incest will occur during the course of the story. The younger Claudia, and her sister Frieda, plants marigolds that did not grow as a childish attempt to influence and foretell the future (would they grow?). They alone want Pecola's baby to live, which the adults do not. The marigolds become a natural indicator of a blight in that year felt by Pecola, Claudia and Frieda, and in the shame of the community of Cholly Breedlove's (Pecola's father) sex with his daughter. It is shame because within the community doubt is cast entirely over the possibility of rape and Pecola is seen not as a victim but as a willing participant, and

thus her status as scapegoat is total. In describing the marigolds, Claudia refers to the time it took for her and Frieda to pass their guilt, presumably this refers to the silence surrounding what happened to Pecola, their rejection of her as a friend, and their rejection of her in madness. The term “*little plot of black dirt*” (BE p.4, italics in original) refers to the soil that the seeds were planted in, and to Pecola, whose “*father had dropped his seeds in his own plot of black dirt*” (ibid), confirming how Pecola was viewed. The passage ends with “*there is really nothing more to say*”, and that this “*is difficult to handle*” and then “*one must take refuge in how*” (ibid), signalling that while the outcome is known, this is the beginning of a story.

The hostility that Claudia feels towards whiteness and, in particular, white girls as avatars of whiteness, is soon established. She and Frieda want to beat up a white girl, Rosemary Villanucci, who takes a superior attitude towards them, and tells them they cannot go into the café that her father owns. Claudia and Frieda feel what Morrison herself felt when she recalls how a black girl-friend was jealous of white beauty (Morrison, 1993; Peach, 2000<sup>65</sup>). There is a levelling, though, in Rosemary’s response as she cries and asks the sisters if they want her to pull down her pants suggesting that Rosemary, as a fellow girl, equates domination with being sexually humiliated and passive, something that occurs for a number of the girls and women in the novel. In these first few pages the reader comes across references to melancholy, being crazy, and guilt; “Miss Della Jones [being] too addled now to keep up” (BE p.7), an “old crazy nigger” (BE p.8) who does not know who people are. Miss Jones was left by her husband for a younger woman, one of “Old Slack Bessie’s girls” (BE p.8), a family described as being almost all mad:

none of them girls wasn’t too bright. Remember that grinning Hattie. She wasn’t never right. And their Auntie Julia is still trotting up and down Sixteenth Street talking to herself (BE p.8)

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<sup>65</sup> Peach (2000) argues at length that Morrison’s (auto)biographical presence is connected to a broader project wherein the novel “contributes to the way history is made and remade” (p.22), “affirms relationships between individuals and community histories” (p.23) and therefore acts as and connects “agents in the rewriting of particular versions of history” (p.23). Drawing on Derrida’s notion of the ‘unfolding of presence’, Peach formulates the past as never present, subject to construction, and so typically a history that is deferred and partial, and open to rewriting. Claudia and the other narrators, including Morrison, therefore construct a past as valid as any other, and one which carries with it a cultural and personal history. Peach is also clear that postmodern theorising should not be a “sleight of hand” (p.1) that robs the former subaltern of certainty in their resistance and voice at the moment it is gained.

Julia, though, is never “put away” because “county [hospital] wouldn’t take her. Said she wasn’t harming anybody” (ibid). And so while madness is about in the community, there is no easy linkage made, like the one broadly in European contexts, between madness and dangerousness, that is, that danger is inherent to madness. Her incarceration would only be considered if she went from being what amounts to a local curiosity and occasional nuisance, to being harmful. In fact, the nuisance of Julia, occasionally startling people at odd hours, is laughed off. However, the conversation among these adults leave no doubt about the otherness in madness, as one responds to the other “I hope don’t nobody let me roam around like that when I get senile. It’s a shame”(BE p.9). Although the adults seem to be suggesting that a Mr Henry had some romantic relation to Miss Jones, no expectation is made of him to stay and care for her – he can legitimately leave – and a sister from North Carolina is instead due to arrive to care for her (and is cynically viewed as being after the house).

Miss Jones’ deterioration brings Mr Henry into the lives of Claudia and Frieda and this leads to the earliest moment in the story of abuse. His opening greeting to the sisters is, “Hello there. You must be Greta Garbo, and you must be Ginger Rogers” (BEp.10) which alerts the reader to how he conflates adult women who are idols (Garbo particularly, is a ‘sex symbol’) with the girls. Also it is a reference to transforming the girls into white women (there are no black equivalents on screen) and finally, due to this, his words seem flirtatious rather than charming. He hides a penny and the girls search him under the watch of their parents. Curiously, while Pecola’s continued contact with her father following the rapes is viewed as complicity on her part, this is not the case for Claudia and Frieda when the former muses that “We loved him [Mr Henry]. Even after what came later there was no bitterness in our memory of him” (BE p.10). There is a sense of disconnection, an effect of epistemic colonialism<sup>66</sup> (Race Reflections, 2017), in that while Claudia is aware of, and hostile towards the privilege of white girls, she seems not to know that they grow up to be white women who should be equally worthy of her hostility. Also, while Mr Henry betrays the trust

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<sup>66</sup> ‘Epistemic colonialism’ is somewhat like epistemic violence, the undermining and eroding of a cultural or personal experience in favour of a dominant, subjugating one. The example at Race Reflections(<https://racereflections.co.uk/2017/02/27/phenomenological-colonialism-and-mar> accessed 20/07/17) is one wherein a white male is seeking to coach and encourage a black women in the articulation of her own intellectual development in a way that is unsolicited. This is not a supportive experience but rather of a powerful positioning.

of the girls and their parents, for the sisters there is no sense of harm in memory. Morrison is a writer who eschews easy Manichean formulas and there is a discomfort in knowing Claudia holds no bitterness, but rather a fondness for Mr Henry. In effect, this suggests how male privilege was so naturalised, and that there may be greater qualities at stake in relationships than the abuse of trust in one area. The sisters' parents drive Mr Henry out of the house when his abuse becomes known, and maybe this intolerance is the protective quality that lets Claudia and Frieda separate themselves from Mr Henry, and suffer no shame as a result.

The Breedloves, however, become a case study in abjection, with Claudia as a somewhat superior storyteller, reminiscent of Memmi's *little colonial*; one who knows their place in the pyramid and looks down on those less well off. For a start the Breedloves were 'renters', a state that seems to cause paranoid jealousy – "renting blacks cast furtive glances at these owned yards" (BE p.12) with a feeling for the temporary nature of their home life. The fullest description of the Breedlove rental is prefixed by the insistent recalling of the home from a 'Dick and Jane' book, not at all like that of the Breedloves (BE p.24). Their home is a former store gone to ruin, and is sparse, unwelcoming and steeped in misery; "the only living thing in the Breedlove's house was the coal stove" (BE p.27). The name Breedlove itself is both ironic (it is a family that does exactly the opposite to breeding love) and disconcerting; love can be grown, made, shared but to breed love sounds somehow wrong. Other emotions, such as hate, contempt and anger, fit better with breeding. What Davis (1990) refers to in Morrison's books as a purposeful "misnaming" (Davis, 1990, p.8) is evident in the Breedloves' family name. Cholly conflates in one person all the worst of the stereotypes of the subordinate<sup>67</sup> but dangerous black male – he is a renter, a criminal in jail, a wife-beater, a rapist and an incestuous child abuser – all of which become part of his summative self – not until later is he understood within the context of his life. It is not so much that Cholly did not do awful things – he was a drunk, he beat his wife and raped his daughter – it is the sense that there is an inevitable trajectory for Cholly within the circumstances of his life, to be increasingly lost to himself, his family and community and that there were plenty of people who chose to watch and not intervene when the Breedloves fracture

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<sup>67</sup> As Cooper (2017) points out, black male activism was preoccupied with emasculation and the recovery of black manhood.

and descended into poverty. For Cholly, his ugliness was “the result of despair, dissipation, and violence directed toward petty things and weak people” (BE p.28). Such a stereotype remains a potent one and is at the heart of what Alexander (2011) calls the ‘new Jim Crow laws’ or a ‘new caste system’ in the U.S which demonises young black men to the point that they are almost entirely excluded from society, physically in prison, and through the totalising stigma of the ‘felon’ identity which is what Foucault refers to as achieving an exteriority (one that is paradoxically interior to the society by other measures such as physical location).

So, the Breedloves come to represent ‘throwbacks’<sup>68</sup> in their community, wearing the markers of inferiority reminiscent of late nineteenth century phrenology and other growing human sciences looking for the physiognomies of deviance. The Breedloves:

wore their ugliness, put it on, so to speak, although it did not belong to them. The eyes, the small eyes set closely together under narrow foreheads. The low irregular hairlines, which seemed even more irregular in contrast to the straight, heavy eyebrows which nearly met. Keen but crooked noses, with insolent nostrils. They had high cheekbones, and their ears turned forward. Shapely lips which called attention not to themselves but to the rest of the face (BE p.28).

Mrs. Breedlove (she is most often referred to in this way, apart from the part of the novel about her story she becomes ‘Pauline’. ‘Mrs Breedlove’ seems to be her name when she has become upstanding and superior in her martyrdom with Cholly) completes her alterity by also being ‘crippled’. The apparent signs of the deviance were insufficient; Claudia goes further to speculate on why the Breedloves were so ugly and an ugliness which was not their own:

Then you realised it came from some conviction, their conviction. It was as though some mysterious all-knowing master [perhaps the big other or white culture] had given each one a cloak of ugliness to wear, and they had accepted it without question. The master had said, “You are ugly people” ... “Yes,” they had said (BE p.28).

Not only is their deviance worn as physiognomy, but Claudia is mythologising the Breedloves as connected to the arcane, accepting of, and complicit, in their ugliness and dark magic. For Claudia, and the community, ugliness is a sign of

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<sup>68</sup> This idea of the *throwback* is returned to later in the discussion of Sweetness and Bride in *God Help the Child*.

their deviance that predicts their outcome, not an artefact of the gaze the community operates, which in turn shapes the future for the Breedloves, collectively and individually.

Each family member 'uses' their ugliness in a different way; Cholly's descent into abuse and drunkenness is described in some detail, as is Mrs Breedlove's love of 'martyrdom'. Sammy, Pecola's brother, seems to take his ugliness and:

used his as a weapon to cause others pain. He adjusted his behaviour to it, chose his companions on the basis of it: people who could be fascinated, even intimidated by it (BE p.29)

Pecola "hid behind hers. Concealed, veiled, eclipsed – peeping out from behind the shroud very seldom, and then only to yearn for the return of her mask" (BE p.29). The narrator is suggesting at this point that their ugliness becomes lived out, which for community scapegoats is sufficient to prove the reasoning behind the scapegoating, with little consideration for the way contingencies and circumstances fulfil such prophecies. This has some resonance with accounts of disability such as Higashida's (2013) *The Reason I Jump* mentioned in chapter 2. Higashida confirms that for him impairment was not an ordinary moment, but rather it was the social response towards him which that confirmed his presumed impairment, and began his knowledge of difference. While there are no 'formal' diagnostics for the Breedloves, there is a social classification that identifies and notes the markers of deviance. There is self-belief on the part of the community in the necessity and correctness of their judgement. Such classification fails to consider how the *othering* gaze brings the 'diagnosis' into being.

Pecola, though, hides behind her ugliness which variably draws unwelcome attention and paradoxically provides invisibility. For instance, in her experience with Mr Yacobowski, the shopkeeper she has "[t]he total absence of human recognition" (BE p.36), when she goes to buy sweets. Rice (2003) notes "his look is strong enough to be a controlling look, for it is a look which undermines Pecola's humanity" (p.223). A white man looking right through a black girl, and I suggest that her ugliness and being a child further voids her of presence in his eyes. Her ugliness is also a shield and I think this is as a result of the collective attributes of ugly, child and black – these are factors that would conceal her from the attention of any combination of peers, whites and adults. In some respects this makes Pecola the perfect observer, certainly at least the canvas for



the projections of all those around her – her mother’s self-loathing, her father’s lust and anger, Claudia and Frieda’s hope, Mr. Yacobowski and her teacher’s indifference, and finally the narration of the novel (given Pecola’s lack of direct voice). Her occasional notice is with discomfort, and she returns to her “shroud” which foreshadows her social death; a shroud being a garment to cover the dead to preserve the needs of the living for respectful discretion. Being invisible and withdrawing is how Pecola copes with the impending violence (her “awareness, supported by ample evidence from the past” (BE p.29)), when Cholly returns home drunk. The writing gives a sense of the intense fear at what is likely to follow; there is an perceptual sharpening (“[t]he noises in the kitchen became louder and less hollow” (ibid)) she reads her mother’s change in activity anticipating Cholly’s return (“There was direction and purpose in Mrs. Breedlove’s movements that had nothing to do with the preparation of breakfast.” (ibid)) and Pecola braces (the anticipation “tightens her stomach muscles and ration her breath” (ibid)). Pecola is living in fear within a hostile home, witnessing violence first hand, and is feeling utterly without agency or escape. While the eventual rape may take her into madness, some of the necessary conditions are in the terrible every day.

Pecola comes into Claudia’s life when she is taken in as a “case” by her family, placed there by “the county” (BE p.11) in foster care. The process is administered by an anonymous white woman, who delivers Pecola and leaves. The extent of a white presence is purely bureaucratic, placing Pecola with ‘her own’. Cholly ‘Dog’ Breedlove, her father, had burned down their house, and assaulted Pecola’s mother, leaving the family destitute and “outdoors”, a term which signifies a highly stigmatised homelessness (“there is no place to go”, ibid), and the status of outsider. Claudia reflects on the outdoors being something faced by many families, and a regular worry for all, but what is special about the ‘outside’ of the Breedloves, is the self-inflicted nature of it. Claudia offers insight into the process of outside, as a material fact, and as something that was culturally intolerable as a consequence. However, being subordinate and marginal was “something we had learned to deal with – probably because it was abstract” (ibid). Such abstraction could be repressed, or thought away, in a way that destitution could not. It is from this point that the stigma and scapegoating of Pecola is revealed as a role extended to the whole Breedlove family. Such a

circumstance was not uncommon in the Reconstruction era. While it was illegal to own slaves, servitude was imposed on the Black working class through spurious arrests and laws that punished with indebted labour. It conferred the identity of felon, drawing the person into abjection through debts accrued through fines, and being unemployed (which was itself a marker of felony) (Alexander, 2011).

Pecola's preoccupation with whiteness becomes apparent when she is with the sisters (Frieda and Claudia), a preoccupation shared by Frieda. Claudia is a little younger than them both, and when they drink milk from a Shirley Temple cup, Claudia "had not yet arrived at the turning point in the development of [her] psyche which would allow [her] to love her. What [she] felt at the time was unsullied hatred." (BE p.13). There is a religiosity, a communion, to this scene; Frieda brings crackers (the body), and milk (white blood, something that Pecola (BE p.16-17) cannot get enough of), in a single cup which becomes a shared experience of 'adoration'. Shirley Temple dances with Bojangles and Claudia is angry because Bojangles is "my *friend*, my *uncle*, my *daddy*" (p.13, italics in the original), which Temple poaches from Claudia. Such religiosity is associated, in Reich's (1946:1972) political critiques, with processes of mystification that produce and maintain a compliant docility in subordination (which Claudia is resisting).

While the first reading of this communion might be seen in terms of race (the black girls in relationship to Shirley Temple), it is equally one in which the girls are finding each other and sharing, and so can be read along the lines of gender. Shirley Temple is also a girl, one exploited by Hollywood towards some unreal image of purity and innocence. It becomes possible then, that when Pecola desires the blue eyes of white girls, like those of Temple, she is not only wishing for the adoration of others (white being more beautiful than black), but the power to see the world in much the way a white girl of relative privilege (Miner, 1990) might see it, and to regain the innocence that such characterisations of white, young femininity hold. While the discourse of material privilege and class ("being a minority in both caste and class, we moved about anyway on the hem of life, struggling to consolidate our weaknesses" (BE p.11)) is evident, Morrison's work is deeply gendered. While the focus is on black girls in the story, there would be many white girls in poverty, also drawn into idealising

movie stars at odds with their lives. The psychological turning point that Claudia refers to is the tipping point after which the inferiority produced by white culture, in black children (Fanon, 1952:2008), takes hold. Any sense of disjuncture is experienced as alienation of/from oneself, rather than anger towards an oppressor. Given that Pecola and Frieda are only a year older, this is shortly to be the case for Claudia. The older Claudia's position as narrator also shows how the events of 1941 are reattributed, albeit nearly twenty years on, to cultural colonisation and alienation. Claudia's own recovery thus depends on demystification and rememorialisation, which, likewise, corrects the false view of what was happening to Pecola (a mad, ugly and unwanted girl).

The Shirley Temple communion prompts Claudia to reflect on the nature of her awareness and her hostility towards white cultural signs. She recalls that at Christmas adults gave the black children white dolls and "clucked" over them in such a way that she knew "that the doll represented what they thought was my fondest wish" (BE p.13), and by implication theirs too. Claudia finds this gift absurd, not least because it induces her towards a role of motherhood, with which she does not identify. The giving of a white baby doll commodifies childhood, lays out her gendered future and introduces the notion of service to a white child, much like that found in the role of Pecola's mother, working as a maid to a white family. Claudia was to "rock it, fabricate storied situations around it, even sleep with it. Picture books were full of little girls sleeping with their dolls." (ibid). Claudia refuses to make the white doll central in her life, rejecting at this point, the otherwise dominant white centrality – "all the world had agreed that a blue-eyed, yellow-hard, pink-skinned doll was what every girl child treasured" (BE p.14). This puts Claudia at odds with the world around her, which may have been a protection against self-alienation. Girls receiving the white doll have their worth attached to it by adults, who give the message "'Here", they said, "this is beautiful, and if you are on this day 'worthy' you may have it" (ibid). Claudia places 'worthy' in inverted commas to distance herself from the idea that a (black) child's worth is held in signification by the doll itself. In her resistance, (she takes the dolls apart), she risks the adult's "outrage". Fanon (1952:2008), Boal (1979:2000), and Dorfman (1983), all suggest that self-alienation begins early, in what may otherwise be innocuous play involving white cultural tropes, which actually acculturates children in dominant, adult

ideologies. When the dolls are dismembered, this outrages the adults to an extent, but the anger is undone by “tears [that] threaten to erase the aloofness of their authority. The emotion of years of unfulfilled longing preened in their voices” (BE p.14). Whether this up-swelling is due to remembered material deprivations, or to a moment of clarity in the alienation suffered, is unclear. Pecola’s narrative is that she shares the same wish for the blue eyes that the adults do, and at least part of her stigma is attached to the proximity she creates in the adults to their own self-rejection. This is not least due to the fact that Pecola takes steps towards gaining blue eyes, and entering the self-delusion that the women have themselves entertained. This places Pecola and Claudia not as rivals, but in a polarity. The former, in a role that desires blue eyes to the point of madness, and the latter, that rejects this incoherent ideal. Between the two, the landscape of the story plays out. The dolls are things of horror and discomfort, physically hard and psychologically unsettling, and there is a hint, again, at the psychological otherness permeating the novel as the dolls have “moronic eyes” (BE p.13), that frighten Claudia. Not only are the eyes attached to whiteness, blue eyes become the transitional state attached to a disturbing psychological alterity.

Claudia’s violence transfers to little white girls. This is within a context wherein black adults look at white girls, “and say, “Awwwww,” but not for me [Claudia]? The eye slide of black women as they approached them on the street, and the possessive gentleness of their touch as they handled them” (BE p.15). Claudia is jealous, and feels the slight of the adults, who have a greater appreciation for white girls. Mrs Breedlove, Pecola’s mother, is no different when she scolds Pecola, in the presence of her white employer’s little girl, for dropping a pie and Mrs Breedlove refuses to acknowledge the black girls as children she knows (including her daughter) (BE p.84-85). A hierarchy is present, shown in how the black girls call Pecola’s mother ‘Mrs Breedlove’, whereas the white girl calls her ‘Polly’, a name bestowed by the white family. In this short passage are the colonising pyramid, the including desire not to upset one’s place in it, and also the act of naming as that of empowered description – Mrs Breedlove is Polly to the white family. The shame of the black community shows in how the mothers of these black girls, expressed in an unambiguous favour for the white girls, signifies simultaneously their own daughters, the un-

obtainable ideal. Thus, it is an invitation into the self-abjection for mother and daughter alike. Claudia's jealous anger graduates to 'pinching' real white girls, but hurting them becomes shameful for her. To escape the shame she starts to love them, becoming like the adults, at least until she recounts this story. As Claudia reflects:

Thus the conversion from pristine sadism to fabricated hatred, to fraudulent love. It was a small step to Shirley Temple. I learned much later to worship her, just as I learned to delight in cleanliness<sup>69</sup>, knowing, even as I learned, that the change was adjustment without improvement. (BE p.16).

To an extent, Claudia's anger protects her for a while, but acculturation to the black communities' white aspirations prevails. It is perhaps in the relationship of worship, one of deification, as seen in the Shirley Temple communion, that Claudia and other girls avoid madness. By placing themselves at a subordinate distance internalises the dichotomy of inferiority/superiority, without ever having the expectation of attaining the latter. Claudia's anger places her otherwise at odds with the values being lived out, albeit a toxic set of values. Pecola, by comparison, transgresses both black and white expectations by wanting to be within the white experience of knowing, and to be adored for her blue eyes. Her delusion is not the desire for blue eyes, but rather, the conviction that this is possible. It is by taking the ideal of attaining blue eyes to its logical conclusion that Pecola shows its illogicality.

Near the close of the novel, Pecola talks to her hallucinated voice about her new blue eyes, and how they were acquired. She had visited Soaphead Church, a local man who claimed mystical powers, special sight and healing skills. But, by his own admission, Soaphead was a "misanthrope" (BE p.130). His disdain for others, and his judgemental and intolerant attitude, led him to have "dallied with the priesthood [which he] abandoned to become a caseworker [before he] became a "Reader, Adviser, and Interpreter of Dreams [a] profession that suited him well" (BE p.130-131). While misanthropic, Soaphead paradoxically seeks others out but only in roles that seem to appeal to his grandiosity, and ones which mediate the contact with others along the lines of certain ex-

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<sup>69</sup> Kovel (1970:1988) notes how cleanliness becomes a signifier of white and its inverse (dirt) as signifier of blackness in racist discourse. As already noted in previous chapters, notions of hygiene become metaphorically used throughout the eugenics movement and also in racist public health policy.

pectations. His role in society, one that is peripheral but significant in the lives of those he advises, allows him to fulfil both his need for distance from people and his obsession and attachment to 'things' especially the "residue of the human spirit smeared on inanimate objects" (BE p.131). Soaphead, though, is a character also marked by his deviance: "All in all, his personality was an arabesque: intricate, symmetrical, balanced, and tightly constructed – except for one flaw. The careful design was marred occasionally by rare but keen sexual cravings" (BE p.131). His sexual cravings move in the same way as his shiftlessness in career does: he lacked courage for homosexuality; he was "disquieted" by the bodily details of adults, he found little boys to be "insulting, scary, and stubborn" (BE p.132), and so he settles on the "patronage of little girls" (ibid).

Unlike Pecola, Soaphead is an example of how someone in his community might be marginalised, but without being scapegoated. He is superior in part due to his "mixed blood", that is, his genealogy is 'mixed'. "A Sir Whitcomb, some decaying British nobleman, who chose to disintegrate under a sun more easeful than England's, had introduced the white strain into the family in the early 1800's" (BE p.132). Soaphead's misanthropy, and sexual proclivities, are described in ways suggestive of a heritage of 'decay' and 'disintegration', and he is the inheritor of a 'strain', a term most associated with disease. The Whitcomb's could not "maintain their whiteness" (BE p.133), and began to show marked "weakening of faculties and a disposition towards eccentricity in some of the children" (ibid). Morrison is in part turning back the race hygiene and eugenic thinking of the period, by suggesting that the 'miscegenation' actually began with the presence of whites, who could not maintain their sexual distance. It is suggested that it is the "old maids" and "gardener boys" that express the flawed white "genes of the decaying lord" (ibid), rather than what the Europeans would have supposed was the reverse. The Whitcombs were "corrupt in public and private practice, both lecherous and lascivious" (ibid) and "dangerous because more powerful" (ibid). Having contextualised Cholly's abuse and rape of his daughter within a life of rejection, trauma and poverty, Morrison refuses this qualification for Soaphead (despite his misanthropy and decayed roots he still has some privilege and opportunity).

Soaphead's previous name was Elihue Micha Whitcomb, and his father was a schoolmaster who married an "indolent half-Chinese girl" (BE p.134), who

dies. Elihue is a project for his father, who “worked out his theories of education, discipline [his father took a belt to him] and the good life” (BE p.134), on him. In effect, Soaphead’s heritage is further mixed. After a failed relationship, from which he never recovers, Elihue/Soaphead heads to America, “to study the then budding field of psychiatry. But the subject required too much truth, too many confrontations, and offered too little support to a failing ego. He drifted into sociology, then physical therapy” (ibid). In one of the few direct references to psychiatry in Morrison’s work, she connects it to decaying European interests, and its import into the American context. At this point psychiatry was deeply psychoanalytic in its theorising of psychopathology, and in 1941 it was connected to the eugenic movement<sup>70</sup>, which had gained ground since the 1930s. Perhaps Elihue would have had his own deviance, drawn from his European heritage, psychopathologised, and then exposed, had he remained in the field. Mirroring both the hereditary expression of madness, and the psychodynamic process, Morrison’s writing drills slowly backwards into Soaphead’s history, exposing its dynamics and events, making sense of his current circumstance, but in doing so, also construing it somewhat differently to Cholly and Mr Henry. Morrison is exposing how men abuse their adulthood and position with regard to girls in their care and trust, perhaps for different reasons and to different ends (like Mr. Henry, Soaphead appears to be viewed in relatively benign terms), but the impact is great for those traumatised by it. Even within a colonised, subordinate community, class and gender operate to build further hierarchies and privileges. While the women are complicit, to an extent, in their scapegoating of Pecola, there are moments when adults do intervene and protect children. For instance, when Frieda and Claudia’s parent’s throw Mr Henry out after his sexual abuse of the girls is realised. The theme of adults meeting their own needs at the expense of children’s wellbeing is returned to below, in *God Help the Child* (2015). Returning to the themes of colonisation in the previous chapter, *The Bluest Eye* presents a society ingrained with a dichotomy of inferior/superior, with black people holding a segregated, subordinate place, to whites. The standards of black, cultural life are those imposed by white society, an epistemic violence, which insists on an aspiration to white ideals of beauty, which are simultaneously unachievable, and questionable. One purpose of such segregation, beyond

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<sup>70</sup> A number of authors, for instance Whitaker (2002), outline the relationship between European and American eugenicists and how this played out in real terms on both continents.

keeping the other at bay, was to permit advancement within the black community to the extent it was possible, which was assumed to be less than that of white Americans. Strategies creating social strata, turns the community against its own, shown as snobbishness towards the Breedloves, and a further segregation along the emerging lines of class. The turning is also against oneself, and a number of the novel's characters are acting with self-loathing, not least Pecola, who aspires to having blue eyes to the extent of psychosis. Likewise, Claudia, reflects on 1941, with the benefit of the 'Black is beautiful' movement, and draws attention to the internalised effect of the wrongs at the time. In the community, in child rearing, and in servicing the homes of whites, black women know their place, and at the time, doing anything to challenge that place would result in unemployment, a loss of face and all that follows. This is so potent as to bring Mrs Breedlove to the point of favouring a white child in a family she serves, over Pecola, her daughter. In turn, this further erodes community, self and culture, in preference to that which is imposed. Pecola, I suggest, becomes one of the girls who performs the madness of the situation. While not all of the colonisation themes in chapter 2 are present in the novel, they are implied through the broader context, which includes a prevailing *sense* of racist violence, as well as its actuality.

In the afterword to *The Bluest Eye* Morrison confirms the autobiographical roots of the novel, which are important to her engagement with memorialisation. She recalls that an elementary school-friend had wanted, like Pecola, blue eyes and Morrison sees that:

implicit in her desire was racial self-loathing. And twenty years later I was still wondering about how one learns that. Who told her? Who made her feel that it was better to be a freak than what she was? (BE p.167).

She confirms "the damaging internalization of assumptions of immutable inferiority originating in an outside gaze" (BE p.168). While acknowledging that Pecola's family was an extreme example, she "believed some aspects of her woundability were lodged in all young girls" (ibid). It would be curious to know whether or not, having written *God Help the Child*, and the extent to which she represents abuse and neglect in that novel, she would now consider Pecola's family to be so extreme. In presenting Pecola, Morrison was sensitive to scapegoating, and wanted to "avoid complicity in the demonization process" (ibid), and in the



narration, she felt the challenge of “holding the despising glance while sabotaging it” (ibid). Finally, Morrison reflects on Pecola’s madness; “She is not seen by herself until she hallucinates a self. And the fact of her hallucinations becomes a kind of outside-the-book conversation” (BE p.171)<sup>71</sup>. Exactly where this hallucinated conversation takes place remains ambiguous.

#### 4.5 Madness and alterity in *God Help the Child* 2015.

In *God Help the Child* (GHTC) there is a sense, perhaps more than any other of Morrison’s novels, of returning to the world occupied by Claudia and the Breedloves (a view shared also in Evaristo’s (2015) review)<sup>72</sup>. Morrison weaves madness throughout the novel, in the ways that alterity shows itself and in the preconditions by which madness emerges. I will discuss the novel’s narrative and characterisation to draw attention to how madness has a presence, and where this is less evident, has a trace, and how again Morrison eschews a psy-science frame of reference within which to present madness. Bride, the main character, says; “So this is what insanity is. Not goofy behaviour, but watching a sudden change in the world you used to know” (GHTC p.52), drawing our attention to the dislocations she experiences. The novel is contemporary, around sixty years after Pecola’s madness, and forty since Claudia’s retrospective. Although none of the characters return from *The Bluest Eye*, there are echoes of their times which can be heard in the perspectives of the older characters (especially Sweetness and Queen Olive). Six characters (Sweetness, Bride, Booker, Brooklyn, Sofia, Olive) narrate the story, with a further unknown narrator appearing later in the novel. Bride is the central character, and as her story emerges, she becomes the touchstone for the lives of people who know her. In constructing the novel in such a way, Morrison employs what could be called a textual ‘mirror stage’, that is, the notion that we are known to ourselves through the ways we become/are reflected in the views and experiences of others. So,

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<sup>71</sup> I think the quality and implications of these reflections also call back to the missed opportunity presented by Faulks’ *Human Traces*. His afterword is concerned with the authority and extent of his sourcing, not with questioning about the nature of madness (he seems to do so but arrives at the traditional psychiatric view, so questioning is a device) or the experiences of colonialism, empire, Charcot’s women patients etc.

<sup>72</sup> As the themes of GHTC are explored below the subject of child molestation, abuse and trauma are seen as connecting BE and GHTC in reviews by Nurse (2015) and Walker (2015).

while Bride is of central concern to the narrative, the other characters become known to us by their construction of Bride. At one point Bride entertains this very possibility when she wonders that “Booker was the one person she was able to confront – *which was the same as confronting herself*, standing up for herself. Wasn’t she worth something? Anything?” (GHTC p.98, my emphasis). The unknown narrator inducts the reader into a further observational position in the lives of the characters by stepping outside of their self-authored interiority. Bride is at a turning point in her life as a woman around the age of twenty one who is considered to be of uncanny beauty, and who is about to launch her own product line as a regional executive in a cosmetics company. She is also at a turning point because she has a met Booker, a man who appears to have few ties, and so to a large extent is a mystery. Furthermore, a woman convicted of abusing Bride and other children, is being released from prison.

Each chapter stays with a narrator and aside from the ones with a third person/unknown narrator, each moves Bride’s story on, with an account narrated by that character. The style is confessional and intimate, and as mentioned above, this achieves two things – movement within the narrative, and a revealing access to each character’s own subjectivity. *God Help the Child* is a book about madness in the same vein that *The Bluest Eye* is, in the sense that Bride’s self-dislocation, a lack of authenticity towards her own experience and background is her route to delusion. Brides inauthenticity leads Booker to ‘curse’ her and leave her. After that point Bride experiences profound physical changes, which it seems are unnoticed by other characters. The reader is thus left to speculate as to whether this is an instance of magical realism on Morrison’s part, or indeed, Bride’s delusion. One of the effects of the different narrative viewpoints is to accentuate, through omission, this unresolved position on Bride’s physiognomy – none of the characters notice that her ears lose their holes for piercings and that her breasts and her pubic hair disappear. Bride’s transformation can be understood to be a physical metaphor which confers a ‘materiality of metaphor’ by which “the same process embeds the body within a limiting array of symbolic meanings [...] deformity represents malevolent motivation” (Mitchell & Snyder, 2000, p.63). It remains unclear as to what the physical change (or indeed, the step into delusion) might signify other than its disconcerting presence, and if left uninterrupted, whether the process would pro-

gress like a Benjamin Button, a switch to living a life backwards. However, whatever the regression might mean physically, Bride does not similarly regress psychologically or emotionally – I come back later to the effect this appears to have for Bride in producing a subjective duality in response to trauma. Like *The Bluest Eye*, Bride's alterity is not psychologised nor psychiatrized, although there are points of reference to psy-science, these do not become the frame of reference within which to understand the story.

A critical review of GHTC notes the magical realism more in terms of a 'gothic fantasia' as Sandhu suggests:

What a strange book this is. Sometimes, as when Bride's pubic hair and breasts disappear and she appears to be morphing into a child, it toys with Gothic fantasia. Its litany of molest-ation, body shame and infanticides recalls the grinding dysfunctionality peddled by misery memoirists and daytime television. Its forays into chick-lit territory feel half-baked. At best a camp calabash, it's hard to believe the author is not only a Nobel laureate but one of the most beloved American writers of her generation. (Sandhu, 2015, <http://search.proquest.com/docview/1681205871?pq-origsite=summon> accessed 1/11/15 at 1452)

As previously raised, this requires careful qualification when reading writers from different cultural backgrounds. Linton (1999), as previously mentioned, argues that Euro-American readers might relate to 'ethnic texts' as being rich in metaphor when in fact the reader is responding to 'alien' concepts - the reader in effect fits the reading into a framework already extant to them, a form of literary orientalism. She writes "it may be easier for readers enculturated in a different world view to read 'as if' when the text says 'is'" (Linton, 1999, p.29). Linton goes on to suggest that this 'is', that is a literal not metaphorical event/quality, may be an intention of an author in the sense that ethnic and postcolonial knowledge appeals privately to *their* community. An 'ethnic' author's work is not necessarily written for a Western, Euro-American readership, and this may be particularly so in the Western enculturated form of the novel. Linton is therefore drawing on the notion of an identifiable, essential quality that is a referent for those readers from a certain cultural position. She argues this as being about "certain kinds of social difference [which] are irreducible" (Linton, 1999, p.33). The implications of Linton's argument are twofold: first, that a reader may be influenced and shaped in their reading practices that are colonially derived even including those who are otherwise well informed, postcolonial readers and critics. Secondly, voice or subjectivity in the text may then be ap-

propriated in the unintentional, but nonetheless, colonising reading and as a result there is a *fixing* of the meaning, presence or significance of the novel, that is, that “signs are failed to be read” and so “mainstream readers cannot proceed” (Linton, 1999, p.32). Linton thus provides a cautionary note to critics, scholars and researchers alike, including me, that there is a partiality and provisional status to critical writing that will benefit from both dialogue within a community of practice and also reflexivity. Morrison (1992), as mentioned earlier (see footnote 61), makes the point herself that critical reading practices can unerringly enact a violence on a text that tears it away from the ‘faithful’ rendition, a problem for texts with an express political presence, position or, more clumsily, a message.

Perhaps more present than any other recurring theme is Morrison’s concern with how the adult world treats children and, more specifically, how adults use children to compensate for their own inadequacies, perform their own toxicities and salve their emotional fractures. In such a fashion, madness is conveyed not through genetic expression but rather the repetition, thematically, of wrongs perpetrated on and by adults; a sort of inter-generational communication that has its basis in the utility of children to adults, rather than simply damaged socialisation. By this I mean that, certainly for Bride and her best friend Brooklyn (Brooklyn feigns illness to escape the abusive attentions of her uncle (GHTC p.139)), that they are instrumentally used. In meeting Sweetness (Bride’s mother) and Queen (Booker’s aunt), the reader is exposed to their own self-consciousness of the abuse in their mothering, the self-interest that drove it, and variably, the extent to which they reflect on and regret it. It is within a context of racism and misogyny, and in this novel, the colonisation of black women as commodities, that the inter-generational harm is done – the story seems to suggest that while the rules of racism and colonisation may change superficially, the dynamic remains. This is what Kovel (1970:1988) refers to as ‘meta-racism’; that which is part of the very fabric of society, and as such, will not be remediated by diversity practices and multicultural politics. It is no surprise therefore that Sweetness opens and closes the novel, to expand and justify her stern and cold treatment of Bride (when she was using her given name of Lula Ann). Sweetness treated Bride terribly because Bride was of such a blackness that she did not look like her own (Sweetness’ husband, Louis, leaves because

he believes the child to be from another father) and so systematically undermines any chance for Sweetness to 'pass'. She fears undue attention from blacks and white alike, and restricts Bride's life and expectations as a result. In closing the novel Sweetness is having the final word and Morrison leaves the reader with a close that is chilling – Sweetness, kept peripheral in Bride's life, notes Bride's pregnancy to Booker, and predicts that motherhood will take its toll. Sweetness' tone is embittered, caustic and mocking, showing no repentance for how she brought up her own daughter.

#### 4.6 Driving Bride mad.

Sweetness opens the novel describing Lula Ann/Bride as born "Really wrong. She was so black she scared me. Midnight black, Sudanese" (GHTC p.3) which is most noticeable due to Sweetness 'passing' as "high yellow" (GHTC p.3) — her grandmother passed for white, and her mother Lula Mae, could have. Lula Ann is said to be "a throwback", but to what is unclear. The word throwback is a reference to heredity, a previous, primitive atavism. The idea of a throwback has been a central idea in influential theories of criminality, such as that of Lombroso's work in the late eighteenth century, which linked "criminals, savages and apes" (Pick, 1989, p.122). Such a 'theory of atavism' equates, and then taxonomises delinquency, racial difference and "anatomical difference" (ibid), a process seen in Bride's transformation, and also in relation to Booker.

As mentioned above, Sweetness is aware of the experiences of previous generations, their concern for passing in a white dominated society, and the value of being light skinned which offers the choice of passing. While Morrison's ideas of rememorialisation are often viewed in terms of a positive writing into existence of an otherwise occluded history, Sweetness shows how rememorialisation is also the process of carrying forward the subjugations. Her values, and the lack of a temporal marker in the opening chapter, conflates the time of *The Bluest Eye* with *God Help the Child*, and this comes with an sub-textual warning; that the outcomes of the two stories may not be so different, even with what turns out to be over forty years between the times of the two novels. Sweetness feels more than embarrassment (that is her word); it runs to shame and not long

after Lula Ann's birth Sweetness recalls "I know I went crazy for a minute once – just for a few seconds – I held a blanket over her face and pressed. But I couldn't do that, no matter how I wished she hadn't been born with that terrible color. I even thought of giving her away to an orphanage someplace." (GHTC p.5). Her madness was brief, but nonetheless memorable due to the intensity and the action she had taken, and the craziness continued when Louis, Sweetness' husband saw the baby and "looked at me like I was crazy" (ibid). Madness ("craziness") becomes the term most fitting for the otherness and disparity of their child, and so the seed of Bride's extraordinariness is sown albeit, it in rejection and horror. When other people see Lula Ann in the pram, they "give a start or jump back before frowning" (GHTC p.6). It is not long before Lula Ann herself is attributed with qualities beyond her colour – Sweetness thinks "she has funny-colored eyes, crow black with a blue tint, something witchy about them too." (ibid). There is a long standing connection to be made between female alterity and witchery, and the occult powers to make physical transformations (her own re-naming as Bride is but one), showing that not only does Sweetness hold internalised schemas of race and inferiority, but also of gender and strangeness. By the end of the chapter Sweetness thinks of Lula Ann's colour as "a cross she will always carry" (ibid) and then goes on to repeat "[...] it's not my fault" (ibid), which in the context of the temporal uncertainty, displaces Sweetness as being both in the past of the story and looking back from future of its close. Her repetition is one of needing to convince herself of her innocence, and reads like a counter-charm foreshadowing Booker's curse and the general strangeness of Lula Ann.

Given the theme of how adults use children, Sweetness opens the novel and has the first and last word. While the story looks to be Bride's, Sweetness bookends it in such a way as to almost put Bride in parentheses. Sweetness repeats a number of times how her harsh treatment of her daughter was a necessity, to teach survival to Lula Anne/Bride and to survive in her own world. What is terrible is that Sweetness is both wrong and correct in thinking this – she suggests that "her black skin would scare white people or make them laugh and trick her" (GHTC p.41). Brooklyn, her best (white) friend, in fact tries to seduce Booker and is opportunistically working on the cosmetic line when Bride

absents herself to find Booker<sup>73</sup>. Sweetness recounts the cruelty of a group of white boys to a black girl which she witnesses from a bus – had she not been on the bus she would have intervened. It is the writing of Sweetness’s character that captures that sense of a hostile world shaping the person (as with Cholly), and problems of the choices a person makes, which may even make them culpable within a subjugating context. Fanon’s writing illustrates how colonised/subjugated people are set against themselves and set against others. Additionally, Foucault’s (1975:1991) notion of ‘dividing practices’ shows how that the tools of subjugation (in his words ‘docility’) include actual practices of division – in time, order, location, identity, activity – that is, a structural segregation. Life has taught Sweetness certain things, and her resistance to adversity is in bringing up a daughter to survive a hostile environment, even to the extent of providing an unloving home. She has used the horror she felt at Lula Ann’s birth, and in anticipation, used it as a measure of the horror of others.

During Sofia’s trial, and those also accused of child abuse, Sweetness reflects on how proud she was of Lula Ann’s “performance” (GHTC p.42). In her account Sweetness seems to recall it with a disconnection from the abuse of her daughter, who shows a marked difference to how other children respond to being a witness. There is no sense of Sweetness being moved or disturbed, or concerned directly for Lula Ann/Bride. The word ‘performance’ construes Lula Ann’s testimony as orchestrated, and maybe at some level the connection is absent because Lula Ann was, as it is later revealed, never abused. Her account is pivotal though in the ensuing conviction. Nowhere in the novel is it suggested that the abuse did not happen to some children, or even Lula Ann by the other adults, just not Lula Ann by Sofia. Sweetness concludes that she “may have done some hurtful things to [her] child because [she] had to protect her. Had to. All because of skin privileges” (GHTC p.43). But she also knows that it “Taught me a lesson I should have known all along. What you do to children matters. And they might never forget” (ibid). The sentence “What you do to children matters” could almost be a subtitle to the novel it so evokes a central theme. Bride recollects her mother’s complicity in the abuse of a boy by their landlord. Sweetness is not “interested in tiny fists or big hairy thighs; she was interested in keeping our apartment. She said, “Don’t you say a word about it.

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<sup>73</sup> The narrator in part three of the novel sees Brooklyn for who she is to Bride describing her as the “obnoxious pseudo-friend” (GHTC p.134).

Not to anybody, you hear me, Lula?” (GHTC p.54). Perhaps Sweetness was in no position to do anything without significant risk to herself and Lula-Ann, and if so, the pervasive culture of silence and the fear of racist expulsion (in the 1970s) is the backdrop. It is Booker who takes her tale and upset seriously, and says “Come on, baby, you’re not responsible for other folks’ evil” (GHTC p.55), and who offers the broader remedy “now five people know. The boy, the freak, your mother, you and me. Five is better than two but it should be five thousand” (GHTC p.55). In its totality, the children referred to are used by the adults even in the process of a court, and Sweetness, for a time, is proud to be seen with Lula Ann, and associated with her daughter’s bravery.

After Sweetness, Bride has the second word, and her first chapter confirms the confessional style of the novel. Each of the chapters titled after a character is written like an oral account being taken, and Bride’s begins with Booker’s curse (which reverses Sweetness’ gendered view of witchery). He says ““You not the woman I want.”” and Bride responds ““Neither am I.”” (GHTC p.8). When Bride recognises this as a curse (“his curse”, GHTC p.95) she forgets her acceptance of it. In this phrase Bride has accepted the power of Booker’s statement over her, internalised it and thus begins her transformation. Bride’s first chapter places the novel temporally – it is at a time that a young black woman can have a successful independent career, it is post Whitney Houston (Bride refers to the song “I Want to Dance with Somebody”) and they drink Pinot Grigio (a signifier of middle class success, access and refinement), and her cosmetic line, YOU,GIRL, is a “Cosmetics for Your Personal Millennium” (GHTC, p.10). The cosmetic line is for “girls and women of all complexions from ebony to lemonade to milk” (ibid), connecting skin colour to commodification and the market. Milk returns as a signifier of whiteness, with an commodifying interpellation alongside ebony, via another consumable, lemonade (which is a motif that recurs throughout the novel).

Booker leaves Bride, and she ponders what little she knows of him. In the way that Alexander (2011) notes how the black male is already in the popular consciousness for criminality; Bride fictionalises his backstory:

No more dallying with a mystery man with no visible means of support. An ex-felon if ever there was one [...] Idle? Roaming? Or meeting someone? He said his Saturday afternoon trips downtown were not reports to a probation officer or drug rehab counsellor.(GHTC p.11)



This is a flippant revision in that she says she does not care, but in this forced neutrality there is nothing but judgement. Brooklyn, Bride's best friend, tries to seduce Booker to establish his poor character (which he refuses), and even that reflects poorly on him (but not at all on her, although Bride does not know). Even more so than the trajectory Sweetness has for Bride, Booker's destiny seems entirely set even where this conflicts with the reality (it turns out that his means is from an inheritance, he writes poetry, plays the horn, reads).

Bride and Booker break-up over Sofia Luxley, the teacher who has served a fifteen year sentence for child abuse alongside two other teachers, and who is due for release. Bride has been planning to give Sofia cash, air tickets and free cosmetics; Booker cannot understand why Bride would do this. The extent of the hurt felt by Booker is only really understood later in the novel when it is revealed that he has for many years lived in the shadow of his older brother's rape and murder by a serial murderer. Elsewhere, Brooklyn also reveals how she was abused as a child and later Rain (a child that Bride meets), was prostituted by her mother. The overwhelming sense is one of the instrumental use and abuse of children, that it is endemic, and that by and large the children are damaged but survive their ordeals. Morrison is highlighting, alongside the politics of race and gender, a further dynamic that subsumes the others, one of power, which Booker comes to reflect upon later. Again, what is done to a child matters.

In the case of Sofia, Bride notes that the:

Decagon Women's Correctional Centre, right outside Norristown, owned by a private company, is worshipped by the locals for the work it provides: serving visitors, guards, clerical workers, health care folks and most of all construction labourers [...] adding wing after wing to house the increasing flood of violent, sinful women committing bloody female crimes. Luck for the state, crime does pay (GHTC, p.13).

Here in the Decagon, is the contemporary relationship between commerce, imprisonment and race. It is what Alexander (2011) and Ben-Moshe *et al* (2014) typify as a contemporary trope-cum-reality, and how Harper (2001) sees incarceration and race as the product of a few centuries worth of tradition. Sofia explains "We worked in the sewing shop, making uniforms for a medical company that paid us twelve cents an hour" (GHTC p.67) thus connecting a captive la-

bour force within the carceral and the money to be made in the medical industry. In a way reminiscent of Foucault's (1975:1991) *docile bodies*, one that truly establishes docility as being more than obedience and compliance through a state of utter passivity, the prison requires 'bodies' which in turn produce the range of desired economic activity even if (especially, perhaps) those imprisoned are inactive. While the Decagon is correctional, none of the listed staff appear to have a role in rehabilitation or correction. Sofia notes that as a child abuser she was "at the bottom of the heap of murderers, arsonists, drug dealers, bomb-throwing revolutionaries and the mentally ill." (GHTC p.66), with the mentally ill coming just above her, but close to the bottom.

Looking back on Sofia's trial, Bride recalls how "The social worker and psychologist who coached us put their arms around them, whispering "You'll be fine. You did great". Neither one hugged me but they smiled at me" (GHTC p.30). It is through the criminal justice process that educational and psychology professionals are noted as the mediators, and carriers, of the child witnesses' induction into judiciary and clinical discourse. Lula Ann/Bride is perhaps unnerving to the court professionals, or maybe the composure described by her mother is the result of her mother's shaping – to be distant and hidden to the world. Either way, it is their role to navigate the justice system with and on behalf of the child witnesses. Bride recalls how, with the trial, she received some recognition from her mother. This absence had, in the past, been to the extent she had purposely invited punishment to gain some maternal attention (bearing in mind she was eight at the time of the trial). For Sweetness, the courtroom professionals were something to look up to and she was worried Lula Ann/Bride "would stumble getting up to the stand, or stutter, for forget what the psychologists said and put me to shame" (GHTC p.42). On each occasion it is as if Sweetness cannot dwell on her daughter's needs, or show maternal loyalty, or acknowledge experiences beyond the extent to which they reflect her own needs and views. It would be easy to condemn Sweetness as a cruel and distant mother but the challenge here is in fact to any adult around children, including any parent. Morrison, I think, is hinting at the double bind of parenthood, that is the notion of unconditional love and regard for one's child while for many, the bearing of the child was for one's own purpose – to continue the family, have something of one's own creation, a legacy or heir. Even the gift of unconditional

love, should it be possible, is offered with the expectation of living, growth and maturation. This is reminiscent of Mauss' text *The Gift* (1954:2002) described in the foreword by Mary Douglas (1990:2002) who writes, *The Gift*:

[...] starts with describing the North American potlatch as an extreme form of an institution that is found in every region of the world. The potlatch is an example of a total system of giving [...] Spelt out it means that each gift is part of a system of reciprocity in which the honour of the giver and the recipient are engaged. It is a total system in that every item of status or of spiritual or material possession is implicated for everyone in the whole community. The system is quite simple; just the rule that every gift has to be returned in some specified way [...] The cycling gift system is the society. (Douglas, 1990:2002)

When recalling the trial, Bride has her first physical transformation: "Every bit of my pubic hair was gone. Not gone as in shaved or waxed, but gone as in erased, as in never having been there is the first place" (GHTC p.13). While Bride is waiting for Sofia to appear outside the prison on her release, she recalls the court case where Sofia was convicted, and as the novel progresses, it turns out that Bride's testimony compensated for her colour in the eyes of her mother and the local community. She was held up as brave and was a key figure in exposing the "lady monster" (GHTC p.14), "filthy freak", "snake", "devil", "bitch" (GHTC p.16), "the Monster" (GHTC p.50), and even Sweetness shows an unprecedented pride and closeness to Bride/Lula Ann as a result. It turns out later in the novel while confessing to Booker, that Sofia was innocent and Lula Ann had lied just because of the way it brought her mother closer. This reveal redefines the gifts on Sofia's release as assuaging Bride's own guilt at costing Sofia fifteen years, and the breaking of her spirit therein. Furthermore, the consequence of the distortion that her mother's rejection forced on to Lula Ann/Bride, arising from a blackness that emblemizes a focal point of the rejection of her community (just as in *The Bluest Eye* and Pecola's ugliness, rape and madness) is seen here to have enormous implications. Sweetness has endeavoured to bring Lula Ann up in a way that faces the reality of being very black but instead of hardening her daughter, she had made her even more prone to seeking the maternal intimacy that she needs, even where it involves lying in court and the destruction of Sofia's life.

The reader does not know about Lula Ann's/Bride courtroom lies until later in the novel, when she confesses to Booker and so when Bride catches up with Sofia earlier in the book to offer her the cash, tickets and cosmetics, Sofia's

reaction, to become enraged and to beat Bride out of the room, looks like another violent act by the 'lady monster', and one that jeopardises her parole. For Booker, Bride and Sofia in particular, the gradual reveal of their stories recontextualises their current behaviour which is otherwise open to wide interpretation, and usually, the most negative interpretation. Morrison is perhaps reminding us about how terrible circumstances drive people to extreme behaviour and that even madness (for Pecola and Bride) becomes understandable within a story and a context. She is also drawing the reader into complicity in the myths surrounding these characters only to be corrected later. So, both the notion of conditional gifts, be they through parenthood, or an act of repentance, and the idea that we can be drawn towards negative interpretation without context, highlights a further theme alongside that of adult power, one of contingency, indeed what is done to a child does matter in that it has consequence.

Unlike many of Morrison's novels there is a fairly central white character, Brooklyn, who is Bride's best friend, although her moments of confession and commentary suggest she is anything but loyal. After Sofia beats Bride, Bride turns to Brooklyn and tells her she has been assaulted as part of an attempted rape which Brooklyn figures out quickly to be a lie. Brooklyn is white with dreadlocks and, as is occasionally fashionable, she is named after a place, ironically a former poor area of New York which was predominantly black and working class. Besides another viewpoint on Bride, Brooklyn is offering a white perspective (although with dreadlocks and close black friends, Brooklyn is almost attempting a passing from the white perspective to the black) but just like Sweetness, she experiences Bride as someone who has eyes that "spooked everybody with their strangeness – large, slanted, slightly hooded and funny coloured, considering how black her skin is. Alien eyes I call them [...]" (GHTC p.23). Brooklyn, and later a designer, Jeri, who moulds Bride's image, experience her as strange, as did Sweetness, and furthermore, they experience Bride as alluring and exotic through a process of 'orientalisation', as Said (1978:2003) put it. As with the orientalisating gaze, Bride is projected upon by people around her who note her otherness and need to capture it in the exotic. Jeri, her "total person" (GHTC p.33) design consultant tells her she should wear only white because of her name and "because of what it does to your liquorice skin [...] you're more Hershey's syrup than liquorice. Makes people think of whipped

cream and chocolate soufflé every time they see you” (ibid). Bride suggests Oreos, but Jeri says “Never. Something classy. Bonbons. Hand-dipped.” (ibid)<sup>74</sup>. Jeri takes a totalising view, suggesting that others who see Bride do so too, and that this is to be desired and shaped (akin to Foucault’s notion of governmentality). What comes with such a view is more than a look, but rather an incitement to self-regulate, referred to as an ethic (an idea developed across the second and third parts of Foucault’s histories of sexuality - 1985:1992 and 1986:1990 respectively), towards being the best one can. This is understood not to be about fulfilling potential as much as being self-monitoring and self-adjusting, most likely with reference to some kind of internalised cultural parent or ‘big other’. Jeri’s clipped responses brook no discussion, he defines Bride at the level of sensuality and commodity – she is a luxury to be consumed, be that visually or otherwise – and this is a positioning she accepts for the moment. The gaze however is turned back, and while there is a potency assumed from Jeri’s direction, Bride also notes “At first it was boring shopping for white-only clothes until I learned how many shades of white there were: ivory, oyster, alabaster, paper white, snow, cream, ecru, Champagne, ghost, bone.” (ibid). Bride is achieving two things here; firstly, she is taking a starting point of not differentiating whiteness and finding it of little interest, and secondly, she is entering into a typology of whiteness. This typifies and reverses the white gaze that had done the same to her – to place her firstly in a broad, bland category of black which might be a choice to see her as unremarkably ambient within a broad racial category. The second action is to further objectify her blackness through categorisation with white as a neutral benchmark, like that suggested by Carter (2007) in relation to American ideas of normality and sexuality. Bride’s reversal of the dynamic is a subtle resistance to the ‘bland/of interest’ and ‘single/multiple’ dichotomies of colonisation (that is, to work in broad brush strokes where it advantageous, while working out and fine tuning systems of classification when it is necessary).

Bride’s appearance, in the eyes of other characters, is more than just the human exotic – she is regularly evoked with animalistic adjectives reminiscent in their reference back to a time when black meant primitive and primitive sat alongside mad, criminal and deviant as subordinate in the eyes of ‘superior’

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<sup>74</sup> Rice (2003) discusses the important role that consumption, including myths of cannibalism, take in racist discourses during the North Atlantic slave trade.

whites. Brooklyn, after Bride's beating by Sofia, notes "Worse than anything is her nose – nostrils wide as an orangutan's" (GHTC p.26). Sofia in her criminal deviance changes "from obedient ex-con to raging alligator" (GHTC p.29). Jeri refers to Bride as "All sable and ice. A panther in snow...And those wolverine eyes" (GHTC p.34). Her exotic, animalistic sensuality, plus her conflation with consumables, reflects that "Black sells. It's the hottest commodity in the civilised world" (GHTC p.36). Black bodies are put to work to serving the commodity needs of consumers – a subjectivization or thingification. Like Sweetness' reference to Bride as a throwback and witchy, a continuation of the idea of what Bhabha considers is the lived subjectivity of 'the same but not quite' can be seen in the field of primatology, a study of non-human primates. Rice (2003) recalls also the racist discourse, seated in the thinking of David Hume and Thomas Jefferson, that black bestiality was reflected in their "ourang-outang" (p.180) appearance. Research in primatology has been used as a means to understanding a range of human aspects, even to undergird an ontology of humanness, as well as human problems well into the twentieth century, including human reproduction, disease, sexuality, race, territoriality (Haraway, 1992). Such discourse is exercised as a means of bolstering the dominant, 'advanced' position – by extension there may even be further throwbacks between non-human primates and the human – a space occupied by those *othered* into subjugation and inferiority. This is reminiscent of "Darwin's use of race and disabled people as evolutionary throwbacks", and to "theories [which] moved toward support of the growing eugenics movement that would equate racialized and disabled bodies with undesirable deviances" (Snyder & Mitchell 2006, p.13). Bride in fact names both these motifs, those of being degenerate and owned in referring to the break up with Booker, and the beating from Sofia. Bride is "[...] not sure which is worse, being dumped like trash or whipped like a slave" (GHTC p.38) and is doing so while reading a magazine; "[...] I turn the pages of *Elle* and scan the pictures of the young and eatable" (GHTC p.39). *Elle* signifies what Sardar (1998) suggests is a concern with postmodern cultural studies; that it does not offer the freedoms it is thought to, with resultant pastiche, parody and consumption which still bind to modernist, totalising discourse. There is a tone reminiscent of Baudrillardian simulacra in which the process of mimesis is folded and repeated, a mass media where commodity and consumption are ever in motion

reversing and redrawing the relationship between the two<sup>75</sup>. In effect, the means of resistance in much of the postcolonial frame of reference (hybridity, mimicry and sly civility, for instance) can be turned to perform new forms of subjugation that here reduce blackness to a 'new' commodity while freedoms are gained through offering consumer choice in cosmetic ranges. This evokes Bauman's (2000, 2007) writing on 'liquid modernity' wherein a postmodern state of instantaneity, persistent shift and impermanence, typify a fluidity that is sensuous and engaging in the first instance, but is destabilising and unnerving on further examination – in effect Bride can be all the things that are attributed to her and any one of them singly, depending on the medium, desired effect and the needs of the consumer. Liquidity is in the commodity (Bride), who is consuming a commodity (*Elle*), which presents a further commodity (young eatable people) without irony. A "woman could be cobra-thin and starving, but if she had grapefruit boobs and racoon eyes, she was deliriously happy" (GHTC p.80). As Baudrillard puts it:

After voluntary servitude, which was the secret key to exercising domination, one could now speak instead of involuntary complicity, consensus and connivance with the World Order by everything that seems to oppose it. Images, even radical-critical ones, are still part of the crime they denounce, albeit an involuntary one. What is the impact of a film like *Darwin's Nightmare*, which denounces racial discrimination in Tanzania? It will tour the Western world and reinforce the endogamy, the cultural and political autarky of this separate world through images and consumption of images (Baudrillard, 2010, p.60)

Bride's response to Sofia's assault is twofold. Firstly, she tells Brooklyn that it was an attempted rape by an unknown attacker (a story which Brooklyn sees through), and secondly she wants to escape on to a cruise holiday or equivalent. Bride describes Brooklyn as dragging her out of a "classic [thereby essential and knowable] post-rape depression [a reference back into the psy index]" (GHTC p.43), and likely to insist "I see a rape therapist or attend victim fests" (GHTC p.44). Bride's casual description of these responses to rape suggests a familiarity – rape is present even though it has not happened this time. The idea of a 'classic post-rape depression' has the sound of predictability which fails to question depression as the most classic response or even that it is a response. It is evocative of what Watters (2011) objects to – that trauma,

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<sup>75</sup>Baudrillard (2010) writes a "general masquerade" with the "excessive use of every sign" that "mocks its own values", a "symbolic liquidation of every possible value" and eventually "[a]ll meaning is abolished in its own sign and the profusion of signs parodies a now undiscoverable reality" (p.35). Hutcheon (1988) calls the "simulacrum, the final destruction of meaning" (p.223).

such as that experienced through rape – has a universal presence for victims/survivors and the response is likewise prescribed. *Rape therapy* manualises the response to the act and makes it unitary – again like a consumable, and the consumer might be the *trauma patient* (Matus, 1998), a further description that; sanitises the act, inducts the wronged person into patienthood, makes their identity summative, and occludes the perpetrator. Knowing that ‘rape therapy’ is something she does not need Bride refers to ‘victim fests’ with a suggestion of indulgence on the part of attendees. Brooklyn refers to the (fictional) rape as something that needs to “wear off” (GHTC p.45).

Much is made of Morrison’s rememorialising of trauma in the critical literature (see the introduction to this chapter) and here she presents a contemporary limit to memory. Brooklyn and Bride view rape as a given within their lives; Bride’s use of rape as a plausible account for the injuries arising from Sofia’s assault attests to its commonality. Their experiences as children (while it appears Bride is not directly sexually assaulted as a child, she witnesses the abuse of a child by her landlord) tell them the role sexual violence takes in life, and how the endemic presence seems to naturalise it. Whichever direction the novel takes, the violence and mistreatment of children forms the backdrop and often the foreground, and it is within this context that I advance two things in relation to madness. Firstly, that such a past derealises one’s experience of one’s body, hence the physical changes that only Bride notices, and so transforms a person, becoming, in this case, de-familiarised to herself. Her body is telling her something, as if her body was no longer hers (“she was changing into a little black girl” (GHTC p.97); not even a young Bride, but an anonymous black girl). Secondly, that the trauma, be it an assault or the ambient, pervasive neglect of a child by their caregiver (again, Bride brought up by Sweetness) actually changes a person’s relationship to their body. This is complex in that it invokes a dualism (Bride experiences her body as someone who occupies it) that is captured in the sentiment ‘I am not myself’, the kind of alienation that a number of postcolonial authors, including Fanon, would recognise. At their extreme clinical language refers to these as body dysmorphias, eating disorders and self-harm. If Bride’s physical transformation signifies a ‘quiet madness’ (Leader, 2012), that is, a madness that might go unnoticed by others, then alienation through



the life she has led, and what she has learned, is the process by which she has arrived there. Bride, at the moment her breasts have gone, self-talks:

Stay still, she thought; her brain wobbly but she would straighten it, go about as if everything was normal. No-one must know and no-one must see [...] Acting normal was important, she thought. It might even restore the body changes – or halt them. (GHTC p.94).

While the relationship to delusion is different, Pecola and Bride are both preoccupied with passing for normal (and is the origin of Sweetness' ambivalence to Bride who will never be able to pass like previous generations had). As Mills (2014b) describes, passing for normal becomes a survival strategy in mental health services and society broadly through camouflage. Furthermore, just like madness:

Nothing hurt; her organs worked as usual except for a strangely delayed menstrual period. So what kind of illness was she suffering? One that was both visible [signified] and invisible [without the signs usually required by medicine]. (GHTC p.95).

Alterity that is noticed by others can therefore be dangerous, as seen in a brief aside within Sofia's story, her cellmate, Julie, "was serving time for smothering her disabled daughter<sup>76</sup>" (GHTC p.67)<sup>77</sup>. For Bride the changes signify a physical regression and her confusion is that she is becoming her young self, certainly a young black girl, and this seems to become necessary before the possibility of regaining her adult self. When she retraces her steps towards Booker (who offers authenticity even though he too is damaged by the murder of his brother), and meets Rain (a girl of about eleven again abandoned and abused, and for whom a recovery involved what is technically a kidnapping by a more loving couple who find her) her alienation is reversed. As in madness and discourses of primitivism, a presumed regression (or having never developed) signifies the rationale, almost a plea, for a patriarchal response – those that cannot think for themselves needs to be thought for. What Bride's transfor-

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<sup>76</sup> Molly, Julie's disabled, murdered daughter's photograph is described as having "the loveliest blue eyes in the world" (GHTC p.67). This is a call-back to Pecola and also shows how her delusion is not in fact protective for some lives – blue eyes or not, some lives are 'not worth living' in the view of others.

<sup>77</sup> In the conclusion of this chapter I will return to Morrison's own reading of disabled characters in *Playing in the Dark*. While she has much to offer the critical reader around alterity and otherness, she reveals her own, problematic placing of disability in a register of otherness. For her, disability and whiteness become linked in decay just as 'inverted' sexuality does for Fanon.

mation represents is a regression without the loss of adulthood, perhaps an earlier need that until addressed remains a hindrance.

It is during this dialogue between Brooklyn and Bride, told from Bride's perspective, that there are hints that Bride's participation in the trial of Sofia is dubious. On first reading this is easily construed as ambivalence in talking about one's abuse and the personal cost of testifying as a child. In the telling, Brooklyn "closes her eyes like a nun faced with porn" (GHTC p.46), which gives a sense of distance and disapproval, lending itself further to religiosity and confession. A subtext and parallel becomes apparent and when Bride says "You're not hearing me" and thinks "This is going nowhere. How can I expect her to understand" (ibid). At that point neither Brooklyn, nor the reader, understands. Only a second reading of the novel makes clear what is happening at this point. So, while Bride mocks the idea of a victim fest, she also needs the opportunity to talk without judgement, and unencumbered by Brooklyn's loyal view that Sofia got her just desserts, without question. It is at such moments when it becomes apparent that one of the 'inherited' qualities that Bride uses is a capacity for self-deception and for the limits of that to be felt. Brooklyn asks her directly "Say, Bride, did she molest you?" (GHTC p.48) and Bride evades this internally ("What does she think? That I'm a secret lesbian?"(ibid), conflating same gender abuse with lesbianism) before thinking "What's the point of closets these days?" (ibid), while using a form of closet to compartmentalise her guilt. Her mother's presence in herself is revealed when Bride "shoot[s] her [Brooklyn] the look Sweetness always put on when I spilled the Kool-Aid or tripped on the rug." (GHTC p.48-49).

The omniscient narrator who turns up in later parts of the novel confirms much of what can be taken from the accounts previously mentioned. In tracking Booker into unknown territory Bride feels "safe, colonized somehow" (GHTC p.78), a phrasing that is pairing safety with colonisation, like Friere (1970:1996) who writes "[f]ear of freedom, of which its possessor is not necessarily aware, make him see ghosts. Such an individual is actually taking refuge in an attempt to achieve security, which he or she prefers to the risks of liberty" (p.18). The narrator reflects on the ways in which the impoverished security of Sweetness' touch was without maternal affection or warmth which for Bride "confirmed her helplessness in the presence of confounding cruelty" (GHTC p.79).

Booker's past is narrated in part 2 of the novel, as is his theorising of the relationship of economics and power and racism. In taking courses as a student in African American studies, he remains with the question *why?* Booker draws the following conclusion;

He suspected most of the real answers concerning slavery, lynching, forced labor, sharecropping, racism, Reconstruction, Jim Crow, prison labor, migration, civil rights and black revolution movements were all about money. Money withheld, money stolen, money as power, as war. Where was the lecture on how slavery alone catapulted the whole country from agriculture into the industrial age in two decades?" (GHTC p.111)

This passage is important for a number of reasons. It refers back to Morrison's *Playing in the Dark* asking the same questions she had in 1992 about the absence of blackness, and black history, in the discourse on country building and the culture of America. The passage links the occlusion of blackness in American scholarship and an avoidance of the most testing and challenging of possibilities in the academy, to the extent of complicity. Intertextually there is a reference to Reich's (1946:1972) *The Mass Psychology of Fascism*, a text influential for Fanon (Hudis, 2015), but unlike Fanon's critique and synthesis of Marxism<sup>78</sup> and psychoanalysis, with no consideration of racism. Reich is suggesting that fascism arises through a blend of capitalist and imperialist tendencies, and psychosexual repression mobilised through the mystifying presence of religion. In Booker's story, as it is revealed, the murder and abuse of his brother, plus Booker's own analysis of power, puts race back into the blend of money, power and sexuality. Booker goes on "to learn how money shaped every single oppression in the world and created all the empires, nations, colonies with God and His enemies employed to reap, then veil, the riches" (GHTC p.111). From Wilkinson & Pickett's (2010) work on the relationship between inequality and a range of social and health outcomes, to the myriad critiques of neo-colonialism (Mills, 2014a) and neo-liberalism (for instance Chomsky & Achar, 2008; Jensen 2006), Booker's account (and perhaps more inclusively, Morrison's oeuvre) crystallises the alienating problematic. That is, alienation both in the Marxist sense of being disenfranchised from one's work and activity, and the psycho/sexual/social alienation of being unable to recognise oneself (is at odds with oneself) and to forgo 'mutual recognition' (Hudis, 2015) among others.

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<sup>78</sup> In the *Wretched of the Earth* (1967b) Fanon outlines the economic base of colonisation

Booker, like Fanon and other race activists, postcolonial scholars and cultural studies critics knows

Scientifically there's no such thing as race [...] so racism without race is a choice. Taught of course, by those who need it, but still a choice. Folks who practice it would be nothing without it (GHTC p.143).

Booker's intellect had been formed within a 'dis-alienated' family, one that came together and learned together in warmth and support before Adam (his brother) was abducted and murdered – an event that split the family. Otherwise “[he] had been shaped by talk in the flesh and text on paper” (GHTC p.112). Besides the loss of Adam, Booker's growing awareness of the conditions of his world take a toll as “his mild cynicism morphed into depression” (GHTC p.121) and he became bored and listless, unlike the lack of seriousness evident on the part of his peers. Perhaps Booker's poetry reveals the cost of his thinking “*Trying to understand racist malignancy only feeds it [...] I refuse to be ashamed of my shame, you know, the one assigned to me*” (GHTC p.150, emphasis in the original).

Racism and madness are shown in their overdetermined nature in that Booker and Bride have different backgrounds, and their shame and humiliation came from different experiences (hers in maternal rejection, his in a loving family sundered by violence) but arrive in similar places – a powerlessness that is felt to the extent in Bride that she physically morphs, and in Booker, that he is arrested at the point of Adam's body being discovered (this Queen Olive, his Aunt confirms). Both are trapped in different pasts that limit their present, and both feel echoes of that past in a society which remains infused with racism and colonisation. Towards the end of the novel, both Olive<sup>79</sup> and Sweetness wonder separately about the hurt that still remains for Bride and Booker in their life together. As does the narrator looking on at Bride's pregnancy:

A child. New life. Immune to evil or illness, protected from kidnap, beatings, rape, racism, insult, hurt, self-loathing, abandonment. Error-free. All goodness. Minus wrath. So they believe. (GHTC p.175)

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<sup>79</sup> Olive reflects; “They will blow it, she thought. Each will cling to a sad little story of hurt and sorrow – some long ago trouble and pain life dumped on their pure and innocent selves. And each one will rewrite that story forever, knowing the plot, guessing the theme, inventing its meaning and dismissing its origin. What waste.” (GHTC p.158)

There is, however, sufficient mutual recognition between them to 'dis-alienate', and to entertain a future with less hurt — Bride's body signifies this by returning to her adult state (or resolving her delusion) and becoming pregnant. Booker experiences "the disintegration of the haunt and gloom in which for years Adam's death had clouded him...[he] became as emotionally content as he had been before Adam had skated into the sunset" (GHTC p.132). In a typically Morrison way this resolution is not sentimental, because as already mentioned, Sweetness has the final word, and it is one that is cynical about the extent to which Bride can be happy, and the extent to which a child will make her so. With a nod to Mauss, a 'gift' of a baby is not without its costs. Perhaps Sweetness is looking for redemption not through forgiveness, but through vindication of her own mothering repeated through Bride's.

#### 4.7 Conclusion.

During the course of the two novels discussed here, it has become evident that one of the challenges of literary contributions to the mental health field is how a novel comes to be known as one about madness. Conventions that psychologise and psychiatrize experience make some novels more readily amenable to critical discourse and as such become 'mental health stories'. Morrison's novels have an uneasy relationship to such a field – they do not speak to a psy agenda on madness even though they are deeply psychological novels. Madness is presented as overdetermined, not easily represented, nor domesticated for consumption. She avoids a simplistic pop psychology that singles out a single index for madness. In her novels madness becomes understandable but still indicative of otherness. I have argued that such a way of writing madness is crucial to understanding the colonisation of madness, and Morrison shows that madness can be written about and engaged with without recourse to dominant models and discourse. The plurality that is the necessary dynamic of the other, that is, the presumed and constructed *not-sameness* that comes to define otherness, is retained making a richer evocation of the lived subjectivity,

possible. It is at the level of personal story essential for the disalienation<sup>80</sup> which is itself part of decolonisation.

Morrison's work, however, is not without its problems, not least of which is the less enraptured reception of her novels (see Sandhu's (2015) review of *God Help the Child*). And the critique here also has tensions – I have put to work the scholarship of a number of white Europeans in critiquing Morrison which is open to the accusation that I have made sense of her work through a certain, arguably non-applicable, Eurocentric (often male) lens.

Troubles in her own work arise in how Morrison makes use of disability. In *Playing in the Dark*, the first essay 'black matters', presents a critique of Willa Cather's *Sapphira and the Slave Girl*. That novel is the not the concern here, but rather Morrison's development of the problems with it. Sapphira is the name of a disabled governess on a slave owning plantation who is jealous that a young slave woman will entice her husband. She is "an invalid confined to her chair and dependent on slaves for the most intimate services" (p.19). Morrison suggests the novel is about "the interdependent working of power, race, and sexuality in a white woman's battle for coherence" (p.20), and certain themes show "bizarre and disturbing deformations of reality" (p.23). Sapphira is showing "the unabated power of a white woman gathering identity unto herself from the wholly available and serviceable lives of Africanist others" (p.25). Furthermore, "This novel is not the story of a mean, vindictive mistress; it is the story of a desperate one. It concerns a *troubled, disappointed woman confined to the prison of her defeated flesh*" (p.25, my emphasis). Sapphira "escapes the necessity of inhabiting her own body by dwelling on the young" and "escapes her illness, decay, confinement, anonymity, and physical powerlessness" (p.26), and she uses black bodies to "construct a self" and to "exercise power without risk" (p.28).

There is an irony to Morrison's critique in that the very problems she raises for blackness, the invisible but essential presence of it (and the ways in which race is put to use), are the problems she creates in using disability in her critique. Disability and moral failings on Sapphira's part are conflated, her physical state is one of decay and imprisonment which mirrors her spiritual limitation,

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<sup>80</sup> Hudis (2015) recalls this as being to do with Fanon's humanism based in Hegelian thought, that is: the move from specific, then to particular, and to the general, and how such a process underpins decolonisation for Fanon.

and she is dependent even to the extent of using those she feels are inferior in her everyday routine, and to hold an identity. There is a moment when Morrison is sympathetic to her powerlessness (not mean or vindictive) but this evokes pity rather than understanding. What this tells us is that even a highly regarded author and Nobel laureate can fall foul of the very dynamic she objects to. It also shows two other things; that physical and psychological alterity remain subordinate subjectivities in a hierarchisation, emerging from supposed pathologies. The conflation of moral, mental and physical difference and limitations can be as much a trope of postcolonial scholarship as it is eugenics. Very swiftly, undesirable ways of being become undesirable summative identities that then become amenable to all the socio-political, culture, literary and human science disciplinary gazes. The urgency of Pecola and Bride's circumstance becomes clearer, because if to be white and disabled is to be powerless and decayed, what would it mean to be black and mad, or black and physically morphing? Secondly, Morrison's 'materiality of metaphor' shows the dangerousness of metaphor and how easily it becomes serviceable to the *othering* process even while it looks to be erudite and sharp in its delivery (there is nothing sharp about a disfigured but piteous villain. Such Gothic exaggeration as the Beast (redeemed through Beauty), Darth Vader and many James Bond villains, show how popular a trope/cliché this is).

The critique above is not to knock Morrison's politic and problematic but rather to see the engagement with a lived subjectivity as an on-going project that is imperfect, necessarily parochial and subject to problematisation. The fact that Morrison's writing avoids over generalizations and cultural metanarratives, or on the whole a reliance on dubious essentialisms, means that her work is redeemable – the distance to engaging alterity is shorter.

## CHAPTER 5: CONCLUSION.

### 5.1 Psycho-colonisation – the scholarly process

When I began this project one of my initial tasks was noting the sources in which psychiatry and its affiliates were referred to as colonisers and/or imperialists. At the time the word ‘colonisation’ and its variations acted as suitable place markers in the anticipation that these were referents for what may be processes and events elucidated later in those texts. Throughout this project, I continued to find such examples and after a while, certainly after the first two chapters had been written, I noted the reference but did not amend the chapters further. This highlights the regularity with which the words ‘colonising’ and ‘imperialism’ are used in documents critical of psychiatry. At the opening of this concluding chapter I want to return to this phenomenon as a means to drawing to a close the thesis I have presented, before moving on to discussing some implications for literary criticism, research and mental health practice. I will also return to my research questions from chapter 1.

The process went like this; I would note a critical remark by a given author about the way in which psychiatry, or psy-science, was a coloniser or imperialistic, and then I would read on to see how this train of thought was developed. With few, excellent exceptions, the train of thought was not developed, explained or expanded upon. I considered this a gap in the intellectual ‘working out’ underpinning accusations of colonisation. These were often highly regarded writers, in well-reviewed books, whose use of powerful expressions cannot be overlooked as inconsequential. Conversely, the problems highlighted in some texts as ones of colonisation, are problems elucidated by other writers but not in such terms (like Johnstone (2000) which outlines many of the problems of misogynistic, racist and classist psy-science without recalling it as a coloniser). This might mean that either colonisation is a term of variable utility and appropriateness, or that the issues of psycho-colonisation remain an unrecognised seam of problems. The most recent example I have read<sup>81</sup>, while preparing this final chapter, helps to illustrate this phenomenon and the problem (and opportunity)

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<sup>81</sup> Also Davies’ *Cracked: Why Psychiatry is Doing More Harm Than Good* (2013) which has a chapter titled ‘Psychiatric Imperialism’. The chapter draws heavily on Watters (2011) but also extends beyond it, but without fully developing the ways in which the imperialism occurs.



it presents. In addition, by examining this example I reiterate the main themes of this thesis.

In the twenty-fifth anniversary edition of the highly regarded book *Women and Madness* (1972:1997), Phyllis Chesler, the author, provides a new introduction. She begins by listing the patriarchal crimes psychiatry has perpetrated against women including misogynistic theory (penis envy, inferiority etc.), the obscuring of oppression as a causal factor for madness and distress, diagnostics that subdue and demonise, an array of pathologising practices and victim blaming. To sum this up in a one sentence paragraph, intended to add emphasis, she writes “I still think of this as psychiatric imperialism” (Chesler, 1997, p.1). Three pages later after describing further the problems women face in contact with psychiatry she writes; “I was trying to understand what a struggle for freedom might entail, psychologically, when the colonized group was female” (ibid, p.4). The use of the words ‘imperialism’ and ‘colonized’ are not explained further. There are some interpretative possibilities open to the reader, and firstly, that these are thoughtless terms written for emotional impact but without qualification. While this is possible, this is a regularity in the critical literature, as shown in chapters 1 and 2. These are potent terms and given their emphasis, I think otherwise. Chesler seems to be inviting the reader to understand processes of psychiatry, when seen in the context of misogyny, to be colonising (or misogyny read within the context of psychiatry). Which came first, and what psychiatry brings, that makes misogyny in its practices colonising (as opposed to all misogyny being colonising), is unclear. Perhaps all misogyny is colonising, and this is true when applied equivalently to practices on the basis race, ethnicity, class, sexuality, gender fluidity and disability. And therein lies the problem; colonisation is a word that has a historical and geopolitical meaning, and has been used specifically within certain historical contexts. Its meaning is either specific to a set of circumstances or it is a broad, catch-all term for references to domination and subjugation. The lack of development in thinking about colonisation in the context of madness and mental health leaves these two possibilities in play, and I believe unhelpfully so, given the potency of the words. It is unlikely that colonisation is a term applied to subjugation broadly because while it is applied with regularity, it is not ubiquitous. Also, for the texts that do expand on its meaning within a psy-context, they are referring to a far more qualified use.

Chesler's choice of words highlights another dilemma taken up in this thesis. That is, where does colonisation, or rather 'psycho-colonisation', take place? Of the critical positions I reviewed in chapters 1 and 2, the ones that most consistently engage in a thoughtful way with psycho-colonisation do so as a critique of western psychiatry and 'big pharma' in the global south. The problem outlined here is along the lines of geopolitical concerns about how western culture, or rather the parts of western culture that are for sale, find their ways into other parts of the world, which are viewed as new markets, and pushed with a highly dubious rationale and effect. 'West is best' is the strapline that underpins such activity and this is propped up by relationships with the World Health Organisation, who are pleading for parity of psychiatric access and care with the industry standard being what is on offer in the global north. This is generally without recourse to the robust concerns of a critical minority within the mental health field that are less enamoured of the industry standard.

Returning to Chesler; there is a different problem that she alludes to but one that is left implicit. Her concern is for 'psychiatrized' women of the global north and for women as a colonised population. This idea that the problem of colonisation for the global south may in fact be equal to, if not exactly, the problem for the global north, has received relatively little attention. It raises the question of how a segment of a population might be colonised within its own nation, boundaries or community – what has been referred to as an 'internal colony'<sup>82</sup>. Even more curiously, and as I showed in chapter three, even critics of the mental health 'imperium' subscribe to its clinical concepts. Chesler argues that mental illness is real, that "Depression is real too, and has a neurochemical basis [...]" (Chesler, 1972:1997, p.10). Presumably she is viewing this in terms of access to health care, and she does challenge how women's distress has often been dismissed as being 'all in the head'. Her argument resembles the campaign around health care access for HIV/AIDS where a real disease state is being overlooked, or systematically ignored, because of the prejudice towards whom it mainly affects; black sub-Saharan Africans and gay men. The difference is, however, the neurochemical basis of depression, even twenty years on,

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<sup>82</sup> While not referring to the 'internal colony' directly, Kutchins & Kirk (1997) review racism and psychiatry from the late 1700s up to publication in the U.S.A., documenting a long history of connection between the two. This is typified by the practices already reviewed in this thesis such as certain diagnostic practices as applied to the Black population (before, during and after abolition), theories of vulnerability and inferiority, segregation and intrusive treatment.

remains highly questionable. The oversight I believe Chesler makes is to question the immediate processes and claims of psychiatry as being paternalistic and patriarchal, without questioning the social and cultural context of knowledge production that sits around psychiatry. She is prepared to accept the (mostly funded by Big Pharma) research on the neurochemistry of misery, but goes on to question its application with 'clinical populations', who will have been the very people taking part in the studies. I discuss something similar regarding the social model of disability (Penson, 2015), wherein the adoption of the social model within mental health activism may, without awareness, draw on an assumption of impairment that does not travel quite so easily from physical and sensory disability activism. While she is not mistaken in her assessment of misogynistic clinical practice, she has viewed only part of the cycle of misogyny, missing the structures and frameworks that make psychiatric colonisation possible. Chesler takes the first person experience of women in distress as a primary source of knowledge, she understands the effects of social stratification and class on the experience of mental health services, and she sees trauma and rape culture as experiences that underpin and make sense of much of women's madness and distress. But she does not situate the knowledge she relies on in thinking about mental illness within the same context. This trust in science, and those who practice it, is one of the very characteristics that psycho-colonisation exploits.

Dwelling on Chesler's book has enabled me to succinctly explain the necessity of my project. My aims and research questions have taken this regular accusation of psycho-colonisation, and treated it as serious enough to warrant further consideration. But in beginning to do so I encountered gaps in the research rationale, and the underpinning scholarship, that in turn required attention and thought. To arrive at this conclusion chapter I have taken the following steps which I represent for ease here, in reverse, from the claim that psychoscience is colonising. Lastly, I would need to show an example of where psycho-colonisation can be found and contrast it to a place where it is mostly absent, otherwise I arrive at the same point as Chesler and others, with a broad brush stroke claim. To say psychiatry is totally colonising all the time, overlooks the periods and points of resistance within the discipline and by its allies. This is especially so given that much of the critical literature is written by people within the field, including now, myself. Additionally, if colonisation is to be seen as

growth of influence or presence, then it is of little worth to look into the psychiatric 'imperial centre' – in effect I would be asking 'do I find a disciplinary intensity where it is most concentrated?' – this is at best a tautological piece of reasoning and of course I would answer it 'yes'. That is why I selected a cultural vector within which colonisation could be discerned, outside of the imperial center, hence my treatment of novels. Novels about madness and psychiatry are sufficiently related to the field of interest to be relevant, and are sufficiently accessible as to carry meaning beyond the strict psy-disciplinary area. Film, theatre, reportage or popular media would and could be equally fruitful in such a research project, however, when I take my next step back and draw on postcolonial theory, the novel has a special place.

Selecting the novels of Faulks and Morrison provided the exemplars that I needed to see psy-science just beyond its centre. Faulks' work, especially, but not exclusively, *Human Traces*, presents a literary orthodoxy of psychiatry which shows partisanship in his sourcing. The effect, I argue, is that *Human Traces* becomes a plausible backstory to psychiatry developing in the late nineteenth century, a key period in its growth and establishment. Faulks writes mostly in a dispassionate tone presenting an account sufficiently factual to be educative, and in not sparing the reader the ugly reality of the necessities of the development of psychiatric clinical science, he evokes authenticity. However, he avoids calling into question any of the excessive and inhumane practices other than those that can be made exempt – Faulks separates for the reader the tradition of institutional care from the hopes of psychiatry as a fledgling discipline. He avoids the notion, rather, that these were the very conditions necessary for modern psychiatry to emerge and that medical paternalism remains one of the main concerns of contemporary critics. Faulks is also prone to a modernist teleology of psychiatry by presenting a linear scientific succession depicting a steady development in its contribution to medicine and society, despite (he, and others, would suggest) the 'wilderness years' of psychoanalytic dominance.

Morrison on the other hand contextualises madness, not a discipline, and she does so by linking madness, racism, misogyny and poverty. She arrives at the point that madness is real and understandable within the context of its experience, within its history, but without reducing it or celebrating it. Placed alongside each other as authoritative sources on madness, we might draw forward

into the implications of each writer's work for 'mental health practise' – to drive research to find the elusive neurological basis of madness (Faulks), or to change the conditions of living that means that rape, abuse, racism, poverty, misogyny and cruelty are no longer permissible experiences to expose people to (Morrison). As Newman (1991) questions it – why does therapy and treatment try to alter people to live in a world that is crazy? Is it indeed ethical to help people to adapt to, and accommodate, inhumane conditions, when they could alternatively be active in changing them?

Before selecting novels as a means to assessing psycho-colonisation, I found it necessary to bridge two intellectual gaps. The first was in the use of novels as a research area when appraising a social science area and the second was in the frame of reference by which the novels might be discussed. Taking the latter first; given the concern was colonisation, it made sense to approach the literary work, and indeed the assessment of psycho-colonisation, through a lens of postcolonial theory. Unfortunately, there was no pre-existing schema for postcolonial theory in the way that I required, and there are also a number of tensions, not least, the accusation that postcolonial theorists represent a Western accommodated intelligentsia. In tackling both of these I turned to postcolonial writing from anti-colonial activism, mostly around the mid-twentieth century. By drawing on later work, born in the academy, I could supplement and nuance my understanding of the earlier activist writings. Such activity might also extend beyond this project. This allowed the formation of a schematic for colonisation; nine themes emerged that capture a sense of the processes of colonisation. Importantly, cultural colonisation and epistemic violence featured prominently, which further supports the worth of looking at novels in the cultural penetration of psychiatric ideas and practices. That colonisers treat their own epistemological claims as having the greatest worth was clear, as was the idea that once the means for dissemination are established (like schools), then Milton and Shakespeare ought to be taught, alongside Christianity. This holds the possibility that intentionally or otherwise, the cultural vectors that carry orthodox psy-science, supported by a tremendous pharmaceutical stake and professional prestige, might be most potent in their ordinariness; what could be more banal, and powerful, than an array of books and websites for self-diagnosis, advice on how to get the most from your medical practitioner,

what to look for in a relative going mad, how to self-advocate for treatment, pop-neuroscience, pop-psychology, self-improvement, resilience training and so forth. Postcolonial theory offered a starting point to assess and theorise the literary vector of colonisation as a response to madness in the global north. However, while my preoccupation was 'colonisation' because that is the term used by the critics that began my thinking in the area, a further step would be to go beyond this into the theorising of 'neo-colonisation'. Neo-colonisation relies less on military might and occupation, and more on persuasion, the shift from identification that is one of 'citizen' to one of 'consumer', and towards the promise of relief from suffering that comes with certain, 'permissible' (desired) cultural hybridisation. What critics refer to as colonisation may, on reflection, be more accurately referred to as neo-colonisation given that psychiatry sits within a broader context of western capitalist expansion, and makes use of cultural vectors and the vulnerability of parities of health.

In continuing to work backwards through my steps I return now to the issue of literary sources as the grounding here, for critical engagement with psy-science. This very suggestion reveals the tension, that is, there is disciplinary polarisation that necessitates science is critiqued by scientific means. However, one of the most consistent criticisms of psychiatry and 'big pharma' is that they practice 'bad science'. The conceptual building blocks of psy-science have been shown to be wanting, and despite what would be an invitation to return and re-examine those blocks, criticism is treated in traditional psy-science circles as a marginal gripe. Thus, I found it necessary to consider and expand on the way in which literary sources, cultural studies and political activism, like that found in postcolonial theory, might be legitimately employed as an equivalent knowledge when considering madness. My earlier point, that medical humanities may, when engaged with psy-science, without realising, accept psychiatry as medicine, when that reflects its disciplinary location rather than its actual relationship to disease and illness, further supports the idea of humanities that go beyond a medical adjunct. Synthesising across the work of Derrida, Latour, Geertz, Foucault and Feyerabend allowed for the questioning of disciplinary polarity and a challenge to the hierarchy of knowledge in an area such as mental health and madness. At its extent, such work goes beyond a 'sociology of science', and goes further towards Mannheim's iteration that explodes the myths surrounding

and perpetuating a body of thought (see section 1.8). Critiquing psycho-colonisation is not just a critical exercise, but rather brings into the frame the possibility that literary, artistic engagement with madness and distress is an equivalent knowledge, not an adjunct, and a key element of the process of de-colonisation.

This arrives at the idea that literary sources and cultural studies research offer a route to addressing the concerns of psycho-colonisation<sup>83</sup>. Having built this rationale, I have arrived at a schematic for assessing colonising processes, a number of which are evident in international psychiatry. When looking towards the global north, psycho-colonisation is evident in the ways by which psy-science transmits its thinking and practice, here I select just one vector which is the novel. Psycho-colonisation is not a *fait accompli*, however, because the colonising processes can be, and have been, resisted, often by a similar the means. Juxtaposing the relative contribution of the novels of Faulks and Morrison shows how psycho-colonisation need not be the only response to madness and distress, and that such experiences can be helpfully contextualised. I turn now to my research questions, taking each in turn.

## 5.2 Revisiting the research questions

*What does comparing the knowledge, practices, structures and processes of the mental health field, to perspectives advanced by postcolonial scholars and activists contribute to critical mental health discourse?*

The critical literature that I reviewed in chapters 1 and 2 (see 1.5, 1.6, 1.7, 2.3, 2.4, 2.6) problematises the whole process of psychiatry: identification of clinical problems (at the level of individuals and populations), diagnosis, treatment, prognosis, aftercare. Likewise, the problems extend into the delivery of care, especially in the use of legal powers to detain and treat a patient without their consent. It follows therefore, that given I am arguing that there is evi-

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<sup>83</sup> In her novel *The Pure Gold Baby* (2014), Margaret Drabble's narrator at one point equates colonisation and psychiatric models of delivery. The narrator, reflecting on the types of community psychiatric provision explains they fall in to two camps: "It depends on whether you are a Wordsworthian or a Benthamite. On whether you are Mungo Park, essentially a Wordsworthian of the Enlightenment, or Dr Livingstone, an obsessed Darwinian Victorian" (Drabble, 2014, p.77). The discussion of psychiatric thinking and provision continue throughout the novel alongside references to Africa, race and anthropology.

dence of psycho-colonisation in the psychiatric and mental health fields, I also argue that what comes into view is that the whole process of psychiatric 'care' as psycho-colonising. This assertion sounds bold until it is placed alongside race activism that argues that the very fabric of Western society is racist, and for feminists that society is patriarchal through and through. My conclusion refers therefore to the premise of psychiatric thinking, as aptly demonstrated by *Human Traces*. That is, psychiatry has, since its earliest modern days, been preoccupied with illness and disease models, even now, despite the relatively poor scientific development for the thinking that underpins *hypotheses* of functional mental illnesses (clearly diseases such as dementias are far better, although not entirely, understood than schizophrenia or depression). The mental illness paradigm is thus self-sustaining, as the argument goes, the basis of mental illness needs to be found but it is complex and elusive and so it must be found. What is significant, however, and particular to this thesis, is that this preoccupation and its socio-political stake grew during a period of European expansion in empire, as a discourse within the empire that made use of hierarchies of man and normality, and was (is) a discipline that travelled throughout that empire. This was a period within which axes delineating superiority/inferiority and normality/deviance were drawn up along the lines of race, culture, gender, sexuality, madness, disability, class. These axes are both at the root of the problems of psycho-colonisation, and also symptoms of it (that is, for instance, diagnostics that both undergird and exemplify certain power relations based in what critics consider to be pseudo-science). Psy-science did not break with empire, nor with racist practice, a criticism as relevant today as it was in the era of protest psychosis. The missing population though, one which I want to see brought into view, is the mad as colonised. What comes into view most acutely is that the practices of psy-science that are geo-politically colonising in the Global South do not have a naturalised existence in the Global North – they are colonising practices here too.

Snyder & Mitchell (2006) suggest a 'cultural model of disability', that is, a model for the ways disability serves a purpose and has a presence in cultural products. The cultural model draws attention to how literary (and other) forms create and perpetuate certain ideas about disability. By accepting certain psy-sciences premises (for instance, that there is mental illness, a medical con-



struct, that can be identified etc.), novels play a role in the cultural penetration of psy-science, which I suggest results in a false consciousness of madness. The cultural model therefore, is one that describes a particular vector within a broader relationship of psycho-colonisation. The themes that I developed to identify and assess psycho-colonisation in chapter 2 might be shown in such cultural products as novels even if their mode of action is just along the one theme. Put differently, *Human Traces* has a role in epistemic violence, but in itself cannot invade a mad person's life, make a deal with big pharma or violently intervene. However, it can, as part of its epistemic violence provide the backdrop to why these psychiatric choices are natural and necessary, it can support the idea of vulnerability (inferiority), the importance of disciplinary dominance in finding cures (the civilising mission), even to the extent that other countries which do not see madness for what it is (a biological event) need educating and access to the 'industry standard' of Western psychiatry. Cultural studies scholars, such as Stuart Hall, argue that these (novels) are not passive, superficial forms but ones that are essential to cultural and social formations. Hall and others see novels as active cultural agents which might endorse the incarceration of distressed mad people, as part of a social contract, that presents incarceration as the only possibility available and one that is palatable because doctors and nurses are present. In the same way that I would argue that asking a population to accept austerity measures is to ask them to condone poverty while others live in wealth, asking them to accept incarceration of the mad, unwittingly is an acceptance of all the presumptions that underpin that act. Literature that presents psychiatry as a humane discipline that has the interests of an ill population at heart neglects its links to eugenics, racism, imperialism, big business, preventable deaths in treatment and care, and the whole host of other iatrogenic effects. It also neglects the robust and sustained questioning of psychiatry's epistemological foundations. Of all the critical psychiatrists that I have met, or work I have read, only one has in their argument arrived at the point that, in the rehabilitation of psychiatry, there is the redundancy of psychiatry (Lewis, 2006). The remainder see a role for a recuperated psychiatry which is culturally aware, that understands poor practice in terms of 'this is now, that was then', is an inclusive, collaborative approach, but one that still seeks the old premise of a mental illness.

That is not to say that recuperation is unwelcome and somewhat anticipated. While the impact of the United Nations (UN) report (Mendez, 2013) characterising non-consensual treatment for psycho-social disability as torture seems not to have had a discernible impact, this trend is nonetheless on-going. The most recent report UN report on mental health suggests that “[f]orgotten issues beget forgotten people. The history of psychiatry and mental health care is marked by egregious rights violations [not heroic], such as lobotomy, performed in the name of medicine”(Human Rights Council, 2017, p.4), before going on to state:

A growing research base has produced evidence indicating that the status quo, pre-occupied with biomedical interventions, including psychotropic medications and non-consensual measures, is no longer defensible in the context of improving mental health. (ibid)

Literature can present madness in its diversity and in doing so it avoids a bio-medically univocal positionality. As with Morrison, and more recently with shifts in mental health discourse towards the importance of context and trauma in understanding madness, there is a complexity to madness. While Pecola’s ‘meaning making’ within her circumstance is a psychological process, it is never divorced from an oppressive and abusive context. Pecola’s wish for blue eyes is both a personal ambition and an entirely plausible cultural story of how to attain beauty and equivalence. It is also a cautionary allegory for the dangers of cultural assimilation in unequal relations – as Pecola’s community adopts white, working and middle class aspirations and standards, it runs the risk of alienation and thingification. As such, Morrison reveals an alternative story for mad accounts, one that does not sacrifice the human core of the mad experience and its place in the world, for the sake of the appearances of generalisability (if Latour’s accounts of scientific procedure are considered, this is as much to do with processes of purification and sanitisation within a disciplinary discourse as the ‘real’ discovery of knowledge). As the social determinants of ‘mental ill-health’ become increasingly understood as central to madness and distress, likewise the role of trauma, then novels like *The Bluest Eye*, become more than works of fiction to be mined by casual interdisciplinary interests. Rather, they become points of intensification, where madness might be better understood and accepted on its own terms. Accepting that the view now includes psycho-

colonisation, and that at least some of its processes can be uncovered should have implications for the everyday responses to madness called mental health services.

*What are the implications/possibilities of considering mental health disciplines and their activities as colonising?*

Any act of colonisation, like Foucault's formulation of power relationships, implies the opposite response through resistance. Decolonisation at the level of nation states was touched on in chapter 2, although my focus was primarily colonisation. Psycho-colonisation implies therefore, as a relation of power, a decolonising response which, again turning to Foucault, can be seen in the performance of hysterics (what he termed the original anti-psychiatrists). There is a history of resistance in the 'internal colony' that speaks to the resistance of psycho-colonisation in the global north. The first question therefore, is about whether there is sufficient will to decolonise psy-science. In part, the difficulties of mobilising a decolonising resistance reflect the activities of psychiatric treatment; assessment that casts doubt upon rational credibility, uses sedation, dividing practices, coercion through detention and recall to hospital, co-opting of families into relapse surveillance, to name but a few. Service users, survivors and patients are forced down a legalistic route which is fraught with problems (as Alexander (2011) argues for black rights in the US, a legalistic framework is at best a partial solution and not least because it accepts the terms of engagement of the racist coloniser), and as is shown both in the UK and US, equality rights legislation does not eradicate abuse, domination, prejudice and violence. So, decolonisation, should it happen, will not be an armed revolt in the case of psycho-colonisation. Burstow (2014) suggests, in the absence of a revolution in psychiatric thinking and practice, that a model of attrition is most realistic. This piece-by-piece resistance that subverts and transforms psychiatry and psychiatric practice, is also the most applicable for a hegemonic, neo-colonial subjugation. By that I mean, psychiatric practice and thinking is diffused with multiple sites of application and growth, recently in areas such as wellness and resilience, it is not a singular 'enemy' to challenge.

There has been a steadily growing critique of psy-science that will impact on the processes of psycho-colonisation. Foucault offers a useful qualification of

his ideas on power in an interview just before his death in 1984, which help to navigate the nature of the critiques and problems I discuss. He suggests:

[...] in human relations, whatever they are – whether it be a question of communicating verbally [...] or a question of a love relationship, an institutional or economic relationship – power is always present: I mean the relationship in which one wishes to direct the behaviour of another. These are the relationships that one can find at different levels, under different forms: these relationships of power are changeable relations, i.e. they can modify themselves, they are not given once and for all (Fornet-Betancourt *et al*, 1984, p.1)

He goes on to suggest that at least some level of freedom must exist in a power relationship (otherwise there is no relationship), and that with even a tiny liberty there is the potential for resistance. Foucault suggests that the problem therefore is not the presence of power relations, or in fact the imbalance within it, but rather the problem is an issue of extent and ethics. He explains, for instance, that a teacher who exercises power through the position of 'knowing more' than a learner is thus not problematic until the exercise exceeds that lesson, and the intended outcome. It is presumed that in not exceeding this relation a certain level of consent or mutuality is present. This is significant to my thesis because disciplinary power is without doubt being exercised in the mental health field, and at the heart of psycho-colonisation is this excess that takes the form of epistemological demands (psychiatric models) through to treatment (including without consent). The nature of the power imbalance in a process of colonisation also refers to the cultural and social priming that inducts, even mystifies, a given population about the nature of distress and psychological variation. This is both a damning and a hopeful conclusion because a power relation can remain and be decolonised.

In thinking back to psycho-colonisation and the themes emerging out of chapter 2; a professional body and discipline, with dense connections to other professional disciplines acts on behalf of the state to diagnose illnesses with dubious validity with the possibility of acts of social control (arrest and treatment without consent). These intense moments sit within an expanding framework of self-diagnosis and surveillance that draw on models of vulnerability and susceptibility that require careful calibration in treatment and maintenance. There are multiple examples of sufferers claiming depression, for instance, as an illness which is theirs and which has real effects. The upshot of this is unclear – as de-

pression is claimed in this way will it demand better treatment from psy-science or will it facilitate psy-diffusion widely and broadly and the adoption of illness models consistently for periods of misery and distress. Reich's synthesis of Marxist false consciousness with psychoanalytic theory to explain the rise of fascism gives a model for how a pervasive splitting of misery from circumstance might be achieved with a population who are keen to accept more the causality of neurotransmitters than those of intolerable life conditions. In such a climate clinical models trump personal or socio-political explanations, although the latter might be integrated to an extent. Those people lost to states of resistance or deep damage are to be contained and expelled variably (as in the case with personality disorder), and are often criminalised and incarcerated (or killed<sup>84</sup>). All good citizens are implored to self-monitor, seek help, comply and continue.

*How do the Humanities offer both methodological and epistemological insights into the mental health field? In answering this question the study will assess the value of postcolonial theory for the disability studies and mental health fields.*

In chapter 1, I outlined my rationale for engaging with the postcolonial and cultural studies fields, and also for literary sources as a means to assessing psycho-colonisation. I suggested that given that the concern here was one of colonisation, that the most appropriate course of action was to employ post-colonial theory. I also suggested that the somewhat contrived nature of disciplinary purification means such interdisciplinary work was most often accommodated within the medical humanities field. While humanities orientated theory, such as that of Deleuze and Foucault, does cross over into qualitative research, the use of novels seemed to engender further disciplinary purification. Even in a field such as psychiatry, with its well critiqued paucity of scientificity, literary research is viewed as an adjunct that complements the clinician's knowledge; and as an adjunct, it should know its place. Both Hustvedt (2016) and Bolacki (2016) reflect on such tensions, including the problems of interdisciplinarity, the concepts underpinning the aim of interdisciplinary works within and between disci-

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<sup>84</sup> Global Disability Watch (2017; accessed 20/09/17 1330) reported in February 2017 that 94 psychiatric patients had been decanted to private 'healthcare' providers in South Africa and subsequently died from the conditions. The article itself refers to 'concentration camp style centres' which echoes the neglect of 40,000 psychiatric patients who died in French institutions during the second world war of neglect (Read & Masson, 2004). Local South African commenters are referring to this as a genocide.

plines, and the relative status of interdisciplinary enquiry in both the originating field (for instance, cultural studies), and the field it is 'visiting' (like medicine). Bolacki adopts the term 'critical interloper' to typify how the humanities researcher/thinker might interact with medicine, which is the notion that however welcome the enquiry is or is not, it may have something to offer the discipline in which it interlopes. Her tone, however, is collegial, and this is where 'critical interloper' might not quite characterise what I am suggesting here. Given the stakes I have outlined in earlier chapters, and the concerns of activists, a critical interloper may need to be more strident. Like Hustvedt, Bolacki and others, I have attempted to close the disciplinary gap somewhat by exploring the possibility that a literary source like a novel, understood to be engaging with madness, is (and can be more than) a cultural studies window into a social sciences domain. Literary and cultural sources, I argue, allow a symptomatic assessment of cultural phenomena. Such assessments might lend themselves to some degree of generalizability. I see this as following a triangulation along the following lines: firstly, that credible critics and thinkers suggest that psy-science is colonising broadly. Secondly, critical international research problematizes the global spread of Western psychiatry within a capitalist, neo-liberal frame of reference. Finally, these two areas are supplemented by a highly localised assessment of cultural transmission through novels using a postcolonial schema of assessment (such as in this study); there begins to be sufficient grounds to suggest that these concerns are real. If such concerns are placed alongside the disquiet and worry about neo-colonisation of Western culture and the Global North broadly, of which psy-science is a facet, then this problematic swells further still. What I have done here is develop a thematic schematic for assessing colonising processes arising out of the activist decolonisation movements. This is necessary because to assess psychiatry on its own terms would be to accept its premises and its questions without taking a broader socio-cultural reading of colonisation. In addition, and what my analysis of Faulks' work suggests, is that literary theory also needs to take account of mad thinking, and accept less easily the tropes of psychiatry. Hall (2016) in discussing disability theory in literary contexts, presents such work as a relatively new critical venture and furthermore reflects on the possibilities opened by intersectional studies with postcolonial (and other) theoretical and activist positions.

The contribution is therefore bi-directional. The mad studies, critical psych-perspectives discussed here, can, and should contribute to how novelists and literary theorists conceptualise psychological otherness. That bi-directionality leads me to recommend that someone wanting to find out about the status and thinking of psychiatry in the twentieth century should read *Human Traces* because of its slavish adherence to orthodox thinking. That Faulks (2011) can publish, with the BBC, a book that characterises Doris Lessing's *The Golden Notebook* as not being so much about feminism and madness, but rather a cautionary tale about promiscuity, and follow it in the next chapter on the 'gay novel' about how Alan Hollinghurst's characters are problematically sexually hyperactive, shows how easily traditional orthodoxies find themselves in mainstream print. Both perspectives would have fit neatly within a psy-complex for mad women and homosexuality within psychiatry/mental health even thirty years ago. Despite his commercial success, and some critical acclaim for *Birdsong* (1993), Faulks is relatively absent in the critical literature. This is not just a problem for Faulks, Salman Rushdie writes within a similarly psy-orthodoxy in *The Satanic Verses* (1988). Gibreel, one of the two main characters of the novel, goes mad and this is presented mostly as a traditional psychiatric encounter. Bearing in mind the way in which *The Satanic Verses* is a canonical postcolonial text, his critical discourse on British identity, Islam and difference, does not extend to the mad. As Hall (2016) argues with disability discourse and literary criticism, this criticism, I believe, can be extended into a mad perspective on literatures that questions psychiatric orthodoxy and sanism, and which can appropriate works, like those of Morrison (and Lessing) into a mad canon. What I offer in this thesis is a rationale for taking a certain methodological approach, I employ a postcolonial frame of reference towards developing a framework for assessing coloniality, and I juxtapose, with this framework in mind, two examples; one colonising, one less or not so, of madness.

The humanities and cultural studies, broadly speaking, have different research aims than those of the social sciences. That is, to value repetition that arrives at regularities as a means to uncovering a truth (social scientific aim), is not the same as developing a perspective that is plausible, but understood to be one amongst many. However, without wishing to invoke grand humanistic narratives, both are arguably amenable to being employed to the betterment of life.

If interdisciplinary studies can become more 'mainstream' than peripheral, then the possibilities of cross fertilization increase. The problems of applying a critically, interloping literary or cultural studies frame of reference to madness, only lasts as long as the endeavour is that of trying to understand madness as something to be treated, contained and eradicated. Once the focus moves from generalizability in diagnostic activities towards highly localised, contextualised (and contextualising) helping responses to alleviate distress, misery and confusion, the novel (film, poem, play) becomes a vehicle for shared understanding. Likewise, when treatments shift from attempts at treating poorly evidenced and presumed disease states, towards relief from distress and solving the problems of living, thus entertaining political solutions, then the wishes that psychiatry espouses for ethical practice and relevance are achievable<sup>85</sup>. Decolonisation, therefore, is not just concerned with the activities of psy-science but with the epistemological practices that undergird it, and thus the methodologies that are employed to investigate madness.

### 5.3 The contribution of this thesis

Before going on to suggest where this thesis may extend into other research, or indeed, questions that remain unanswered, I will outline what I have accomplished here. This thesis demonstrates the kind of critical activity that is possible, and could be adopted within a postcolonial positionality. While not the first study to take such positionality, some of the points I mention in the following paragraphs do expand on what is original in my work. As I mention above, by the end of chapter 2 I developed a schematic for assessing coloniality, which I then go on to use as a way to situate and critique *Human Traces*. My coloniality schematic would allow others the same means to assessment although their emphasis may be different. For instance, a geopolitically orientated study may notice more the civilising mission, the inferiority/superiority complex, over a judicial study that is concerned with the power to arrest, and the aims of supposed-

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<sup>85</sup> The Citizens Commission on Human Rights (US) has published such a manifesto in the *Mental Health Declaration of Human Rights*. Besides being a document worth working to, the war of attrition is evident as a subtext. For instance, point A1 that requires a medical test to confirm diagnosis and the "right to refuse diagnoses of "mental illness" that cannot be medically confirmed" (<http://www.cchr.org/about-us/mental-health-declaration-of-human-rights.html> accessed 11/12/17, 10:11) means that most of psychiatric diagnostic practice would fall at this first point if it was adopted, while conversely, this is not an unreasonable demand of medicine.



ly reparative containment and re-education. It is likely however, that while the emphasis may differ, all the themes will be either evident to some degree, even if it is at the level of discourse about the concern.

Despite being a bestselling author with claims to literary merit, Faulks' work remains mostly unexplored and with little critique in the scholarly literature. Even if this is not surprising, maybe that scholars do not see Faulks as having literary merit, or indeed that he is not innovative or questioning, from a cultural studies perspective, his work bears more scrutiny. His first world war novels have been cultural carriers in how readers have related to world war one narratives, his novels have been televised and filmed and he has been given a platform to appraise literature in the style of grand narratives on behalf of the BBC. My assessment of *Human Traces*, and some of his other novels, situates psychiatric discourse within popular literature, and one that has an authentic worth in the eyes of a considerable number of readers, even within the psy-professions. As a major cultural carrier of the meaning of madness, and a figure who is seen to bridge the science, history and literary arenas, I have begun work on Faulks' which requires further critical consideration and alongside him, other popular mad discourses.

Furthermore, I have demonstrated how *Human Traces* holds, and reflects, dominant views of madness. In the disability literature, and more critical-thinking health or medical humanities work, cultural works perpetuate, and resist, bio-medical understandings of disability, disease and madness. Writing back to such accounts, which I characterise as colonising, goes, I believe, beyond an intellectual exercise, but is also a mode of resistance. Part of that resistance is methodological in nature. The first part of chapter 2 is firmly within the social sciences domain, and the concerns of critical voices seem to speak beyond science, and into cultural and social space. Likewise, the intertextual relationships I describe in chapter 3 between Faulks, Shorter and Lieberman defy a straight forward characterisation as literary criticism. To play between supposed non-fiction and fictional sources and to explore their connections, further degrades the disciplinary purification that I discuss in Latour's work in chapter 1. Once the process begins, there is almost an ease in how the genres, domains and fields show permeability and hybrid possibilities. My concern is that a health or medical humanities placement might, unintentionally, be a subtle move to-

wards disciplinary purification, a further category within the broad polar relationship of nature and culture. I understand but resist the placing of work such as mine in the medical humanities because I have yet to see the merit of the concerns of psycho-colonisation being a medical one, rather than social-political, cultural and literary. For instance, to argue that treatment needs to be more humane, would be to accept that treatment is the most appropriate way to frame contact between two people who are concerned with madness – I will have conceded treatment as the primary lens for the conversation and also, hidden behind it, the necessity of clinical frames of reference (treatment implies diagnosis, prognosis, care etc). Some such concessions are almost inevitable given the prominence of psy-language in the area. If, however, the identification is with mad studies, a project such as mine needs not to be placed in a disciplinary matrix, but rather in one that is already highly mobile. The area of concern (madness) as a means to triangulation, rather than the disciplinary conventions, may allow for greater mutuality and interdisciplinarity. Put a different way, this thesis is entirely concerned with madness, but where does it start or stop being social science, or literary criticism, or philosophy or history?

Toni Morrison's work is discussed here as a partial remedy to the psycho-colonising of Faulks and psychiatric texts. Her work is already broadly connected to madness, though most often this is from the angle of trauma and intergenerational trauma – two increasingly important perspectives in mental health care and support. However, I have also approached her work with an outlook firmly anchored in the world of critical psy-discourse that is interested in madness, trauma informed or otherwise. By reading her work primarily from the position of a mad experience, that of psychological alterity, and as an intersection of racism, gender, poverty, I claim her work for critical mad perspectives that disavow and resist orthodox, medical psychiatric approaches.

#### 5.4 Future directions.

The most urgent issue of 'what next?' is to do with the implications that identifying psycho-colonisation has for mental health practice. Given that a U.N special rapporteur can submit the view that non-consensual treatment meets international criteria for torture, without any evident soul searching on behalf of

services, would indicate this is truly a 'war of attrition'. Because what I have laid out here implicates the whole of the psychiatric process and imperium, the necessary moves to decolonisation are unlikely and vast. A war of attrition though, does not simply require patients to resist but also can draw practitioners, activists and thinkers into the resistance. That is already the case, and prominent figures in the psychiatric landscape are critiquing, creating position statements that push towards a more humane system, and continue to write exposés. The dividing practices of psychiatry are so powerful, and the inferiority/superiority dynamic so established, that mobilising collective outrage and resistance remains a challenge, not least because the mad lack credibility in the eyes of others. The Soteria Project (Mosher, 2004) and many crisis, survivor led services speak to the possibility of viable alternatives, were they not to be undercut. The care and support of the mad in distress should not suffer due to the poverty of vision of a few powerful interests.

Theoretically there is still some work to be undertaken to explore the social model of disability as an activist model that may travel well into mental health contexts not least because of its activist track record, the opportunities of affiliation with other similar groups and its pragmatic outlook. However, as I argue in a chapter mentioned previously (Penson, 2015), there is a hidden cost. The social model of disability and the medical model both rely on the idea of impairment, although the latter sees that as a reason to accept one's limitations, and the former sees impairment as a call to drive issues of access to the fore. By adopting the social model as it is, there is a possibility that the idea of impairment is also adopted into mental health usage, but below the waterline. Even metaphorically conflating madness and distress with illness, impairment and disease, I believe, leads to conceptual and evidential slippage. Just because people with mental health problems happen to receive health services (as the only real option available), 'feel ill' and are treated poorly in society because they have a presumed illness, should not allow the presumption of said illness to go unquestioned. The reality is a more complex Catch-22 in that if there is no, or very little, evidence for illness processes in mental illness then it calls into question the necessity for care and adaptation. Conversely, assuming illness is correctly the case because the welfare and care system is accustomed to it, will bolster the need for psychiatric and health professional endorsement. I

offer the double social model as a 'holding position' and in doing so keep both the idea of illness and the social response that is prejudicial 'in play' – both, I argue, are as much socially construed as medically provable, and thus both are socially and culturally negotiated. Put another way – until 1992 homosexuality was a *bona fide* mental illness, there was never any evidence that it was, and it changed because enough people with influence said it was not any longer an illness. Without a mental illness fall-back, responses to the lived experience and activism of LGBTQ people have been more generally framed as juridical, ethical and moral with a steady shift towards a human rights based progressive political view.

Another research strand beyond my thesis is in the application of the colonial schematic both in activism and in critical discourse. It offers a clear shape and scaffold for the articulation of discontent, and the possibility of connecting what appears to be disparate psycho-colonising activities into a more coherent and relational picture. As mentioned above, depending on the study, the emphasis might shift, but it is likely that by implication other parts of the scheme are evident. For example, in section 1.7 I refer to the WHO's millennial goals for mental health and how this is viewed in international mental health development. The tone is strikingly similar to the idea that the U.S. model of democracy is one that should be replicated in other countries. Gilley (2017), in *Third World Quarterly*, in fact argues that colonisation was actually a boon to the countries colonised and their positive futures under colonial rule declined once the decolonisation was achieved. He advocates a return to colonial style of relationships between post-industrial Western societies and 'developing' states, even going as far as to suggest this may need imposing on some states for their own good. Gilley mistakes the possibilities of mutuality and cooperation for contemporary colonisation and erases the fact that colonial help was never requested in the first instance, but imposed, he overlooks the millions who died directly, the political destabilisation of states during and post-decolonisation, and the neo-colonial processes that are current. If Gilley's argument holds true for at least some people, then problematizing colonisation is not even a relevant activity.

The coloniality schematic, therefore, should continue to be developed especially with neo-colonial concerns in mind. Hardt & Negri (2000) describe neo-colonialism in many of the ways that I have typified colonialism, but they

have supplemented this with a few differences. One of the most significant additions is that they present the state of empire as being ubiquitous. They put it in this way:

We should be done once and for all with the search for an outside, a standpoint that imagines a purity for our politics. It is better both theoretically and practically to enter the terrain of Empire and confront its homogenizing and heterogenizing flows in all their complexity, grounding our analysis in the power of the global multitude (Hardt & Negri, 2000, p.46)

Taking this view into the psycho-colonisation frame would suggest that there is no 'outside' of/to the psychiatric imperium, and in the way that Burstow (2014) suggests, resistance is from within and is piece-by-piece. Scientific challengers to psy-science like Mary Boyle, Anne Cooke, Richard Bentall and Jo Moncrieff take on an even more important stature as people who find moments of resistance and leverage within the psy-imperium. However, in the interest of rigour, a further research task would be to extend the literature review of post-colonial activism to account for neo-colonial resistance. My review was most interested in the decolonisation activists to avoid accusations of using a post-modern literature that has its greatest presence in the academy not 'the world'. While I do not subscribe to the view that there are postmodern drivers of post-colonial resistance that lose their territorialism and grip in the world, this thesis needed to remain with the former. I think further research should explore most thoroughly the postcolonial theorists not covered here, and especially those informing understandings of neo-colonialism. However, neocolonialism remains a term of some debate. It has been used to demarcate new strategies of colonisation following the decolonisation movements from the 1950s onwards. Such usage refers to cultural, epistemological, technological and economic domination rather than the former geographic colonisation (although there remain examples of this too such as the critical accounts of the US invasion of Iraq framed in terms of American imperialism). As such it is arguable whether there is a post or neo colonial as opposed to simply a continuation of colonisation (Appiah, 1991).

To retain a tight intellectual rigor I have, in this thesis, aligned closely with the terminology of the psycho-colonial critical literature, hence my focus on colonialism and colonality. Earlier I noted the problem and limitations of this, not least in the way in which the mental health critical literature has mostly,

poorly, developed a critique. Such a focus has, both here and in the literature I reviewed in chapters 1 and 2, prevented a full discussion of the possibilities opened by reconceptualising psycho-colonialism as neo-colonialism. Mignolo & Walsh (2018) offer yet another possibility, arising out of various South and Central American activist movements, which they term *decoloniality*. Rather than a formula, the authors offer principles and premises that, when present, offer the possibilities of decolonising or ‘delinking’ from coloniality. While decoloniality need not start as an individual act, Mignolo & Walsh advocate a decolonising of the self as well as, or besides, a community of delinking/decolonising practice. To some degree such ideas have been articulated in the postcolonial literatures concerned with concerns of how to remedy alienation, self and other, and also in Foucault’s preface to Deleuze & Guattari’s (1972) *Anti-Oedopus*, in which he notes that non-fascism begins with addressing the fascism in ourselves. In fact, much of Foucault’s preface pre-empts decoloniality (for instance, the call to “develop action, thought, and desires by proliferation, juxtaposition, and disjunction”, to “not think one has to be sad to be militant”, to “not use thought to ground a political practice in Truth”, (Foucault, 1972, p.xv) and so on). *Decoloniality* articulates a concern about the link between coloniality and modernity to the extent that the authors argue that the two are synonymous – one cannot exist without the other. For me, that locates psy-science firmly within the modernist period and trope, and therefore, the colonial project. This is especially so when they typify coloniality/modernism as being constituted in a conceptual triad of “a field of representation” (Mignolo & Walters, 2018, p.139) where power is grounded in the idea that “signs represent something existing”; “a set of rhetorical discourses” to persuade people that the world is as the field of representation gives it (that it is a truthful picture); and the third part which is “a set of global designs” (ibid), which is the civilising mission; the application of the modernist agenda; the dominance over, and hewing of, nature at its joints etc. All three are evident in my account of psycho-colonisation from the empowered description of distress, phenomena and misery that reforms experience as so-called mental illness symptoms; how such proxies become material, biological facts of psychopathology; and the extensive drive to liberate the whole of humankind from mental illnesses, utterly disaggregated from the material causes of misery, through various means to effect a global reach. In addition, Mignolo &

Walters, describe delinking and decoloniality as being a project of being *for*. To achieve this, liberation and delinking has to get beyond resistance and the *anti*-, rather, it involves living the life that is desired without reference or dependence on the colonial/modernist frame of reference. Hence their invitation to decolonise the self, where the introjection of the modernist project is to be most powerfully found. This brief account fails to do justice to *Decoloniality*, its possibilities for localised, grassroots liberation from modernist/coloniality within the psychocolonising problematic, and the way in which thought, intellectual activity and action correspond in praxis.

Mignolo (2009) develops the concept of 'epistemic disobedience', a term that refers to the problematic ways that knowledge production is privileged through the elevation of certain cultural and historical traditions, those associated with Western modernity and Enlightenment. What this raises is not just the necessity to counter problematic knowing, like the way more radical or critical psychologists might question the scientificity of psy-science. Also it requires a different paradigmatic orientation away from such modern traditions, towards knowledge practices that are local and relevant. As Mignolo puts it: "it is not enough to change the content of the conversation, that it is of the essence to change the *terms* of the conversation" (Mignolo, 2009, p.4, emphasis in the original). Thus, appealing to psy-science to rehabilitate is to change the content but not the terms. The act of articulating decolonial thought, that is, highlighting the effect of colonisation/modernity, is in itself an act of disobedience. To draw attention to the rise of capitalism and its enveloping effect on all area of Euro-American thought and activity, in treating lives as not for living but for the extraction of surplus, is to make that connection also (Mignolo, 2011). As such, recontextualising and placing back in history the activities and growth of psy-science is essential to understanding its relationship to colonisation, subordinating distress and difference, ring-fencing normality and surveying the borders of these domains.

Crucially, the activist Mad Studies network already understand the potency of working within the domineering frame of reference, and likewise I suggest in my own writing (Penson, 2011, 2015) how the social model of disability has become appropriated into professional discourses with the effect of subverting it. Bereford & Russo (2016) highlight a number of concerns including the

way in which the academy might itself undervalue mad thinking and activism where a “deep divide [...] can grow between activism and theory building” (p.272). They go on to suggest the need to “transcend the methods that have been institutionalised in services and the academy” (Bereford & Russo, 2016, p.273). Likewise, Pousanidou (2013) outlines the very nature of expertise being both worthy of scrutiny and open to development. It seems that decolonial thought, epistemic disobedience and mad studies have some things in common and alliances to make.

Grech (2015) outlines some of the tensions and possible directions for disability activism regarding colonisation, some of which I have discussed above. He notes that “The absence of the colonial from Eurocentric disability studies is perhaps unsurprising because the coloniser does not want to recollect colonialism as it challenges his/her own ‘civility’” (Grech, 2015, p.7). He goes on to describe how the coloniser goes on to destroy the records of colonisation, suppresses counter-narratives and does not want to apologise for colonisation. Grech highlights the importance of evidence that exposes the colonial and as part of this, the importance of counter-narratives from the colonised. Like Hardt & Negri (2000) suggest above, this will come from the heart of the neo-colonial situation. Grech is suggesting, through their actions, that the coloniser knows of their true intentions and their motives, sufficient to cover their crimes. This is a damning point of departure. If the APA has been challenged repeatedly on the nature and closeness of its relationship to Big Pharma; if the UN have reported that psychiatric seclusion and forced treatment is torture; if the people most likely to go mad are people of colour, sexual minorities, women and those in poverty; if the scientific claims of psychiatric practice have been cast into serious doubt; if the largest mental institutions in the world are prisons; if the recent and contemporary history of psychiatry has within it extensive eugenics programs, including being some of the eugenicist innovators; if that recent history includes programmes of human experimentation and sterilisation ... If all this is true, and yet still remain a peripheral concern, not central to the espoused concerns of the psychiatric imperium or the societies in which it resides, if in fact it is obscured, overlooked or minimised, then the decolonisation of psy-science and madness is most urgent.



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APPENDIX: WORKS PUBLISHED IN RELATION TO THIS THESIS.

Copies of the two documents below follow this page:

**Penson, W.J.** (2015) 'Unsettling impairment: mental health and the social model of disability'. Spandler, H., Anderson, J. & Sapey, B (Eds) *Distress or Disability? Mental Health and the Politics of Disablement*. London:Policy Press.

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